30TH WONCA EUROPE CONFERENCE 2026

The European General Practice Conference



Acting for more liberty, equity and fraternity

June 30th - July 3rd 2026 | **Paris, France**

ABSTRACT BOOK

CMG collège de la médecine générale

Wonca World family doctors. Caring for people. EUROPE

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KEYNOTE COMMUNICATIONS

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The Museum, A Laboratory for Empathy

Géraldine BRETAULT

Keynote Lecture

Museums and general practice share a common mission: to learn to see people in all their vulnerability in order to cure them better.

Museums and general medicine share a profound mission: to learn to observe and listen to human beings in all their vulnerability in order to care for them more effectively. Through its works, the museum establishes itself as a laboratory of the gaze—observing a Greek statue or a Géricault trains the eye just as a medical history shapes the act of listening. It also invites us to consider the body's autonomy as a subject, whether depicted in its rebellion (Delacroix), its pain (Kahlo), or its inner anguish (Munch). Finally, the museum possesses a genuine power of healing: Monet's Water Lilies or kintsugi remind us that a crack can become a work of art. Like the general practitioner, it protects, repairs, and cares—a logic of care that explains why some countries now prescribe actual museum prescriptions.

From IPCC Reports to the Waiting Room: Connecting Scientific Evidence, Public Policy, and Daily Primary Care Practice regarding Climate Change

Dr. Valérie MASSON-DELMOTTE

Keynote Lecture

Managing Patients with Multimorbidity in Primary Care

Dr. Harini SATHANAPALLY

Keynote Lecture

Managing patients living with multiple long-term conditions (MLTC) is amongst the foremost clinical challenges facing primary care services today. This talk will trace the development of this area as a research and clinical priority, and, drawing on landmark studies, explore key aspects to consider in the care of patients with MLTC, including continuity of care, patient priorities, treatment burden, and polypharmacy, along with reflecting on future directions for research and clinical practice.

Non-Pharmacological Interventions: From Research to Practice

Dr. Iveta NAGYOVA & Pr. Gregory NINOT

Keynote Lecture

Humanistic issues in healthcare

Dr. Pavlos THEODORAKIS

Keynote Lecture

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CONTROVERSIES

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Is Evidence-Based Medicine Dead? An outdated model or still relevant?

Pr. Trisha GREENHALGH & Dr. Alexandre GOUVEIA

Controversy

Evidence-Based Medicine has long-shaped medical education and clinical practice. But does it still hold up against today's challenges? Critics argue it is too rigid, built on clinical trials that struggle to capture the full complexity of care: patient values, context, uncertainty, lived clinical experience. Advocates, on the other hand, remind us that EBM is not set in stone, it reinvents itself, keeps evolving, and remains an essential foundation for rigorous, informed practice.

Can General Practice be delegated?

Dr. Peter HOLDEN & Pr. Nicolas SENN

Controversy

The WONCA Europe Conference 2026, themed around "Liberty – Equity – Fraternity," will be much more than a scientific event: it will be a historic moment for our discipline, and a unique opportunity to reaffirm our central role in tomorrow's healthcare"…so says the publicity for this conference but within the provision of healthcare has egalité and fraternité gone too far both risking patient safety and the medical profession's standing? Physician substitution is rampant in some European countries and it is time to debate the issue.

Should doctors be active on social media?

Dr. Pierre de BREMOND d'ARS & Dr. Laure GEISLER

Controversy

Is the GP the doctor of the individual vs the doctor of the community?

Dr. Karolina GRIFFITHS & Pr. Jan De MAESENEER

Controversy

The GP stands at the crossroads between the individual and society. But where should the focus lie? On one side: individualised care, a deeply personal relationship — adapting to each patient's life goals and unique context. Research even suggests that trust in the healthcare system is shaped by the quality of that individual encounter. On the other: a broader vision of health, where GPs are key players in public health, integrated care, and planetary health. Two compelling visions — one practitioner. Where do you stand?

What is at the heart of general practice: compassion or clinical excellence?

Dr. Jan LUBOMSKI & Dr. Lisa ZANGARINI

Controversy

Will patients replace their GP with Artificial Intelligence?

Dr. Stéphanie SIDORKIEWICZ & Dr. Jean-François THEBAUT

Controversy

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WORKSHOPS

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ID 12 - "Pump it ip!" Large-scale clinical simulation to strengthen first-responder skills in family doctors.

Elena KLUSOVA NOGUINÁ [(1)], Kyle Steven SMESTAD [(2)] , Sara ESTEVES ARAÚJO CORREIA [(3)], Miriam REY SEOANE [(4)], Dina SALKOVIC [(5)], Rabee KAZAN [(6)], Alberto KRAMER RAMOS [(7)], Ana PERAL MARTÍN [(8)], Inês PEREIRA [(9)], John ADIE [(10)]

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(9) Chnp, Ettelbruck, Luxembourg,
(10) Forhealth, Sunshine Coast, Queensland, Australie

Context: Across Europe, family doctors often act as the first responders in the chain of survival—whether in clinics, during home visits, in public spaces, schools, rural areas or even on board aircraft. Yet recent European educational reviews show that 40–60% of family physicians feel insufficiently prepared to manage cardiac arrest, especially when more than 12–24 months have passed since their last BLS/CPR training. This workshop supports the mission of our responsibility to provide competent emergency care in every community through a large-scale simulation model specifically designed for family doctors.

Objectives: • Strengthen BLS skills, confidence and crisis leadership. • Promote rapid, structured reasoning in cardiac arrest and other emergencies. • Encourage effective teamwork and clear role allocation under pressure.

Teaching method and workshop: Method: A high-fidelity live simulation will be delivered for 250–350 participants using advanced audiovisual projection and rotating volunteer teams. The scenario will be broadcast in real time on a large screen, with participants interacting via the Mentimeter app to analyse decisions, vote on key actions and engage in mass participation with the educational depth. Schedule: • 5 min – Introduction: brief evidence-based CPR updates and key implications for primary care. • 13 min – "Pump It Up!" live scenario (basic life support): early recognition, activation of resources, high-quality compressions, AED use and leadership. • 13 min – Structured debrief (BLS case): practical tools, behavioral mnemonics ("Call – Ventilate – Compress") and strategies for use in daily practice • 13 min – Clinical simulation (intermediate life support case): focused scenario addressing airway support, rhythm recognition, medication management and coordinated team actions. • 13 min – Detailed debrief: reflection on performance, clinical reasoning and key actions applicable to real-world emergencies. • 3 min – Take-home tips and closing remarks.

Expected outcomes: Participants will gain more reliable BLS/CPR performance, improved decision-making under pressure, greater readiness to act and easy-to-apply tools in PC.

Conclusion: Every delegate at WONCA carries the responsibility—and the privilege—of being able to respond effectively to basic emergencies, regardless of setting. "Pump It Up!" offers a fresh, memorable pathway to that goal, helping family doctors proudly uphold their name and reputation.

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ID 36 - Logical fallacy and cognitive bias challenge: understanding how our thinking shapes our care

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Context: Every day, family doctors make hundreds of decisions - from diagnosing illness to advising on new treatments. To do so, we rely not only on evidence, but also on intuition, pattern recognition, and experience. Yet, these shortcuts—while efficient—can also mislead us. Logical fallacies and cognitive biases shape how we interpret information, remember outcomes, and respond to patients. Understanding them is essential for better reasoning, communication, and care.

Methods: This interactive session explores the common cognitive biases and logical fallacies to which all humans are prone. A large grid will list frequent errors in thinking, and attendees then select which concept to "uncover," prompting a concise, case-based discussion. Each bias is defined, followed by a relevant clinical example. The format encourages humour, participation, and reflection, while reinforcing the key message: awareness of how we think can improve the accuracy of what we think and our confidence in the conclusions we make.

Originality: While critical thinking is central to evidence-based medicine, a formal review of cognitive biases and logical fallacies is rarely included as part of medical curriculums. This presentation transforms an abstract concept into an accessible learning experience. The format draws on adult learning principles—choice, relevance, and active engagement—to deepen understanding and retention.

Lessons learned and future implications: Seeing these biases illustrated through everyday clinical examples will help participants recognize their own blind spots and how to avoid them. Being aware of them allows us to see the world in a different light and can feel like a "super power," as we navigate a world continually trying to use them to their advantage to make us buy things or think a certain way.

Discussion: Awareness of cognitive bias and logical fallacies doesn't eliminate it—but it creates the space to pause, reflect, and choose better. That pause is the foundation of good judgment in family medicine, as we take the time to understand not just what we think but also why we think it.

Conclusion: By combining humour, participation, and real-world relevance, this session invites clinicians to think about their thinking—and rediscover the fascinating world of how our brains work.

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ID 116 - World café "non-prescribing, deprescribing". What tools are available in Europe? What are the benefits for healthcare professionals?

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Context: Deprescribing and non-prescribing are booming. European doctors have different deprescribing tools, which are rarely shared. In studies, doctors describe deprescribing as "swimming against the tide": difficult and time-consuming. Yet healthcare professionals are already under emotional, physical, and organizational pressure that is affecting their health.

Objectives: Share internationally scientifically validated tools for deprescribing and non-prescribing. Identify, if they exist, the benefits of deprescribing on the quality of life and health of healthcare workers.

Teaching method and workshop: The facilitators are experts in the topics of "deprescribing," "non-prescribing," and "combating caregiver burnout." The teaching is participatory in a world café format with three groups of 13 participants and three volunteer ambassadors. Each ambassador will be accompanied by an expert facilitator. The first ambassador will ask the question: What tools do you use to deprescribe? The second will ask: What techniques do you use to non-prescribe? The third will ask: What personal benefits do you see from non-prescribing and deprescribing? The three groups will discuss each question. Each ambassador will report back on the answers, highlighting equity between countries, the sharing of tools, and the human fulfillment of caregivers. SCHEDULE: Grouping by color code, 10-minute introduction (context, explanation of the World Café, selection of volunteers). The first round of group discussions lasts 15 minutes. In the second round, the time is reduced to 8 minutes because the facilitator and ambassador have presented a summary of the first round of discussions. The third round lasts 5 minutes. Each ambassador gives a 6-minute presentation, and the facilitators conclude in 5 minutes.

Expected outcomes: Acquire scientifically validated international deprescribing and non-prescribing tools and techniques, learn about the potential benefits of deprescribing and non-prescribing for the health and quality of life of healthcare professionals.

Conclusion: Promote equity and sharing in Europe of the tools available to caregivers for deprescribing and non-prescribing. Preserve physicians and emphasize the benefits for them, in order to ensure an efficient, sustainable, and humane healthcare system for the future.

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ID 134 - Developing a Health-Promoting Primary Care Clinic

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Context: Integrating Lifestyle Medicine (LM) into routine primary care remains a significant challenge. While patients often understand the benefits of healthy habits, translating this knowledge into sustained behavior change is difficult. Consequently, pharmacology often takes a predominant role in managing chronic diseases, despite robust evidence demonstrating that comprehensive lifestyle changes significantly reduce morbidity and mortality. This gap is further complicated by physician time constraints and lack of structured implementation strategies.

Objectives: This symposium aims to equip primary care physicians with a practical, step-by-step framework for transforming their practice into a Health-Promoting Clinic (HPC)—defined as a setting that actively facilitates healthy lifestyle behaviors for both its staff and patients. The objective is to provide attendees with a personalized methodology focused on phased implementation, team engagement, and measurable (SMART) goals.

Teaching method and workshop: Introduction (5 minutes): Defining the Health-Promoting Clinic (HPC) and setting the stage for cultural transformation in primary care. Expert Presentation (30 minutes): Detailed presentation of the four-phased HPC transformation framework, including real-world examples: Situational Analysis, Team Engagement, Prioritization & Planning, and Implementation & Sustainability. Small-Group Work (10 minutes): Participants will collaborate to discuss how to perform a rapid Situational Analysis and apply the SMART model to prioritize goals and outline an executable action plan for their own clinics. Discussion and Wrap-up (10 minutes): Group sharing of initial ideas, final questions, and distribution of resources for continued learning.

Expected outcomes: Attendees will be able to perform a rapid self-assessment of their current practice environment. They will gain tools for effective team engagement and champion recruitment and how to create a SMART action plan for initiating cultural transformation and embedding health promotion into their practice identity

Conclusion: Primary care physicians are uniquely positioned to lead robust lifestyle interventions. This session will provide attendees with the concrete tools, methods, and inspiration needed to initiate their own HPC transformation, ensuring that the commitment to health promotion is seamlessly embedded into the core identity of their clinical practice.

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ID 147 - Approach to the Patient with Advanced Dementia in Primary Care: A Practical Workshop for Family Physicians

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Context: Advanced dementia presents complex clinical, ethical, and emotional challenges for family physicians. Many primary care clinicians feel unprepared to guide families through shared decision-making, end-of-life planning, and symptom management. This workshop, developed by geriatric and family medicine experts from Clalit Health Services (Tel Aviv district), provides practical tools for approaching patients and families with compassion, clarity, and confidence.

Objectives: Identify the main medical, ethical, and communication challenges in managing advanced dementia in the community. Apply structured approaches to align expectations and define care goals (“life-prolonging,” “comfort-focused,” or “middle path”). Practice communication techniques for discussing prognosis, swallowing difficulties, aspiration, pain, and feeding options. Integrate legal and ethical frameworks, for examle the Israeli Dying Patient Law and advance directives.

Teaching method and workshop: The 60-minute session combines a brief clinical case presentation, group discussion, and interactive polls (via Padlet) exploring participants’ experiences and dilemmas. Facilitators (geriatricians and family physicians) lead guided reflections and provide practical decision-support tools for real-world primary care settings. 10 min: Introduction and case presentation 20 min: Group discussion of clinical and ethical dilemmas 15 min: Practical framework for communication and medical decision-making 10 min: Application of tools to participants’ own cases 5 min: Summary and take-home messages.

Expected outcomes: Participants will leave with enhanced confidence in conducting family meetings, balancing comfort and longevity, and managing advanced dementia complications in the community. They will gain a practical algorithm for

"starting points" (knowledge gaps, family alignment, legal considerations) and tools to discuss aspiration, pain, and nutrition with empathy and evidence.

Conclusion: This workshop bridges geriatric expertise and primary care realities, promoting humanistic, evidence-based, and ethically sound dementia care within the community.

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ID 165 - Neighbourhood Health: A GP-Led Model for Integrated, Proactive, Person-Centred Care

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Context: Across the NHS and Europe, health systems are seeking new ways to strengthen primary care, reduce fragmentation, and address widening inequalities. A GP-led at scale provider has pioneered NHS England's 'Neighbourhood Health' model that brings together general practice, community services, mental health, social care, and the voluntary sector to work as one team around local populations. Grounded in the principles of prevention, integration and empowerment, the model offers a practical framework for translating population-health ambitions into daily general practice.

Objectives: Participants will: 1. Understand the core principles of Neighbourhood Health. 2. Explore approaches to building multidisciplinary teams around local populations. 3. Reflect on the GP's role as connector, facilitator and system integrator. 4. Identify transferable lessons and enablers for neighbourhood-based working. 5. Co-design local adaptations relevant to their own context.

Teaching method and workshop: 0–10 min: Introduction and framing – overview of the neighbourhood model and NHS policy context. 10–25 min: Small-group mapping of participants' local 'neighbourhood ecosystems' 25–40 min: Case discussion – Community Frailty Hub 40–55 min: Whole-group reflection on barriers, enablers, and transferable learning. 55–60 min: Closing summary and take-away toolkit.

Expected outcomes: articipants will gain practical insight into how Neighbourhood Health can be implemented within primary care, including mapping community assets, strengthening multidisciplinary collaboration, and initiating GP-led system integration.

Conclusion: Neighbourhood Health demonstrates how general practice can act as the integrator of local health and care systems—shifting focus from illness to prevention, from services to communities, and from fragmentation to shared purpose. The workshop offers actionable, evidence-based learning for clinicians, managers and policymakers seeking to build equitable, person-centred primary care across Europe.

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ID 201 - Lifestyle Medicine and Sleep – Evidence, Interventions, and Health Impacts

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Context: Sleep complaints are common in family medicine, yet non-pharmaceutical interventions remain underutilized. This workshop equips family physicians with evidence-based Lifestyle Medicine tools to address sleep disorders through behavioral change. Research demonstrates that lifestyle interventions—encompassing physical activity, nutrition, stress management, and sleep hygiene—significantly improve sleep quality, reduce symptoms of insomnia, and decrease dependence on pharmacotherapy. Family physicians can offer holistic, sustainable solutions aligned with patient preferences.

Objectives: By the end of this session, participants will be able to: Synthesize evidence linking lifestyle factors (exercise, diet, stress) to sleep quality and sleep disorders. Counsel patients using evidence-based strategies across four domains: physical activity timing, dietary modifications, sleep hygiene protocols, and stress reduction techniques. Demonstrate motivational interviewing through live mindfulness exercises and patient-centered communication. Evaluate implementation barriers and develop feasible action plans adaptable to diverse patient contexts.

Teaching method and workshop: Interactive polling assesses current practice patterns. Evidence-

based mini-lectures present key findings with visual aids. Live demonstration includes a guided 5-minute mindfulness breathing exercise. Structured worksheets support action planning. Plenary discussion addresses implementation challenges in primary care settings. The workshop consists of a 60-minute core session, with an optional 15-minute Q&A extension. The session begins with an interactive introduction and polling on current sleep counseling practices, followed by an evidence synthesis that links lifestyle behaviors to sleep outcomes with clinical implications. The main segment covers four intervention pillars with practical applications: exercise prescription timing, dietary counseling strategies, sleep hygiene recommendations, and stress reduction techniques, culminating in a guided mindfulness demonstration. Participants then develop individualized action plans using structured worksheets before concluding with a summary and resource distribution. For those interested, an extended Q&A and case discussion period follows the main session.

Expected outcomes: Participants will integrate evidence-based sleep interventions into consultations, confidently prescribe non-pharmaceutical approaches, utilize structured counseling frameworks, and provide actionable strategies respecting individual circumstances and preferences.

Conclusion: Lifestyle Medicine transforms sleep counseling from symptom management to root-cause intervention. Family physicians who master these evidence-based behavioral tools can offer patients sustainable, empowering alternatives to medication-first approaches.

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ID 208 - Motivational interviewing in family medicine: From understanding to empowering behavioral change

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Context: Motivational interviewing (MI) is a collaborative and person-centered communication method designed to enhance intrinsic motivation for behavior change. In family medicine, MI can be applied to a wide range of consultations—from managing chronic diseases to preventive care and lifestyle counseling. Despite its proven effectiveness, many family doctors and trainees report limited formal training and confidence in applying MI techniques during busy consultations. This workshop aims to bridge that gap by offering interactive learning, reflection, and practical skill-building tailored to the realities of primary care.

Objectives: By the end of the workshop, participants will be able to: -Describe the principles and spirit of motivational interviewing. -Recognize opportunities to use MI during family medicine consultations. -Apply core MI techniques (OARS: open questions, affirmations, reflections, summaries) in simulated clinical situations. -Reflect on personal communication style and barriers to implementing MI in daily practice.

Teaching method and workshop: The session will be highly interactive, combining brief theoretical input, small-group exercises, live demonstrations, and role-play scenarios based on real-life cases. Facilitators will guide participants through practice activities and provide immediate feedback. Workshop schedule (60 minutes) 0–10 min: Introduction to MI principles and evidence base 10–20 min: Demonstration of MI in a clinical encounter 20–45 min: Small-group role-play and feedback 45–55 min: Group reflection and strategies for integration into practice 55–60 min: Summary and take-home messages.

Expected outcomes: Participants will leave the workshop with practical communication tools to enhance patient engagement and promote sustainable behavior change. They will gain increased confidence in applying MI strategies during lifestyle counseling, chronic disease management, and preventive care encounters.

Conclusion: Motivational interviewing offers family physicians a structured yet flexible approach to foster patient-centered care and behavioral change. This workshop will empower participants to integrate MI techniques into routine consultations, improving both patient outcomes and professional satisfaction.

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ID 209 - Enhancing dermoscopy skills in primary care: A practical and interactive workshop

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Context: Skin lesions are among the most common reasons for consultation in primary care. With the global rise of melanoma and non-melanoma skin cancers, early detection is essential for improving outcomes. Dermoscopy has proven to be a cost-effective diagnostic tool that increases recognition of suspicious lesions and reduces unnecessary referrals. Evidence shows that its use in primary care can raise diagnostic accuracy for melanoma up to fifteenfold, highlighting its value for family physicians. However, many general practitioners still lack access to structured training. This workshop addresses this gap through hands-on learning focused on practical interpretation and clinical reasoning in daily practice.

Objectives: By the end of the session, participants will be able to: -Identify key dermoscopic structures and patterns. -Apply basic diagnostic algorithms to distinguish benign from malignant lesions. -Recognize common dermatoscopic findings in primary care. -Gain confidence in using dermoscopy as a triage and diagnostic tool.

Teaching method and workshop: The session combines short theoretical input with active, case-based learning. Participants will receive a visual reference flyer. Interactive activities include image-based exercises, case discussions, and short digital quizzes (e.g., Kahoot) to reinforce learning. The workshop follows the Kirkpatrick evaluation framework, addressing engagement, learning, behavior change, and clinical outcomes. Workshop schedule (60 minutes) 0–10 min: Introduction and overview 10–30 min: Interactive presentation of diagnostic structures and algorithms 30–50 min: Case discussions and image-based exercises 50–60 min: Kahoot quiz, summary, and Q&A.

Expected outcomes: Participants will acquire practical dermoscopy skills for earlier detection of skin cancer and improved triage. Applying the Kirkpatrick model, this workshop seeks measurable improvements in both learning and clinical practice.

Conclusion: Dermoscopy enables family physicians to make timely, evidence-based decisions in skin lesion management. Using the Kirkpatrick model for structured learning, this workshop—organized by the WONCA SIG on Dermatology—offers an engaging and reproducible format to enhance diagnostic accuracy and patient safety in primary care.

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ID 219 - Co-designing an online pathway for patients to report cancer symptoms

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Context: Cancer incidence is rising, particularly in younger adults. However, survival rates vary significantly by country. A key reason for these disparities is delay in diagnosing and treating cancer, particularly in early stages. Online consultations between patients and GPs may help reduce delays, and some people may find it easier to ask about cancer online. However, there is no specific online form in GP systems for people worried they may have cancer. Furthermore, we do not know if this will help find cancer earlier, or if it will have unintended effects, like increasing GP workload. We are developing a patient-facing online consultation template for people worried about cancer. This will help identify and clarify concerns, facilitating more timely cancer referral and specialist assessment, or appropriate reassurance.

Objectives: To introduce participants to the use of online consultations for communication and triage in primary care; To consider the relevance and impact of a 'cancer concerns' online consultation template, including possible benefits, unintended consequences, and implications of adoption across different health systems; To contribute to the co-

design of an online consultation template for use by patients.

Teaching method and workshop: This multi-country, mixed-methods, co-design workshop will involve a quantitative survey with live feedback (using Mentimeter), as well as large group discussion, and small focus group approaches. Workshop schedule Introduction to online consultations and context; (5min) Online survey on potential for a 'cancer concerns' online consultation pathway; (10min) In-depth whole group discussion of potential impact on patients and clinicians; (20min) Presentation of draft online template; (5min) Small group discussion and template refinement; (15min) Whole group feedback.(5min)

Expected outcomes: Participants will gain insight into use of online consultations, and contribute, through discussion of key symptoms relevant to cancer concerns, to development of a template to support patients' more timely access to triage and assessment.

Conclusion: With online consultations becoming a routine part of general practice, now is the right time to explore how they can be used to help find and treat cancer earlier. Through this novel pathway, we may be able to reduce delays and improve survival.

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ID 230 - SonoChallenge

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Context: Point-of-care ultrasound (POCUS) is becoming an essential tool in primary care, yet many general practitioners (GPs) still feel uncertain about its daily use. Traditional workshops often emphasize technique rather than reasoning, teamwork, and clinical integration. The SonoChallenge introduces an innovative, playful approach to learning ultrasound, inspired by medical game shows. It combines evidence-based practice, collaboration, and competition to strengthen skills and confidence among GPs. The workshop follows a preliminary online escape game that selects six finalists. These six participants, divided into two teams of three, compete live during the SonoChallenge session.

Objectives: By the end of the workshop, participants will be able to: Improve image acquisition and interpretation in common primary care situations. Apply ultrasound findings to clinical decision-making. Communicate and collaborate efficiently in team-based challenges. Explore innovative and engaging methods for teaching ultrasound.

Teaching method and workshop: The SonoChallenge is structured as a friendly competition between two teams. Facilitators guide the activities, ensure safety, and conduct short debriefings after each round. The six challenges are: Find & Freeze: obtain the best possible image of a requested organ, as quickly as possible. Blind Probe: one blindfolded operator guided verbally by teammates. Rapid Quiz: interpret ultrasound scans and propose diagnoses. Do It Again: reproduce a displayed scan sequence. One Study, 3 Minutes: summarize and present an ultrasound-related study. My Best Tips & Tricks: share practical advice with peers.

Expected outcomes: Participants will gain hands-on confidence in POCUS, develop teamwork and communication skills, and discover creative ways to integrate gamified ultrasound learning into primary care education.

Conclusion: The SonoChallenge turns ultrasound training into an engaging, evidence-based competition that enhances clinical reasoning, collaboration, and joy in learning.

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ID 257 - Period(s): the game. Everything you wanted to know and you didn't dare to ask.

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Context: Secretory, follicular, luteal phase… Does it sound familiar? When was the last time you had an update about the menstrual cycle? We all know it is a physiological event that occurs to half of the world population. However, due to its historical taboo, the knowledge sharing has been limited and focused on old beliefs. In addition, there has been a significant

increase of information shared in social media in the last few years, not only about menstruation but also other conditions related to the phenomenon.

Objectives: The healthy menstrual cycle and how to support it. Signs and symptoms of possible problems. Misconceptions and taboos about physiology and related behaviours.

Teaching method and workshop: We will use a goose game type with 28 squares, mimicking the theoretical 28 days of the cycle. Participants will be divided in groups and work with their own game board to facilitate everyone's participation. By moving between squares, attendees will respond to questions about different topics (nutrition, mental health, physical activity or health conditions related). Information will be explained after their answer about each phase of the cycle to learn more in depth. Some squares are for wild cards and "pictionary" type questions, to engage the participants into a highly dynamic way of learning. Workshop schedule Participants will be explained the rules in a brief introduction, and then they will take an active role by playing in the session. Presenters will facilitate active participation in the game during this session, and resolve any questions or doubts.

Expected outcomes: We wish the attendees to learn evidence-based concepts about the menstrual and ovarian cycles, as well as concepts related in sociology, nutrition and history, in a playful and dynamic setting.

Conclusion: We want to encourage everyone to come and participate actively, to help their patients and communities into having a better understanding. Knowledge is power!

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ID 436 - Teaching cultural competence to health care providers

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Context: With increasing global migration, physicians face challenges in delivering effective care to patients from various cultural backgrounds. To provide holistic care, the physicians must be equipped to provide respectful and appropriate care for their culturally and linguistically diverse patients. This workshop aims to empower healthcare workers with the skills to navigate cultural differences and enhance their ability to provide inclusive, patient-centered care.

Objectives: Effectively communicate with patients from diverse cultural backgrounds. Develop skills to provide care that respects and integrates the cultural, religious, and social factors that may influence a patient's health beliefs and behaviors. Recognize and address health disparities related to race, ethnicity, socioeconomic status, etc., to promote more equitable healthcare outcomes. Equip participants to create an inclusive and respectful environment where cultural differences are acknowledged and embraced, fostering improved trust and cooperation.

Teaching method and workshop: Welcome and introductions Brief overview of workshop objectives and outcomes Understanding Cultural Competence Role Plays Summarization and Closing Remarks

Expected outcomes: Improve cultural self-awareness Use culturally sensitive communication techniques Adapt care plans to align with patients' cultural values Manage cultural misunderstandings in clinical encounters Create an inclusive and culturally safe care environment.

Conclusion: This workshop aims to equip healthcare providers with the knowledge and skills to enhance cultural competence in their practice, fostering better communication, trust, and understanding with patients from diverse backgrounds. By understanding and respecting cultural differences, physicians are better equipped to make decisions that are in line with the patient's values, leading to better adherence to treatment and overall health outcomes.

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ID 446 - CardioMetabolicRenal (CMR) Disease – Why call it CMR and what can we do in prevention of the world's most important cause of disability and early death?

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Context: CardioMetabolicRenal (CMR) Disease Symposium – Why call it CMR and what can we do in prevention of the world's most important cause

of disability and early death? Background The most important cause of death, and crucially premature death, in most countries are events secondary to cardio-metabolic-renal disease (CMR). Further, CMR is the main cause of major disability and therefore health and social care expenditure as well as reduced quality of life for patients and families. Fortunately, CMR has the largest evidence base in medicine and is the focus for much innovation in healthcare interventions given the importance of CMR disease to health systems. However, unfortunately, Health systems are failing to effectively implement prevention strategies in CMR such as better identify and mitigate the common risk factors that drive CMR disease. And this is despite the WHO's priority call for increased focus on disease prevention and long-term condition (LTC) management. Introduction Professor Richard Hobbs, University of Oxford & European PC Cardiovascular Society 1) Why has managing Chronic Kidney Disease (CKD) become more important? 15 mins Professor Raj Thakkar, GP Specialist in CVD, Primary Care Cardiovascular Society, United Kingdom 2) What are the key changes in guidance for blood pressure and lipid PC management? 15 mins Dr Nicholas Jones, University of Oxford & EPCCS 3) Is there a role for primary care in Obesity management? 15mins Professor Kamlesh Khunti, University of Leicester& PCDE Moderated panel and audience discussion 15 mins Professor Richard Hobbs

Objectives: 1) update on the most recent evidence for CMR 2) explore the optons for better diagnoses of CMR 3) discuss the management options to reduce the risk and nburden of CMR 4) answer queries on CMR and discuss areas of controversy.

Teaching method and workshop: Interative lecture sessions and moderated Q&A.

Expected outcomes: New knowledge; Better understandings; Practical guidance, leading to; Improved patient care.

Conclusion: CMR disease - the most important cause of death and disability and major work impact on promary care deserves an update session.

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ID 451 - Preventing Loss of Autonomy in Primary Care: A Workshop on Implementing the WHO ICOPE Program

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Context: Since 2017, the WHO's Integrated Care for Older People (ICOPE) program has promoted a comprehensive approach to healthy aging. With a strong focus on prevention, it aims to preserve intrinsic capacities (mobility, cognition, nutrition, mood, vision, and hearing) in adults aged 60 years and older. Structured into five steps (screening, comprehensive assessment, personalized care planning, follow-up, and community engagement), ICOPE supports clinically meaningful stratification of frailty and functional limitations. Implemented six years ago in the Occitanie region and currently undergoing national piloting in France, the program places primary care and particularly multidisciplinary primary care practices at the forefront. However, organizational barriers persist, notably in the co-construction of personalized care plans, interprofessional coordination, and longitudinal follow-up.

Objectives: - Identify key components for a seamless ICOPE pathway: interprofessional communication, co-construction of care plans, and follow-up. - Share regional implementation experiences, including lessons from Occitanie. - Identify opportunities and barriers for each theme. - Co-develop transferable strategies to strengthen ICOPE implementation across diverse settings.

Teaching method and workshop: The workshop adopts a collaborative and participatory design, combining real-time polling (Wooclap), small-group work to identify barriers and opportunities across themes, and plenary synthesis : 1. Introduction and interactive overview of ICOPE, followed by presentation of implementation lessons from Occitanie (10 min). 2. Three thematic group discussions (15 min each), each followed by a plenary feedback session (10 min each): - Interprofessional communication - Co-construction of personalized care plans - Follow-up and longitudinal evaluation 3. Final synthesis and outlook (5 min).

Expected outcomes: Participants are expected to gain an improved understanding of organizational challenges related to ICOPE implementation in primary care. They will identify transferable lessons from regional experiences and contribute to a collective synthesis of actionable strategies and levers to support broader integration.

Conclusion: This workshop is grounded in peer learning on integrating ICOPE, a WHO program designed to prevent loss of autonomy in adults aged 60 years and older, into primary care. It seeks to support wider adoption, uptake and specific adaptation of the program across participants' regions.

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ID 481 - Emotional Competence in General Practice : A Practical Workshop for Everyday Clinical Application

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Context: General practitioners (GPs) encounter diverse and challenging situations that evoke emotional responses. When emotions become overwhelming, they may negatively affect the doctor–patient relationship, contribute to professional burnout and affect personal life. Given these challenges, GPs need to develop adaptive emotional coping strategies relevant to their daily practice. However, emotional skills remain insufficiently addressed in medical training. Promoting their development is essential both to support clinical practice and to facilitate their integration into medical education. According to Mikolajczak, emotional competence encompasses five key dimensions: identification, understanding, expression, regulation, and utilization.

Objectives: This workshop aims to strengthen GPs' emotional skills by helping participants develop personal and effective coping strategies. It also seeks to raise awareness of emotional dynamics in the patient-care relationship, highlight clinical scenarios at risk of emotional overload, and explore the determinants of physicians' emotional reactions.

Teaching method and workshop: The workshop uses an active, experiential, and reflective approach structured in chronological steps: 1. Facilitators open with clinical narratives to introduce key concepts, followed by co-creation of group rules. 2. Participants engage in small-group discussions to explore significant emotional experiences and the factors influencing them. 3. Collective exercises promote reflection and sharing on the intensity of emotional expression in clinical situations. 4. Group work on coping strategies uses the Brief COPE toolkit, with discussion of the benefits and limitations of each strategy. 5. The workshop concludes with a discussion on acquiring emotional competence and the presentation of a practical toolbox. Each phase is enriched by plenary discussions and targeted theoretical input, following key steps of the emotional competence pathway: identification, understanding, expression, and regulation.

Expected outcomes: This workshop is expected to help participants acknowledge the legitimacy of emotions in general practice, understand how emotional experiences can spill over into personal and family life, and reflect on coping strategies to support emotional competence in daily clinical practice.

Conclusion: This workshop is designed to foster emotional competence in GPs, supporting the development of effective coping strategies in daily practice. This type of workshop may help prevent GP burnout and promote the doctor–patient relationship, with potential benefits for both practitioners and their patients.

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ID 536 - From Heart to Data: Balancing Feelings, Evidence, and Artificial Intelligence (A I) in 2026 for medical decisions

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Context: As it seems obvious that Artificial Intelligence (AI) will suggest the best options for diagnoses and treatments, should we still continue to trust in our own feelings coupled with evidence based documentation? Patient's expectations and beliefs must also be recognized and acknowledged .

Objectives: The GP should know at the end , how trustful , useful, or limited AI , feelings and our knowledge are in our daily GP practice. The GP should similarly understand the importance of feelings and patient related outcome-measures (PROMs) , if they are to adopt and support treatment proposals in mutualconside ration.

Teaching method and workshop: Teaching method: In smaller groups , three subtopics should be debated under the aspect of feelings and knowledge supported or not by AI: a) Considering different cultural backgrounds of patients and doctors , can equity in our decision making be supported by both feelings and knowledge? b) In ethical consultations for acute or palliative care, can feelings and knowledge or beliefs help us to shape the patient's and doctor's autonomy or liberty to decide ? c) Can feelings, even gut feelings in comparison to the patient's expectations and Proms bring us to a rational decision (with or without AI) in this fraternal patient-doctor relationship? Workshop schedule: After a short introduction to the terms feelings, clinical reasoning and AI in medicine, 3 rounds of 12 minutes will debate in a contradictory manner on the 3 subtopics and colleagues will report briefly for 2 minutes after each round. The authors of the WS will summarize the differences and agreements and a final general questioning will try to weigh feelings, knowledge, and AI together.

Expected outcomes: The participants, through interactive group discussions, should stimulate their own critical self-reflexion and give space to uncertainty, complexity, flexibility, intuitive assessment and open communication in order to come to the best possible medical decisions.

Conclusion: In rapidly changing times, becoming more aware of technical options and our own and patients reactions could help us to get more liberty in our daily medical decisions. 3 key words: emotions evidence-based artificial intelliegence.

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ID 554 - PCDE Workshop on Chronic Kidney Disease: A step-by-step, evidence-based, practical approach in primary care

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Context: Patients with chronic kidney disease (CKD) and type 2 diabetes (T2D) are at high risk of CKD progression and cardiovascular (CV) disease. Prevalence of CKD in patients with T2D is currently around 40% and continues to grow. The cardio-renal axis represents the complex interplay between the heart and kidneys, two vital organs that are intricately linked in maintaining homeostasis. Management of CKD in patients with T2D aims to preserve kidney function to reduce the risk of end-stage kidney disease, CV events, and mortality. Most of this early detection and intensive management occurs within primary care.

Objectives: Delegates will gain a better understanding of the following: Why is CKD important – the cardio-renal-metabolic interplay Epidemiology of CKD Prevention and screening strategies of CKD Risk assessment in people with CKD Monitoring frequency and early management of CKD Delaying CKD progression and managing its complications When to refer to kidney specialists (including KFRE).

Teaching method and workshop: The format will be a face-to-face Workshop session , facilitated by 2-3 PCDE members with an expertise on CKD and CVD (cardiometabolism) Program outline Introduction of participants Kick-off presentation Grouping: 6 groups of max. 8 participants, each Presentation of clinical cases (one for each group) Group work Plenary session: group presentation of clinical management of cases Group discussion - using KDIGO PCDE one pager and Kidney-Failure Risk Equation (KFRE).

Expected outcomes: Improved clinical knowledge - CKD diagnosis, staging and progression Better Screnning and Early detection practices : high-risk groups Increased condfidence in management - pillar approach Enhanced care coordination : When to refer , care pathways Evaluation outcomes: Pre/post knowledge scores , commitment-to-change statements and adoption of tools taught in workshop.

Conclusion: The CKD primary care workshop improves clinicians' knowledge and confidence in the early detection, staging, and management of chronic kidney disease, emphasizing the critical role of primary care in slowing disease progression. Participants gain practical skills in interpreting eGFR and ACR results, initiating evidence-based therapies, and providing patient-centered education, while also strengthening understanding of referral pathways and interdisciplinary coordination. Overall, the workshop supports meaningful practice enhancements that promote

earlier intervention and better long-term outcomes for patients with or at risk of CKD.

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ID 556 - Does family medicine embody the ideals of liberté, egalité, and fraternité for people with a history of migration?

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Context: The philosophy of family medicine, comprehensive, continuous, and equitable care, is undermined by systemic challenges for people with a history of migration, both patients and clinicians. Health and well-being are compromised by societal forces, including legal status precarity, the impact of trauma, and a "hostile environment" within host countries. These create barriers in primary care, demanding that professionals critically assess the gap between the ideal of universal care and the reality of service provision.

Objectives: 1) To analyse the impact of current societal policies and structural barriers on health. 2) To examine access disparities, including the two-tiered system of provision and clinical blind-spots regarding global health conditions. 3) To develop strategies to foster solidarity, address discrimination against healthcare professionals with a migration background.

Teaching method and workshop: The workshop will start with a presentation and followed by concurrent, focused group discussions. Participants will select one of the three parallel discussion groups: Liberté (Freedom): Exploring hostile environments as a public health crisis and pathways to dismantling policies that prioritize enforcement over human dignity. Égalité (Equity): Focusing on access to healthcare, structural limitations (e.g., charging, lack of interpreting), and the imperative for comprehensive, culturally informed clinical care. Neglected diseases (e.g., Chagas disease, schistosomiasis) will be considered. Fraternité (Solidarity): Centred on addressing challenges faced by colleagues in family medicine with a migration history (credentialing, discrimination); strategies for professional self-care and resilience. Schedule: Presentation (10 minutes): Detailing societal, structural, physical, and mental health barriers for migrants. Concurrent Group Discussions (40 minutes): (Liberté (Hostile Environment); Égalité (Access to Care); Fraternité (Workforce Support)) Synthesis/Conclusion: (10 minutes) sharing and commitment to actionable solutions.

Expected outcomes: After attending the workshop, participants will be able to: Identify the toll of systemic barriers on health (Liberté). Challenge two-tiered systems of care and advocate for resources (Égalité). Implement strategies for supporting colleagues with a history of migration and fostering self-care to combat burnout (Fraternité).

Conclusion: By framing the systemic compromise of migrant health through the ideals of Liberté, Égalité, et Fraternité, this workshop provides family medicine professionals with the critical perspective and collaborative tools needed to transition from merely recognising health inequities to becoming advocates of comprehensive care.

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ID 587 - Social Determinants of Health in Primary Care: What Can GPs Actually Do?

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Context: Humanism, defined as clinically excellent care that is kind, safe, and trustworthy, is fundamental to effective primary care (PC). High quality communication transforms clinically competent consultations into truly humanistic encounters. Yet opportunities for learners to practise real-world communication skills and receive feedback is educationally resource-intensive. AI-generated simulation offers a completely new way of approaching communication skills that is easily accessible and flexible. One such framework, currently in development, is COGConnect. Though AI-driven, COGConnect focuses squarely on trust building, psychological safety and patient centredness. Drawing on COGConnect, this workshop introduces PC

professionals to AI-supported communication training, as a innovative new way to inspire holistic consulting in Primary Care.

Objectives: 1. Describe how AI simulations can support the development of humanistic communication. 2. Apply prompt-engineering techniques to create (your own) novel consultation scenarios for simulation. 3. Understand the potential of AI systems to provide tailored and granular learner feedback. 4. Understand the particular contribution of COGConnect to communication skills pedagogy.

Teaching method and workshop: The workshop uses mixed, interactive methods: Concept walk: participants are given concept cards and asked to circulate exchanging interpretations of the concepts to activate prior knowledge and prepare for collaborative learning. [doi.org/10.1111/medu.12688] Demonstration: of an AI-generated clinical communication simulation and feedback. Skill-building session: how to create your own simulated consultation using ChatGPT. Debate: agreeing key phases of a well rounded consultation that we wish students to learn. Presentation: introducing the COGConnect platform - integrating AI simulation with humanism.

Expected outcomes: By attending this workshop you will: - Gain practical insight into AI-generated simulation - Understand AIs potential to deliver tailored feedback - Develope your ability to create your own AI simulations using ChatGPT - Gather awareness of the COGConnect consultation toolkit - Have your mind opened to a new way of commskills learning.

Conclusion: AI is rapidly becoming an integral element of medical education. This workshop mixes didactic and interactive learning approaches to help attendees grasp the extraordinary potential of AI simulation closely linked to an innovative and humanistic training toolkit (COGConnect). The workshop is recommended for anyone generally curious about AI and particularly those involved in any aspect of consultations skills training.

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ID 588 - Access to (digital) healthcare is a human right. How can you reduce digital literacy in your healthcare organisation?

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Context: Digital healthcare is becoming increasingly essential as staff shortages and rising numbers of people with chronic conditions put pressure on healthcare systems. Innovations such as telemonitoring, video consultations, and digital self-management tools can support more efficient care. Yet around a quarter of European citizens lack sufficient digital skills to use these tools effectively. This challenge affects both patients and healthcare professionals and has major implications for accessibility and equity in care. More than ten years of research from our teams has shown that offering helpdesks or technical support alone is not enough: barriers differ widely between individuals and often require a personalised approach.

Objectives: This workshop helps participants understand the diversity of digital barriers among patients and professionals. It aims to equip them with practical strategies to tailor support to individual needs and guide people from precontemplation, not yet seeing the value of digital care, towards contemplation and engagement (based on the Stages of Chenge Theory, Prochaska et al). Participants will gain insight into why many digital illiterate individuals are not yet motivated to use digital tools and how thoughtful communication and adaptation can shift this mindset.

Teaching method and workshop: The session combines short evidence-based presentations with hands-on activities. Participants will explore common digital barriers, work with real-life examples, and identify suitable solutions. Interactive assignments encourage them to translate insights into practice: analysing user needs, adapting digital tools or communication strategies, and designing small changes that can immediately be implemented in their own organisation. Group discussions stimulate reflection and help participants learn from each other's experiences.

Expected outcomes: After the workshop, participants will feel more confident in recognising digital barriers and selecting appropriate solutions. They will understand why personalisation is essential and how to motivate users who are not yet ready to adopt digital healthcare. Participants will leave with practical ideas, concrete examples, and tools to support digital inclusion within their own professional context.

Conclusion: By gaining a deeper understanding of digital barriers and learning how to adapt support to

users' needs, participants can help make digital healthcare more accessible and equitable. This workshop empowers healthcare professionals to take meaningful steps toward truly inclusive digital care.

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ID 598 - Bridging WONCA principles and European primary care: collaborative problem tree analysis

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Context: Across Europe family physicians are committed to deliver care that is comprehensive, person-centered and rooted in professional autonomy, values reflected in WONCA. However, workforce shortages, administrative burdens, fragmented digital and referral systems impede delivery of equitable and relationship-based care. In partnership between Latvia, Lithuania and United States (USA), this workshop uses simplified problem tree analysis to collaboratively analyze how these challenges arise at micro (clinician), meso (practice/organizational) and macro (system) level and how they impact the daily capacity to uphold core values of fairness shared responsibility and meaningful clinical practice.

Objectives: Participants will be able to: - Identify specific gaps between Wonca principles and daily practice realities - Recognize micro, meso, and macro level barriers affecting equitable and relationship-based care - Construct a simplified problem tree mapping root causes and consequences of a selected barrier - Build a foundation for collaborative solution development for Workshop 2.

Teaching method and workshop: Facilitated small group activities guiding participants through clinical scenarios representative of diverse European primary care issues. Each group selects a scenario and constructs a succinct problem tree outlining contributing factors and consequences. A gallery walk enables peer review and shared learning. WORKSHOP SCHEDULE (60 minutes) - Introduction and scenario selection (8 minutes) - Small group problem tree construction (25 minutes) - Gallery walks and cross-group comparison (10 minutes) - Facilitated synthesis discussion (12 minutes) - Synthesis and transition to Workshop 2 (5 minutes)

Expected outcomes: - Creation of 4-6 problem trees identifying priority barriers in primary care - Enhanced skills in root cause analysis, applicable to quality improvement - Visual aids serving as starting point for solution generation in Workshop 2.

Conclusion: This workshop provides a structured, inclusive approach to analyzing primary care barriers fostering a shared understanding amongst participants. The collaborative process supports the development of actionable solutions that reflect the values of liberty, equality and fraternity, strengthening quality improvement efforts across European primary care.

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ID 605 - Post graduate training experiences that shape reproductive health practice in family medicine: designing training that sticks

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Context: Family physicians contribute substantially to contraception and uterine aspiration/D&C care, yet post-training provision varies. A cross-sectional analysis of 21,904 family medicine graduates who completed training during 2008–2018 and currently provided care to xxxx government program beneficiaries found that 61.1% provided prescription contraception, 18.5% provided IUD/implant care, and 0.7% provided D&C in 2019. Graduates from residencies with fully integrated, opt-out family planning curricula, larger program size, and community-based training emphasis had higher odds of providing these services after graduation. This workshop translates those empirically associated post-graduate training characteristics into adaptable training designs for diverse health systems.

Objectives: Participants will be able to: (1) summarize post-graduate training in community-based settings and with full integration of family

planning being associated with later provision of prescription contraception, IUD/implant services, and D&C; (2) map their local training pathway to identify where reproductive-health competencies are integrated, community-anchored, and repeated with sufficient clinical volume; and (3) design two locally feasible training upgrades aligned with the study's associated characteristics, each paired with a 90-day evaluation metric.

Teaching method and workshop: Interactive evidence-to-design workshop using a brief data walk-through, small-group experiential pathway mapping ("what learners see, do, repeat"), structured peer exchange, and a rapid design sprint. Handouts will be provided: 1)Training to Practice Experiential Pathway Map with questions and prompts, and 2)Stakeholder Mapping Exercise for Training Upgrade as an Implementation Plan Reality Check. 0–15 min—evidence pulse on outcomes and associated post graduate training characteristics. 15–30 min—experiential pathway mapping plus global translation prompts to locate uneven post-training provision in participants' contexts. 30–40 min—case-based discussion of common misalignments between current training structures and evidence-linked characteristics. 40–55 min—design sprint to draft two upgrades reflecting integrated exposure, community continuity, or scalable volume, followed by rapid stakeholder mapping. 55–60 min—commitments and metrics.

Expected outcomes: Participants will leave with a one-page training-to-practice alignment plan, two implementable curriculum or rotation changes tailored to their setting, stakeholder maps for each change, and indicators for short-term evaluation.

Conclusion: Post graduate training architecture—especially integrated family planning training and community-based emphasis—is associated with sustained reproductive-health provision after graduation. Applying these training features across settings may strengthen primary-care reproductive-health access and continuity.

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ID 636 - Climate–Smart Primary Care: A hands-on case-based quiz for clinicians across regions

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Context: According to the WHO, climate change is the greatest threat to global health in the 21st century, shaping disease distribution, patient vulnerability, and healthcare demands. Family doctors are increasingly confronted with climate-related conditions ranging from heat-associated illness and vector-borne infections to air-pollution–driven respiratory disease and post-disaster health challenges. Yet many primary care professionals lack structured, evidence-based tools to integrate climate exposure into clinical reasoning and patient counselling. This workshop addresses this gap by offering an innovative, quiz-driven, case-based learning experience grounded in real scenarios from diverse climatic regions that can be applied in all regions.

Objectives: By the end of the workshop, participants will be able to: 1) Recognise clinical presentations influenced by climate and environmental change 2) Apply climate-sensitive reasoning in diagnosis, management, and prevention within primary care 3) Analyse regional variations in climate-related health outcomes and adapt their approach accordingly 4) Collaborate to formulate climate-informed clinical questions and local action strategies 5) Integrate principles of climate awareness and sustainability into routine family practice to enhance community resilience.

Teaching method and workshop: The workshop uses an interactive quiz-based case format to actively engage participants. Small groups will receive clinical scenarios representing distinct climatic contexts—such as extreme heat, vector expansion, air pollution, or flood-related infectious risks. Groups will identify key risk factors, develop short quiz questions, and propose management strategies. Facilitators will guide discussions to ensure a strong scientific and evidence-based link between climate phenomena and health outcomes. A plenary session will synthesise insights across groups, reinforcing key messages and take-home tools. Workshop schedule: 10 min – Introduction and Planetary Health20 min – Group case discussions (4 cases) 20 min – Plenary sharing and

synthesis 10 min – Wrap-up, take-aways and reflection.

Expected outcomes: Participants will gain practical skills in climate-informed clinical reasoning, adaptive decision-making, and interprofessional collaboration. They will receive a curated resource list and be invited to join a global learning network for continued engagement in climate medicine.

Conclusion: This workshop equips family physicians with actionable knowledge, confidence, and practical strategies to address climate-related health challenges and to promote sustainable, resilient primary care in a rapidly changing world.

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ID 671 - Workshop on deprescribing in patients with limited life expectancy

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Context: Patients with limited life expectancy frequently use potentially inappropriate medications (PIMs), leading to avoidable harms. They are often managed in primary care, however, deprescribing of PIMs remains poorly enacted. Reported barriers to deprescribing include negative perceptions of deprescribing, limited awareness of existing guidance, and poor communication. Several tools have been developed to facilitate deprescribing in this population, the STOPPFrail criteria being the most widely used. This extensively validated tool has shown to improve deprescribing of PIMs.

Objectives: 1. Increase awareness of and willingness to deprescribing in patients with limited life expectancy. 2. Increase knowledge on deprescribing benefits and evidence, the STOPPFrail criteria, and effective deprescribing communication strategies. 3. Learn to apply the STOPPFrail criteria.

Teaching method and workshop: This workshop will be focused on the use of small group learning following case-based discussions. In small groups, participants will apply the STOPPFrail criteria to a number of clinical cases and discuss how to engage in deprescribing discussions. Workshop schedule: - Case description (5 min). - Mini-lecture on medication use in patients with limited life expectancy, deprescribing, its benefits and current evidence, and the STOPPFrail criteria (10 min). - Application of STOPPFrail to clinical cases in small-groups, with subsequent plenary discussion (20 min). - Small-group discussion and plenary sharing on effective communication strategies for deprescribing, based on challenging clinical scenarios (20 min). Participants may share their own experiences. - Additional resources and workshop closing (5 min).

Expected outcomes: - To appreciate the evidence supporting deprescribing for patients with a limited life expectancy. - To identify which medications can be stopped and when. - To apply the STOPPFrail criteria to real patient cases. - To explore how deprescribing can be optimally communicated with patients. - To enhance confidence in engaging in deprescribing.

Conclusion: This workshop will equip participants with the knowledge, skills, and confidence to engage in safe and effective deprescribing practices for patients with limited life expectancy, ultimately aiming to improve the delivery of patient-centred, harm-reducing care and quality of life.

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ID 696 - Palliative Care in noncancerous patients: practical skills for family physicians

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Context: Although palliative care (PC) is often associated primarily with oncology, its scope extends far beyond cancer. PC plays a crucial role in the comprehensive management of patients with serious chronic illnesses, including advanced COPD, severe congestive heart failure (CHF), and progressive dementia. It improves quality of life, assists with complex decision-making, reduces unnecessary interventions, and provides essential support to patients and families. Despite its value, PC training remains limited in many family medicine residency programs. Family physicians, who frequently care for patients with multimorbidity and progressive decline, require practical PC skills to integrate into everyday practice.

Objectives: This workshop aims to equip family physicians with foundational palliative care competencies in the noncancerous patient through interactive, case-based learning. Participants will strengthen clinical decision-making, enhance communication with patients and families, and build confidence in guiding goals-of-care discussions and symptom management.

Teaching method and workshop: Participants will engage in small-group discussions, case-based problem solving, and facilitator-led debriefing. Each case will highlight core PC principles, communication strategies, and real-world management approaches. Evidence-based guidance and practical communication tools will be emphasized throughout. Workshop Schedule: 0–5 min- Introduction: Why palliative care matters in noncancerous conditions. 5–20 min-Case 1, severe dementia: Managing feeding decisions, agitation, caregiver burden Discussing goals of care and advanced directives 20–35 min - Case 2 , advanced COPD: Dyspnea management, crisis planning, addressing anxiety Communicating prognosis and supporting end-of-life decisions 35–50 min - Case 3 , severe CHF: Symptom assessment and management 50–60 min -Summary & Reflection: Key take-home messages, practical tools for FM clinics, Q&A.

Expected outcomes: By the end of the workshop, participants will: Recognize the importance of PC in noncancerous chronic illness. Develop improved communication skills for discussions on prognosis, goals of care, and advance directives. Gain confidence in symptom management and end-of-life clinical decision-making. Understand how to integrate PC services effectively into family medicine practice.

Conclusion: This workshop provides FM physicians with practical tools to enhance their competency in palliative care for seriously ill patients, ultimately promoting more compassionate, patient-centered care. Keywords: Palliative Care, Family Practice, Quality of Life, Heart Failure, Dementia

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ID 780 - Masterclass “Climate Smart Practice: How do I get started?”

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Context: Climate change poses an urgent global health threat, while healthcare systems remain significant contributors to greenhouse gas emissions. Family physicians and primary care providers play a vital role in leading sustainable healthcare transformation. Yet many clinicians are uncertain about where and how to begin implementing climate-smart and climate-neutral practices in their daily work. This masterclass offers practical guidance, tools, and peer learning opportunities, to help physicians take their first steps toward sustainable low-carbon healthcare.

Objectives: 1) Understand the basic concepts linking climate change and human health. 2) Describe principles of climate-neutral practice within healthcare settings. 3) Identify levels of climate action relevant to physicians - at the individual, institutional, and community level. 4) Connect with networks and organizations working in planetary health. 5) Utilize available tools and resources to initiate or strengthen climate-smart actions in their own workplaces.

Teaching method and workshop: This workshop adopts an interactive and problem-based learning approach. It begins with a brief presentation outlining essential concepts on climate change and health, drawing on current evidence and established planetary health guidelines. Participants then work in small groups to identify barriers and explore opportunities for adopting climate-smart practices in their workplaces. Each group examines real-world examples and evaluates practical tools and frameworks that support sustainable healthcare. The facilitators guide these discussions and conclude with a plenary synthesis of key insights and lessons learned. 10 min – Introduction on planetary health 20 min – Brainstorming in small groups about the pathways and barriers to implement climate-smart strategies in their practice 20 min – Plenary sharing and synthesis 10 min – Wrap-up, take-aways and reflection.

Expected outcomes: Participants will gain foundational knowledge, confidence, and practical strategies to begin integrating climate-smart principles in their professional environments. They will also develop connections with peers and organizations supporting sustainable healthcare initiatives.

Conclusion: This masterclass empowers primary care clinicians to take practical, achievable steps toward climate-smart healthcare. Through foundational learning and collaborative problem-solving, participants leave with greater confidence, useful tools, and new professional connections to support sustainable practice change.

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ID 786 - Strengthening critical appraisal skills for qualitative research in primary health care

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Context: Qualitative research provides essential insights into patient experience, health system functioning, and contextual factors shaping clinical work, yet many primary health care professionals feel uncertain about how to assess the methodological quality and relevance of such studies. Limited exposure to formal training in qualitative methods further contributes to difficulty in evaluating the trustworthiness and applicability of qualitative findings. Enhancing appraisal skills is therefore fundamental for fostering research literacy and supporting evidence-informed practice in primary health care.

Objectives: This workshop aims to enable participants to: • Understand key components of qualitative design, including sampling, data collection, and analytic approaches. • Apply a structured critical appraisal framework to judge credibility, dependability, and transferability. • Identify strengths and limitations in published qualitative studies. • Evaluate when qualitative evidence can inform clinical care, teaching, or organisational decisions.

Teaching method and workshop: The session uses an interactive, learner-centred design tailored to clinicians, trainees and researchers with varying levels of experience. Methods include a brief introductory presentation, guided small-group appraisal of selected qualitative studies using a structured tool, and facilitated discussions to compare assessments and explore divergent interpretations. The workshop emphasises active participation, peer learning and practical application. Workshop schedule: The 60-minute programme consists of: • Introduction to key concepts (0–10 min)• Small-group critical appraisal activity (10–25 min) • Facilitated discussion and synthesis of criteria (25–45 min) • Application to clinical and educational practice (45–55 min) • Summary and questions (55–60 min).

Expected outcomes: Participants will gain a clearer understanding of methodological quality in qualitative research, increased confidence in applying appraisal criteria, and practical tools for deciding whether qualitative findings are relevant and trustworthy. The skills acquired can be used immediately in clinical work, teaching, supervision, and local quality improvement initiatives.

Conclusion: By combining concise theoretical input with structured hands-on analysis, this workshop responds to a recognised need for improved qualitative research literacy in primary health care. It equips participants with transferable appraisal skills that support more rigorous use of qualitative evidence in practice, education, and policy development. Keywords: Qualitative Research; Primary Health Care; Critical Appraisal; Evidence-Based Practice; Research Literacy.

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ID 819 - FAIR game: real-life session of bringing FAIRness into your organization

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Context: The Findable, Accessible, Interoperable and Reusable (FAIR) principles aim to maximize the reuse of (research) data to researchers all over the world. Thereby, FAIR data contributes to liberty and equity among researchers. Today, FAIR data has become a hot topic, but many organisations are struggling where and how to start improving the FAIRness of their (research) data. People talk about

FAIR data, but mostly in meetings that sadly never end with concrete follow-up actions. In this workshop we will teach how to start working on improving the FAIRness of data by playing a game. This FAIR game is based on our own experience of building a FAIR Data Point for the Nivel Primary Care Database. This FAIR Data Point is a single location for researchers to upload metadata about their (primary care) datasets so other researchers can find them across multiple repositories.

Objectives: Learning objectives: - How to start working on FAIRness in your organisation - Awareness of the different required roles (researchers, IT staff, managers) - How to communicate with colleagues and stakeholders on FAIRness, how to speak the same language.

Teaching method and workshop: We will go through a real-life session of improving FAIRness by playing a game. All of the attendants have a role to play in this game (researchers, IT staff, managers). Whether or not this role matches their real-life job description, doesn't matter. Workshop schedule: introduction (5 min), game round 1 (20 min), game round 2 (20 min), wrap-up (10 min).

Expected outcomes: After playing the game, attendants have experienced how to start working on FAIRness of datasets. They have gained confidence and are ready to start working on FAIRness of datasets in their organisations.

Conclusion: Working on FAIRness is not an easy task as it includes multiple related subtasks and it requires collaboration between different professionals (researchers, IT staff, and managers). However, by setting a clear goal, having the right people on board, and speaking each other's language, FAIRness of (research) data can be significantly improved. As a result, available datasets can be more easily and faster reused by researchers which accelerates the research lifecycle.

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ID 969 - Recruiting patients for primary care research: practical DIY solutions for GPs from European experience

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Context: To strengthen primary care and generate evidence relevant to real-world practice, GP involvement in research is essential. Engaging general practitioners (GPs) to particpate in research studies and clinical trials is a well-recognised challenge. Competing clinical demands, administrative burdens and limited research infrastructure can reduce their capacity to identify and recruit eligible patients. Countries across Europe have implemented pragmatic, low-cost strategies that strengthen recruitment of frontline GPs. This interactive workshop presents concrete, evidence-based examples from four European countries to illustrate what has worked, what has not, and how different systems support (or fail to support) the participation of busy GPs. Using these examples to encourage reflection on similarities and differences in their own settings, we will discuss how a simple intervention may be further evaluated using a Study Within A Trial (SWAT) approach.

Objectives: By the end of the workshop, participants will be able to: 1. Describe evidence-based strategies that have improved GP recruitment in European primary-care studies. 2. Interpret how and why these strategies were effective. 3. Evaluate which types of support (e.g., research staff, communication methods, digital tools) could be most appropriate for their own practice. 4. Draft a short, feasible recruitment plan for a future study in their own setting, including one component suitable for SWAT evaluation.

Teaching method and workshop: • Case-based introduction, with practical insights from EGPRN and four different national research networks: XXXX, XXXX, XXXX MUST national research network, the XXXX PACT (Primary care Academic CollaboraTive), including personalised outreach, peer-to-peer communication, WhatsApp micro-communities and rapid mobilisation of clinical insight. (20 minutes) • Interactive polling to gather participants' experiences, perceived barriers and solutions (10 minutes) • Small-

group “Recruitment Design Lab”, mixed-country groups co-create a concise, feasible recruitment plan and identify one testable SWAT element. (20 minutes) • “Recruitment DIY Toolkit” Wrap up with shared strategies (10 minutes).

Expected outcomes: Participants will leave with actionable, evidence-informed strategies to improve GP recruitment, an understanding of how SWATs can rigorously evaluate such approaches, and a set of practical tools adaptable to diverse European primary-care systems.

Conclusion: Understanding how research practices vary across Europe will empower participants to apply and adapt recruitment strategies to their own settings.

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ID 977 - How the Positive Health and mindmapping tools support shared decision making in adolescents with psychosocial problems.

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Context: Adolescents often visit our practice with psychosocial problems and medically unexplained symptoms such as tiredness, headache or abdominal pain. By just focusing on the presented symptom, problems are often not solved. Collaboration between the adolescent, the caregivers, and the GP by using easy and structural visualization tools (Positive Health and mindmapping) systematically can enhance resilience and recovery by empowering the adolescent to make choices of change. In an implementation study, this approach also increased work pleasure for GPs.

Objectives: To learn about the background, experiences and implementation of the easy visualization Positive Health (spiderweb) and the mindmapping tools. Both tools provide insight (for the adolescent and the GP) in the current health situation with a broad perspective towards health. The focus will be on the strengths and empowerment of the adolescent. The tools emphasize working together with the adolescent, and invite the adolescent to reflect on the current situation rather than just at the problem and encourages them to make choices that improve the situation themselves.

Teaching method and workshop: After explanation of both visualization tools, best practices with Positive Health for adolescents will be shared. The participants are invited to practice and experience both tools in groups of 3, the GP, the teen and the observer. introduction of both visualization tools (10 min) practice in groups of three with both tools and psychosocial cases (40 min) discussion, take home messages, how start tomorrow (10 min).

Expected outcomes: Participants will be inspired by tools with a broad perspective on health for adolescents. They will not only learn about the empowerment for the young adults and the positive effect on workpleasure of the GP's, they will also experience it themselves. By working in small groups the participants will feel the power of the visual support of the tools, followed by setting goals, and examining ways for solution and broaden their GPs toolkit.

Conclusion: After the workshop colleagues will be inspired how Positive Health and mindmapping tools support shared decision making in adolescents with psychosocial problems and are curious to start working with this tool and apply this the next day in their own work.

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ID 1001 - Doctor Strange: Multiverse of Mental Health Emergencies

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Context: Acute mental health presentations are increasingly encountered by general practitioners in both daytime practice and out-of-hours settings. Clinicians must rapidly assess risk, communicate clearly, and make appropriate triage decisions in situations involving intoxication, suicidal ideation,

acute psychosis, or behavioural disturbances related to dementia. Acute Behavioural Disturbance (ABD) may also occur, presenting with severe agitation or aggression; management typically begins with verbal de-escalation, with the option of oral or intramuscular (IM) medication such as benzodiazepines when necessary. These scenarios often evolve unpredictably and require a structured yet flexible approach. This workshop uses a "multiverse" concept as an engaging framework to demonstrate how similar presentations can lead to different outcomes depending on early recognition of red flags and chosen management strategies.

Objectives: 1. Recognise key warning signs in common acute psychiatric emergencies in primary care. 2. Apply practical, structured approaches to risk assessment in intoxication, psychosis, suicidal thoughts, and behavioural crises in dementia. 3. Identify when de-escalation, referral, or immediate safety measures are required. 4. Strengthen confidence in communication and decision-making during high-stakes encounters.

Teaching method and workshop: The workshop will primarily use interactive scenario-based cases with simulation patients. Short introductions to each scenario will be followed by participant-driven exploration, allowing clinicians to practise recognition, communication, and decision-making skills in real time. 5 min — Introduction 45 min — Interactive scenarios with simulation patients 10 min — Group discussion and closing take-home points

Expected outcomes: Participants will leave with improved recognition of red flags, greater confidence in acute mental health assessment, and a clearer structure for safe and effective management in both routine and out-of-hours primary care.

Conclusion: Doctor Strange: Multiverse of Mental Health Emergencies offers a fun yet highly practical exploration of acute psychiatry in general practice. Through relatable cases, active participation, and straightforward decision tools, the workshop provides skills that clinicians can apply immediately in everyday practice.

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ID 1004 - European Young Family Doctors Movement Exchanges

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Context: Connecting doctors across the globe is key to maintaining educational and cultural exchanges whilst gaining a deeper understanding of yourself and those around you. Strengthening international relationships whilst sharing ideas is key to what the European Young Family Doctors Movement promotes. Exchanges provide the opportunity and also aid to kick start connections both during the exchange and after. Building bridges between countries from all over the world and looking into disparities in health care and ways of improving them. This has been clearly outlined in the Bridge Project that has been running over the past years.

Objectives: For the taget audience to have a clear understanding of what exachgnes are all about, their benefits and also ways in how to get involved.

Teaching method and workshop: 1. What is EYFDM 2. Types of exchanges offered 3. How to apply 4. Countries offering exchanges 5. Outlining the benefits of going on an exchange 6. Bridge project.

Expected outcomes: Sharing ideas. Welcoming new NECs and also discussing issues and ways of improving things within the organization to better things within the exchanges world. Clearer understanding of how to get involved and also apply to undergo such exchange programs. Presentations for the Exchange Awards held in 2025.

Conclusion: Exchanges offer more than academic growth, they broaden your worldview, strengthen your independence and help build meanigful connections across cultures. Participating in an exchange program provides invaluable experience, fosters global awareness and encourages participants to challenge things and equips them with knowledge and mindset needed to succeed in and increasingly interconnected world.

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ID 1010 - MI or not MI? Decoding the myocardial infarction ECG without the stress

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Context: Chest pain and ECG interpretation remain among the most frequent and challenging presentations in primary and urgent care. Family doctors often face time-pressured decisions with limited tools, which increases uncertainty and the risk of over- or under-diagnosis. Many clinicians report that their confidence drops not from lack of knowledge, but from the stress associated with distinguishing benign variants from true myocardial infarction patterns. A practical, case-driven approach can significantly reduce this stress and improve diagnostic clarity.

Objectives: 1. Identify key ECG features suggestive of acute myocardial infarction relevant to primary care settings. 2. Distinguish MI ECGs from common mimics using simple, structured interpretation strategies.3. Apply step-by-step decision pathways to improve diagnostic confidence during time-sensitive encounters. 4. Integrate practical tips to avoid common interpretation errors and unnecessary referrals.

Teaching method and workshop: The workshop will use brief interactive presentations, real-case ECG examples, and large-group discussion. An interactive “MI or not MI?” challenge will be conducted using a gaming-style platform (e.g.,Kahoot or similar), followed by expert explanations and collective clarification of doubts. Workshop schedule (60 minutes): 5 min — Introduction: why MI ECG interpretation goes wrong in primary care. 20 min — Key ECG patterns: STEMI, subtle ischemia, and common mimics. 30 min — Interactive case challenge: “MI or not MI?” (group analysis + collective debrief). 5 min — Clinical shortcuts, safe decisions, and take-home messages.

Expected outcomes: Participants will leave with improved practical confidence in differentiating MI from non-MI ECGs, better recognition of red flags, and clearer decision-making strategies applicable to routine family practice. The workshop aims to reduce diagnostic anxiety and promote more consistent, evidence-based management across diverse clinical settings.

Conclusion: This workshop provides a simple, structured, and stress-free approach to ECG interpretation for myocardial infarction in primary care. By combining real ECGs, active participation, and practical decision tools, it offers family doctors skills they can apply immediately in daily practice.

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ID 1051 - Next Level Learning through Serious Games for GP training

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Context: Serious gaming is emerging as a promising method in medical education, offering immersive learning environments that support rapid decision-making and safe practice of acute situations. Schola Medica has begun integrating serious games into its curriculum to strengthen learning efficiency and engagement. A pilot evaluation was conducted with two newly developed games: the Acute Diabetes Game 2025 and the Emergency Care Game 2026.

Objectives: The workshop aims to introduce key design principles of serious gaming, share preliminary pilot findings, allow participants to experience both games, and support them in applying game-based learning in their own educational contexts.

Teaching method and workshop: An exploratory pilot study investigated potential effects on clinical reasoning, knowledge retention, and learner engagement using a mixed-methods approach. The workshop combines short theoretical input with hands-on gameplay, guided reflection and case-based discussion. Schedule: -Introduction (10 min) -Gameplay Round 1: Acute Diabetes Game (15 min) -Gameplay Round 2: Emergency Care Game (15 min) -Presentation of pilot findings (5 min) -Case discussion (10 min) -Closing reflection (5 min).

Expected outcomes: Preliminary results suggest that serious gaming may support the development of clinical reasoning, with participants showing early indications of improved performance in simulated acute care scenarios.

Conclusion: Workshop participants are expected to gain insight into acute clinical decision-making, understand how serious games complement existing training, and acquire practical ideas for integrating gamification into primary care education.

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ID 1063 - General Practitioners as future experts in European Union Health Technology Assessment

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Context: UEMO, the political association of GPs in Europe, participated as stakeholder to the discussions for the EU Regulation on Health Technology Assessment (EU-HTA) (1). Clinical assessments began in early 2025. Patients and clinicians' experts are being sought by EU-HTA and GPs will be needed each time a new technology should impact their practice considering workload, equity, multimorbidity, prevention from primary to quaternary. WONCA as academic association is mandated to find GPs experts.

Objectives: Presentation of the political process of EU-HTA. Multi-stakeholder discussion. Evolution of the point of view of UEMO about the role of GPs in the process since the first comments of I. Heath in 2004(2). Difference between expert and stakeholder. How to become an expert?

Teaching method and workshop: Teaching methods: 3 presentations followed by a discussion between participants about the possibility, opportunity, feasibility or risks to be a GP expert. Workshop schedule: - UEMO presentation of the work as stakeholder (Dr. D. Widmer delegate, former vice-president and Dr Hermenegildo Marcos-Carrera, vice president) 10 min. - How to build a multi-stakeholder discussion? (Prof. Joerg Ruof, European Access Academy) 10 min - How to be an expert for EU-HTA? (Marcus Guardian, General Manager – Brussels Centre for Collaboration in Health) 10 min - Discussion. 45 min - Conclusion with Iona Heath. 10 min

Expected outcomes: Better understanding of EU-HTA process and possibility to ask questions about the place of GPs in the process.

Conclusion: Discussion with Iona Heath. Evolution from her 2004 paper to the Regulation. 1. EU-HTA Regulation. https://eur-lex.europa.eu/eli/reg/2021/2282/oj/eng 2. Heath I. View of health technology assessment from the swampy lowlands of general practice. Int J Technol Assess Health Care. 2004 Winter;20(1):81-6. doi: 10.1017/s0266462304000832. PMID: 15176182.

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ID 1067 - Basic LGBTIQ+ Support (BLS): Providing adequate care for our LGBTIQ+ patients in primary care

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Context: Patients from the LGBTIQ+ community are at higher risk of experiencing loneliness, discrimination, mental health issues, and sexual health problems. These specific vulnerabilities increase their likelihood of developing various diseases and comorbidities, which deserve particular attention from family doctors. Furthermore, they may face violence and discrimination within healthcare settings. Family doctors can support these patients by improving access, providing non-judgmental healthcare, and enhancing the quality of care through the identification of specific risks and contexts.

Objectives: Support family doctors in developing a professional approach, enhancing their skills and confidence in treating LGBTIQ+ patients, guided by scientific evidence, clinical guidelines, a community approach and shared best practices.

Teaching method and workshop: The workshop can be adapted to the number of participants and to

participants' level of knowledge and interests through adjustment of the number of groups and group sizes. 1) Introduction and agenda (5 min) 2) Interactive poll (using Mentimeter or similar) to visualize participants' experience with LGBTIQ+ patients (5 min) 3) Short presentation: Vulnerabilities of patients from the LGBTIQ+ community (5 min) 4) Small-group work (30 min) discussing the following potential main themes: 4.1) The essentials: How to be a LGBTIQ+ friendly family practice 4.2) Gender-affirming care 4.3) Specific mental health issues affecting the LGBTIQ+ community 4.4) Sexually transmitted infections 5) Presentation of group work results and wrap-up (15 min)

Expected outcomes: Enhancing participants' understanding of the vulnerabilities faced by LGBTIQ+ patients, while developing their skills to actively address common health issues and overcome potential barriers to healthcare access within this community.

Conclusion: LGBTIQ+ patients face specific risks and have specific needs that can be challenging for us as family doctors. Based on scientific evidence, a community approach and best practice, this workshop aims to support family doctors and enhance their practical skills in providing comprehensive care for LGBTIQ+ patients.

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ID 1073 - Nature prescribing in primary care: current practices and future prospects

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Context: Healthcare professionals play a key role in promoting individuals' reconnection with nature through preventive and therapeutic approaches that integrate contact with biodiversity and nature into care practices. The concept of green/nature prescription is a recommendation by GPs, encouraging outdoor activities in natural environments to enhance patients' health and well-being.

Objectives: Investigate motivations and practices of GPs and primary care professionals regarding nature prescriptions Share experiences through narratives of nature prescription in various contexts Compare practices: identify pathologies, patient demographics, formalizations, and activities involved Identify barriers and levers to better integrate nature prescription in routine care Identify and map benefits for both patients and healthcare providers.

Teaching method and workshop: The workshop will follow a participatory collective intelligence methodology. Participants will be divided into five sub-groups. The session will be structured as follows: Introduction and context setting of nature prescription 10' Writing an individual short story of an innovative nature prescription (1p.) 10' Sharing narratives in sub-groups (structured questions) 15' Group discussion 20' Conclusion 5'.

Expected outcomes: Learning enhancements: acquisition of specific skills to integrate nature prescription into primary care practice New approaches: identification of original strategies and effective tools in the clinical context Evaluation of benefits: explore potential effects on patient well-being and GPs Collaborative protocols: development of adaptable protocols based on PC providers experiences Community of practice: creation of an international network of committed GPs and PC providers Data collection: production of a database on nature prescription practices.

Conclusion: The results aim to ensure a concrete application of the workshop's learnings and to promote a "nature-prescription best practices" network around nature prescription. This workshop model will serve as an experiment that can be refined for deployment in other contexts.

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ID 1125 - Balancing values in obesity care: From guideline development to implementation

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Context: Obesity is a major public health challenge, rooted in an obesogenic society and largely originating outside the healthcare domain. The development of a national guideline for obesity care (including pharmacological options) revealed tensions between scientific evidence and broader dimensions of healthcare quality. While randomized controlled trials provide answers on effectiveness and short-term safety of weight-loss medications, other dimensions—such as equity, timeliness, and affordability—require value-based deliberation. To address these complexities, we conducted a

comprehensive stakeholder analysis and environmental scan, identifying diverse interests and priorities across healthcare, policy, and patient advocacy.

Objectives: To explore how scientific knowledge can be translated into daily practice within societal constraints. To understand the six dimensions of healthcare quality and their relevance in obesity care. To reflect on value-based decision-making and navigating stakeholder interests in guideline development and implementation.

Teaching method and workshop: Interactive discussion based on real-world dilemmas encountered during guideline development. Participants will work with stakeholder analysis outcomes, implementation data, and ethical considerations through case-based learning. workshop schedule Introduction: framing obesity as a societal and healthcare issue Presentation: exploring the guideline development and implementation process in relation to the six dimensions of quality of care, particularly access and equity dilemmas Case discussions: taking a closer look at the different stakeholders and their interests Group reflection: balancing the values represented by those interests Wrap-up: implications for practice and policy.

Expected outcomes: Participants will gain insight into the complexity of implementing obesity guidelines in context of societal constraints and conflicting (stakeholder) interests. They will learn how stakeholder perspectives shape policy and practice and be better equipped to navigate ethical tensions and systemic constraints in obesity care.

Conclusion: Guideline development for obesity care requires more than scientific rigor—it demands ethical reflection and systemic awareness. In a context of limited resources and increasing demand, healthcare professionals must balance conflicting stakeholder interests and strive towards liberty, equity, and fraternity. This workshop offers tools and perspectives to support that process.

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ID 1164 - XABCDE! Trauma first response: enhancing life-saving skills in primary care

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Context: Severe trauma is a major cause of preventable mortality, and a significant proportion of critically injured patients first encounter a family doctor, particularly in rural, semi-urban or community settings. Early assessment using the XABCDE framework—focusing on exsanguinating hemorrhage, airway, breathing, circulation, disability and exposure—is internationally recognised (ATLS, PHTLS, ERC Trauma) as a life-saving priority during the first minutes of care. However, many family doctors report limited training, low confidence and lack of structured tools to approach trauma systematically in low-resource primary care environments. This workshop addresses a core clinical gap by providing a practical and scalable method for early trauma recognition and response.

Objectives: 1. Understand and apply the XABCDE primary survey of a injured patient. 2. Identify time-critical findings requiring immediate action or urgent EMS activation. 3. Perform simple, high-impact interventions (hemorrhage control, airway positioning, shock recognition). 4. Improve structured communication with emergency services using recognised handover formats. 5. Integrate trauma first-response principles into daily primary care practice.

Teaching method and workshop: A 60-minute hybrid workshop combining: - Brief evidence-based theoretical input introducing the XABCDE sequence. - Faculty-led demonstration of the primary survey using a simulated casualty. - Participant guided analysis through short clinical vignettes and “what-would-you-do” scenarios. - Interactive discussion focused on prioritisation, errors to avoid, and adaptation to different primary care contexts. 10 min – Introduction: epidemiology, role of the family doctor, rationale for XABCDE. 15 min – Step-by-step explanation of XABCDE with real-case examples.20 min – Live demonstration of the primary survey + recognition of red flags. 10 min – Interactive clinical cases: decision-making under time pressure. 5 min – Key messages, takeaway tools and integration into practice.

Expected outcomes: Participants will acquire a clear, structured approach for assessment of trauma, improved confidence in identifying life-threatening conditions, and practical skills

applicable in pre-hospital environments. They will leave with actionable tools to improve patient safety, reduce delays in care and strengthen collaboration with emergency medical services.

Conclusion: This workshop offers a concise, evidence-based and highly applicable framework to support family doctors in delivering rapid, safe and structured first-response care in severe trauma. The hybrid format maximises learning within 60 minutes.

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ID 1174 - International collaboration in primary care research: engaging, enjoyable and needed for complex trials

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Context: Research in primary care can be challenging, particularly when recruiting patients with acute illness. Regulatory, legal and logistical challenges, alongside fragmented funding mechanisms, add further complexity. These issues are even more pronounced in infectious disease research, where timely recruitment and coordination are critical. Established primary care research networks can provide the infrastructure, trusted relationships and operational readiness needed to roll out studies immediately when urgent questions arise, as seen during the COVID-19 pandemic. Without such networks, early evidence generation is delayed and opportunities to guide clinical practice and management are lost.

Objectives: - Increase awareness of existing initiatives such as GRIN (General Practice Research on Infections Network) and the 18-country primary care research network. - Share experiences from ongoing international studies and trials. - Explore common barriers to international collaboration in primary care infectious disease research. - Discuss opportunities to a unified approach to streamline future complex trials.

Teaching method and workshop: Short presentations by network leaders followed by targeted discussion points to promote interactive dialogue. Participants will be invited to reflect on experiences, identify shared challenges and contribute ideas for strengthening international research capacity. SC will outline the history of international collaboration in infectious disease research. AvdV will present past and current trials focussing on respiratory infections across the 18-country network. AV will highlight audit opportunities within this network, also supporting antimicrobial stewardship, and demonstrate online options for wider participation. CB will present upcoming funding opportunities, including the Be-READY initiative.

Expected outcomes: Participants will gain a clearer understanding of existing networks and opportunities to join. The workshop will facilitate sharing ideas, discuss practical solutions to operational barriers and encourage collaboration across countries to generate research ideas and support future trials.

Conclusion: Strengthening international primary care research networks now will support faster, coordinated and more impactful evidence generation for infectious disease research and future pandemic preparedness.

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ID 1177 - Evidence-based nutrition strategies for chronic disease management in primary care

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Context: Chronic non-communicable diseases (NCDs) represent a substantial burden in primary care. Unhealthy nutrition habits, characterized by a low intake of vegetables, fruits, legumes, and whole grains, and a high intake of sodium, added sugars, and ultra-processed foods, are major modifiable contributors to these conditions. Despite strong evidence supporting nutrition interventions, family doctors often face time constraints, limited nutrition training, and uncertainty about providing brief

dietary counselling. This workshop addresses the need for practical, evidence-based tools that can be efficiently integrated into routine consultations to support the prevention and management of NCDs.

Objectives: 1. To provide a clear, evidence-based overview of nutrition principles relevant to chronic disease prevention and management. 2. To develop participants' skills in conducting brief nutrition assessments using practical tools such as healthy plate models, short questionnaires, and SMART goal techniques within time-limited consultations. 3. To strengthen physicians' ability to analyse clinical cases and translate nutrition recommendations into personalised, achievable goals for effective routine counselling.

Teaching method and workshop: 1. Theoretical part with quiz. A concise evidence overview introduces key mechanisms linking diet with major NCDs. Healthy nutrition recommendations (Mediterranean Diet, Healthy Plate Models, Nordic Nutrition Recommendations, etc.) and evidence-based nutrition guidelines for type 2 diabetes, obesity, hypertension, dyslipidaemia, and non-alcoholic fatty liver disease will be presented. A short quiz supports active engagement. 2. Brief nutrition assessment techniques. Participants practise using short questionnaires, plate models, and structured SMART goal setting to identify dietary risks, prioritise counselling topics, and deliver effective guidance within short consultations. 3. Small-group case work. Working in small groups, participants analyse realistic NCD-related clinical cases, select appropriate assessment tools, and formulate personalised SMART nutrition goals that translate recommendations into feasible behavioural actions. Workshop schedule: 60 minutes (20 min. each part).

Expected outcomes: Participants will gain practical tools for brief nutrition counselling, increased confidence, and an enhanced ability to translate evidence-based recommendations for NCD prevention and treatment into personalised nutrition goals.

Conclusion: This workshop equips primary care clinicians with practical, evidence-based nutrition tools to use in routine consultations, enabling them to guide patients toward sustainable dietary changes that support the prevention and management of chronic diseases. Keywords: Nutrition recommendations; Chronic disease; Patient counseling

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ID 1231 - Spin, Steer, Empower: Integrating the Spider Web and Lifestyle Compass in GP Practice

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Context: Primary care consultations often focus on disease management, leaving limited time for broader well-being. The Positive Health framework, visualized through the "spider web," and the Lifestyle Wheel ("Leefstijlroer") offer practical tools to shift conversations toward resilience, meaningfulness, and self-management. This workshop introduces these concepts and demonstrates how they can be integrated into routine consultations to empower patients.

Objectives: Participants will: • Become familiar with the core principles of Positive Health and the spider web tool. • Practice asking domain-focused, empowering questions. • Explore the Lifestyle Wheel as a structure for lifestyle change. • Develop skills to support patient-led goal setting.

Teaching method and workshop: The workshop will combine a short presentation, small-group case discussions, role-play exercises, and guided reflection. Active participation is encouraged to build confidence and transferable skills. Workshop schedule (60 minutes) • Introduction & theory overview (10 min) • Case presentation and spider web domain questioning practice (20 min) • Introduction to the Lifestyle Wheel (10 min) • Role-play: facilitating patient-led lifestyle change (15 min) • Reflection & key takeaways (5 min).

Expected outcomes: Participants will gain practical experience applying Positive Health tools in consultations, feel more confident in exploring multiple life domains with patients, and be able to facilitate lifestyle change conversations in a patient-centered manner.

Conclusion: This workshop provides a concise, hands-on introduction to Positive Health and the Lifestyle Wheel, equipping clinicians with tools to promote patient ownership and holistic care in daily practice.

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ID 1260 - How to fight back: design thinking to reshape healthcare

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Context: Primary care across Europe is under strain with staff shortages, bureaucracy, burnout and growing expectations for patient centered care. Traditional structures often feel rigid for teams and confusing for patients. Professionals on the front line need practical tools to rethink how work is organised and how care flows across services.

Objectives: List concrete organizational pain points in their own setting related to workforce, bureaucracy or continuity of care. Use a simple design thinking framework to turn one of these pain points into a clear problem statement that patients and professionals would recognize. Generate and prioritise at least five ideas for improving talent attraction or retention, work environment or work life balance in primary care. Build a short pitch that describes one solution concept, its intended users, the first small test to try in practice and one basic measure of success.

Teaching method and workshop: The session starts with a brief and playful introduction to design thinking in health care using examples from across different industries. Participants then move into small groups and work with a structured canvas. Each group focuses on a challenge such as recruitment and retention, workload and bureaucracy, team climate or continuity of care. Groups create one solution concept and outline a first small test. Opening, context and design thinking basics (10 minutes). Group work phase one: understand and define (10 minutes). Group work phase two: generate and select ideas (15 minutes). Group work phase three: outline a simple prototype or first test (10 minutes). Final pitch session 15 minutes where each team presents a short pitch of their concept followed by brief feedback from peers.

Expected outcomes: Participants leave with concrete ideas and first step plans for their own settings plus a design thinking template to reuse with colleagues and patient partners. The pitch format supports ownership and shared purpose around making primary care a place where professionals want to work and patients feel heard.

Conclusion: This workshop helps primary care teams step out of survival mode, think together and reclaim the design of their services.

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ID 1317 - Person-centred and integrated care for patients in vulnerable positions: From evidence to practice

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Context: Person-centred care is a core value in general practice. It means focusing on the whole person rather than just their disease, considering individual characteristics, needs, and context. This approach is particularly important for patients with limited health literacy or in unfavorable socioeconomic circumstances, who often face

multiple health and/or social problems, like co-morbidities, poverty or chronic stress. Turning this principle into practice is not always straightforward, particularly for those patients who find it difficult to express their concerns and needs. In this workshop, we present evidence on the importance of person-centred care for this group and share practical tools and strategies. Participants will learn about a co-created conversation tool to facilitate meaningful dialogue to understand patients social context.

Objectives: After attending this session, participants will: Understand challenges in person-centered care for patients in vulnerable positions and the importance social context; Identify key aspects to discuss during consultations to gain insight into patients' context, needs, and preferences. Develop practical ideas on how GPs can better tailor care to these patients and collaborate effectively within network-based care and the social domain.

Teaching method and workshop: The first part includes a presentation (20 min) on research into experiences and needs in GP care of patients in vulnerable positions and the importance of person-centered approaches. This is followed by a 10-minute group discussion on shaping personalized primary care from participants' perspectives. The second part (30 minutes) involves a demonstration of a conversation tool that GPs can use to support meaningful dialogue. Participants will discuss the tool and explore opportunities for daily practice.

Expected outcomes: Participants will gain: awareness of the importance of person-centred care for patients in vulnerable positions practical support to better address health needs and context to apply person-centered care.

Conclusion: Patients in vulnerable positions face unique challenges in understanding and navigating healthcare. Person-centred care is therefore not just a core value but a critical strategy for this group and calls on to GPs as essential care providers to understand these patients' complex social context. This workshop offers GPs practical strategies and tools to put this into everyday practice.

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ID 1361 - Breaking the silence: challenging misconceptions on family violence through trauma-informed and culturally sensitive care

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Context: In healthcare settings, misconceptions about family violence can hinder effective intervention and support for victims. Common myths include, but are not limited to, beliefs that victims can simply leave abusive relationships, or that it only occurs in certain socioeconomic groups. These myths perpetuate stigma, discourage disclosure, and lead to inadequate identification, treatment and referral. Family doctors play a critical role in challenging these misconceptions by recognizing that family violence is a public health issue affecting individuals across all demographics, and by providing trauma-informed care that prioritizes safety and empowerment.

Objectives: This interactive workshop aims to equip primary care professionals with practical tools and insights to identify and address misconceptions surrounding family violence. Participants will identify and critically examine common myths that influence clinical judgement and patient interactions, understand the impact of cultural and systemic factors on disclosure and response, apply trauma-informed and culturally sensitive approaches during consultations, and foster a healthcare culture of empathy, accountability and advocacy.

Teaching method and workshop: The session will use evidence-based, participatory methods. After a brief introductory session on common myths surrounding family violence, participants will break into small groups to analyse different case scenarios, with each group exploring how the myths influence responses and decision-making in

everyday consultations, as well as discuss solutions and counterarguments to the myths. The workshop will conclude with a plenary discussion, where insights and strategies for challenging these misconceptions will be shared and summarized. Workshop schedule: Introductory session, followed by small-group discussions moderated by the presenters. The workshop will end with a plenary session to share and summarize key insights and strategies.

Expected outcomes: By the end of the workshop, participants will be able to identify and challenge common myths and distinguish them from facts, while also being able to integrate evidence-based, culturally responsive and trauma-informed approaches into their clinical practice, to support victims and advocate for systemic change.

Conclusion: Correcting misconceptions about family violence in primary care settings is fundamental to advancing clinical competence and ensuring equitable, trauma-informed care for all patients.

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ID 1382 - Cultural Influences on the Experience of Menopause

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Context: Menopause is a universal biological transition, yet its meaning, symptom expression, and care-seeking behaviours vary widely across cultures. In many communities, menopause remains surrounded by stigma, silence, or misconceptions, shaping whether women report symptoms and how they interpret them. Some cultures view this life stage as a period of liberation or renewed identity, while others associate it with loss, shame, or medicalisation. For GPs—often the first point of contact—understanding these cultural influences is essential for providing individualized, equitable menopause care and moving beyond a one-size-fits-all model.

Objectives: Recognize how cultural beliefs shape the lived experience of menopause and influence symptom reporting. Identify barriers such as stigma, silence, and clinical knowledge gaps. Apply culturally sensitive, evidence-based approaches to assessment and treatment. Adapt communication strategies to validate women's diverse expectations and needs. Reflect on personal practice to improve inclusivity and equity in menopause care.

Teaching method and workshop: Interactive format featuring: Case-based scenarios demonstrating cross-cultural differences Group discussions: identifying blind spots and strategies. Integration of current evidence on stigma, taboos, and multicultural influences on menopause. Guided reflection to support culturally informed decision-making. Guided reflection on how to provide culturally responsive support and avoid homogenised treatment pathways. 5 min – Introduction: Framing menopause as a cultural and clinical issue for GP 30 min –Real-life cross-cultural scenarios involving stigma, and communication challenges. 15 min –Clinically oriented tools for culturally informed assessment, management, and patient empowerment. 10 min – Q&A

Expected outcomes: Participants will enhance their ability to deliver culturally sensitive menopause care, improve diagnostic clarity, and address barriers such as stigma and silence. They will gain practical strategies for patient-centred communication, shared decision-making, and individualized management, contributing to more equitable outcomes across diverse populations.

Conclusion: As GPs, we play a vital role in meeting women at a moment when cultural taboos or expectations may make it difficult for them to speak openly. This workshop strengthens both the clinical tools and the sensitivity needed to understand the diverse meanings menopause holds for each woman. By breaking the silence, honouring cultural context, and fostering empathetic communication,

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ID 1390 - A Collaborative Workshop to Map AI Proficiency and Educational Equity in Family Medicine

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Context: Artificial Intelligence (AI) is changing healthcare, but its integration into training remains uneven globally. This "digital divide" threatens equity in education of future doctors. While family physicians are expected to adopt these tools, we lack data on their actual proficiency and the availability of national training programs. To ensure technology serves humanism rather than replacing it, we must understand the current educational landscape.

Objectives: By the end of this session, participants will be able to: Self-assess their AI literacy and identify gaps in their national training curricula. Compare educational opportunities across different countries to highlight disparities. Propose core competencies required to maintain the doctor-patient relationship in an AI-driven digital era.

Teaching method and workshop: This session utilizes an interactive "Focus Group" methodology designed to foster fraternity and cross-border collaboration. Participants will be divided into small and diverse groups. Guided by facilitators, they will engage in structured dialogue, sharing personal experiences and national realities regarding AI-related education. Workshop schedule 00-05 min: Introduction: Setting the stage on AI in primary care. 05-35 min: Breakout focus groups: Participants discuss three key pillars: Personal proficiency, national educational opportunities, and perceived educational gaps. 35-45 min: Plenary synthesis: Group leaders present key findings; facilitators summarize common themes for future curriculum development.

Expected outcomes: Participants will gain a unique international perspective on AI readiness. The solid output will be qualitative data for a collaborative manuscript, giving voice to diverse national contexts. Additionally, this workshop aims to establish a network of educators committed to designing equitable, human-centric AI curricula for future family doctors.

Conclusion: We cannot let the digital revolution happen to us; we must shape it together. This workshop is a crucial step in building a united front to ensure that family medicine education remains equitable, competent, and deeply humanistic in the face of technological change.

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ID 1393 - Bingo Ultrasound: A Fun and Effective Way to Build Core Ultrasound Skills in Primary Care

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Context: Point-of-care ultrasound (POCUS) is becoming an essential tool in primary care, enhancing diagnostic accuracy and improving clinical decision-making. However, many clinicians still feel insufficiently trained to use it confidently. This workshop uses a game-based approach to introduce key ultrasound concepts in an engaging and accessible way.

Objectives: By the end of the workshop, participants will be able to: - Recognize key POCUS findings relevant to primary care. - Understand basic probe handling and image interpretation principles. - Interpret ultrasound images from lung, abdominal, musculoskeletal, thyroid, ocular.... - Apply ultrasound reasoning to short clinical cases.

Teaching method and workshop: We use an interactive “Bingo Ultrasound” format. Participants are assigned to groups of 5–6 as they enter the room. Each group receives a bingo card with possible answers to 30 ultrasound-related questions, including images and clinical cases. A

central bingo drum reveals questions sequentially. The winning group is the first to complete their card and correctly justify all answers. If their justification is incorrect, play continues until a group achieves a fully correct card. Schedule 5 min: Introduction and room set-up 5 min: Instructions and automatic group formation as participants arrive 35 min: Bingo Ultrasound gameplay 10 min: Review of all questions, images, and clinical cases 5 min: Audience Q&A and closing remarks

Expected outcomes: Participants will increase their confidence in interpreting basic POCUS images, recognizing common findings, and applying ultrasound knowledge to clinical reasoning—all while experiencing the benefits of collaborative learning.

Conclusion: This dynamic, game-based workshop provides an enjoyable and memorable introduction to POCUS for primary care clinicians, reinforcing foundational skills through teamwork, problem-solving, and active engagement.

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ID 1427 - Optimizing Medication in Frail Older Adults: Less Is More

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Context: Frail older adults frequently present with multimorbidity, polypharmacy and increased vulnerability to adverse drug events that complicate clinical decision-making and often lead to fragmented prescribing practices with limited re-evaluation of therapeutic goals. Optimizing pharmacotherapy requires a person-centred approach, careful assessment of functional and cognitive status, and the use of structured deprescribing tools. This workshop addresses these challenges through an interactive and practical format designed to strengthen clinical reasoning and safe medication review.

Objectives: 1. To improve participants' ability to assess frailty from a multidimensional perspective (physical, cognitive, functional and social). 2. To develop skills in identifying medication-related problems in older adults with polypharmacy. 3. To apply evidence-based tools for medication optimization, including STOPP/START, LESS-CROHN and MedStopper. 4. To enhance communication strategies for discussing treatment changes with patients and caregivers.

Teaching method and workshop: The workshop combines brief theoretical input with highly engaging interactive activities: -Icebreaker (5 min): Participants guess whether unusual drug names are real or invented, introducing the complexity of managing multiple medications. -Short theoretical introduction (10 min): Overview of frailty, risks of polypharmacy and key deprescribing frameworks. -Interactive Case 1 (20 min): Presentation of a frail older patient with multimorbidity. Using live polling (Kahoot or similar), participants identify barriers to adherence, medication-related risks and contextual factors to consider before adjusting treatment. -Interactive Case 2. Deprescribing decisions (20 min): Participants vote on whether to stop, adjust or initiate specific medications according to clinical information. Immediate feedback links each decision to STOPP/START, LESS-CROHN and MedStopper recommendations. -Communication strategies (5 min): Practical tips for explaining medication changes in a patient-centred and supportive manner.

Expected outcomes: By the end of the session, participants will be able to conduct a structured medication review in a frail older adult, recognize high-risk prescriptions, prioritize deprescribing decisions and justify changes based on functional status, therapeutic goals and evidence-based criteria. They will also strengthen their ability to communicate these changes effectively.

Conclusion: This workshop provides a concise, practical and interactive approach to optimizing pharmacotherapy in these patients. Through real-time clinical reasoning and evidence-based tools, participants gain confidence in simplifying treatment plans while enhancing safety and aligning care with what truly matters to each patient.

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ID 1440 - Leading Wellbeing: Burnout as a Leadership Competency in Primary Care

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Context: Burnout is becoming a growing concern across primary care, affecting clinicians, managers and leaders alike. Too often it's treated as a personal weakness or an individual responsibility, when in reality it reflects wider pressures in the system: rising demand, constant change, emotional labour and the strain of carrying multiple roles. This workshop offers a different perspective. It reframes wellbeing as a leadership competency, not a personal luxury, and invites leaders to look honestly at how team culture, workload, autonomy / fairness influence burnout across a whole practice including themselves.

Objectives: This workshop aims to help leaders understand burnout as a shared system issue rather than an individual deficit. Use Liberty, Equality and Fraternity to explore how autonomy, fairness and team cohesion protect or erode wellbeing. Build leaders' confidence to recognise early signs of burnout, hold supportive conversations and shape healthier work environments.

Teaching method and workshop: The session integrates short reflective tasks, paired dialogue, diagnostic tools and applied leadership exercises. Participants work with real-world scenarios, share experiences and generate practical strategies that can be implemented within their teams.0–10 min Welcome :Introductions and a shared definition of burnout. Leaders briefly reflect on how the principles of Liberty, Equality and Fraternity appear in their daily workload and leadership practice.10–25 min Mapping Hidden Drivers:Small groups map contributors to burnout—initiative overload, workload, administrative burden, emotional labour and reduced autonomy/ identify which pressures are most significant in their own settings.25–40 min **Recognising and Responding:** Case-based activities to identify early signs of burnout and practise communication techniques for enabling psychologically safe wellbeing conversations.40–55 min Action Planning:Development of personal, team/system-level strategies such as digital boundaries, fair workload allocation, improved meeting practices and resilience routines.55–60 min Reflection and Commitment:Participants identify one leadership behaviour to implement over the next month.

Expected outcomes: articipants will leave with greater insight into the systemic nature of burnout, improved skills in recognising and addressing it early, and concrete tools to create a fairer, safer and more cohesive team culture.

Conclusion: This workshop encourages leaders to treat wellbeing as a core part of leadership. By protecting autonomy, fairness and connection, we can build primary care teams that are resilient, sustainable and genuinely human-centred.

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ID 1448 - Experiencing Narrative Medicine: Enhancing Patient-Centered Care, Reflexivity and Well-being in General Practice

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Context: Narrative Medicine (NM), conceptualized by Rita Charon at Columbia University, is an innovative interdisciplinary approach that centers on the patient's illness experience through storytelling. By cultivating narrative competence—the ability to recognize, absorb, interpret, and be moved by patients' stories—NM complements traditional evidence-based medicine. Systematic reviews have demonstrated its benefits, including increased empathy, reflexivity, interprofessional connection, and prevention of burnout. Although widely implemented in hospital settings, NM remains underutilized in primary care, however holistic, patient-centered models predominate and clinician resilience is paramount. This workshop draws on four years of experience delivering NM training to medical students.

Objectives: This workshop aims to: Strengthen general practitioners' soft skills through experiential

engagement with NM's three-phase method. Raise awareness about NM's formative effects, including attentive listening, interpretation, empathy, relational ethics and reflexivity. Share effective tools for establishing NM workshops in primary care settings.

Teaching method and workshop: The workshop employs an active, experiential, and reflective approach structured around NM's three-part pedagogy: close reading of a literary text, guided reflective or creative writing, and text sharing. 1. Introduction 2. Interactive brainstorming (word cloud) eliciting responses to "What helped you develop relational and communication skills during medical school?" and "What was missing in your relational and communication skills training?" 3. Active participation in a characteristic NM workshop involving literary reading, guided writing, and voluntary sharing. 4. Group reflection exploring how the experience influences clinical practice, patient-provider relationships, and professional identity, fostering sustainable integration of narrative skills. 5. Theoretical input on narrative skills : attention, interpretation, emotional awareness, affiliation, empathy... 6. Practical tools for implementing NM workshops in participants' institutions.

Expected outcomes: Participants will gain first-hand experience of NM, recognize its formative impact, and acquire concrete resources and strategies for integrating narrative pedagogy into their practice.

Conclusion: Integrating Narrative Medicine into medical practice supports the development of critical clinical skills for general practionners, grounded in humanity, ultimately fostering more empathetic, reflective, and resilient healthcare professionals.

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ID 1461 - Contraception for All: Improving Access and Equity for Vulnerable Groups in Primary Care

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Context: Across Europe, inequities in contraception access persist, particularly among vulnerable groups who face medical, socioeconomical and cultural barriers. Family doctors are uniquely positioned to bridge these gaps by providing patient-centred, non-judgmental, and inclusive contraceptive care. This workshop offers participants the opportunity to engage with real-life challenges and explore practical strategies for improving contraceptive counselling for vulnerable populations.

Objectives: Identify key barriers to contraceptive access among vulnerable groups, including adolescents, migrants and refugees, people experiencing homelessness, LGBTQIA+ community, and women with chronic illness or disability. Apply communication tools and culturally sensitive counselling approaches to tailor contraceptive discussions to individual needs. Develop practical, context-appropriate interventions to support equitable contraceptive access in their own clinical settings. Reflect on the role of the family doctor in advancing reproductive justice and reducing health inequities.

Teaching method and workshop: The workshop will use interactive, participant-centred pedagogic methods, including: 1. A short introductory presentation summarising evidence on contraceptive inequities in Europe and possible strategies to overcome it. 2. Small-working-groups focused on specific vulnerable groups. 3. Case-based discussions with clinical scenarios highlighting common dilemmas. 4. Facilitated group reflection and plenary feedback to consolidate learning. Workshop schedule (60 minutes): 1. Welcome and introduction (10 minutes) Overview of contraceptive inequities in Europe and possible strategies to overcome it; Workshop objectives and structure; Division in small-working-groups. 2. Small-working-groups and case discussion (25 minutes) Discuss barriers specific to a vulnerable group; Work through a brief case scenario; Identify strategies for improving access and counselling. 3. Plenary sharing (15 minutes) Each group presents key insights and proposed strategies (2-3 minutes per group); Moderators highlight common themes and innovative approaches. 4. Conclusion (10 minutes) Take-home messages and practical tips for clinical practice; Q&A.

Expected outcomes: Participants will leave the session with: Improved understanding of the diverse contraception needs of vulnerable groups. Practical counselling tools and adaptable strategies to support person-centred contraceptive decision-making. Increased confidence in addressing sensitives issues and overcoming structural barriers. Actionable ideas for enhancing contraceptive access.

Conclusion: This workshop empowers participants to deliver equitable, respectful, and context-aware

contraceptive care. Participants will gain the skills and insight needed to reduce disparities, strengthen patient autonomy, and promote reproductive health for vulnerable populations.

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ID 1463 - Bias Busters: Leading with Awareness in Primary Care

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Context: We like to believe we make fair, objective decisions as leaders — but unconscious bias has a way of slipping into our thinking without us realising it. In primary care, these hidden assumptions can shape team dynamics, influence opportunities, and even affect patient care. Bias isn't a sign of bad character; it's simply how human brains work. The real leadership challenge is learning to notice it and minimise its impact. When we don't, autonomy, fairness and team cohesion can quietly erode. This workshop frames bias as an essential leadership competency, not a personal flaw, and invites leaders to explore how awareness and reflective practice can strengthen both teams and patient outcomes.

Objectives: This workshop aims to:Help leaders recognise unconscious bias as a natural cognitive process with real consequences.*Use **Liberty, Equality and Fraternity** to explore how bias affects autonomy, fairness and team cohesion.*Build leaders' confidence in using practical tools to reduce bias and promote inclusive, psychologically safe teams.

Teaching method and workshop: Participants engage in interactive games, case-based discussions and reflective exercises, including optional Implicit Association Tests. We explore real-life scenarios from clinical and leadership settings and introduce simple habits inspired by the *7 Habits of Highly Effective GPs* to support ongoing self-awarenes Workshop Schedule (1 hour)0–10 min — Introduction: welcome, why bias matters in leadership, and brief reflection on personal values. 10–25 min — Bias in Action:Interactive activities +/- quick scenarios that reveal how bias appears in everyday decisions. (IA Test use) 25–40 min — Leadership Conversations:Small groups explore how to respond to situations involving bias, using active listening, reflective questioning and inclusive communication. 40–55 min — Action Strategies:Developing practical steps to reduce bias in team meetings, recruitment, supervision, clinical decision-making and workload distribution. 55–60 min — Takeaways:Individual commitment/ Reflection+ closing.

Expected outcomes: Participants will leave with greater awareness of their own biases, practical tools to reduce their impact, and improved confidence in leading fairer, safer and more inclusive teams.

Conclusion: Unconscious bias isn't something we eliminate — it's something we learn to manage. This workshop helps leaders approach bias with honesty, curiosity and compassion, strengthening trust, fairness and cohesion at the heart of primary care.

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ID 1464 - Ethics and Decolonising Principles in Global Health

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Context: Global Health is an area of interest for many family doctors, especially early-career clinicians, but it raises several ethical concerns, often rooted in the power imbalance between the

'Global North' and 'Global South' during a transitional period for the field. Key challenges include voluntourism, inadequate contextual understanding, weak sustainability, and epistemic injustice. These issues are intensified by insufficient inclusion of the affected community in research and health services, resulting in interventions that are not appropriately aligned with their actual needs.

Objectives: To exchange experiences and develop an ethical, decolonized understanding of working within Global Health contexts, including considerations of sustainability, while fostering critical reflection on one's own role to minimise biases and avoid common pitfalls.

Teaching method and workshop: This workshop will be run by the EYFDM SIG for Global Health. There will be a short presentation on the principles of decolonisation medicine and examples of co-production with communities, followed by facilitated group discussions of these themes anchored around case scenarios. Groups will be asked to respond to scenarios and ethical challenges when working in such settings in clinical, research and technical capacities both locally and internationally. This will be an interactive World Café-style workshop, making use of surveys, word-clouds, and small-group discussions. To invite contributions from a diversity of voices, participants will be encouraged to share from their experiences working in global health. The final part of the workshop will share the outcomes of these discussions and agree overarching principles.

Expected outcomes: 1. Gain a broader understanding of ethical principles relevant to working in Global Health 2. Share experiences, reflections, and lessons learned from both successful practices and challenges encountered in these settings 3. Develop skills in applying decolonising approaches 4. Foster a spirit of equitable co-production and solidarity with local communities.

Conclusion: This workshop aims to facilitate important dialogue on the principles of solidarity and equity during a transitional time in Global Health with sharing of diverse perspectives and reflections on ethical considerations.

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ID 1470 - Advocating for People-Centred Primary Care: A Practical Workshop for Clinicians

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Context: Effective policy advocacy is essential for strengthening primary care and shaping sustainable, integrated, people-centred health systems. Yet many primary health care (PHC) physicians and organisations lack structured training in navigating policy processes or leveraging their frontline expertise to influence decision-making. This workshop responds to this gap by equipping primary care stakeholders with practical competencies to engage in evidence-informed advocacy across local, national and European contexts.

Objectives: The workshop aims to enable participants of the workshop to: (1) understand key policy-making mechanisms that affect PHC;(2) identify policy windows and advocacy opportunities linked to access, equity and system integration; and (3) develop a tailored and actionable advocacy plan that reflects their organisational realities and the conference's focus on system strengthening.

Teaching method and workshop: The workshop uses a mix of short presentations, case examples and hands-on group work. 0–10 min: Introduction to policy advocacy and overview of simple policy-making models. 10–20 min: Presentation of two short real-world primary care advocacy examples

from Europe. 20–45 min: Small-group exercise: participants map a relevant challenge in their own context, identify key stakeholders, define an advocacy objective and draft three core messages. 45–55 min: Groups share their mini advocacy plans and receive rapid peer feedback. 55–60 min: Summary, key take-home tools and invitation to continue informal networking during the conference.

Expected outcomes: Participants are expected to leave the workshop with: - A clearer understanding of how policy processes influence primary care organisation and equity. - Practical introductory tools for stakeholder mapping, message framing and defining advocacy objectives. - A short draft advocacy plan that can be further developed after the conference. - Increased confidence to engage with policymakers, professional associations or local health system leaders.

Conclusion: This concise, interactive workshop offers primary care professionals a straightforward entry point into policy advocacy. By focusing on practical tools and peer exchange, it supports participants in becoming more effective voices for strong, equitable and people-centred primary care systems across Europe.

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ID 1493 - Engaging patients and the public in co-designing a vision for primary care

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Context: Across countries, primary care systems face pressures related to access, continuity, and equity. Yet reforms often proceed without deeply engaging the people most affected: patients and communities. In Canada, OurCare—a 16-month national public-engagement initiative involving nearly 10,000 people—co-designed a shared vision for high-quality, equitable primary care. The resulting OurCare Standard has influenced provincial and national reforms, including Ontario's new Primary Care Act. This workshop will share lessons from the OurCare process and invite participants to explore how similar deliberative and community-based approaches could be adapted to their national or regional settings.

Objectives: By the end of the session, participants will be able to: 1. Describe key components of a large-scale public-engagement process in primary care. 2. Identify strategies for involving diverse communities—including marginalized and underrepresented groups—in co-design. 3. Reflect on how public priorities can shape system reform. 4. Adapt elements of the OurCare model to their local, regional, or national settings.

Teaching method and workshop: The workshop will combine a structured presentation with facilitated discussion and brief paired activities. Participants will be introduced to the three phases of the OurCare process—national survey, priority-setting panels, and community roundtables—and then guided to reflect on how elements of each phase could translate to their settings. Worksheets will support participants in identifying opportunities, barriers, and design considerations for meaningful public engagement. 0–25 min: Overview of the OurCare initiative, including the three phases and resulting policy impact. 25–45 min: Paired and small-group reflection on adapting engagement approaches within participants' settings. 45–60 min: Plenary discussion, resource sharing, and identifying next steps.

Expected outcomes: Participants will gain an understanding of practical methods to support meaningful patient and public engagement, along with draft ideas they can use to design or strengthen similar processes in their own jurisdictions.

Conclusion: Public engagement is essential to building primary care systems that reflect community priorities and values. This workshop will equip participants with practical strategies and tools to involve patients and the public in shaping a shared vision for the future of primary care.

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ID 1496 - Free, competency-based Preventive & Lifestyle Medicine learning resources for our and our planet's health

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Context: Chronic and lifestyle-related diseases are increasing worldwide, yet most health professionals receive limited training in Preventive and Lifestyle medicine. Would-be preventionists, particularly in low-resourced settings, face significant challenges: limited instructor capacity, high curriculum development or purchase costs, and a lack of harmonized competencies aligned with global accreditation frameworks. Drawing on an international collaboration guided by the Global Forum for Preventive, Community, and Public Health Medicine and the World Lifestyle Medicine Organization, we developed an openly accessible, high-quality hybrid curriculum aligned with global and regional competencies. This workshop introduces this model (a different approach to OneHealth) and helps participants apply it (personally and institutionally).

Objectives: Describe competency-based Preventive & Lifestyle Medicine curricula and their alignment with international standards. Identify strategies for locally adapting a modular curriculum using open-access educational resources. Map personal, trainee, and/or institutional training needs to core competencies in preventive and lifestyle medicine. Draft an initial hybrid training model within their own educational/clinical settings. Evaluate key components required for accreditation alignment, mentorship, and community-based practicum integration.

Teaching method and workshop: The workshop combines short presentations, small-group discussions, hands-on exercises in curriculum development, peer exchange, and an introduction to the updated NextGenU.org open-access course repository and crosswalk tools. Workshop Schedule 5 min – Welcome and Introductions 10 min – Icebreaker Activity 10 min – Presentation 1: Global burden, learning desires/gaps, competency frameworks. 5 min – Presentation 2: Curriculum architecture, crosswalk methodology, hybrid model. 10 min – Small Group Discussions: Learners, content priorities, local barriers, accreditation. 7 min – Exercise Part 1: Drafting a learning pathway; paired feedback. 10 min – Exercise Part 2: Implementation planning and first steps. 3 min – Closing & Next steps.

Expected outcomes: Participants will leave with a draft adaptable curriculum, familiarity with freely available competency-aligned modules, improved confidence in aligning training with global standards, and a preliminary implementation plan suited to their institution or national context.

Conclusion: This workshop demonstrates a practical, scalable, and equity-oriented approach to building Preventive & Lifestyle Medicine capacity. By integrating global competencies with local relevance, open-access learning, and community-embedded practicum models, individuals can equitably learn, and institutions can accelerate workforce development.

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ID 1497 - Communicating a Dementia Diagnosis in Primary Care: Turning a Difficult Moment into a Skilled Conversation”

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Context: The prevelence of dementia is increasing in western societies and it is associated with a high disease burden. The disclosure of a dementia diagnosis during a clinical counsultation brings with it a great deal of discomfort and anxiety for patients, their loved ones, and also for primary care (PC) physicians, who often feel ill-equipped to address such a sensitive subject. Rigorous communication approaches have been developed to lessen the devastating impact of delivering bad news and ensure that the clinical consultation proceeds smoothly. The SPIKES approach to doctor-patient communication is particularly useful for structuring the stages of an interview to disclose a dementia diagnosis.

Objectives: -Discuss the barriers related to the environment, the provider, or the patient that hinder a smooth disclosure of a dementia diagnosis. -Apply specific strategies to mitigate these barriers during clinical encounters involving the disclosure of a dementia diagnosis. -Conduct these disclosure conversations following the steps of the SPIKES model, adapting one’s communication style to the characteristics of the illness, the patient’s and caregiver’s sociocultural background and preferences.

Teaching method and workshop: Short theoretical presentation; Wooclap interactive session; guided role-play WORKSHOP SCHEDULE:

0:00 – 0:05 (5 min) Welcome & Brief overview of workshop goals 0:05 – 0:15 (10 min) Experience Sharing & Framing the Challenge with disclosing a dementia diagnosis/Why communication matters in this context 0:15 – 0:25 (10 min) Key Barriers in Dementia Diagnosis Disclosure/ Brief strategies to overcome these barriers 0:25 – 0:35 (10 min) Core Principles of the SPIKES Model 0:35 – 0:52 (17 min) Clinical Case – Guided Role Play/Short scenario/Participants take turns practicing key steps of the model/Focus on communication techniques rather than diagnostic reasoning 0:52 – 1:00 (8 min) Key Take-Home Messages & Workshop Evaluation/Summary of practical strategies/Participant feedback.

Expected outcomes: Participants will better identify the practical steps they need to follow when disclosing a dementia diagnosis and the common pitfalls they need to avoid to lessen the choc of being diagnosed with such a chronic debilitating disease.

Conclusion: Improving primary care providers' specific communication skills to deliver this type of bad news will contribute to a more positive patient experience of this difficult moment.

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ID 1528 - Making Artificial Intelligence (AI) an Ally, Not an Autopilot: A Practical DEFT-AI Approach for GP Educators

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Context: During clinical placements in general practice, medical students increasingly turn to artificial intelligence tools to support diagnostic reasoning, information retrieval and communication tasks. This behavior often emerges spontaneously, without explicit guidance. For supervising clinicians, this creates both uncertainty and opportunity: AI can enrich learning, but it may also undermine critical thinking, confidentiality or professional judgement if used without structure.

Objectives: This workshop aims to: • raise awareness among teaching physicians about the educational potential of AI during clinical rotations; • introduce the DEFT-AI method (Discussion, Evidence, Feedback, Teaching, AI-engagement recommendations) as a practical supervisory framework to transform students' unstructured use of AI into a safe, meaningful learning process; • apply this method to a concrete clinical scenario to support hands-on understanding and adoption.

Teaching method and workshop: The session will begin with a brief overview of the ways students may use AI during clinical encounters (5'). This will be followed by an explanation of the DEFT-AI approach, recently proposed in the medical education literature, as a supervisory tool to help students use AI appropriately in general practice settings (10'). Participants will then be presented with a vignette involving a patient, a medical student using AI during the consultation, and a supervising physician (5'). In small groups, participants will engage in role plays applying the DEFT-AI framework to guide the student's use of AI (30'). The session will conclude with a whole-group debrief to share perceptions and reflect on the strengths, challenges, and feasibility of using DEFT-AI in real practice (10').

Expected outcomes: Participants will gain familiarity with the DEFT-AI method, which provides clinicians with a reproducible structure for supervising AI use without requiring technical expertise and while preserving student autonomy. By offering a transparent and shared framework, the workshop demonstrates how well-supervised AI engagement can reinforce liberty in clinical reasoning, equity in access to learning resources and fraternity in collaborative practice.

Conclusion: This session equips supervising physicians with practical tools to integrate AI into a safe, reflective and shared teaching process. Participants will leave with concrete skills to apply directly when they next supervise a student or intern.

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ID 1565 - Social Prescribing: From Theory to Real Life

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Context: In recent years, social prescribing has gained increasing attention as a practical way to address factors that shape health outside the health care, such as loneliness, financial hardship, limited social networks, and the daily challenges of living with multiple illnesses. However, the growing interest is not directly proportional to the growth of social prescribing, nor is its spread across Europe. Many clinicians are unsure where to start, what models are available, or how strong the evidence is. This workshop is designed to help practitioners move from broad ideas to workable solutions.

Objectives: The workshop aims to give participants: A clear understanding of the main concepts and theoretical underpinnings of social prescribing. An overview of current evidence, including benefits and the challenges of evaluating outcomes. Practical strategies for building social prescribing into routine practice.

Teaching method and workshop: Introduction (10 min): Framing social prescribing within primary care and population health. Evidence and models (10 min): Brief overview of definitions, theoretical underpinnings, and standard delivery models. Case-based group work (25 min): Participants work in small groups on patient scenarios to design social prescribing pathways in their context. Plenary debrief (10 min): Sharing examples, barriers, and facilitators identified during group work. Action planning and wrap-up (5 min): Participants outline one or two concrete next steps to advance social prescribing at home.

Expected outcomes: Participants will gain a clearer conceptual understanding of social prescribing and how it fits within holistic, person-centred primary care. They will leave with practical ideas, simple tools, and draft local pathways that can be further developed with colleagues and community partners. The workshop aims to strengthen participants' confidence in initiating or scaling up social prescribing initiatives in their own health systems.

Conclusion: Social prescribing offers a concrete way to translate the rhetoric of holistic, community-oriented primary care into everyday practice. By connecting patients with meaningful social and community resources, clinicians can address root causes of poor health and support more sustainable care. This workshop seeks to move social prescribing from theory to real life by equipping participants with knowledge, inspiration, and practical starting points for action.

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ID 1566 - Addressing Professional Burnout in Primary Care: System-Level Strategies for Sustainable Well-being

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Context: Professional burnout among primary care physicians has reached critical levels, posing a threat to clinicians' well-being, patient safety, and the sustainability of the healthcare system. Emotional exhaustion, depersonalization, and reduced professional accomplishment are increasingly reported, driven by excessive workload, administrative burden, and limited professional autonomy. Despite widespread recognition of the problem, responses remain fragmented, and preventive strategies are often confined to individual coping interventions rather than systemic reform.

Objectives: To identify key risk factors and manifestations of professional burnout in primary care. To explore its association with compassion satisfaction and compassion fatigue. To discuss the theoretical framework of the so-called socio-affective training To explore evidence-based organisational interventions that mitigate burnout and strengthen workforce resilience. To design practical, scalable strategies for integrating mental health promotion into everyday primary care practice and policy.

Teaching method and workshop: Interactive discussions will be combined with short evidence summaries and small-group exercises. Participants will engage in case-based scenario analysis, guided reflection, and collaborative problem-solving. The workshop will also utilise a structured "system mapping" tool to visualise the links between policy, organisational culture, and physician well-being. Workshop schedule Introduction (10 min): Framing burnout as a system-level challenge. Evidence briefing (10 min): Review of prevalence, drivers, and successful interventions. Group work (25 min): Participants co-develop feasible strategies for their national or institutional contexts. Debrief and synthesis (10 min): Sharing key insights and barriers. Wrap-up (5 min): Summary and actionable takeaways.

Expected outcomes: Participants will acquire practical frameworks and policy tools to address professional burnout through organisational and system-level interventions. They will leave with draft action plans adaptable to national contexts and access to a shared resource repository.

Conclusion: This workshop reframes professional burnout as a collective, systemic issue requiring coordinated leadership, supportive organisational structures, and cross-sector collaboration. By shifting focus from individual resilience to institutional accountability, it aims to empower primary care professionals to drive sustainable change in workforce well-being.

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ID 1567 - POCUS in European Primary Care: Policies, Practices, and Perspectives — A Delphi-Based Interactive Workshop

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Context: Point-of-care ultrasound (POCUS) is increasingly used in primary care across Europe, yet significant variations persist in training pathways, certification systems, reimbursement mechanisms, and clinical adoption. A working group of the European Federation of Societies for Ultrasound in Medicine and Biology (EFSUMB) recently conducted a comparative analysis identifying ultrasound examinations that can be performed in primary care and prioritising those most relevant for general practitioners (GPs). Whether these expert-derived priorities align with real-world practice remains unclear.

Objectives: This workshop aims to: - Present a comparative overview of POCUS implementation across Europe. - Capture participants' practical experience and perceived needs through interactive polling. - Compare frontline perspectives with the EFSUMB analysis using a Delphi-inspired discussion.

Teaching method and workshop: The session consists of three interactive parts: Part 1 — European POCUS Landscape: Short presentations by multiple speakers outlining national models for training, certification, and reimbursement. Part 2 — Participant Experience (Wooclap): Live polling to assess current POCUS use, priorities, barriers, and expectations of attending GPs. Part 3 — Delphi Confrontation: Small-group and plenary discussions contrasting participants' views with EFSUMB expert conclusions to identify convergences and divergences. While the workshop will be delivered in French, Part 3 may be conducted in English to enable a wider and richer debate.

Expected outcomes: The workshop will highlight areas where expert recommendations align—or

not—with the realities of primary care. It will identify POCUS applications perceived as most valuable by GPs, reveal gaps in training and system organisation, and provide insights to support more coherent European strategies.

Conclusion: By combining European comparative data, participant feedback, and a Delphi-inspired exchange, this workshop will generate practical guidance for strengthening the integration of POCUS in general practice and informing future European recommendations.

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ID 1608 - Exploring the Strengths of Family Medicine (Education) across Europe using Rich Pictures

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Context: WONCA is a unique platform to exchange ideas and knowledge with colleagues from diverse backgrounds. Such meetings foster mutual learning, professional growth, and provide opportunities to showcase research methods as practical tools, ultimately with the goal of improving patient care. This workshop highlights the value of collaboration and personal interaction in advancing Family Medicine.

Objectives: Learn from the strengths of different countries in the practice of Family Medicine Inspire and share ideas amongst colleagues Demonstrate qualitative research methods

Teaching method and workshop: We will use the Rich Pictures method, followed by group analysis techniques: interviewing, discussion, and a gallery walk. Participants will draw an image representing the strengths of Family Medicine care and training in their country. Rich Pictures, rooted in Systems Engineering, help visualize experiences by revealing tacit insights and interactions [1,2]. Next, participants interview each other in small groups about their drawings, guided by prompts in the introduction. Depending on time, we will facilitate either a Gallery Walk or a group discussion. Gallery Walks allow participants to explore all drawings, identify similarities and differences, and connect themes [3]. In the group discussion, we will focus on the strengths of Family Medicine across countries, aiming to inspire each other positively. **Schedule:** Introduction of team and methodsDrawing Rich Pictures individually Interviewing in small groups Gallery Walk: analyzing all images collectively Group discussion References1. Cristancho SM, Helmich E. Rich pictures: a companion method for qualitative research in medical education. Med Educ. 2019;53(9):916–24. 2. Armson R. Drawing rich pictures. In: Growing wings on the way: systems thinking for messy situations. Axminster: Triarchy Press Limited; 2011 3. Cristancho S, Bidinosti S, Lingard L, Novick R, Ott M, Forbes T. Seeing in different ways: introducing “rich pictures” in the study of expert judgment. Qual Health Res. 2015;25(5):713–25.

Expected outcomes: Participants will become acquainted with qualitative research methods whilst sharing knowledge. The workshop encourages discussing positive aspects of Family Medicine and specialty training, fostering collaboration and inspiration.

Conclusion: We aim to promote the spirit of Fraternité from this year’s theme among Family Medicine professionals. Nous espérons bénéficier de cette opportunité et vous remercions de l’attention portée à notre contribution.

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ID 1611 - Drama Proof your Life in General Practice and Beyond

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Context: Join us for this fun, interactive transformational coaching session to explore the Drama Triangle and reframe to the Winner's Triangle. The Drama Triangle is a psychological model of human behaviour describing dysfunctional interactions and roles within relationships or conflict with recurring destructive patterns. It is a subconscious game of power with three primary roles: victim, rescuer and persecutor. Everyone in the triangle is stuck, moving perpetually between all these roles. Drama triangles are relevant in primary care arising frequently in consultations and team interactions. Research shows that it diminishes performance, wastes time and energy, over-investigation, compassion fatigue, blurred boundaries, co-dependency, negative impact on practice culture and leads to burnout.

Objectives: Learn about the relevance, impact and consequences of the Drama Triangle in Primary Care and why medics have an affinity to the rescuer role and how to change this. Identify Drama Triangles and learn practical strategies to escape and avoid entering, taking the bait or hooking others into the game. Reframe to the Winner's Triangle.

Teaching method and workshop: Interactive, fun, experiential learning session based on validated, evidence based transformational coaching workshop. Successful poster presentations at national conferences in 2025 delivered by experienced coach Tailored to enagage all VARK learning styles Schedule: Introductions and Icebreaker Definition Relevance and Impact Interactive word cloud sharing experiences and themes Draw personal Drama Triangle Role play Reframing to Winner's Triangle using coaching tools: transactional analysis, visualisation, circle of influence, power poses, boundary setting, negotiation skills, cultivate presence, self compassion.

Expected outcomes: Awareness of the drama triangle can reduce: co-dependency, carbon footprint, over investigating, wasting resources and enhance access. Improvement in wellbeing and retention in General Practice reducing health inequity and improving sustainability. Invites cognitive empathy, seeing the situation through the lens of the patient and carers perspective enhancing patient care and defusing challenging situations Delegates empowered to break free from destructive patterns, fostering healthier relationships and develop an inclusive collaborative culture.

Conclusion: Delegates will learn how to reframe the Drama Triangle into the Winner's Triangle using personal, practical and realistic strategies that can be implemented immediately to empower and enhance their practice and drama proof their life in the consulation and beyond.

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ID 1645 - Making Sense of COPD

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Context: COPD is underdiagnosed and mistreated in primary care due to challenges of objective diagnostic testing; confusion about the relative value of different interventions to the patient and the healthcare system and the accessibility of evidence-based interventions. This workshop will use three innovative primary care teaching tools, grounded in the latest scientific evidence and piloted in six countries, to help you make sense of COPD right care as suggested by the author and to offer personalised self-management support to the patient.

Objectives: At the end of the workshop participants will be able to ; 1. Use a structured approach to personalise COPD self-management support, based on Leventhal's common-sense model 2. Integrate an assessment of and response to the patient's emotional health in the consultation 3. Identify/list the main management tasks involved in caring for a patient with COPD, including pharmacological and non-pharmacological interventions.

Teaching method and workshop: After a brief introductory presentation on the most recent COPD management guidelines, participants will be involved in an ice-breaker activity in which they will be challenged to discuss less consensual aspects of the disease. This will be followed by a role-play session where our COPD Wheel and emotions cards will be used to demonstrate how to engage patients in planning and delivering the right care for them personally, with particular attention to the emotional state. Contextual differences will be explored, depending on the patient's 'breathing literacy' and the availability of interventions in primary care. We will offer French-speaking tables for small group work and make available the teaching materials in French.

Expected outcomes: By the end of the session, participants are expected to be familiar with the COPD Right Care tools and to be able to use them to improve the care provided to people living with COPD.

Conclusion: This workshop is designed to help clinicians improve their knowledge about COPD and thereby support them in providing better care for patients living with COPD.

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ID 1648 - Deep End Networks: Surviving and Thriving together to provide primary care in deprived areas

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Context: The Deep End movement is a network of people working in primary care serious about improving the health and well-being of those communities living in the most deprived areas across the UK and world. There are 12 Deep End movements from 8 countries on 4 continents. Together we collaborate, support and advocate on behalf of our population, staff and communities.

Objectives: To create an interactive, international learning space where Deep End practitioners share and compare innovations across health systems, using the A-CREW framework.

Teaching method and workshop: Introduction: Deep End origin, history and principles. We will briefly define "A-CREW" are the workstreams of the Deep-End movement in the UK and stands for Advocacy, Climate/ Sustainability, Research, Education and Workforce / Wellbeing. 10mins Participants will take part in a case exchange carousel, rotating through facilitated small-group discussions focused on real examples of progress and innovation from different Deep End networks. This face paced structured approach enables comparison of strategies across health systems and contexts, and allows for connections to be made between participants.35 mins. A visual harvesting technique will be used throughout the session by facilitators, with key insights and emerging themes captured live on shared templates to create a collective, co-produced output. The workshop will conclude with a plenary synthesis and reflective discussion linking learning back to practice, education, and advocacy. 15mins.

Expected outcomes: GPs and other healthcare professionals at every stage of their career are invited to attend, especially those who are interested in health equity. Participants will: 1. Gain insight into how Deep End principles are being applied internationally 2. Identify practical strategies to strengthen primary care in deprived areas 3. Contribute to the ongoing international dialogue on defining and delivering "good" Deep End general practice 4. Build connections with an international network committed to equity-focused primary care.

Conclusion: This workshop will take the liberty of inspiring and motivating the primary care fraternity to connect via the Deep end to advance equity globally.

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ID 1712 - Continuity of Care saves lives, but is falling - how you can increase continuity in your primary care setting

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Context: Continuity of care saves lives. The evidence base for continuity of care and how it reduces morbidity and mortality is increasing and consistent (Pereira Gray 2018) . A dose response relationship has now been demonstrated (Sandvik 2022) and for every two extra consultations with the same GP a 6% reduction in emergency admission has been reported (Barker 2017).

Objectives: The aim of this session is to get participants to consider themselves, as patients, trying to improve their own healthcare by increasing continuity of relational care with their GP. Then to consider how they could help do this as healthcare professionals for their own patients. The objectives include a reminder of the impact of continuity of relational care. Along with guidance on how to increase both their own continuity of care and that of their patients.

Teaching method and workshop: Paired discussion Panel discussion with audience questions Short presentations The session will define relational and other types of continuity, and give the evidence on the benefits. In pairs, participants will discuss what they would do to increase continuity for themselves as patients, which leads into the tips on how they might approach their own GP to achieve continuity. This will raise awareness of the barriers and ways to overcome these. In pairs participants will then be asked to consider their own practice in the context of continuity. The variation in practical approaches and toolkits for developing their own practice will be reviewed. Pairs will be then be asked to consider the next small step they might take for their own patients.

Expected outcomes: Increase knowledge about how continuity of care can increase the participants

own health and life expectancy Raise awareness of how healthcare professionals, as patients, can ensure continuity of their own care Understanding about what can be done to increase continuity of relational care for patients under the participant's care.

Conclusion: Continuity can be improved, saving lives, and improving both doctor and patient satisfaction. This can be done both for ourselves as patients and for our patients under our care. The impact can be high and make as much difference as medications with minimal disadvantages.

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ID 1787 - Building equitable and trustworthy primary care data platforms: governance and interoperability lessons from France

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Context: Across Europe, fragmented primary care data limit the ability of health systems to promote equity, support population health surveillance, and sustain continuous quality improvement. While hospital-based data infrastructures are well developed, community-based primary care faces specific organisational, legal, and professional challenges. France has recently launched its first national, publicly governed primary care data platform (P4DP), grounded in professional autonomy, patient partnership, and responsible digital health. This experience provides transferable lessons for European countries seeking to develop trustworthy, interoperable, and human-centred primary care data platforms.

Objectives: By the end of this workshop, participants will be able to: Describe inclusive governance models that integrate clinicians, patients, researchers, and public institutions in primary care data platforms. Analyse common legal, technical, and cultural barriers to primary care data integration and identify pragmatic mitigation strategies. Use interoperability principles to support cross-border primary care research and learning health systems.

Teaching method and workshop: The workshop is designed as a highly interactive learning session combining short expert inputs with participatory methods. Teaching approaches include a structured case study, facilitated small-group discussions, and plenary synthesis to promote peer learning and collective reflection across different European contexts. Case study presentation (20 minutes): Introduction to the French P4DP initiative, focusing on governance choices, regulatory pathways, interoperability strategy, and ethical considerations specific to primary care. Facilitated small-group discussions (20 minutes): Participants will explore challenges and solutions related to equity, professional engagement, patient involvement, and digital responsibility within their own national systems. Plenary synthesis (20 minutes): Groups will share key insights, leading to the identification of transferable principles, success factors, and opportunities for European collaboration in primary care data infrastructures.

Expected outcomes: Participants will gain: A clear understanding of how primary care data platforms can strengthen equity, trust, and professional engagement. Practical governance and interoperability approaches adaptable across diverse European health systems. Concrete ideas for international collaboration and comparative primary care research using routine data.

Conclusion: This workshop will support family physicians, researchers, policy-makers, and patient partners in developing shared, human-centred, and trustworthy approaches to primary care data infrastructures, contributing to stronger learning health systems across Europe.

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ID 1825 - Empowering family doctors in primary care: A skills-building workshop for brief intervention on alcohol use

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Context: Hazardous and harmful alcohol consumption is a leading contributor to preventable morbidity and mortality in Europe. Primary care is an ideal setting for early identification and brief intervention (BI) however, implementation remains inconsistent due to time constraints and lack of

specific training. Supported by the WHO's training frameworks and the European Health Alliance on Alcohol (EHAA), this workshop—led by members of the WONCA XXX section—aims to bridge the gap between global recommendations and local practice (e.g., XXX models, university training), providing a unified approach to alcohol harm reduction.

Objectives: Understand the principles and appraise the latest evidence and WHO/EHAA guidelines of BI. Master practical screening techniques and motivational interviewing. Formulate pragmatic strategies to overcome implementation barriers in diverse primary care settings and identify pros and cons of BI.

Teaching method and workshop: This 60-minute interactive session employs a multi-modal pedagogical approach based on the WHO Alcohol Brief Intervention Training Manual: Interactive Mini-Lectures Skill-Drills: Focused case-based role-play scenarios Collaborative Problem-Solving: Small group work to map local adaptations Workshop schedule (60 minutes) 00-05: Introduction: Global/European epidemiology and the role of the GP 05-10: The Evidence Base: Review of guidelines and studies on BI effectiveness 10-40: Skills Lab: Role-play and feedback on screening and basic motivational interviewing techniques 40-45: The Reality Check: Moderated discussion on 'Pros & Cons' 45-55: Implementation Roadmap: Group work on integrating interventions into routine care 55-60: Conclusion: Synthesis of reflections and takeaway resources

Expected outcomes: Participants will gain measurable confidence in identifying hazardous drinking and delivering structured interventions. By translating the WHO manual into actionable clinical steps, GPs will leave with a toolkit for immediate practice integration, strengthening the preventive capacity of their respective health systems.

Conclusion: This workshop equips family doctors with the essential "soft skills" and clinical frameworks to turn every consultation into a potential preventive opportunity, aligning primary care practice with European public health priorities.

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ID 1827 - One Health in Daily Practice: A Game-Based Workshop on Sustainable Clinical Decisions

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Context: Healthcare systems contribute substantially to climate change and environmental degradation. Beyond greenhouse gas emissions, pharmaceuticals are a major source of ecotoxic pollution, particularly in aquatic ecosystems, as many active pharmaceutical ingredients persist in the environment, bioaccumulate, or disrupt ecosystems, with long-term consequences for human and planetary health. In primary care, prescribing decisions strongly influence both the carbon footprint of healthcare and the environmental release of pharmaceutical residues. However, ecotoxicity remains largely absent from medical education and clinical guidelines, leaving general practitioners insufficiently equipped to integrate these considerations into routine clinical practice. Innovative educational approaches are therefore needed to translate complex environmental information into clinically relevant and actionable knowledge. We developed a serious game targeting postgraduate physicians and tested it under real-life conditions with early-career general practitioners.

Objectives: After participating in this serious game, participants will be able to: Identify how common prescribing decisions in primary care contribute to carbon emissions and pharmaceutical ecotoxicity. Integrate eco-responsible prescribing principles while maintaining evidence-based practice and patient safety. Critically reflect on their own prescribing habits and identify opportunities for improvement in daily practice.

Teaching method and workshop: this serious game fits up to 40 participants divided into groups of 4 participants (1 group-1 game) Role-play using predefined physician profiles with distinct prescribing behaviors Case-based clinical decision-making using seven clinical scenarios, each available in three levels of increasing complexity; participants may progress through the scenarios according to available time and group dynamics Immediate feedback on clinical impact, carbon footprint, ecotoxicity, and economic cost Workshop schedule : Introduction (5 minutes) Game session (45 minutes) Debriefing and discussion (10 minutes).

Expected outcomes: By the end of the workshop, participants will: Increase awareness of the environmental consequences of prescribing beyond climate impact alone. Develop practical strategies to deprescribe and promote safer alternatives. Better understand how ecotoxicity complements carbon footprint in sustainable healthcare. Experience a transferable educational model applicable to postgraduate medical training.

Conclusion: This workshop demonstrates how a serious game can translate complex environmental concepts into practical clinical learning. By embedding carbon footprint and ecotoxicity into realistic primary care scenarios, general practitioners are empowered to practice medicine that protects both patients and the planet.

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ID 1836 - Collaborative multidisciplinary primary care teams: sharing experiences across Europe

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Context: Multidisciplinary teams (MDTs) are increasingly essential to delivering accessible and high-quality primary care, particularly in rural and underserved areas facing workforce shortages, fragmentation of services and rising multimorbidity. Across Europe, MDTs have developed through diverse organisational and funding models. However, without structured planning and alignment with population needs, MDTs may inadvertently reinforce inequalities or reduce continuity of care. There is a need for shared learning on how MDTs are organised, how roles are allocated, and which approaches support effective, equitable and sustainable team-based care. A key element of these innovations is the shift of tasks from physicians to non-medical healthcare.

Objectives: By the end of the workshop, participants should be able to: - Describe the role of MDTs in primary care, especially in rural and underserved regions. - Identify structural and workforce challenges influencing MDT development. - Evaluate different MDT models across Europe. - Assess their impact on access, quality and efficiency - Discuss adapting MDTs to population needs for effective skill-mix. - Recognise common barriers and enabling factors influencing effective team implementation.

Teaching method and workshop: Presenters will introduce evidence-based MDT concepts, focusing on task substitution vs supplementation, collaboration vs coordination, and population-need assessment. Most of the workshop will involve participants from different European regions sharing experiences of MDTs in primary care. A final plenary discussion will synthesise insights and extract transferable principles for practice. Workshop schedule 20 min: Introduction, conceptual framework, European MDT examples, interactive polling. 30 min: Small-group work on case vignettes: role mapping, skill-mix redesign and barrier analysis. 10 min: Plenary synthesis and formulation of practical take-home principles.

Expected outcomes: Participants will be able to articulate core principles for MDT design, ccompare organisational models and identify factors influencing implementation, especially in rural and underserved areas. They will gain practical tools to align MDT composition with local population needs and support workforce planning, service development and integrated care delivery.

Conclusion: MDTs are central to building resilient, equitable primary care systems. This workshop will share diverse European experiences and equip participants with evidence-informed, transferable strategies for developing effective, patient-centred and sustainable multidisciplinary teams.

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ID 1837 - Balint groups in family medicine: a space for liberty, equity, and human connection

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Context: In a primary care setting where freedom, fairness, and humanism are central, the Balint group offers a unique space to explore the relational

dynamics between caregivers and patients. By promoting active listening, collective reflection, and the sharing of experiences, this workshop enables participants to challenge biases, inequalities in access to care, and the ethical implications of daily practice. Through its interactive and multidisciplinary approach, it strengthens professional solidarity and encourages a more empathetic and patient-centred approach to medicine, in line with the fundamental values of primary care.

Objectives: Improve the caregiver-patient relationship Become aware of personal emotions and reactions Develop a better understanding of patient needs Work on difficult or complex cases Strengthen reflection on professional practice Prevent burnout Improve the quality of care Develop communication skills Promote teamwork and collaboration.

Teaching method and workshop: ►Objective: Explore caregiver-patient dynamics through emotions, representations, and interactions—understanding, not solving. ►Premises: Caregivers are therapeutic tools. Conflicts often reveal unconscious/systemic patterns. Group intelligence unlocks impossible-alone insights. ►Balint Session Format : • Framework: Confidentiality, kindness, relationship focus. Fishbowl setup: small core group with observers in a larger outer circle. • Fishbowl: Central discussion, fluid participation with observers at the end of the session. • Case: Volunteer shares a meaningful professional situation. • Exploration: Questions → Associations/hypotheses → Mirroring. • Close: Facilitator summarizes insights, shares guidelines, and ends the session. ►5 min, Presentation of the framework, Clarification of the rules ►45 min, Balint group work, 1 case presented, with time for presentation (10 minutes), questions, and collective analysis (35 minutes). ►10 min, Collective summary, Recap learning points, suggest courses of action, and close.

Expected outcomes: Clarity on a complex professional situation Collective awareness Emotional support and reduced isolation Improved communication skills Strengthened critical thinking Positive group dynamics Identification of training or support needs Mirror effect and vicarious learning.

Conclusion: In an era where medicine risks losing its humanity, this Balint workshop offers a vital pause—a space to listen, reflect, and reconnect. By exploring the emotional heart of care, it restores equity, empathy, and humanism to family medicine, one shared story at a time.

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ID 1900 - From Polypharmacy to Patient Safety: A Practical Roadmap for Deprescribing in Daily Practice

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Context: Deprescribing (D) is a critical patient safety intervention, particularly for elderly patients where polypharmacy (>10 drugs) significantly increases the risk of adverse events. Beyond individual safety, D aligns with One Health and Planetary Health principles. Reducing unnecessary medication use directly mitigates pharmaceutical pollution in water systems and lowers the carbon footprint associated with global drug manufacturing and distribution. This joint workshop—led by experts from EQUIP, EGPRN, WONCA WP on Quality and Safety, on Research and on Planetary Health and WONCA SIG on non-communicable diseases—applies validated frameworks (e.g., Beers/STOPP-START criteria) to shift the clinical paradigm toward optimizing therapy for both patient and planet.

Objectives: Identify and manage "therapeutic cascades" to improve clinical safety and environmental sustainability. Evaluate evidence to safely stop harmful medications, reducing the pharmaceutical load on the environment. Master communication strategies to empower patients in shared decision-making regarding "Green Deprescribing." Develop a transferable plan for immediate implementation in participants' home practices.

Teaching method and workshop: We employ an active-engagement pedagogy. Following an evidence-based briefing on clinical and planetary benefits, participants engage in facilitator-led small-

group work: 00-10m: Introduction: Clinical safety and Planetary Health context. 10-15m: High-fidelity clinical case presentation. 15-40m: Interactive breakout groups: Solving dilemmas using D-resources. 40-50m: Plenary sharing: Synthesizing group proposals. 50-60m: Take-home messages and resource distribution.

Expected outcomes: Participants will gain actionable insights and a Deprescribing Toolkit. Outcomes are highly transferable: attendees will leave with the skills to lead medication reviews that improve patient quality of life while contributing to healthcare sustainability.

Conclusion: The GP's role in deprescribing is paramount. This workshop provides the tools to bridge the gap between theoretical safety and daily practice, ensuring a wiser, safer, and more sustainable future for primary care. Keywords: Deprescriptions, Patient Safety, Polypharmacy, One Health, Environmental Health.

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ID 1908 - How Should We Identify and Manage Elderly Patients with Nutritional Disorders?

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Context: In ageing individuals, changes in bodily functions and the body's transformation process begin. With ageing, a physiological decrease in food intake occurs. The decreased sense of taste and smell associated with ageing, along with changes in appetite, prolonged gastric emptying, and hormonal changes, lead to physiological anorexia and associated weight loss, which predispose older individuals to malnutrition. In addition to all this, the presence and severity of comorbidities also increase morbidity and mortality. Nutrition plays an important role in the health status of older individuals. Therefore, a comprehensive assessment of nutritional status in older adults is crucial and includes clinical examination involving comprehensive history and physical examination, psychosocial assessment, anthropometric measurements, biochemical indicators, diagnostic tests, and food consumption.

Objectives: In this workshop, we aim to discuss how to define nutritional status of elderly, how to manage elderly with malnutrition in everyday practice, assessments of daily diets of the patients, and biochemical markers which are effective in detailed assessment and follow-up of patients who are at risk of malnutrition.

Teaching method and workshop: In the first part, we will define the screening tools which can be used in routine practice. In the second part, through case discussions, utilization of screening tools and anthropometric methods, which can be used for nutritional evaluations will be covered. In the third part, dietary assessment methods, and biochemical indicators will be discussed through sample cases. In the fourth part, experiences on managing elderly patients with unfavourable nutritional status will be shared and discussed.

Expected outcomes: To learn about various nutritional screening tools to be able to assess nutritional status. To learn about practical anthropometric measurements and formulas to define nutritional status. To be able to assess diet using different methods. To be able to interprete initial biochemical markers are effective in the assessment and monitoring of acute and chronic malnutrition. To manage the timely referral of the patient.

Conclusion: In summary, initial assessments on identifiable factors affecting nutritional status can be conducted in primary care to initiate treatment and necessary referrals. Multidisciplinary primary care health professional teams can identify symptoms affecting nutrition that can be reversed and implement interventions in line with common goals.

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ID 1921 - Job Satisfaction and Joy at Work supporting Quality Care in General Practice

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Context: Job satisfaction and enjoyment of work by the medical workforce is a critical factor in delivering quality of care in primary care. It influences engagement with work, productivity and quality of communication. It is also a factor that influences the retention of the medical workforce. When it is diminished or absent it impacts on patient safety culture. The perspectives of the primary care workforce need to be collected and communicated through representative organisations to multiple stakeholders in the health sector.

Objectives: Learning Objectives will be achieved by group work in two consecutive sessions: Q1. What factors contribute to JOY AND SATISFACTION, and what contributes to the CHALLENGES faced by doctors in experiencing job satisfaction and joy in medical practice? Q2. What solutions do you propose for improving job satisfaction and joy for people who work in primary care?

Teaching method and workshop: 5 MINUTES - context setting presentation 10 minutes brainstorming in small groups Q1 10 minutes reports from small groups on Q1 10 minutes brainstorming in small groups Q2 10 minutes reports from small groups on Q2 10 minutes open floor discussion and conclusion close.

Expected outcomes: Explore the factors that promote job satisfaction and retention of the medical workforce in family medicine. Use this information to advocate for improving the work conditions of the medical workforce in family medicine. Gather views on how we communicate this information to health sector stakeholders (employers, health service managers, policy makers, regulators, the government, the public).

Conclusion: The pursuit of quality of care requires health sector employers and stakeholders to support the retention of the medical workforce employees and contractors. Job satisfaction and enjoyment of work are key factors that impact on retention of healthcare workers, and on patient safety culture and on the experience of care quality by both patients and the primary care team. Advocacy is necessary for physician wellbeing and optimum patient experience.

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ID 1945 - Soon we will all be patients: What is new in overdiagnosis?

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Context: Overdiagnosis means making people unnecessarily into patients. Overdiagnosis is a global problem and is happening when diagnosing mental conditions as well as somatic conditions. To an individual, being overdiagnosed often triggers a cascade of psychosocial harm and overtreatment. In a societal context, overdiagnosis is extremely costly and harmful to public health. To general practitioners, overdiagnosis means more work, increased social inequity, and to some extent work that increases the inverse care law.

Objectives: By the end of this workshop, participants will be able to: 1. Define overdiagnosis and recognize its manifestations in primary care. 2. Describe the individual, societal, and professional harms associated with overdiagnosis and overtreatment. 3. Critically appraise recent evidence and international guidelines for selected topics. 4. Reflect on their own clinical experiences and identify strategies to reduce unnecessary diagnoses and medicalisation in general practice.

Teaching method and workshop: The symposium will begin with 5 short presentations (5 mins each – total 25 mins): • What is overdiagnosis • Harms of overdiagnosis • Low-dose CT for smokes: what is the overdiagnosis cost? • Mammography – 40 or 50? new USPSTF guideline • The emotional cost of screening tests - anxiety about results • HRT - what is the right balance? (optional) followed up by discussions in small groups (guided by a question on each of the above topics) (20 min) ending with a plenum discussion (15 mins).

Expected outcomes: Participants are expected to gain a clearer understanding of the drivers and consequences of overdiagnosis, increased confidence in discussing uncertainty and harms with patients, and practical ideas for resisting “too much medicine” in everyday clinical practice. The workshop will provide participants with an opportunity to engage in international dialogue on overdiagnosis, exchange ideas and perspectives with colleagues from different countries, and gain deeper insight into selected key issues in the field.

Conclusion: Drawing on Jønsson and Brodersen's award-winning book Soon we will all be patients (2022) and highlights from recent EUROPREV conferences, this symposium addresses overdiagnosis as a central challenge for contemporary general practice. By combining evidence, theory, and clinicians' experiences, the workshop aims to support GPs in counteracting unnecessary diagnoses, overtreatment, and the overmedicalisation of life.

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ID 1948 - Development of new primary care focussed guidelines: a successful ESPCG process

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Context: ESPCG is being participating during the last years in the development of primary care-focused guidelines on different gastrointestinal problems (including liver and pancreas guidelines).

Objectives: Main learning objective from this session is to update participants on some of the most relevant primary focused guidelines in which ESPCG is being recently involved.

Teaching method and workshop: Juan Mendive (Spain). Chair of the session. -MASLD consensus guideline for primary care: an international ESPCG lead experience. Christos Lionis and Foteini Anastasiou (Greece) -DBGI guideline for primary care: a new approach of the functional GI disorders. Juan Mendive (Spain) -Pancreatic lesions from non-GI specialists: a new vision primary care guideline. Mihaela Udrescu (Romania) -Nausea and Vomiting: A primary care perspective from the European Guideline. Jelena Rakic-Matic (Croatia) Guidelines will be presented on easy -to-learn materials, including algorithms for primary care management as well as frequently presented clinical scenarios in primary care . After the presentation of these different guidelines, a proposed interactive debate with participants will be promoted.

Expected outcomes: As a main outcome of the session, it is expected that participants will gain updated knowledge of very frequent primary care managed conditions.

Conclusion: ESPCG is providing an adequate platform to update European GPs with a primary care state-of-the art knowledge for the benefit of our patients.

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ID 1982 - From Prompt to Practice: Hands-on Use of Artificial Intelligence in Daily Family Medicine

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Context: Artificial intelligence (AI) tools are becoming increasingly accessible to clinicians, offering significant potential to support family medicine in areas such as clinical reasoning, documentation, patient communication and medical education. Despite this availability, structured training for the practical application of AI in primary care remains limited. Many family physicians and residents lack confidence in translating AI's capabilities into safe and meaningful everyday practice. This workshop addresses this gap by focusing on experiential, scenario-based learning grounded in best practices for digital health and lifelong learning.

Objectives: By the end of the workshop, participants will be able to: Identify common clinical and educational scenarios in family medicine where AI tools may be appropriately used. Use AI tools to generate practical outputs for daily primary care work and to optimize study processes (e.g. summarizing guidelines, literature review). Formulate effective prompts and critically evaluate AI-generated results. Recognize limitations, ethical considerations, data protection and patient safety issues related to AI use in family practice.

Teaching method and workshop: The workshop will be conducted in an interactive, small-group format. Participants will be divided into teams and presented with real-life scenarios commonly encountered in family medicine and residency training. Each group will work hands-on with AI tools to produce a defined practical output, such as a patient-facing explanation, learning aid for complex medical topics and more. Workshop Schedule The session will begin with a brief plenary introduction. This will be followed by facilitated small-group work on selected scenarios (clinical and educational) with hands-on use of AI tools. The session will conclude with a plenary discussion in which groups will share

outputs, discuss challenges, and identify transferable tools for both practice and learning.

Expected outcomes: Participants will gain practical experience and increased confidence in using AI tools. They will leave with ready-to-use prompts, workflows, and examples that can be immediately applied in their clinical settings and utilized to streamline their professional development and learning routines.

Conclusion: This workshop provides family physicians and residents with a structured, hands-on approach to integrating AI tools into everyday practice. It supports efficiency and innovation while maintaining patient-centered, safe care, and enhances the capacity for continuous medical education.

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ID 1983 - Liberty, equity and fraternity after the history of family medicine

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Context: The development of family medicine in the 21st century towards the goals of liberty, equity and fraternity can use the lessons learned after the previous work of outstanding physicians of the past. If we do not know where we come from and what are the challenges faced by our predecessors, we are at risk of committing again the same mistakes rather than using their expertise.

Objectives: To illustrate with some examples the achievement of liberty, equity and fraternity after the lives of outstanding physicians, as follows: - Julian Tudor Hart: the inverse care law; research in primary care; working with the deprived populations (fraternity) - Barbara Starfield: the features of primary health care (equity) - David Sackett: evidence based medicine (equity) - Archibald Cochrane: effectiveness and efficiency (equity, fraternity). War volunteer (liberty) - Albert Schweitzer: international cooperation (liberty, equity, fraternity) To identify the challenges in the present time related to liberty, equity and fraternity, in Europe and abroad. To suggest strategies to combat the obstacles to reach liberty, equity, and fraternity.

Teaching method and workshop: Brief lecture summarising the main achievements of outstanding physicians of the 20th century and introduction of the exercise: 15 minutes Exercise: identifying the current challenges related to liberty, equity and fraternity in our context, and drawing an action plan to overcome them. 20 minutes Group discussions: 20 minutes Conclusions by the presenters: 5 minutes.

Expected outcomes: To develop skills to identify the challenges on liberty, equity and fraternity in a geographical context and in the present or near future. To suggest some tools to leverage the actions in favour of liberty, equity and fraternity To draw an action plan to achieve liberty, equity and fraternity in Europe by the year 2030.

Conclusion: The existing challenges on liberty, equity and fraternity in Europe should be identified. A helpful tool for counteracting them are the lessons learned from the outstanding physicians of the past. Reflection and action are needed. A new vision of history can enlighten the future.

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ID 2027 - More Than a Headache: An Escape Room Challenge Providing Practical Migraine Update for GPs

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Context: Migraine and chronic headache disorders are among the most common and disabling conditions seen in primary care, yet they remain under-recognised, under-treated, and over-referred. My interest in this area stems from my own lived experience of debilitating, treatment-resistant chronic migraines, which affected my personal and professional life. Through this journey, I gained deeper insight into the complexity of headache disorders and the gaps in care that many patients face. During final year of my General Practice Training, I started doing dedicated migraine and chronic headache clinics in my own time free of cost, where I learned that headaches are rarely “just headaches” and often reflect a broader biopsychosocial context. Recent advances, including CGRP-targeted therapies, have significantly changed

migraine management and offer new opportunities for effective primary care treatment.

Objectives: Enhance participants' confidence and competence in managing migraine and chronic headache disorders in primary care. We will explore the complexity of headache presentations, apply sustainable patient-centred management strategies, reduce unnecessary specialist referrals and understand the role of newer treatments, including CGRP-based therapies, such as Monoclonal Antibodies (mAbs) and Small-Molecule Antagonists (Gepants).

Teaching method and workshop: An interactive approach to make learning engaging and memorable with brief teaching segments interspersed with case-based discussions reflecting anonymised real primary care scenarios, allowing participants to apply knowledge immediately. Live audience interaction facilitated through polling tools and myth-busting quizzes, encouraging participation and reinforcing learning points. Practical decision-making exercises aligned with current guidelines would enable attendees to consolidate their management strategies. Participants will also be given resources, including headache diary template developed in the presenter's clinics, to support ongoing patient care and follow-up.

Expected outcomes: Participants will gain confidence in managing migraines and chronic headaches in primary care, improve clinical decision-making, and contribute to more sustainable care by reducing unnecessary referrals and specialist waiting times.

Conclusion: Improving headache management begins with confidence, clarity, and connection. We aim to reframe how headaches are understood and managed in primary care. By combining lived experience, clinical insight, and interactive learning, we want to empower primary care clinicians to deliver effective, compassionate, and sustainable headache care by recognising that behind every headache is a patient with a unique story.

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ID 2035 - Equipping primary care teams to support bereaved patients

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Context: Bereavement is a universal human experience with significant impacts on health and wellbeing, and GPs are often the first point of contact when someone is bereaved. These conversations require a different approach from the classic problem-solving model of general practice. Whilst most people do not require specialist bereavement support, primary care teams need robust processes and skills to identify bereavement support need, assess risk, support adjustment and signpost appropriately.

Objectives: Understand the impact of bereavement on health and wellbeing, forms of helpful support and the importance to primary care Explore ways that primary care teams can improve services and processes to better identify and proactively support grieving patients Discuss the utility and applicability of a clinical consultation model for bereavement to participants' own contexts Develop a nuanced understanding of assessing need and delivering more tailored signposting to bereaved patients.

Teaching method and workshop: Brief presentations, small group discussions, clinical case studies: Introduction (10 mins): Overview of bereavement, health, helpful support and the role of primary care Group Discussion 1 (15 mins): Small group sharing of structures for identifying and contacting bereaved patients in participants own settings; brief presentation of quality improvement initiatives to address and group discussion on feasibility of applying these. Group Discussion 2 (20 mins): Facilitators will present a consultation approach for bereavement in primary care. Groups will discuss its application to example clinical cases and their own context. Presentation (10 mins): Systematic literature review results on informal bereavement support interventions (including studies from at least 8 different European countries) with implications for more tailored signposting for patients presenting to primary care Self-care and questions (5 mins): Consideration of the impact of personal and professional grief on primary care professionals, sharing of resources and opportunity for questions.

Expected outcomes: Attendees will be equipped to better support bereaved patients in primary care across the spectrum of care, from proactive identification to sensitive consulting to tailored signposting.

Conclusion: This workshop will demonstrate that bereavement support is a core and important part of primary care and that with simple organisational structures and adaptations to consultation approaches, primary care clinicians are excellently placed to deliver this sensitively and effectively.

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ID 2074 - The Future of e-Health in Primary Care: Is There a Place for a Primary Care Classification System?

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Context: Digital transformation in health care systems is now rapidly evolving. E-Health organisations are promoting the use of SNOMED CT or ICD-11 as a reference terminology. The position of domain-specific classifications such as the International Classification of Primary Care (ICPC) within this transformation remains unclear.

Objectives: To discuss the relevance of a classification for Primary Care and the current status of ICPC; To showcase research projects in Primary Care with regards to ICPC; To discuss the position of the profession with regard to reference terminologies; To bring awareness to the precarious position of classifications in primary care in the current transition happening in e-Health technologies and to learn about possible alternatives.

Teaching method and workshop: Three topics will be briefly introduced and then debated as an expert panel discussion, with time allotted for Q&A from the audience at the end. The discussion will be led by the following questions: 1) Is there a place for ICPC-3 next to SNOMED CT as reference terminology? a) What is the relevance of a classification for Primary Care? b) Why is a reference terminology necessary in the first place? 2) What are the lessons of the existing linguistic end-user terminologies or other types of knowledge organization systems such as thesauri used in Primary Care to access clinical data (examples from XXX and XXX). a) What have been the challenges and benefits of using such thesauri? b) The XXX and XXX experience: data collection, Episode of Care, XXX, XXX, etc. 3) How can GPs be supported for clinical coding at the point-of-care? Will AI solve everything, or do we need more? Workshop schedule: Introduction of panel and topic: 5min 1) Panel discussion + discussion: 15min 2) Testimonies + discussion: 15min 3) Presentation of 2 scenario's + discussion: 15min Q&A from the audience: 10min.

Expected outcomes: The audience is increasingly aware of the urgency of preserving the International Classification of Primary Care in the age of digital transformation.

Conclusion: Issues identified and implementation pathways at national and international level are a key topic for discussion and for formulation of recommendations for organizations responsible for primary care classification systems.

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ID 2087 - Redesigning Access Pathways Through Digital Triage: Global Principles for Fair, Efficient and Risk-Managed Primary Care

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Context: Across the world, primary care systems are under intense pressure. Demand continues to rise, the workforce is stretched, and traditional "first come, first served" access models create inequity, inefficiency and unmanaged clinical risk. Digital triage offers a structural solution: a way to organise demand safely, prioritise care by urgency, improve equity, and provide a clearer, more predictable experience for patients and clinicians. This workshop introduces universally transferable principles for designing safe, fair and sustainable triage systems—whether digital, hybrid or low-tech. Many countries face the same challenges: long queues, crowded telephone lines, inconsistent triage processes and rising patient frustration. Without structured triage, urgent problems can be missed while non-urgent cases consume capacity. Digital triage, when implemented with strong governance and inclusion pathways, can: - provide a single, consistent access route - reduce bottlenecks - improve clinical visibility - create equitable access for diverse populations - enable automation of low-risk requests The workshop focuses on principles applicable across high-, middle- and low-resource settings.

Objectives: Participants will be able to: 1. Understand the core components of a safe triage model. 2. Redesign access pathways around urgency and clinical need. 3. Apply governance and risk-mitigation frameworks. 4. Build inclusive pathways for patients with low digital confidence. 5. Engage staff and restructure workflows to support a triage-first model.

Teaching method and workshop: Teaching methods Short presentations on access redesign and global triage challenges. Mentimeter activity: participants identify their top access pain points. Small-group reflection on how triage principles could apply in their systems. Facilitator examples illustrating phased implementation and common pitfalls. Workshop schedule 0–10 min: Global access pressures 10–20 min: Principles of safe digital triage 20–35 min: Mentimeter + discussion 35–50 min: Governance, inclusion and workflow redesign 50–60 min: Takeaways & Q&A.

Expected outcomes: Participants gain a practical framework for implementing or improving triage models, with adaptable strategies for equity, safety and demand management.

Conclusion: This workshop positions digital triage as a structural enabler of fair access and sustainable primary care, offering delegates transferable tools to redesign access pathways in any health system.

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ID 2108 - The Unteachable Moments: What Family Medicine Learns Outside the Curriculum

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Context: Family medicine is grounded in evidence-based practice, clinical guidelines, and structured competencies. However, many of the most formative moments in a family physician's professional life occur outside formal teaching: moments of uncertainty, moral discomfort, emotional resonance, or quiet realization. These "unteachable moments" profoundly shape clinical judgement, professional identity, and resilience, yet they are rarely acknowledged or explored within medical education.

Objectives: To identify and articulate unteachable moments in everyday family medicine practice. To explore how these moments influence clinical judgement and professional growth. To provide participants with reflective tools that can be applied in clinical work and teaching.

Teaching method and workshop: This highly interactive workshop is based on facilitated reflection and shared storytelling. Introduction (10 minutes): Framing the concept of unteachable moments and creating a safe learning environment. Individual Reflection (10 minutes): Participants recall a brief anonymized clinical moment that changed how they practice, without being linked to new knowledge or guidelines. Small Group Sharing (25 minutes): Participants share their moments in groups of 4–6, guided by structured reflection prompts. Plenary Discussion (20 minutes): Identification of common themes such as uncertainty, boundaries, vulnerability, and professional identity. Closing Reflection (10 minutes): Translating insights into clinical and educational practice. No prior preparation is required.

Expected outcomes: Participants will gain language for tacit clinical knowledge, increased awareness of experiential learning processes, and practical reflection tools to reduce professional isolation and enhance resilience.

Conclusion: By legitimizing what cannot be formally taught, this workshop highlights the unique epistemology of family medicine: a discipline shaped not only by evidence, but by lived experience, relationships, and human complexity.

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ID 2115 - Crossing the Line: When Personal Values Enter Clinical Decisions

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Context: Family physicians frequently face clinical decisions in which guidelines provide limited or conflicting direction. In these situations, values, emotions, and personal experience inevitably influence judgement. An unspoken question often arises: What would I do if this were my parent? This question reveals the ethical tension between professional responsibility, evidence-based practice, and personal morality, yet it is rarely addressed openly in medical education.

Objectives: To explore how personal values and emotional proximity influence clinical decision-making. To examine ethical tension in everyday family medicine beyond formal ethical frameworks. To strengthen reflective skills for managing value-laden clinical conversations.

Teaching method and workshop: This interactive, case-based workshop uses role-switching and facilitated group discussion. Introduction (10 minutes): Framing ethical tension in family medicine and establishing a respectful learning environment. Case Presentation (10 minutes): A complex clinical scenario involving uncertainty, risk, and competing values. First Discussion Round (20 minutes): Participants discuss the case from the perspective of the treating family physician, focusing on clinical reasoning and professional responsibility. Role Switch (20 minutes): Participants revisit the same case from the perspective of a family member, explicitly addressing emotions, fears, and values. Plenary Reflection (10 minutes): Comparing perspectives and identifying shifts in priorities, communication, and risk tolerance.

Expected outcomes: Participants will develop increased awareness of personal biases, improved ethical sensitivity, and greater confidence in navigating complex, value-driven clinical decisions.

Conclusion: By explicitly addressing the question clinicians often ask themselves silently, this workshop brings ethical ambiguity into the open and strengthens family medicine's core values of compassion, shared decision-making, and relational care.

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ID 2155 - Implementing Digital Lifestyle Coaching at Scale: Supporting Behaviour Change and Reducing Long-Term Condition Burden in Primary Care

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Context: Across the world, primary care systems face escalating pressure from lifestyle-related conditions such as diabetes, hypertension, obesity, stress and chronic pain. These conditions often require long-term behaviour change, yet traditional consultations offer limited time for sustained support. Digital lifestyle coaching provides personalised, coach-led behaviour change interventions at scale, enabling patients to make meaningful progress between clinical reviews. This workshop introduces practical, globally transferable strategies for integrating digital coaching programmes into primary care to improve outcomes and reduce avoidable demand. Lifestyle-related conditions are a major driver of appointments, hospitalisations and healthcare spending worldwide. Many patients struggle to adopt or maintain lifestyle changes without consistent follow-up, and primary care teams often lack the capacity to provide ongoing behaviour-change support. Digital coaching models combine personalised goal setting, behavioural nudges, structured check-ins and messaging support, giving patients regular encouragement and accountability. These programmes can be integrated into existing long-term condition pathways, helping identify patients at risk, reinforce self-management and reduce deterioration. The workshop focuses on adaptation across low-, middle- and high-resource settings, helping delegates understand how to implement this approach within their own operational, cultural and resource context.

Objectives: Participants will be able to: 1. Understand core features of digital lifestyle coaching models. 2. Identify patient cohorts most likely to benefit. 3. Integrate coaching within LTC pathways and population-health strategies. 4. Address digital inclusion and engagement challenges. 5. Adapt deployment strategies to local resources and digital maturity.

Teaching method and workshop: Short presentations on behaviour change, patient selection and workflow integration. Mentimeter activity: delegates identify their biggest barriers to lifestyle behaviour change in their populations. Small-group discussion exploring how coaching could be adapted to differing contexts. Facilitator examples demonstrating scalable implementation models. Workshop schedule 0–10 min: Global behavioural health pressures 10–20 min: Components of digital coaching programmes 20–35 min: Mentimeter + reflection 35–50 min: Implementation and inclusion strategies 50–60 min: Key takeaways & Q&A.

Expected outcomes: Participants gain a practical, adaptable framework for introducing digital lifestyle coaching, improving patient self-management and strengthening long-term condition management.

Conclusion: This workshop offers a scalable, context-sensitive pathway to supporting behaviour

change in primary care, enabling delegates to improve outcomes and reduce system pressure.

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ID 2190 - From Consultation to Community: How Can GPs Act on Social Determinants of Health? Lessons from Europe

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Context: Chronic non-communicable diseases are a major and growing challenge for primary care. Although general practitioners (GPs) routinely address lifestyle factors, these behaviours are strongly influenced by social determinants of health (SDH), including income, housing, education and social isolation. Interventions that fail to consider these determinants are often ineffective and may increase health inequalities. Nearly 40 years after the Ottawa Charter, many GPs still ask a pragmatic question: what can we actually do in daily practice to address SDH? Across Europe, innovative primary care models are emerging that go beyond the consultation room. This workshop explores concrete examples, including 'health care mediation' programmes in France, 'social prescribing' initiatives in Spain, the ‘medical houses’ model in Belgium and 'innovative community outreach' initiatives in Quebec.

Objectives: Improve understanding of SDH and their impact on chronic disease management Share practical and transferable primary care models addressing SDH Encourage reflection on the evolving social and community role of GPs.

Teaching method and workshop: The workshop will use an interactive, participatory format. Participants will be divided into four small groups, each analysing a real-world European case study (as cited in introduction). The theoretical concepts of SDH, impacts on care pathways of chronical conditions, etc. will be addressed in an experiential way. Participants will gain an in-depth understanding of how the strategies presented can or cannot influence the SDH. Moderators will facilitate discussion around feasibility, transferability and challenges in routine care. A plenary session will allow groups to share insights and practical lessons. 5 min – Welcome and presentation of the topic 35 min – Small-group case study analysis and discussion 20 min – Plenary feedback, shared discussion and exchange of experiences

Expected outcomes: Participants will leave with concrete examples, practical ideas and increased confidence to understand the application of social determinants within their own practice settings, despite time and organizwithin their own practice settings, despite time and organizational constraints.

Conclusion: Addressing social determinants of health is an essential component of primary care. By drawing on experiences from France, Spain, Begium and Quebec, this workshop aims to translate principles into action and support GPs in delivering more equitable, socially, socially responsive care across Europe.

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ID 2197 - Setting research priorities for the WONCA Europe Social Prescribing and Community Orientation (SPCO) Special Interest Group

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Context: The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Historically the focus of healthcare delivery has been on diagnosing and treating disease, however there is a growing interest in Social Prescribing. Social Prescribing is a means to

refer people with social, emotional or practical needs to sources of non-clinical support in community settings to improve mental health and physical wellbeing; using a holistic and personalised approach, it focuses both the wider determinants of health and individual needs to give people greater control of their own health and wellbeing. Members of the WONCA SIG SPCO have been successful on gaining European research funding to understand and develop good practice for social prescribing.

Objectives: The aim of the workshop is to develop a framework for research priorities to take forward in the coming years.

Teaching method and workshop: Presentations will be given on the role of the SPCO within WONCA Europe and its members and on the current successful funded research projects. Using a modified nominal group technique to discuss and decide on potential research priorities for the group to be taken forward.

Expected outcomes: The workshop is to gain insight into the potential research needed to develop social prescribing within European countries and communities from a practitioners and community perspective.

Conclusion: In conclusion, the workshop summarizes key research priorities in social prescribing, highlighting the need for inclusive and collaborative research to strengthen evidence, support effective practice and promote sustainable implementation.

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ID 2220 - Training tomorrow's family doctors in a virtual clinic today

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Context: As medical education faces the challenge of training an increasing number of future family doctors (FDs), we must innovate to expand clinical teaching capacity without compromising educational quality. This workshop introduces the concept of utilizing virtual clinical settings as an extension of physical teaching capacity. We pose the question in the beginning: “How many students can you accommodate in your clinical practice for teaching at once as one mentor?”

Objectives: This workshop aims to explore how to increase the number of students gaining exposure to general practice teaching by using virtual clinical settings while maintaining or enhancing the quality of the educational experience.

Teaching method and workshop: Participants will be invited to actively engage as "students" in a real-life virtual consultation conducted by an experienced general practitioner mentor and the patients in the real practice. This practical demonstration will showcase the logistics, technology, and pedagogical techniques required to facilitate effective group teaching. The focus will be on maintaining interaction, facilitating reflective practice, and ensuring adequate observation opportunities for all attendees.

Expected outcomes: The core of the session will be a facilitated discussion focusing on the feasibility and possible limitations of the suggested method. Participants will provide crucial feedback on the perceived pros and cons of virtual clinical teaching.

Conclusion: By the end of this session, participants will have a clearer understanding of the possibilities and practical limitations of incorporating virtual clinical consultations into their family medicine training programs. Take-home notes will be outlined.

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ID 2249 - Family Medicine in Protracted Crises: Responsibility, Solidarity and the Practice of Care

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Context: Violent conflicts and prolonged crises increasingly undermine primary healthcare systems, generating forced displacement, poverty, and fragmented service delivery. In such settings, family doctors are often the most accessible and continuous point of care, while facing profound ethical, clinical, and organisational challenges. These contexts test core principles of family medicine, including equity, continuity of care, and commitment to the social determinants of health.

Objectives: Participants will be able to: 1. Identify key ethical and professional challenges faced by family doctors in protracted crisis settings. 2. Describe the main legal and ethical frameworks protecting healthcare workers and facilities in situations of crisis. 3. Analyse how disruption of primary care affects equity and social determinants of health. 4. Reflect on strategies to support professional responsibility, solidarity, and ethical decision-making under extremeconstraints.

Teaching method and workshop: The workshop will combine short expert inputs with experience-based narratives and facilitated plenary discussion. Teaching methods will include brief structured presentations, practice-based reflection, and guided discussion to promote peer learning and transferability across European contexts • Introduction (5 minutes) • Ethical and legal foundations of healthcare protection in protracted crises (10 minutes): contribution by an independent UNvappointed expert in international humanitarian law and human rights • Primary care practice under extreme constraints (10 minutes):testimony from a family doctor working in a protracted crisiscontext • Operational challenges and professional integrity in humanitarian primary care (10 minutes): reflections from a project coordinator working with an international medical humanitarian NGO • Facilitated plenary discussion (20 minutes), focusing on responsibilities, transferable lessons, and implications for European family medicine • Conclusion (5 minutes)

Expected outcomes: Participants will gain increased awareness of ethical and professional responsibilities in crisis settings, improved understanding of how system disruption affects equity and access to care, and transferable insights to inform clinical practice, education, and advocacy within European primary care.

Conclusion: This workshop offers a structured educational space to engage with ethical, legal, and professional dimensions of care delivery in protracted crises. Beyond clinical and organisational challenges, it addresses the ethical implications of professional and institutional silence, a topic increasingly discussed within the global health and medical literature, and encourages an active, equity-oriented professional stance.

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ID 2251 - Health Care for All: Persistent Barriers for Marginalized Populations and Crisis-Driven Disruptions

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Context: Access to healthcare is a universal concern, yet its challenges are unevenly distributed. While the general population may face disruptions during crises such as the COVID-19 pandemic, marginalized populations including Roma and non-native-speaking communities experience persistent barriers even in routine care. These obstacles affect preventive services, chronic disease management, and care continuity. This workshop examines strategies to promote equitable access, maintain continuity, and foster collaborative practice, framed through the WONCA 2026 conference themes of Liberty, Equality, and Fraternity.

Objectives: By the end of this workshop, participants will be able to identify barriers to healthcare access, describe challenges during healthcare crises, propose strategies for equitable chronic and preventive care, and apply collaborative approaches reflecting Liberty, Equality, and Fraternity.

Teaching method and workshop: The workshop will start with a ten-minute introduction framing healthcare access through the principles of Liberty, Equality, and Fraternity. This will be followed by presentations of two European-funded projects. Project XXX will demonstrate strategies to maintain chronic disease care during crises using a hybrid care model for patients with type 2 diabetes and heart failure in XXX, combining patient portals, video consultations, and remote monitoring. Project XXX will focus on improving preventive care for marginalized populations, presenting a targeted diabetes program for Roma and migrant communities in XXX that integrates community outreach, culturally tailored education, and multidisciplinary care teams. Participants will then engage in small group discussions to develop practical, integrated solutions, and the session will conclude with a plenary discussion sharing insights and key takeaways for application in everyday practice.

Expected outcomes: Participants will gain practical strategies to improve access to preventive

and chronic care for marginalized populations and during crises. They will strengthen interprofessional collaboration, exchange best practices, and acquire concrete methods to embed the principles of Liberty, Equality, and Fraternity in clinical practice.

Conclusion: This workshop positions equitable access as a cornerstone of humanistic general practice. By combining preventive, chronic, and crisis-responsive care, it fosters collaborative, inclusive, and patient-centred healthcare that addresses both everyday inequalities and the heightened challenges of crises.

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ID 2275 - Are you on the brink of burnout? And your colleagues? Learn to spot burnout among colleagues and provide timely support.

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Context: Burnout affects many healthcare professionals, undermining both quality of care and team well-being. General practitioners play a pivotal role in detecting burnout early and supporting colleagues in distress. This lively interactive workshop will teach you the skills you need and show how to develop effective intervention strategies.

Objectives: By the end of the workshop, participants will be able to: - Define the concept of “Burnout.” - Identify early signs of burnout among healthcare professionals and associated risk factors. - Apply and formalize approaches for alerting and supporting colleagues using active listening and empathy. - Share and adapt resources and support systems to their local healthcare organizations.

Teaching method and workshop: This one-hour interactive workshop is led by at least three facilitators: a GP with deep expertise in identifying and treating burnout and two GPs skilled in pedagogy and facilitating groups The session is structured as follows: - Introduction: Overview of the workshop and facilitators (5 min) - Phase 1: Brief interactive lecture introducing key burnout concepts (10 min) - Phase 2: Participants analyze 2 filmed clinical scenarios to identify burnout symptoms and risk factors, discuss alert strategies, and formalize best practices (20 min) - Phase 3: Participants review 2 filmed scenarios and jointly develop strategies to support professionals in distress, integrating active listening, empathy, and referral to existing resources (20 min) - Conclusion: Key Take-aways (5 min) The workshop blends discussion, case analysis, and joint development of practical solutions, encouraging learning by doing focused on real-world application.

Expected outcomes: Participants will acquire practical skills to detect burnout early, provide empathetic alerts, and mobilize appropriate support. The methods and approaches are directly transferable to local healthcare settings.

Conclusion: By promoting interaction, collective reflection, and practical learning, this workshop equips participants with effective tools to reduce the impact of burnout, strengthening collaboration between healthcare professional and solidarity within primary healthcare organizations.

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ID 2308 - Complexities in Health

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Context: Clinical practice in family medicine rarely resembles the clear-cut cases found in textbooks or hospital wards. Patients rarely present with a single, isolated problem; instead, they bring intertwined medical, psychological, and social challenges that resist simple solutions.

Objectives: Yet much of the evidence guiding our “best practice” comes from research that deliberately excludes such complexity in pursuit of controlled conditions and singular variables. These gaps between real-life practice and research highlight the need to embrace complexity thinking — an approach that better reflects the realities of everyday care.

Teaching method and workshop: Complexity thinking offers practical ways to make sense of the uncertainty and interconnectedness of general practice. In the consultation, it encourages clinicians to look beyond disease management toward understanding relationships, context, and adaptive responses — seeing how small interventions can have large ripple effects across a person’s life. From a research perspective, complexity science reshapes how we design studies in family medicine: valuing

context, feedback, and emergence rather than reductionist control.

Conclusion: This session will introduce these ideas through clinical and research examples, showing how embracing complexity can enrich care, deepen understanding, and make research more relevant to the realities of primary care.

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ID 997 - Working with Positive Health supports Doctors' health and well-being, this is crucial for the (Future) of the Healthcare Workers

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Context: The healthcare crisis we are facing today, with increasing pressure on costs and capacity in European healthcare systems, is leading to greater work pressure and rising burnout rates among healthcare workers. With the new SIG for Doctors Health & Well-being there is a need to learn more on ways for healthcare workers to find and maintain their passion for this invaluable work. How can we create a paradigm shift centered on patients and communities, focused on prevention and holistic healthcare models, and what would this mean for the job satisfaction of healthcare workers? How can this be embedded in education of the (young) doctors.

Objectives: Learn how to apply Positive Health for the (young) doctors themselves and in conversations with the patients. Experience with an imagination method how to create a mindset change about the challenges we are facing today, based on the project "the future of the healthcare workers" in a variety of european countries. The participants will experiences how to create a shared vision for systemic change together, by roleplaying a variety of actors of the health care system.

Teaching method and workshop: Explanation of the concept of Positive Health on individual and on collective level. (10 min) Fill in your own spiderweb, watching a video of an example of a Positive Health conversation between doctor and patient and share in groups of 3 about the learnings (15 min) With the backcasting imagination method a new narrative for future healthcare workers will be envisioned in groups of 8-10 (25 min), discussion and take home messages (10 min).

Expected outcomes: Learn to use the tool of Positive Health. What is important for your own health and awareness and how to use this in conversations in patients. Create a mindset change, not wanting to fix patients problems, but being empowerd by another possible future where healthcare is deeply embedded in communities, fostering a sense of shared ownership and responsibility for health outcomes.

Conclusion: Positive Health for yourself, on individual and collective level can support for the health & well being of the (young) doctors and generate new narratives towards more compassionate and resilient healthcare workers.

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ID 2142- Agentic AI-Enabled Recall for Long-Term Condition Management: A Multi-Site Evaluation

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Context: Long-term condition (LTC) management is a major driver of clinical workload in primary care. Traditional recall processes are often manual, inconsistent and slow, contributing to delays in care and inequalities in patient engagement. In 2025, multiple UK primary care sites implemented an agentic AI-enabled recall system to streamline asthma reviews, reduce unwarranted variation and prioritise patients based on clinical need.

Objectives: To evaluate the impact of an AI-enabled digital recall pathway on: Patient engagement and completion of LTC reviews Administrative workload and appointment demand Consistency of clinical coding and review quality Equity of access across age groups Operational efficiency and capacity release.

Methods: A retrospective observational study was conducted using operational data from primary care sites deploying a digital asthma recall pathway. The AI system generated structured questionnaires, analysed responses using condition-specific clinical logic, and produced draft clinical summaries for clinician verification. Outcomes included digital uptake, response rates, appointment utilisation, coding consistency and workflow impact. Descriptive statistics were applied.

Results: Among more than 3,000 asthma patients invited digitally, immediate uptake reached 68%, with overall questionnaire completion exceeding 80%. Engagement increased by 39% among patients <25, a cohort with low participation in traditional reviews. Manual call volumes fell by 91%, releasing substantial administrative capacity. Clinical appointment demand reduced by 41%, with all patients still receiving appropriate clinical review. Time from first invite to completion of annual and medication reviews reduced by 46%. Coding quality standardised across all sites, with 0 coding errors and generating high-quality structured data for population-health management.

Discussion: AI-enabled recall significantly improved efficiency, patient engagement and clinical consistency. The shift from manual to automated review pathways freed capacity for urgent care and complex multimorbidity management. Standardised coding improved data reliability and strengthened the foundation for proactive population-health planning. Variation between sites highlighted the importance of workflow mapping and iterative optimisation.

Conclusion: Agentic AI-enabled recall offers a scalable model for improving LTC management in primary care systems. By enhancing engagement, reducing workload and standardising clinical processes, this approach strengthens safety, equity and population-health capability. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

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ID 2132- Ambient Voice Technology in Primary Care: Impact on Documentation Burden, Consultation Quality and Clinician Wellbeing

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Context: Primary care clinicians face high documentation burden, averaging more than 13 hours per week of administrative tasks, contributing to burnout, reduced job satisfaction and after-hours workload. Ambient AI-enabled scribing has emerged as a potential solution to improve efficiency, reduce cognitive load and enhance consultation quality. The programme assessed implementation of ambient AI technology in General Practice to evaluate its effectiveness, safety and patient acceptability.

Objectives: To assess the impact of ambient AI scribing on: Documentation time during and after consultations Clinician wellbeing Quality and accuracy of clinical notes Patient experience and

consultation rapport Scalability and safety in routine practice.

Methods: A mixed-methods observational evaluation was conducted across multiple primary care sites serving approximately 500,000 patients. Quantitative data included utilisation metrics, consultation time saved, documentation time reduction, wellbeing indicators and safety outcomes. Qualitative data included clinician and patient feedback. Evaluation encompassed thousands of AI-enabled consultations during pilot and scaled rollout phases.

Results: Across 47 clinicians completing 2,879 AI-enabled consultations in the initial phase, documentation burden reduced substantially: 51% reduction in in-consultation documentation time 61% reduction in documentation completed after hours 63% reported completing clinics faster These effects persisted during wider rollout, with 1.2 million minutes of consultations recorded and approximately 17,000 consultations transcribed each month, saving 530 hours of clinical time monthly. Wellbeing outcomes included: 45% higher satisfaction with work–life balance 58% reduction in documentation-related stress Quality and safety indicators strengthened: note-quality satisfaction increased by 38% confidence in accuracy improved by 33% no safety incidents reported Patient experience was positive, with clinicians reporting improved rapport and patients describing feeling more listened to.

Discussion: Ambient AI scribing substantially reduced administrative workload and improved both clinician wellbeing and documentation quality. Adoption varied between users, highlighting the importance of training and cultural readiness. Improvements were observed across clinicians with varying digital confidence, indicating strong potential for broad adoption. Safety remained high through clinician-in-the-loop verification and structured governance.

Conclusion: Ambient AI scribing is a safe, scalable and high-impact intervention that reduces documentation burden and enhances quality of care. This model demonstrates a scalable approach to support workforce sustainability in primary care and may inform international efforts to modernise primary care.

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ID 2081- Impact of an AI-Enabled Triage System on Access, Demand Management and Automation in Primary Care

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Context: Primary care systems internationally face increasing pressure from rising demand, constrained workforce capacity and growing administrative burden. Traditional telephone and face-to-face access routes struggle to manage high volumes effectively, contributing to delays and unmet need. In 2024 we started widespread implementation of AI-enabled digital triage systems to support more timely, structured and equitable access. Digital inclusion support was provided to ensure equitable access across diverse population groups.

Objectives: To evaluate the impact of an AI-enabled triage system on: 1. Patient demand patterns and automation rates 2. Response times to patient requests 3. Proportion of requests managed within clinically appropriate timeframes 4. Operational efficiency across participating sites

Methods: A retrospective observational study was conducted across multiple primary care sites serving approximately 500,000 patients, using routinely collected operational data. All patient-initiated requests submitted through the AI-enabled triage system over a 12-month period were included. Requests were categorised as medical or administrative. Outcomes included automation rate (%requests resolved without human intervention), mean clinician response time, and appointment allocation patterns. Descriptive statistics were used to analyse trends across the study period.

Results: A total of 425,500 patient requests (73.6% were medical, 17.1% administrative, 9.3% othe) were processed. Automated clinical decisioning resolved 40% of medical requests, with some sites reaching automation rates >90%. For requests requiring human review, the mean response time from the clinical inbox was 48mins. Across all

request types, 76% patients were offered or received appropriate care within one week. Medical requests required an average of 3m42s for completion by clinicians across all pathways. The system enabled redistribution of workload based on urgency and ensured consistent triage outcomes across sites.

Discussion: The introduction of AI-enabled triage demonstrated substantial potential to improve access, reduce administrative burden and improve consistency within primary care. Automation contributed to significant workload reduction, while maintaining rapid response times. The consistency of overall outcomes across varied practice environments suggests strong potential for transferability to other primary care systems.

Conclusion: AI-enabled triage systems can enhance responsiveness, consistency and efficiency in large primary care settings. This model demonstrates a scalable approach to strengthening primary care digital delivery and may inform international efforts to modernise primary care.

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ID 1721- Effectiveness of AI in collecting medical history

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Context: Artificial intelligence (AI) is experiencing massive growth in today's world. It is gradually becoming established in healthcare. Administrative tasks such as collecting patient histories can be burdensome and tedious for practitioners. However, these tasks are essential for proper patient follow-up. The use of automated tools such as AI could improve the daily lives of doctors if it proves to be effective.

Objectives: Is AI at least as effective as practitioners at gathering patient histories?

Methods: Prospective study comparing medical histories taken by private general practitioners and by AI during the same initial consultation with a new patient. Practitioners were contacted via social media and professional associations. Medical histories were received anonymously by the investigator. Nabla software was used to standardize the use of artificial intelligence. As this software has a free trial version, no funding was required. A request was made to the local ethics committee, which issued a favorable opinion.

Results: 204 practitioners submitted a total of 942 patient files with medical histories completed by themselves and by artificial intelligence. With regard to pediatric populations (<18 years of age), no significant differences were found other than in family and allergic histories. The 19-35 and 36-65 age groups showed a difference in medical, surgical, obstetric, and allergy histories, as well as family histories. The 66+ age group showed the same result, with the addition of a difference in long-term illnesses. Artificial intelligence systematically found at least as many, if not more, medical histories than the practitioner.

Discussion: Artificial intelligence is effective at collecting patient histories. It is even superior in many areas, particularly when it comes to collecting family and obstetric histories or non-drug allergies. This tool could save us valuable time during these initial interviews. Better medical record keeping is an essential part of follow-up and prevention. Strength: prospective, anonymous study across different regions, large sample size Weakness: recruitment bias due to voluntary participation, possible reporting bias, Nabla software may have intrinsic collection biases.

Conclusion: Even though AI seems promising, we must approach it with caution, respecting ethical rules and keeping the patient's interests in mind.

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ID 817- Clinical validation of a retrieval augmented medical LLM for primary care

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Context: Large language models tools are increasingly used by clinicians to access medical knowledge, interpret guidelines, and support

decision making. Yet most available tools are general purpose, insufficiently validated, not transparent in their sources, and not adapted to national clinical contexts. This raises concerns for safety, trust, and applicability in primary care. There is a growing need for sovereign, clinically aligned AI tools designed specifically for healthcare professionals and rigorously validated. XXX was developed in this context, combining generative AI with retrieval augmented generation across >100 curated French medical sources (HAS, ANSM, scientific societies). Preliminary benchmarking showed XXX achieving high scores (>80/100) and outperforming ChatGPT-5 on the 2023 national medical exam (ECNi) by +5 points, supporting further structured evaluation. The present validation study is conducted with an independent team of clinical researchers from two French university hospitals.

Objectives: The primary objective is to estimate the proportion of XXX answers rated pertinent and exhaustive (Likert ≥4/5) by independent expert physicians. Secondary objectives assess partially pertinent answers (Likert =3), erroneous or off-topic answers (Likert ≤2), severity of hallucinations, inter rater agreement, and performance variations across query types and clinical domains.

Methods: This retrospective observational diagnostic study uses anonymised real-world questions asked by healthcare professionals using XXX. A stratified random sample will ensure representation of diverse primary care contexts. Retrospective answers will be blindly assessed by two independent experts physicians using standardised Likert scales (third reviewer in case of disagreement). Analyses will include descriptive statistics, score distributions, Cohen's κ for inter-rater agreement, and exploratory analyses to identify factors associated with lower performance. The target sample (≈150-250 queries) ensures 5-10% precision for the primary estimate.

Results: Expert assessments and full analysis are currently being made, and will be completed by April 2026. Results including primary and secondary outcomes and exploratory analyses will be available for presentation at WONCA Europe 2026.

Discussion: This study will provide the first structured clinical validation of a French, retrieval-based conversational AI dedicated to healthcare professionals and aligned with national medical practice.

Conclusion: Findings will inform clinicians and policymakers on the opportunities and limits of dedicated medical converational AI tools based on LLMs in primary care.

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ID 858- Uptake of clinical decision support systems among healthcare professionals in six European countries and the USA: A cross-sectional survey within the I-CARE4OLD project

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Context: The use of clinical decision-support systems (CDSS), such as clinical decision rules, algorithms, or machine learning (ML) based applications has gained attention in recent years. However, their adoption and effectiveness may vary across different healthcare systems and settings.

Objectives: This study aims to describe and compare the current use of various decision-support and prediction tools in both homecare and long-term care for older people across health professionals from seven different countries.

Methods: This study analysed the survey of a CDSS pilot study in a purposive sample of health professionals working with older adults with complex chronic conditions from seven different countries. The survey included participants' general background information, their current usage of

decision support tools, and attitudes on the potential benefits of CDSS.

Results: A total of 151 professionals participated in the pilot study. Most participants were physicians (56.3%) or nurses (37.7%). Half of the participants were from primary care or homecare facilities, while the other half worked in long-term care. Our results show significant variation in the adoption and use of decision-support tools across samples from the seven countries. Most currently used CDSS were for diagnostic purposes or concerned guideline implementation, not aimed at prognostic information. In contrast, prognostic tools were most frequently mentioned by respondents as being valuable improvements to clinical practice.

Discussion: While some country samples reported well-integrated digital health infrastructures and higher CDSS adoption rates, others still face challenges in implementing these. However, we found multiple examples of emerging tools. Our findings highlight the need for improvement of current CDSS and development and implementation of particularly predictive CDSS.

Conclusion: This study collected the experiences with CDSS of healthcare professionals in a purposive sample across seven countries. We found that CDSS usage varied across countries with a limited uptake in general, and especially for predictive CDSS. Participants mentioned multiple examples of CDSS they used, mostly for diagnostic rather than predictive purposes. Nevertheless, many professionals reported that predictive tools informing them about patients' health and intervention outcomes would be most beneficial. This highlights the need for further implementation of current systems and the development of more predictive CDSS.

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ID 509- The role of AI solutions for patient self-triage prior to a potential visit to the family medicine clinic

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Context: Primary care systems worldwide, including in Slovenia, face increasing workload due to rising numbers of consultations, diagnostic demands, and administrative tasks, while the healthcare workforce continues to decline. These pressures reduce patient access, increase waiting times, and contribute to burnout among healthcare professionals. Artificial intelligence (AI)–supported self-triage tools have emerged as a potential digital solution to optimize patient flow, reduce unnecessary visits, and improve safety and efficiency in family medicine.

Objectives: To summarize current evidence on AI-supported self-triage tools, evaluate their potential role in primary care, identify benefits and limitations, and explore considerations for potential implementation in Slovenian family medicine settings.

Methods: A narrative review of published studies, feasibility assessments, and performance analyses of AI-based symptom checkers and triage tools (including ODISSEE, MayaMD, CAREPOI, QUI, Babylon, and Infermedica VTCR) was conducted. Key dimensions were extracted: diagnostic/triage accuracy, safety, usability, user characteristics, integration challenges, and implementation requirements.

Results: AI self-triage tools demonstrate promising but variable performance, with reported triage accuracy ranging from 69% to 97%, high sensitivity for identifying urgent conditions, and strong user acceptability. Some tools show comparable or superior triage accuracy to clinicians in controlled scenarios, while others reveal safety concerns and inconsistent diagnostic reliability. Studies indicate reductions in unnecessary in-person visits (up to 12.5%) and improved patient self-management (up to 25%). Users tend to be younger, more educated, and digitally literate. Successful implementation depends on effective integration with existing IT

systems, leadership engagement, and clinician training.

Discussion: AI-assisted self-triage offers opportunities to reduce primary care workload, enhance early detection of urgent conditions, and empower patients through structured symptom reporting. However, challenges remain regarding diagnostic precision, population-specific reliability, over-triage tendencies, and the need for regulatory and safety frameworks. Slovenian primary care, characterized by increasing demand and workforce shortages, could benefit from such tools, but requires robust clinical validation, national guidelines, and adequate digital infrastructure.

Conclusion: AI-based self-triage tools hold substantial potential to support Slovenian primary care by improving efficiency, safety, and patient experience. Before national-level deployment, pilot testing, workforce training, and rigorous evaluation of accuracy, safety, and usability are essential to ensure that such systems complement—rather than replace—the irreplaceable clinical judgement of family physicians.

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AI : usage and perspectives

ID 1840- Human factors approach to artificial intelligence in family medicine consultations

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Context: Family Medicine relies on continuous therapeutic relationships. While digital health technologies support quality and safety, they also contribute to physician burnout by increasing documentation and alert burdens. The introduction of Artificial/Augmented Intelligence (AI) before, during, and after the consultation creates a third actor in care. The resulting doctor–patient–AI triad requires human-centred design and governance.

Objectives: To synthesise Human Factors Science (HFS) evidence relevant to AI in Family Medicine, focusing on principles that protect relationship-centred care and physician wellbeing.

Methods: We performed a focused narrative review using a HFS lens. Findings were organised along the consultation continuum: pre-consultation, during consultation, and post-consultation. The during-consultation phase was further divided into (i) history taking and rapport-building, (ii) data gathering for clinical reasoning and decision support, and (iii) decision making and communicating the plan to the patient.

Results: Across all phases of care, AI can support access, continuity, and clinical work. The most promising gains in relationship-centred care appear during the consultation, where ambient AI and documentation support may reduce administrative burden and save time. If this time is protected, it may contribute to clinician wellbeing and allow greater presence, listening, and empathic engagement, thereby strengthening the doctor–patient relationship. AI-aided clinical decision support systems may also reduce cognitive load by structuring information, supporting differential diagnosis through ranked suggestions, and summarising electronic health records histories and visit outputs to improve situational awareness. However, benefits depend on human oversight at every stage. Key risks include over-reliance, privacy/consent challenges, and transcription or summarisation errors.

Discussion: If time saved is converted into higher throughput rather than protected relational time, potential benefits to the therapeutic relationship may be lost. Implementation, therefore, requires workflow redesign, evaluation including communication outcomes, and co-design with patients and clinicians.

Conclusion: The HFS approach can guide Family Medicine teams so that AI can reduce burden, mitigate automation bias, and protect empathy and trust in the consultation. Keywords: Artificial Intelligence, Human Factors and Ergonomics, Primary Health Care

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ID 1603- Who's Using AI Scribes in Primary Care? A Survey of General Practitioners

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Context: General practice is increasingly adopting ambient voice technology ("AI scribes") for summarising and documenting medical consultations. Despite potential benefits in efficiency and accuracy of documentation, concerns persist about safety and data security. Unequal uptake and use of AI scribes might exacerbate existing inequalities, and therefore impact equity.

Objectives: The aim of this study was to examine current use and perceptions of AI scribes among GPs in XXX, and to identify GP, practice, and population factors associated with their adoption.

Methods: We conducted a cross-sectional online survey via a medical research company to explore AI scribe use by GPs (n=598) in XXX and their perceived benefits and risks. We used iterative proportional fitting (raking) of age and current position to improve generalisability. Logistic regression was used to identify factors associated with use, including GP characteristics and local population data retrieved from national statistics. Thematic analysis was applied to open-ended responses.

Results: Use of AI scribes was common (current users: 40%; past users: 23%). Current users used AI scribes for an average of 60% of consultations (range 5-100%). Use of AI scribes was more likely in male GPs (OR=1.64 [95% CI: 1.17-2.31]), those regularly working in private practice (OR=2.88 [95% CI: 1.69-5.10]) and working 5-6 clinical sessions per week (OR=2.17 [95% CI: 1.39-3.40]), those who train others GPs (OR=3.10 [95% CI: 2.10-4.65]), and use XXX IT system (OR=1.65 [95% CI: 1.10-2.48]). Perceived benefits around efficiency and timeliness were endorsed across current, past and never users. Concerns about safety and medicolegal risks were common, especially among past and never users.

Discussion: Use of AI scribes in XXX is relatively high despite regulatory issues and recent official cease communication. Exacerbation of inequalities seems unlikely based on local population characteristics, but use varied significantly depending on GP characteristics.

Conclusion: Therefore, potentially selective use, use of different functions, and patients' perspectives on AI scribes need to be examined to ensure equitable use of AI scribes in future primary care.

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ID 1330- A Moral Compass for the Digital Age: Defining AI Competencies to Promote Humanism in Family Practice

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Context: Artificial Intelligence (AI) is reshaping healthcare, offering tools that can either enhance or threaten the core values of primary care. While AI promises efficiency, unauthorized reliance on algorithms poses risks of bias and depersonalization. To preserve the "human touch" in Family Medicine (FM), practitioners must master not only the technology but also its ethical implications. However, current FM curriculum often lacks a structured framework to teach these essential skills.

Objectives: This review aims to identify and categorize "candidate AI competencies" for FM curricula. It specifically addresses the research question: What knowledge, skills, and attitudes are required for General Practitioners/Family Doctors to use AI effectively while upholding the principles of person-centred comprehensive care?

Methods: A systematic scoping review was conducted, covering the decade from January 1, 2015, to January 1, 2025. Five databases were searched: SCOPUS, WOS, PubMed, EBSCO, and Google Scholar. The search strategy utilized combinations of keywords including "Artificial Intelligence," "Family Practice," "Curriculum," and "Competency." Inclusion criteria focused on articles defining educational frameworks or training interventions for general practitioners/family doctors. A multi-stage screening process was employed: initially removing duplicates, followed by a title/abstract screening, and concluding with a final full-text evaluation to ensure relevance and trustworthiness.

Results: The search revealed a significant surge in literature between 2023 and 2025, driven by Generative AI. Preliminary synthesis identifies three core competency domains: Technical Literacy: Understanding how AI works and its limitations (e.g., hallucinations) to maintain professional autonomy. Ethical Guardianship: Skills to detect algorithmic bias, ensuring equity in patient care. Human-in-the-loop: Using AI as a supportive tool without replacing the empathetic doctor-patient relationship (humanism).

Discussion: The findings suggest that AI competency is not merely technical but deeply ethical. Training programs must shift from elective courses to longitudinal integration. Without these skills, the "fraternity" between doctor and patient risks being disrupted by a "black box" algorithm.

Conclusion: Integrating defined AI competencies into the FM curriculum is essential to future-proof primary care. This review offers a roadmap for educators and policymakers to train physicians who are technically proficient yet defenders of humanism and equity in primary healthcare.

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ID 1342- Exploring AI Scribes in General Practice: A Qualitative Analysis

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Context: General practices in XXXXXX

Objectives: AI-based scribe technologies have, over the past two years, been introduced into general practice at an almost explosive pace, largely driven by technologically enthusiastic clinicians and industry actors. This study explored how AI scribes influence GPs' clinical practice, focusing on their impact on workflow, consultation routines, and professional responsibility, as well as GPs' reflections on how technology aligns with their needs, expectations, and ethical considerations.

Methods: Qualitative, semi-structured interviews were conducted with ten GPs who had used an AI scribe regularly for more than three months. Data were collected in the first quarter of 2025 and analysed using systematic text condensation.

Results: GPs reported that AI scribes saved up to two hours a day of writing notes, reduced stress, and improved the structure of consultations, enabling more attention to the patient and less to the computer. Several felt this enhanced patient engagement, and patient narratives were better represented in the note. Some missed their personal writing style and found the generated text overly standardised. The AI occasionally struggled to capture nuances in complex consultations, and transcription errors or hallucinations occurred, highlighting the need for careful review. Concerns were expressed about data privacy and regulatory uncertainty, but the GPs maintained a stance of critical trust. Most viewed AI scribes as a notable innovation, provided that human oversight of the output remained strict.

Discussion: According to the GPs, AI scribes improve documentation efficiency, reduce workload, and allow GPs to focus more on patients. Whether the perceived time savings are realistic when thorough review is required remains uncertain. However, the scribes also introduce new sources of error and may subtly shift clinical practice through reliance on AI-generated text. GPs did not

describe any deliberate effort to check for information the scribe might miss. Responsible implementation will depend on clear guidelines, training, and further research to safeguard patient-centred care.

Conclusion: GPs emphasised the positive effects of AI scribes and quickly integrated the tool. More research is needed on how patients are represented in AI-generated notes, what information may be omitted, and how the patients' narratives captured by AI may affect equity in general practice.

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ID 1162- Family Physician Trainers´ experience and opinions of generative artificial intelligence in primary care in Germany – an online mixed methods study

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Context: With increase of Large-Language-Models (LLM) the focus of its usage and potential in primary care arises. Use of Artificial Intelligence (AI) may increase efficacy and quality of primary care and change the profession and delivery of primary care.

Objectives: Aim of this study was to explore use of AI in daily routine among family medicine (FM) trainers, their attitudes towards AI and their opinion on its potential impact on primary care and postgraduate medical education.

Methods: All registered FM trainers of the competence center for postgraduate medical education XXX (federal state) XXX 2025 were invited to participate in an online survey. The questionnaire consisted of 52 items about sociodemographic, experience with AI-usage, opinions on AI and educational experiences as trainers. It included open text questions. Data was analyzed descriptively an open-texts semi-quantitatively.

Results: A total of 137 FM trainers participated in the survey (response rate 12%), 55% identified as male and 45% as female, with a mean age of 50 years. 75% reported their practices to be fully or predominantly digitalized. AI use was common in private contexts (64%), while 34% reported professional AI use for medical purposes. In total, 43% used AI daily or several times per week. Approximately half used AI for differential diagnosis and/or therapeutic recommendations, and one quarter used it for clinical documentation. Most respondents (91%) anticipated increased healthcare system efficiency through AI. Additionally, 67% notice patients would increasingly consult AI tools before seeking medical care and 82% perceive increasing anxiety related to AI-generated information. One third of trainers address AI use with FM trainees, primarily focusing on application and critical appraisal. 75% endorsed the inclusion of AI literacy in postgraduate medical education curricula.

Discussion: FM trainers already apply AI in clinical tasks and expect further efficiency gains alongside increased patient concerns. They emphasize the need to prepare future family physicians (FP) for competent and critical AI use and strongly endorse integrating AI literacy into postgraduate medical training.

Conclusion: Use of AI-models is increasing among FP and patients. FP see benefits and risks for primary care. AI literacy should be part of postgraduate medical education in FM.

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ID 328- The Jargon Avalanche: Mapping the Risks of Terminology Complexity in Primary Care Digitalization

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Context: The global digital transformation of healthcare, driven by rapid adoption of AI, telemedicine and health data platforms, now severely outpaces regulatory systems' ability to

maintain harmonized terminology, threatening the foundations of evidence-based practice and cross-national comparability. Despite rare successes such as EHR standards (HL7, DICOM), exponential growth in proprietary and undefined terms is producing "terminology complexity" undermining research synthesis, guideline development and patient safety.

Objectives: This study's primary objective is to formally and quantitatively predict the "point of no return" at which regulatory capacity to govern digital health terminology collapses, irreversibly fracturing the evidence base and raising the risk of clinical semantic confusion. The project tests the hypothesis that terminology complexity is accelerating exponentially while regulatory processes remain static or slow, producing an inevitable gap.

Methods: A mixed-methods framework was used. Quantitative cycle and scenario analyses parameterized regulatory cycle durations, terminology growth, and critical complexity thresholds, using 30+ sources, five analytic phases, and cross-jurisdictional (n=17 cycles, five countries) validation. Qualitative data included 24 expert interviews triangulated via a modified Delphi process. Intervention scenarios were systematically modeled for sensitivity and robustness.

Results: Modeling predicts that by Q3 2027 (median probability 76%; range 68–99%), regulatory systems will be outpaced by new, unmappable terms (threshold >384), with technology adoption cycles shrinking to under 15 months, less than half the median 2.5–3 year regulatory development window. Scenario analysis shows even "paused innovation" is insufficient for recovery; only immediate, globally-coordinated registry and harmonization reform can cut risk below 20%. Real-world signals already show a doubling of failed meta-analyses and exclusion of 60–80% of AI studies from guidelines due to undefined terms.

Discussion: Findings indicate a closing global window of 18 to 24 months for action. Policy interventions must prioritize open-access registries, mandatory semantic mapping, and shorter harmonization cycles. Failure to act ensures a phase shift to fragmented, locally divergent digital medicine.

Conclusion: Quantitative analysis demonstrates that digital health's current trajectory will irreversibly degrade evidence-based practice unless urgent, harmonized regulatory innovation is undertaken. Key recommendations include global real-time terminology registries, pre-market mapping, and funding tied to compliance. This roadmap is essential to safeguard patient safety and restore comparability in digital medicine.

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ID 956- Awareness, use, attitudes, and perceived needs regarding generative artificial intelligence among primary care professionals in Catalonia

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Context: Generative artificial intelligence (GenAI) is rapidly transforming knowledge work in healthcare, yet its penetration into frontline primary care remains poorly understood. Understanding current awareness, readiness, and concerns is essential to guide safe adoption. The Catalan Society of Family and Community Medicine (CAMFiC) conducted a survey to assess how primary care professionals in Catalonia engage with GenAI.

Objectives: To describe the level of awareness, use, attitudes, and perceived training and organisational needs regarding GenAI among primary care professionals in Catalonia.

Methods: An anonymous online cross-sectional survey was distributed to CAMFiC members between 3 and 17 November 2025. The questionnaire covered demographic characteristics, digital access, frequency and context of GenAI use, perceived benefits and risks, organisational support, and preferred training formats. Descriptive statistics summarised responses and explored variation across age, profession, experience, and teaching or leadership roles.

Results: A total of 373 professionals participated (69.2% women), mostly family physicians (89.5%) in urban or semi-urban settings (82.8%). Daily GenAI use was reported by 27.9%, while 52.8% had never used it professionally. Common uses included literature search or synthesis (67%), preparing clinical sessions (37.3%), and drafting or editing text (30%). Among users, ChatGPT was most frequent (80.2%), followed by Copilot (37.8%) and Gemini (24.9%); 17.7% had a paid subscription. Self-rated knowledge was low or very low in 82.6%, and only 20.9% had received formal training. Main barriers were lack of training (80.2%), legal/privacy concerns (55.2%), and poor integration with electronic health records (42.4%).

Discussion: The modest uptake contrasts with the fast expansion of GenAI in other sectors, suggesting primary care may be slowed by structural and regulatory constraints. Interest in documentation and evidence-related uses indicates potential for workload relief, yet widespread knowledge gaps and governance concerns underscore the need for practical training and clear institutional guidance. Improving EHR integration and privacy safeguards may be essential for responsible adoption.

Conclusion: Primary care professionals in Catalonia show limited and uneven GenAI use, significant knowledge gaps, and governance uncertainty, highlighting the need for targeted training and institutional frameworks before large-scale implementation.

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Antibiotics

ID 1791- A systematic review of interventions to reduce inappropriate antibiotics use in general practice in OECD countries

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Context: Inappropriate antibiotic use (IAU) is a major cause of increased antibioresistance, a phenomenon responsible for over one million annual deaths worldwide and for additional expenses for healthcare systems. More than 75% of antibiotic prescriptions are made by general practitioners (GPs). Various interventions have already been developed and evaluated. This could provide useful insight to build and implement effective interventional programmes to reduce IAU.

Objectives: To assess the efficacity of interventions targeting GPs to reduce IAU in common acute infections in general practice, that were developed and tested in OECD countries.

Methods: We conducted a systematic review of randomized controled trials (RCTs) of interventions aiming at reducing the number of antibiotic prescriptions and/or reducing the duration of antibiotherapy and/or improving the choice of molecules. We followed the PRISMA guidelines (protocole registration Prospero CRD42024603824). Pubmed, the Cochrane Library and Scopus were searched up to February 2024. The eligibility criteria were RCTs conducted among GPs practicing in OECD countries, evaluating interventions targeting GPs to modify their antibiotic prescriptions habits. Control was the absence of intervention or an intervention targeting another prescription behavior Two reviewers independently screened records on Rayyan to apply eligibility criteria and select studies for inclusion. Conflicts were solved through discussion between 2 or 3 researchers. Data was extracted in an Excel Spreadsheet. Cochrane Risk of Bias 2 tool was used for quality assessment.

Results: The search retrieved 1530 articles, of which 27 were included. The RCTs evaluated interventions that involved (i)clinical reminders (n=2), (ii)distribution of educational material (n=2), (iii)communication assistance or training (n=4), (iv)stimulation of reflexivity (n=4), (v)rapid biological testing (n=6) or (vi)multifacetted interventions (n=9). The risk of bias was low or raised some concerns for 16 studies. Multifacetted interventions and rapid biological testing seemed to be the most effective.

Discussion: Despite strong methodology, this work is not without limits, with a risk of selection and publication bias. A meta-analysis is planed after actualisation of the search (ongoing). We did not include pluriprofessional interventions. The efficacy of multifacetted interventions could be related to their action on multiple determinants, and on the reduction of uncertainty for rapid testing.

Conclusion: Interventional programmes should favor multifacetted complex interventions.

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ID 1087- Is public education on AMR working? Changes in attitudes to sore throat management and antibiotic resistance – results from STAR study 2022–2024

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Context: Understanding of how discussions and perceptions amongst patients is changing over time with regards to sore throat management and antibiotic usage is critical to inform interventions that reduce inappropriate antibiotic use, which is particularly high for respiratory tract infections (RTI).

Objectives: To explore changes in antibiotic usage and perception for RTIs over time in multiple countries.

Methods: The STAR study (2022: 12 countries; 2024: 16 countries) is an observational, questionnaire-based study in adults (18–64). Here we report on data from Germany, Spain, Italy, Poland, Romania, the UK, and the Netherlands. Participants had experienced and treated RTI symptoms in the past 6 months. The online questionnaire explored RTI experience, antibiotic use, attitudes, and behaviours toward antibiotics and AMR.

Results: Comparing total populations, the top three reasons for antibiotic usage were cold, flu, and throat infection (59% of all antibiotic usage in 2022 and 61% in 2024), significantly more frequent than all other reasons combined ($p<0.0001$). Overall, reported antibiotic use increased significantly from 2022 to 2024 (55.65% vs 58.74%; $p<0.0001$). Younger adults (25–34) consistently reported higher usage than the total sample (18–64 years) in both years. Agreement that antibiotics kill viruses (a false belief) rose from 55.98% (2022) to 58.45% (2024) $p<0.0001$, with higher agreement among younger adults.

Discussion: RTIs are widely recognised as an area of inappropriate antibiotic use, and these data show high and increasing usage across three predominantly viral RTIs. Misunderstandings persist about antibiotic effectiveness for self-limiting RTIs, despite public health efforts to curb misuse. Younger adults (25–34) continue to report higher usage and misperceptions, highlighting the need for targeted educational interventions for this demographic. A symptom relief-based approach to managing primarily viral RTIs can limit inappropriate antibiotic use and provide benefits antibiotics cannot.

Conclusion: Antibiotic use for predominantly viral cold, flu, and throat infection is increasing, especially among younger adults, underscoring the need for enhanced targeted education and research in, and endorsement of, symptomatic alternatives. Misunderstandings and differing attitudes underpin current trends. GPs and pharmacists are ideally placed to change patient perceptions and expectations on managing RTIs and rationalising antibiotic use.

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ID 465- Prevalence and determinants of antibiotic self-medication among outpatients: a departemental study in Seine-et-Marne

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Context: Antibiotic resistance is a major public health issue worldwide and is largely driven by inappropriate use. In XXX, more than 5500 deaths were attributed to infections caused by resistant bacteria in 2015, and up to 238000 deaths are projected by 2050 if no action is taken. Although general practitioners are key actors in antibiotic stewardship, antibiotic self-medication remains insufficiently studied despite its role in resistance development.

Objectives: To assess the prevalence of antibiotic self-medication over the last 12 months and identify its associated factors among adult outpatients in XXX.

Methods: We conducted a descriptive cross-sectional study using a self-administered questionnaire. Inclusion criteria were being over 18 years of age and residing in or attending a healthcare facility in the department of XXX. Questionnaires were distributed in paper form and online. Data were collected over a 60-day period. Statistical analyses compared participants who reported antibiotic self-medication within the past 12 months with those who did not or were unsure.

Results: A total of 1405 respondents were included (91.5% women). The prevalence of antibiotic self-medication in the previous 12 months was 18.7%. Antibiotics used for self-medication mainly came from prior personal prescriptions (89.3%). The main symptoms leading to self-medication were respiratory (38.4%) and upper respiratory tract symptoms (38.02%). Patients who self-medicated were more likely to report a medical appointment delay of over one week than those who did not (37.26% vs. 27.34%, p=0.003) and to keep leftover antibiotics at home (88.97% vs. 63.66%, p<0.01). Patients over 65 were significantly underrepresented in the self-medication group (5.32% vs. 9.63%, p=0.03).

Discussion: These results highlight the need to strengthen prevention at each antibiotic prescription by reminding patients that antibiotics should not be reused without a medical assessment. Measures may include patient education, reinforced counseling by community pharmacists, visual educational materials in waiting rooms, and clear written instructions on prescriptions. Raising awareness of antibiotic self-medication could be an additional lever against antimicrobial resistance, although reducing antibiotic prescribing remains the main challenge, as nearly 50% of prescriptions are considered inappropriate.

Conclusion: Antibiotic self-medication among outpatients remains common in XXX, and this study highlights several determinants on which targeted interventions could be implemented.

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ID 1115- Optimizing Antibiotic Prescribing in Primary Care by individual feedback

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Context: Antimicrobial resistance (AMR) remains a global health threat, and reducing unnecessary antibiotic use is essential. In 2017, the XXX Ministry of Health set the goal to halve inappropriate antibiotic prescribing. Traditional surveillance focused on prescription counts without linking to clinical indications, limiting insight into overprescribing and opportunities for improvement. The SABEL project was initiated to provide indication-linked quality indicators and practical tools for stewardship in general practice.

Methods: Routine care data from GP information systems were analyzed to create 14 QIs, including overall prescribing rates, use of broad-spectrum antibiotics, and first-choice prescribing per indication. These indicators were piloted through pharmacotherapeutic peer group meetings (FTO), combined with tailored education on guideline adherence to make a definitive selection. This selection is used for data drive feedback in FTO sessions. Individual results of GPs are discussed (generated by QIs) and tailored education is given by GP experts to achieve better antibiotic prescribing.

Originality: In this project a set of relevant, feasible quality indicators (QIs) for antibiotic prescribing in primary care was developed. Through QIs we are able to generate individual prescribing patterns.

Furthermore several GPs were trained in XXX to become a reg

Lessons learned and future implication: GPs rated the indicators as highly relevant (88%) and useful (91%). After FTO sessions, 72% expected changes in prescribing behavior. Trend analyses (2018–2023) show stable or improved adherence to first-choice prescribing, despite temporary declines during.

Discussion: This project appears to have a positive effect on antibiotic prescribing in primary care. However, GP participation is voluntary, recruiting GPs is intensive and it's questionable whether the worst performers will volunteer for this FTO.

Conclusion: The SABEL toolkit combines data-driven feedback with peer education to support rational antibiotic use in primary care. This approach strengthens stewardship efforts and can be adapted for other European contexts. Sustained implementation and monitoring are essential to maintain progress against AMR.

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ID 65- Shared decision-making process, associated determinants and role of decision aids in antibiotic prescription in general practice: qualitative metasynthesis.

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Context: Antimicrobial resistance and antibiotics inappropriate use in general practice (GP) are a major issue. Shared decision-making (SDM), that can be enhanced by decision aids (DAs), seem efficient to reduce prescriptions. Their use remains inconsistent. Understanding the processes of patients and physicians SDM and the associated determinants could help improve their implementation.

Objectives: The objective was to explore the determinants of SDM between patients and GPs regarding antibiotic prescription in primary care.

Methods: Systematic review and metasynthesis of qualitative studies that explored SDM about antibiotic prescription in GP. We included published studies focusing on GP consultations for acute infections, involving adult patients (or legal representatives for minors). We searched Pubmed, SCOPUS, PsycINFO, PsycArticle, CINAHL, Socindex, Psychology and Behavioral Sciences Collection. Two reviewers independently assessed the articles for eligibilty, based on titles and abstracts, then full text. Data were analysed following the framework synthesis method. The a priori codebook integrated the SDM, clinical reasoning processes and DAs frameworks.

Results: The search retrieved 437 references, of which 10 were included. SDM was usually limited or absent. Patients' and physicians' respective beliefs and representations were major determinants, with negative impact. A major difficulty was to reach a shared objective. This issue was not addressed by DAs, which mainly provided support to better structure the consultation and provide information. GPs seemed to use DAs mainly as tools to convince patients.

Discussion: Beyond the role of well-known determinants, like personal beliefs, past experiences, our results provide important insight on the importance of establishing clear objectives to the consultation as the indispensable basis to really co-construct the final decision. DAs can help structure a more balanced discussion but remain used mainly as information material. There might be selection and interpretation biases, balanced by using a solid method. Analysis is strengthened by valid frameworks.

Conclusion: To efficiently strengthen SDM, DAs should be oriented towards a global plan of care rather than just antibiotic prescription. They need to help patients and GPs to reach clear shared objectives that should include the need for explanations (notably symptoms and natural course of the illness), reassurance, alternatives, in addition to graphic representation of expected effect of antibiotics.

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Beyond the stethoscope: broadening medical education

ID 2269- Is basic training in palliative care sufficient to guarantee the improvement of knowledge and skills in this area? - a medical knowledge assessment study

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Context: With the growing population requiring palliative care (PC), it is essential to enhance and expand the availability of this care in Portugal. Throughout both pre-graduate and post-graduate training for doctors, there are limited learning opportunities in this area, necessitating further training to improve the knowledge and skills needed to support patients at the end of their lives. Studies conducted on doctors and medical students have demonstrated a clear need for improved training. Additionally, others have noted significant benefits for residents who underwent post-graduate training in this field while caring for patients nearing the end of life.

Objectives: This study aims to evaluate the impact of a basic training program on improving palliative care knowledge among medical doctors.

Methods: This was a cross-sectional study, carried out by sharing a questionnaire with the participants enrolled in the "Intensive Palliative Medicine Course" organized by a group of doctors in November 2021. The questionnaire was completed by participants at three moments of training (before, immediately after the course, and 6 months after the course), and it contained questions to assess the theoretical knowledge, skills, and abilities obtained.

Results: In total, 93 out of 204 (45.58%) doctors responded before training, 80 (39.21%) immediately after training, and 36 (17.64%) six months after training. After training, an improvement in knowledge was observed ($p = 0.014$), which did not appear to persist six months after the course ($p = 0.574$). However, six months after training, an increase in doctors' confidence in referring patients to Palliative Care Teams or Units ($p = 0.009$) and medicating patients who may be in the last months of their lives ($p = 0.005$) was observed.

Discussion: The results regarding theoretical medical knowledge did not seem to stabilize over time, so it may be necessary to create more specific training opportunities for the medical profession. An increase in doctors' self-confidence in referring and medicating patients with palliative care needs was observed, which may be associated with better medical care provided.

Conclusion: It is necessary to carry out more studies to evaluate the impact of combined theoretical and practical training on the knowledge and confidence of doctors in PC.

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ID 2064- Entrepreneurial leadership in general practice: a qualitative study defining its meaning and educational implementation.

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Context: Future general practitioners (GPs) face an increasingly complex and unpredictable field. Entrepreneurial leadership can help GPs proactively initiate change and respond with resilience. Thus, we strive to educate the next generation of GPs as change agents and entrepreneurial leaders, emphasizing change as an opportunity rather than a threat. While standard literature and policy documents highlight its importance, research on its role within GP residency programs is scarce. This study explores which forms of entrepreneurial leadership are essential for GP education and practice.

Objectives: To explore what entrepreneurial leadership means to (trainee) GPs and to identify essential themes and practices that should inform the development of future educational interventions.

Methods: We conducted a qualitative interview study involving experienced innovative GPs, early-career GPs (<7 years experience), GP trainers, and third-year residents. Data were analyzed using Abductive thematic analysis in Atlas.ti. We employed both inductive and deductive coding, using a codebook based on Neck's "practices" of entrepreneurship education (play, empathy, experimentation, creation, reflection) and Yukl's taxonomy of effective leadership behavior. The analysis is iteratively sensitized by broader literature on entrepreneurial leadership.

Results: Interviews were conducted with eight experienced GPs and three early-career GPs, and focus groups were conducted with residents (N=2) and trainers (N=1). The analysis links entrepreneurship and leadership by testing the applicability of Neck's and Yukl's models within primary care. Preliminary findings suggest that these educational frameworks provide a structured way to integrate entrepreneurial competencies into the GP curriculum.

Discussion: The integration of entrepreneurial practices such as 'experimentation' and 'empathy' aligns with the evolving role of the GP as a change agent and entrepreneurial leader. These findings clarify the conceptual ambiguity surrounding entrepreneurial leadership in primary care, bridging the gap between policy ideals and the reality of GP practice. Further discussion is needed on how to balance these competencies with traditional clinical training.

Conclusion: The initial results indicate that entrepreneurial leadership is a recognizable and teachable competency for GPs. By defining these core components, this study lays the groundwork for developing targeted educational interventions. Implementing these specific educational practices better prepares future GPs for a non-linear professional environment.

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ID 1410- Effect of an interprofessional education programme in multidisciplinary primary care centres on the interprofessional collaboration skills of health students

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Context: Interprofessional education (IPE) is important for developing interprofessional collaboration (IPC) skills. In France, multidisciplinary primary care centres (MPCC) are places where IPC practices are developing in primary care and could provide an authentic learning context for healthcare students. A research project XXX aims to evaluate the impact of IPE on healthcare students' acquisition of IPC skills during their placements in MPCCs. The intervention consists of a train-the-trainers program for three professionals from MPCCs, who will be responsible for delivering an IPE module to students.

Objectives: To evaluate the effect of IPE module on healthcare students' acquisition of IPC skills during placements in MPCCs.

Methods: A mixed-methods study among students on placement in 12 MPCCs that are receiving the IPE module (the intervention group) and students on placement in 12 MPCCs without the module (the control group). We will present the results (finalised

in April 2026) of the quantitative study conducted using pre- and post-test questionnaires based on the validated Interprofessional Collaborative Competencies Attainment Survey (ICCAS).

Results: Expected **Results:** A total of 72 students from various health disciplines will complete the ICCAS, 36 students in the intervention group and 36 in the control group. Their ICCAS scores before and after the placement will be analysed. The results of the intervention and control groups will be compared in terms of both the overall scores and the different dimensions of the sub-scores (communication, collaboration, roles and responsibilities, collaborative approach centred on the patient and their family and friends, conflict management and resolution, and teamwork). We will also present the results of family medicine students and compare them with those of other healthcare students. We hypothesise that implementing an IPE module during the MPCC placement will improve students' IPC skills.

Discussion: MPCC placements for health students can provide an opportunity to learn about the IPC. However, major challenges remain in implementing such training programmes, both in terms of course specialisation and in terms of MPCC recognising the importance of welcoming students on internships.

Conclusion: It is necessary to evaluate the IPE in the authentic context of primary care placements for family medicine students and other health students.

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ID 1234- A Primary Health Care–Based Transdisciplinary Teaching Model in Global Health

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Context: Global health challenges are complex and require transdisciplinary collaboration. To foster competencies across disciplines, the Global Health Initiative Spring School (GHISS) was launched in 2023 at XXX University and is held annually. Primary health care (PHC), with its holistic and systems-oriented perspective, anchors the program and ensures adaptability to diverse educational settings.

Methods: GHISS is a one-week blended learning course (35 units) combining e-learning, lectures, interactive group work, and case-based discussions. Participants from medicine, public health, psychology, environmental sciences, geography, and economics collaborate in mixed teams. Curriculum topics include Global Health, Health Systems, Public Health Services, Urban and Planetary Health, Migration, Mental Health, and Community Engagement. Voluntary anonymous online surveys evaluate satisfaction, perceived relevance, and skill development.

Originality: The program uniquely integrates a Primary Health Care (PHC) lens into transdisciplinary teaching. This framework guides participants to analyze complex global health challenges holistically, bridging multiple disciplines while emphasizing systems thinking

Lessons learned and future implication: Structured teamwork, exposure to complex real-world cases, and interprofessional collaboration are key drivers of learning. The model is flexible, scalable, and adaptable to various institutions and international contexts. Future plans focus on establishi.

Discussion: Exposure to transdisciplinary global health education fosters collaboration, critical thinking, and systems-oriented problem-solving. The PHC framework unifies diverse disciplinary perspectives, making complex global issues tangible. Challenges include maintaining engagement post-course and translating learning into practice, highlighting the need for longitudinal follow-up.

Conclusion: Transdisciplinary, PHC-based global health teaching is feasible, effective, and adaptable. GHISS provides a replicable model to cultivate

teamwork, systems thinking, and motivation for addressing global health challenges among students and early-career professionals.

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ID 1135- Empowering Future Women Leaders: Implementing an SDG-Aligned Program for Medical Students in Japan

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Context: Women remain underrepresented in leadership roles in healthcare despite increasing enrollment in medical schools. Early leadership identity formation—especially through a primary care lens emphasizing equity, person-centeredness, and community responsibility—is rarely incorporated into undergraduate education. To address this gap, an SDG-aligned leadership program integrating primary care values was delivered to women medical students.

Methods: A five-session educational intervention was implemented with ten women medical students. The curriculum incorporated SDG principles, primary care frameworks, gender equity, reflective practice, and scenario-based learning. A mixed-methods evaluation approach was employed. Post-session questionnaires assessed changes in leadership self-efficacy, motivation toward medical training, and anxiety about future roles. Reflection assignments and preliminary qualitative interviews explored shifts in understanding of primary care, gender norms, and leadership identity. Data collection remains ongoing.

Originality: The program aimed to cultivate foundational leadership competencies grounded in primary care principles—including continuity, comprehensiveness, equity, and community health—while enhancing SDG literacy and professional confidence. Interactive components

Lessons learned and future implication: Participants reported increased self-confidence, strengthened motivation for medical careers, and reduced anxiety regarding future professional responsibilities. Exposure to primary care values broadened their understanding of leadership, shifting percept

Discussion: This initiative highlights the potential of early, context-sensitive leadership training for supporting future women leaders in healthcare. Limitations include the small sample size, reliance on self-reported data, and incomplete evaluation. Further research is needed to assess long-term impact, scalability, and cross-cultural applicability.

Conclusion: An SDG-aligned, primary care–centered leadership program can enhance leadership identity, motivation, and emotional well-being among women medical students. This model offers a scalable approach for embedding gender equity, community responsibility, and global health values into undergraduate medical education.

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ID 1017- Postgraduate medical education ECHO for women's health: Connecting urban and rural general practice residency programs

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Context: Introduction: Faculty and administrators from four general practitioner training sites sponsored by the medical schools designed a program to develop the skills needed to participate in a community of practice (Project ECHO- Extension for Community Healthcare Outcomes) through the delivery of an evidenced-based obstetrics and women's health curriculum. The program's goal was to improve progression of general practice residents along postgraduate medical education competencies and to familiarize trainees with ECHO to increase participation after training is completed.

Objectives: Aims: (1) Define the postgraduate medical education ECHO for women's health and virtual platform (2) Analyze how medical schools combined efforts to educate trainees in their urban and rural residency sites (3) Delineate competencies achieved and lessons learned

Methods: Methods: Interactive discussion provides a framework of the current literature with an example for implementation at training sites.

Results: A multipart orientation for the ECHO model and case review process was developed. This was role modeled by the faculty hub team. The hub team also adopted new mechanisms for assigning trainees to review and scribe (document recommendations) for cases. These processes allowed trainees to be assigned to a faculty mentor to help facilitate the filling out of the case review form and ensure fidelity in providing recommendations that were sent to the trainee that reviewed the case during each ECHO. A debrief checklist was utilized to ensure fidelity to our model and served as a rapid cycle quality improvement tool. Each of these tools: the case review form, recommendation form, and debrief checklist utilized a secure web application for building and managing online surveys and databases.

Discussion: The program implementation required more extensive administrative coordination. Survey results support not only increased familiarity with ECHO but also increased likelihood of trainee participation in multiple ECHO programs after training is completed. Ideally, this ECHO may mitigate some of the effects of maternal healthcare deserts in rural areas and result in improved patient health outcomes.

Conclusion: Conclusions: Utilizing the Project ECHO format allowed interaction among distant urban and rural residency training programs to achieve competencies in women's health as a useful model for postgraduate medical education.

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ID 707- Patient-centered care: a quantitative study of the attitude of general medicine residents in the xxx region

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Context: Patient-centered medicine has become the gold standard in primary care. It has been taught to medical students in most countries since the 2000s. Studies have shown disparities in its practice depending on the country and the year. This study evaluates the practice of patient-centered medicine among general practice residents at the University of xxx. This is the first study of its kind in xxx.

Objectives: The primary objective of this study is to evaluate the practice of patient-centered medicine among general practice residents at the University of xxx. Secondary objectives are to investigate an association between certain demographic factors and the practice of patient-centered medicine, and to compare the results obtained with those of health students from other countries.

Methods: A quantitative observational analytical study using a questionnaire based on the validated Quebec version of the Patient Practitioner Orientation Scale (PPOS) was conducted. We will present the results of this study in our presentation.

Results: The average PPOS score of general practice residents at the University of xxx is 4.48. This score indicates a practice with limited patient-centeredness. The PPOS score is significantly higher for residents who have completed five semesters than for residents at the beginning of their training. Even though this score is significantly higher than the results of a meta-analysis including health students from other countries, it still suggests a less patient-centered approach. General practice residents in xxx, like their counterparts abroad, acquire a more patient-centered practice by the end of their training.

Discussion: This study highlights the role of university teaching and interpersonal skills such as communication and empathy in developing a patient-centered approach.

Conclusion: Replicating this study in a few years will allow us to observe the evolution of patient-centered practice among residents in subsequent years, and expanding it to other departments of general practice would allow us to compare teaching methods and improve them.

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Blood pressure

ID 1709- Impact of Brief Education and Prescription of Home Blood Pressure Monitoring on Patient Adherence According to Guidelines in Primary Care

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Context: In France, only 25% of hypertensive adults are diagnosed and controlled. The French National Authority for Health (Haute Autorité de Santé, HAS) recommends home blood pressure monitoring (HBPM) for the diagnosis and management of patients with elevated blood pressure, in line with international hypertension guidelines. HAS advises the "rule of 3": three measurements in the morning and three in the evening for at least three consecutive days. Although HBPM is widely adopted by general practitioners and patients with home devices, few patients (<20%) correctly follow these recommendations and report their results to their physician. Whether brief education and prescription of HBPM improve patient adherence remains unclear.

Objectives: To evaluate the impact of brief education and prescription of HBPM within two weeks after consultation on patient adherence to HAS recommendations and reporting of measurements to their physician.

Methods: This prospective, single-center, before–after study (2024-A01263-44, CPP Ouest II) included patients with office systolic blood pressure >140 mmHg performing HBPM at home from March to September 2025. The primary outcome was adherence to HAS recommendations and reporting of HBPM results before and after a brief oral and written educational intervention combined with formal prescription. The primary outcome was expressed as a percentage and analyzed using McNemar's test.

Results: Twenty-three patients were included (mean age 71±10 years; 12 women). Mean office systolic blood pressure was 155±14 mmHg. At baseline, 12 patients (52%) performed three consecutive measurements, 19 (83%) in the morning, 14 (61%) in the evening, and 12 (52%) over at least three consecutive days. Overall, only 8 patients (35%) fully complied with HAS recommendations. Two weeks after the intervention, 20 patients (87%) performed three measurements in the morning and evening for at least three days and reported their measurements to their physician ($p<0.001$).

Conclusion: This real-life primary care study shows that brief education combined with prescription of HBPM significantly improves patient adherence to guidelines and reporting of results. Strengths include its pragmatic design and clinical applicability. Limitations include the small sample size, single-center design, and short follow-up. Further analyses are ongoing to assess whether patient adherence to HBPM recommendations is sustained over time.

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ID 1180- SOLO study: A single-pill combination strategy in general practice to optimize blood pressure control in a multi-ethnic community

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Context: Hypertension is a major modifiable risk factor for cardiovascular disease, yet blood pressure (BP) control remains suboptimal, particularly in socially disadvantaged communities. Recent guidelines promote initiating single-pill combination (SPC) therapy to improve medication adherence and BP control, but clinical adoption in primary care remains limited.

Objectives: To evaluate the SOLO care improvement project, which promoted SPC initiation among general practitioners in Amsterdam-Zuidoost, a socially disadvantaged, multi-ethnic community in The Netherlands with a high hypertension burden.

Methods: In a cluster quasi-randomized design, adult hypertensive patients from nine general practices within the same health facility were allocated to an intervention (IC; n=5) or a usual care cluster (UC; n=4). Intervention practices received information and guidance on SPC therapy. Outcomes included SPC uptake, changes in mean systolic and diastolic BP (SBP and DBP, respectively), target BP achievement and incident cardiovascular events. Analyses used intention-to-treat adjusted

regression and Cox models, with an as-treated analysis among patients initiated on SPC therapy.

Results: We included 438 patients (mean age 64.5±12.2 years) with a median follow-up of 367 days [interquartile range 213-467]. SPC therapy was more often initiated in the IC (n=50/199; 25.1%) than in the UC (n=24/239; 9.6%, p<0.001). In the IC, average SBP and DBP reductions were -15.7 mmHg (95%CI -18.4; -13.0) and -6.9 mmHg (95%CI -8.4; -5.3), respectively. In the UC, corresponding reductions were -10.4 mmHg (95%CI -12.9; -7.8) and -4.6 mmHg (95%CI -6.1-; 3.2). Compared to UC, SBP and DBP decreased significantly more in the IC (delta -5.3 mmHg (95%CI -9.0-; -1.6) and delta -2.3 mmHg (95%CI -4.4-; -0.2), respectively). Patients in the IC achieved more often their target BP: OR 1.4 (95%CI 1.0; 2.1). In the as-treated analysis among SPC patients, SBP and DBP decreased by 22.4 mmHg (95%CI -27.8; -17.1) and 10.5 mmHg (95%CI -13.5; -7.5), respectively. Cardiovascular events occurred in six patients during follow-up, with no association with cluster allocation or SPC initiation.

Discussion: The SOLO project was associated with a higher uptake of SPC therapy and improved blood pressure control.

Conclusion: These findings support that local SPC implementation projects could lead to more effective hypertension management in primary care.

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ID 972- Hypertension awareness, treatment, and control in people with diabetes: Results from the global May Measurement Month campaigns 2017-2022

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Context: Hypertension is the leading modifiable risk factor for cardiovascular disease worldwide and highly prevalent among people with diabetes. Effective detection and control of raised blood pressure (BP) are essential components of diabetes care. Despite this, global data on hypertension awareness, treatment and control in people with diabetes remain limited, and international patterns relevant for primary care equity are poorly described.

Objectives: To compare hypertension prevalence, awareness, treatment and control between people with and without diabetes screened in the May Measurement Month (MMM) campaigns, and to assess whether these associations differ by age, sex and world region.

Methods: We analysed harmonised data from five MMM campaigns (2017–2022). Adults ≥18 years with two valid BP readings and information on diabetes status were included. Hypertension was defined as BP ≥140/90 mmHg or current antihypertensive treatment. Logistic regression was used to estimate odds ratios (ORs) for diabetes vs no diabetes, stratified by sex and age.To assess regional variation, we estimated diabetes–hypertension associations separately for each region.

Results: Of 3.8 million participants, 302,060 (7.9%) reported diabetes. Across all sex–age strata, individuals with diabetes had higher odds of hypertension (overall OR 4.0), and higher awareness (OR 4.5), treatment (OR 4.3) and overall BP control (OR 2.1) than those without diabetes. Associations were strongest in younger adults and attenuated with age. Control among treated individuals differed only modestly between groups (57% diabetes vs 56% non-diabetes). Strong regional variation was observed: East and South Asia showed the strongest associations between diabetes and higher awareness, treatment and overall BP control, while

these associations were weaker in Europe and the Americas.

Discussion: People with diabetes are more often detected and treated for hypertension, likely due to more frequent primary care contact, yet BP control remains suboptimal. The gap between treatment and control highlights missed opportunities for treatment intensification, adherence support and integrated care.

Conclusion: Globally, individuals with diabetes are more likely to be aware of and treated for hypertension but still fail to achieve adequate BP control. Strengthening primary care systems by integrating hypertension and diabetes management, improving adherence support and adapting regional BP targets may reduce inequities and improve cardiovascular outcomes.

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ID 754- Optimized hypertension care for people with high blood pressure by improved integrated care and self-management tools: a mixed-methods study

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Context: High blood pressure (BP) is an often treatable cause of cardiovascular disease. We developed an intervention, featuring a cardiovascular expert team and a toolbox, to support healthcare professionals (HCPs) in hypertension management and enhance patient self-management.

Objectives: This study evaluates the adoption and feasibility of this intervention.

Methods: A mixed-methods study in general practices in the Netherlands. HCPs could consult a cardiovascular expert team and use a self-management toolbox for their patients as preferred. We interviewed HCPs guided by the Consolidated Framework of Implementation Research (CFIR), and HCPs completed the Determinants of Implementation Behaviour Questionnaire (DIBQ). Using CFIR-ERIC matching tool, we matched implementation strategies to identified barriers. Adults with elevated BP, who were prescribed at least two blood pressure lowering medications were eligible to participate. Patient and disease characteristics were extracted from the electronical medical record.

Results: Of 591 eligible patients at thirteen general practices, 176 participated. The cardiovascular expert team was well-received, with 33 unique consultations, although nurse practitioners (NPs) might need the expertise of the expert team more frequently than general practitioners (GP) (adoption). The toolbox was perceived as challenging to use (feasibility). We subsequently identified three key strategies to improve implementation. Mean systolic and diastolic BP were 158/87 mmHg at baseline and 148/85 mmHg after 12 months, although this change cannot be conclusively linked to the intervention.

Discussion: Overall, the study emphasized the importance of structured implementation strategies to optimize hypertension care interventions. Primary and secondary care working together in the form of a cardiovascular expert team, teleconsultation and self-management tools are valuable ways to improve hypertension management. To ensure adoption and feasibility, future implementation efforts should focus on engaging NP's as key users of the cardiovascular expert team and applying strategies such as formal implementation plan and the identification of champions.

Conclusion: Structured implementation strategies may be helpful in hypertension management. The cardiovascular expert team was considered valuable, but might be better targeted to NPs rather than GPs.

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ID 659- Perception of working conditions and ambulatory blood pressure profiles in

workers with high office blood pressure in primary care: an ancillary study of the French MAPAGE project.

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Context: Ambulatory blood pressure (BP) measurements are recommended for the diagnosis and follow-up of hypertensive patients. Twenty-four-hour ambulatory blood pressure monitoring (ABPM) is the most cost-effective strategy. It provides accurate BP measurements and variations over the nycthemeral cycle. Several BP profiles have been described: white-coat, daytime, 24-hour and nocturnal hypertension. Adverse work conditions have been associated with an increased risk of hypertension. Few data are available on work conditions and BP profiles.

Objectives: We aimed to analyze the characteristics and circadian BP profiles of French primary care patients with elevated office BP, according to their perception of work conditions.

Methods: This observational, cross-sectional, multicenter study prospectively enrolled the patients of 23 general practitioners in XXX region, France. We included the first patient of the day with office BP ≥ 140/90 mm Hg, whatever the reason for consultation and treatment. All included patients underwent ABPM. Hypertension profiles were defined according to current guidelines. Medical, sociodemographic and deprivation data were collected. Active patients were analyzed and work conditions were assessed thanks to a declarative self-questionnaire. Patients with easy and demanding work conditions were compared. The determinants of demanding work conditions were identified using logistic regression models in men and women.

Results: From July 2015 to August 2020, 627 patients were included with 178 workers. Work conditions were described as rather demanding/demanding for 55 (61.1%) men and 49 (55.7%) women. In multivariate analyses, demanding work conditions were associated with nighttime systolic hypertension (OR=3.15; 95%CI 1.043-9.50) and low/moderate cardiovascular score risk (OR=0.19; 95%CI 0.06-0.65) among men. Among women, young age (OR=0.91; 95%CI 0.86-0.97) and isolated nocturnal hypertension (OR=5.48; 95%CI 1.24-24.2) were associated with demanding work conditions.

Discussion: This 5-year multicenter study provides original and relevant data for daily practice. The declarative endpoint is subjective but pragmatic. Questioning patients about their work conditions, through a simple way, is relevant for a global and comprehensive approach. ABPM seems preferable to self-measurement among patients reporting demanding work conditions to determine nighttime BP and assess cardiovascular risk.

Conclusion: Patients with demanding work conditions may have specific BP profiles with a higher cardiovascular risk. Effective cardiovascular primary prevention strategies may target this population.

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Breast cancer

ID 2298- Psychosocial and cultural impact of breast cancer diagnosis among Omani women: a qualitative exploration of lived experiences

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Context: Breast cancer represents the most prevalent malignancy among women in Oman, imposing considerable psychosocial and cultural burdens on both patients and their families. Understanding the lived experiences of affected

women is essential for designing culturally appropriate psycho-oncological care.

Methods: This qualitative study aimed to investigate the psychosocial and cultural dimensions of breast cancer among Omani mothers, concentrating on emotional trajectories, treatment decision-making, illness disclosure, and coping mechanisms within the family and community context.

Originality: Semi-structured, in-depth interviews were conducted with 18 Omani women diagnosed with stage I–III breast cancer who were receiving care at the Sultan Qaboos Comprehensive Cancer Care and Research Centre in Muscat. The interviews were audio recorded.

Lessons learned and future implication: Six main themes emerged: (1) the diagnostic journey and pathways to care; (2) emotional responses to diagnosis and shifting adaptation over time; (3) treatment experiences and decision-making influenced by trust, family authority, and cultural expectation.

Discussion: The findings highlight how women's experiences are profoundly shaped by familial roles, social stigma, and religious interpretations of illness. Culturally ingrained patterns of disclosure and reliance on familial support significantly influence women's adjustment and engagement with healthcare.

Conclusion: The integration of psychosocial support and culturally sensitive communication practices into cancer care is crucial for enhancing patient well-being and strengthening family involvement in treatment and recovery. Keywords: breast cancer, phenomenology, culture, disclosure, coping mechanisms.

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ID 2248- REalist COllaborative eVAluation of a work disability prevention program for breast cancer survivors: the RECOVA-FASTRACS realist evaluation

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Context: The FASTRACS intervention supports women with breast cancer in preparing for their return to work (RTW), using tools designed for the patient, the general practitioner, the occupational physician and the company representative, in order to promote long-term job retention. Due to the diversity of its components, stakeholders and implementation contexts, FASTRACS is a complex intervention.

Objectives: The RECOVA-FASTRACS study aims to conduct a realistic evaluation of the programme in order to understand how, for whom and under what conditions it works.

Methods: RECOVA-FASTRACS is an ancillary study to the FASTRACS-RCT using convergent mixed methods, based on a multiple case study approach. The process follows four stages:(1) reconstruction of the initial theory; (2) collection of qualitative and quantitative data; (3) analysis according to the ICAMO framework (Intervention, Context, Actors, Mechanisms, Outcome) framework); (4) refinement of the theory through triangulation. Data collection includes: interviews with women in the intervention arm and their "trajectory" actors (doctors, referrers, relatives); focus groups with the professionals involved; and analysis of the RCT questionnaires.

Results: The initial theory identified the expected causal chains for the 45 performance objectives.Sixty-four interviews were conducted. Initial results show that the patient guide helped to anticipate recovery and structure the RAT process by encouraging the expression of needs and the mobilisation of the actors concerned. Analysis of user profiles suggests different levels of uptake: human resources professionals made particularly good use of it, while healthcare professionals and people who described themselves as independent used it less.

Discussion: This return-to-work intervention involving the pivotal role of the general practitioner appears to be effective. This work opens up the prospect of research into the city-hospital link and the issue of job retention in chronic diseases.

Conclusion: FASTRACS appears to be a tool that promotes positive thinking and behaviour for a suitable return to work.

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ID 1956- Should we accept the new USPSTF guidelines to lower mammography age from 50 to 40? XXX cost-effectiveness analysis

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Context: In 2024, the USPSTF revised mammography screening recommendations, lowering the starting age from 50 to 40 years. This change was based on modeling studies rather than new clinical trials, prompted by higher breast cancer mortality among Black women in the US and a 2% increase in breast cancer incidence in women aged 40-49 during 2015-2019. XXX and many European countries have different genetic diversity profiles and haven't shown similar increases in this age group. In addition, they did not include a cost-effectiveness analysis.

Objectives: To evaluate the clinical and economic impact of adopting the revised 2024 USPSTF mammography screening guidelines in XXX by: 1. Comparing breast cancer cases, deaths, and quality-adjusted life years (QALYs) between two strategies - starting screening at age 40 versus 50. 2. Estimating the associated costs and cost-effectiveness of each strategy in the XXX healthcare context. 3. Assessing whether lowering the screening age provides sufficient benefit to justify the economic burden, to help decision makers.

Methods: We constructed a decision analytic model comparing breast cancer screening for women aged 50-74 years versus 40-74 years, reflecting XXX epidemiology, life expectancy, and costs across four major subpopulations. We estimated breast cancer cases, deaths, costs, and resource demands.

Results: Starting screening at age 40 compared to age 50 averted 1.3 breast cancer deaths per 1000 women screened. The QALY gain was 0.037 with an additional cost of 21,000 XXX, resulting in an ICER of 567,567 XXX/QALY—significantly higher than XXX's willingness-to-pay threshold of 139,000 XXX (=GDP per capita).

Discussion: Our analysis suggests that adopting the new USPSTF guidelines in XXX would not be cost-effective. The small clinical benefit does not justify the substantial economic burden on the healthcare system. XXX's unique population demographics and breast cancer epidemiology differ from the US, warranting country-specific screening policies rather than automatic adoption of international guidelines.

Conclusion: We recommend maintaining the current practice of initiating routine mammography screening at age 50 for the general XXX population.

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ID 1786- Modifiable risk factors for breast cancer. An umbrella review

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Context: In 2022, breast cancer remained the leading cancer among women in terms of both incidence and mortality. In France, the 2015 citizen consultation revealed a strong demand from women for better information on primary prevention.

Objectives: This study aimed to synthesize current evidence on breast cancer risk factors, to inform both women and healthcare professionals involved in prevention.

Methods: An umbrella review was conducted following the Joanna Briggs Institute (JBI)

methodology, including systematic reviews and meta-analyses published between 2015 and 2025, in french or english. Data were extracted and assessed independently by two reviewers, and the methodological quality of the reviews was appraised using the AMSTAR 2 tool.

Results: Of the 364 records identified, 10 reviews were included, 7 of which were of moderate to high quality. Western diets high in red meat and processed foods, along with alcohol consumption, were associated with an increased risk of breast cancer. A diversified diet rich in fruits, vegetables, and whole grains appeared protective. Postmenopausal overweight increased risk, while physical activity reduced it. Combined estrogen-progestin or progestin-only contraceptives were not clearly linked to breast cancer risk, unlike estrogen-only therapies and hormone replacement therapy. Nulliparity and late first pregnancy increased the risk, whereas breastfeeding was protective.

Discussion: Dietary habits, sedentary lifestyle, alcohol intake, nulliparity, and age at first pregnancy were identified as "discussed" risk factors by the French National Authority for Health (HAS). Smoking was not considered a breast cancer risk factor by the HAS due to a relative risk below 1.1.

Conclusion: This work could be complemented by a broader umbrella review exploring the role of the exposome, particularly environmental exposures.

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ID 908- Understanding diagnostic delays in breast cancer: two reviews based on high-income and African countries

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Context: Timely breast cancer (BC) diagnosis is crucial for improved outcomes, yet delays remain prevalent worldwide. In high-income countries, diagnostic delays arise from multiple systemic factors, while in Africa, mortality rates are highest due to prolonged diagnostics .

Objectives: This abstract describes 2 scoping reviews on diagnostic delays in BC among women, comparing contributing factors across different healthcare and sociocultural settings.

Methods: Following PRISMA-ScR guidelines, we conducted 2 global scoping reviews of diagnostic delays in BC (qualitative and quantitative studies) published between 2018 and 2023. Searches were performed in PubMed/MEDLINE and Scopus. Studies focused solely on screening, non-English and those not meeting inclusion criteria were excluded. Two reviewers independently screened and extracted data. Bronfenbrenner's ecological model was applied to classify factors at the micro, meso, exo, and macrosystem levels.

Results: Of the 9699 retrieved records, 128 studies met inclusion criteria, with 22 focusing on high-income countries and 30 on African countries. In high-income settings, diagnostic delays were linked to microsystem (health behaviors, psychological factors, provider interactions), mesosystem (peer networks, scheduling), exosystem (social and environmental barriers), and macrosystem (policy and cultural influences) factors. In Africa, delays were largely attributed to low awareness, cultural beliefs, financial barriers, reliance on traditional healers, and healthcare inefficiencies.

Discussion: Although diagnostic delay is a global issue, the underlying mechanisms differ substantially by context. High-income settings are characterized by complex interactions between individual help-seeking behavior and health system organization. In contrast, structural and sociocultural barriers play a dominant role in African settings. These findings suggest that effective interventions must align with contextual realities: strengthening navigation and communication pathways in high-income countries, and improving community-level awareness, affordability, and system capacity in African countries.

Conclusion: Diagnostic delays in BC are multifaceted with distinct patterns across settings. Context-specific, multi-level interventions, improving access, addressing cultural beliefs, and enhancing system responsiveness are essential to support timely diagnosis. Future research should

prioritize tailored strategies that reflect the ecological environments in which women seek care.

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ID 53- Performance Metrics of Mammography Screening Programmes in Primary Health Care Centres

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Context: Mammography is the cornerstone of breast cancer screening. Its diagnostic performance, however, is influenced by population demographics such as age and breast density.

Objectives: The purpose of this study was to establish contemporary performance benchmarks for mammography in the PHC system and to assess screening performance trends over time. Estimates were based on standardized reporting and longitudinal verification, offering a more robust benchmark for future quality-improvement efforts.

Methods: A cross-sectional retrospective analysis was performed on mammograms from asymptomatic women aged ≥40 years who were screened in 2020 at the primary health care centres. Screening outcomes were cross-referenced with subsequent breast cancer diagnoses recorded in the Cancer Registry. The performance metrics including the cancer detection rate (CDR), sensitivity, and specificity were calculated.

Results: A total of 2,196 screening mammograms were included, with a mean patient age of 56.1 years. The cancer detection rate was 12.3 per 1,000 screens, and the recall rate was 30.6%. Sensitivity and specificity were 69.2% and 71.2%, respectively, and the interval cancer rate was 5.4 per 1,000. The most common breast density category was “scattered fibroglandular” (61.8%). Recall rates were significantly associated with breast density ($p < 0.001$). Among the 39 patients diagnosed with breast cancer, invasive ductal carcinoma was the most prevalent subtype (71.8%).

Discussion: Our findings are generally consistent with the range of results reported in the literature, though certain metrics differ in magnitude.One of the limitations is the screening population’s relatively younger age and greater breast density likely reduced the observed sensitivity and specificity of mammography, potentially underestimating the true cancer detection rate.

Conclusion: The findings highlight the moderate utility of mammography screening in Primary Health Care Centers, characterised by a relatively high recall rate and a need to optimise reporting standards and recall criteria. Tailored strategies such as supplemental imaging for women with dense or high-risk breasts, strict adherence to BI-RADS guidelines, and implementing double reading or single reading with computer-aided detection could improve screening outcomes. These results establish important regional performance benchmarks. Empowering women to make informed choices about screening (reflecting the principle of liberty) can together enhance participation, trust, and effectiveness of national screening programs.

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Bridging the gap: patients and GPs connected

ID 1890- How Social Deprivation Influences Primary Care Contacts: A Population-Based Analysis of Healthcare Utilization by Deprivation Levels in France

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Context: Access to primary care is key to equitable healthcare systems. In France, social inequalities shape healthcare access. While the "ecology of care" model describes contact distribution across care levels, few population-level studies have systematically examined how social deprivation affects primary care utilization. This study aimed to provide a population-based assessment of primary

care utilization patterns in France, stratified by social deprivation levels (FDep).

Objectives: - Quantify contacts with medical and paramedical primary health care professionals across deprivation quintiles. - Provide a descriptive analysis of how social deprivation influences access to primary care services.

Methods: We conducted a nationwide, population-based, cross-sectional study using 2018, 2020 and 2022 data from the French National Health Data System (SNDS), covering 99% of the population. Healthcare utilization was measured as the number of beneficiaries per 1,000 individuals with at least one reimbursement ("contact") in a given month. Social deprivation was assessed using the FDep index, categorizing the population into quintiles. We analyzed contacts with GPs, other medical specialists, nurses, midwives, physiotherapists, and other paramedical professionals. Descriptive statistics were used to compare utilization rates across deprivation levels.

Results: While final results are still being processed, preliminary findings suggest significant variations in primary care utilization based on social deprivation. Higher deprivation levels (FDep quintiles 4–5) would be associated with increased contact with GPs and nurses and with descreased contact with other medical specialists and with other paramedical services (e.g., physiotherapists, psychologists).

Discussion: This study will provide a descriptive overview of primary care utilization in France, highlighting potential differences in contact patterns based on social deprivation. Higher deprivation could correlate with more GP/nurse contacts, possibly reflecting greater needs and greater barriers to specialized care and other paramedical use. These findings would align with existing literature on healthcare disparities but extend the analysis to a population-wide scale.

Conclusion: Deprivation influences primary care use. This population-based study will offer a detailed snapshot of primary care utilization in France, stratified by social deprivation, and so contribute to a better understanding of healthcare access disparities. Future work will focus on longitudinal analyses to assess trends over time and evaluate policy impacts on reducing inequalities in primary care.

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ID 2031- Understanding primary care access and challenges for historically, persistently or systematically marginalized patients: a qualitative study

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Context: Historically, Persistently or Systematically Marginalized (HPSM) communities are economically and/or socially excluded from the society in which they live by socio-economic status, gender, class, race, ethnicity, age, sexuality or “other” group identity. This study sought to learn from HPSM community members to understand their lived experiences regarding their health, their access to primary care services, and the challenges they face in gaining attachment to PCPs (primary care providers).

Objectives: To understand the experiences of HPSM patients’ regarding their health needs, interactions with PCPs, and access to primary care and related services. Additionally, we interviewed PCPs to understand their experiences serving HPSM patients including the healthcare needs of their patients, barriers and challenges they face when supporting the health needs of patients, their patients’ access to primary care, and supports needed to better serve patients.

Methods: We conducted a qualitative study in XXX, with patients belonging to HPSM communities and the PCPs serving the communities. A purposive sampling technique was used to recruit participants. Participants were recruited through local community-based organizations (i.e., Homeless shelters, YMCA’s, Libraries, Café’s, Community clinics, Immigration and Educational organizations)

and street walks by two research team members.Interviews were conducted between July and December 2025. Data will be analysed using a thematic analysis.

Results: Recruitment is ongoing. We have interviewed 20 patients, (13 male), and 6 primary care providers (4 female). Early findings suggest that wait times to receive care, issues with system navigation for patients, primary care provider and allied health staff shortages, a lack of social and living supports, and systemic issues with implicit biases, are challenges to accessing care for patients.

Discussion: This study will help to identify the needs of HPSM patients, who have historically had poorer access to healthcare, and provide new information about the primary care challenges they experience. Furthermore, by considering both patient and provider experiences and perspectives, we can identify gaps and ways to improve care for HPSM patients.

Conclusion: The findings from this study will be used to inform policy, practices, planning, and the provision of primary care services in XXX for HPSM patients.

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ID 1556- Uptake of patient enrolment in primary care and associated factors: a systematic review and meta-analysis

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Context: Patient enrolment in primary care refers to the formal process of registering patients with a specific primary care provider, team, or practice. This approach is often expected to enhance continuity and coordination of care. However, limited information exists on the uptake of patient enrolment and its associated characteristics.

Objectives: This review aimed to estimate the uptake of patient enrolment in primary care and examine factors associated with decisions around enrolment.

Methods: Eight electronic databases (PubMed, Cochrane Register of Systematic Reviews, Embase, CINAHL, PsycINFO, PAIS, Web of Science, and Scopus) were searched for peer-reviewed articles published from January 2014 to July 2024. Findings from included studies were extracted and synthesised, with uptake estimated through meta-analysis and factors associated with enrolment summarised narratively. Review registration: PROSPERO CRD42024597078.

Results: Ten studies across nine publications were included. Of these, eight studies with 27,919,216 participants were included in the meta-analysis. The results showed a pooled patient enrolment uptake rate of 71.4% (95% Confidence Interval [CI]: 13.6-97.5%). There was no significant difference in enrolment rates between population-wide and program-based enrolment (72.4% vs. 73.5%; p=0.980). Several associated factors were identified in three publications. Women showed higher enrolment rates than men (adjusted odds ratio [aOR]=1.07, 95% CI: 1.07-1.08), while recently arrived immigrants in a country had lower enrolment rates than the established population (aOR=0.40, 95% CI: 0.40-0.41). Patients living in small urban/suburban/rural areas had higher enrolment rates than those in large urban/metropolitan regions (aORs: 1.17-2.18). Higher socioeconomic level was associated with increased rates of enrolment. Patients with some specific chronic health conditions, such as those with diagnosed mental illness or substance use disorders, had lower enrolment rates.

Discussion: The findings reveal that more than two-thirds of patients were enrolled with a primary care provider or practice; enrolment was influenced by demographic, geographic, socioeconomic, and clinical factors. Lower enrolment among men, recent immigrants, individuals living in large urban/metropolitan areas, lower socioeconomic groups, and those with certain health conditions may indicate potential barriers to health service access and opportunities for enrolment.

Conclusion: Addressing these disparities is essential to promote equitable access and enhance opportunities for continuity and coordination of primary care.

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ID 1320- Accessibility of Primary Care for People With Disabilities: A Mixed-Methods Evaluation Within the Saintonge Romane Territorial Health Community (CPTS)

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Context: Ensuring equitable access to care for people with disabilities is a national priority in France, reinforced by the 2005 law mandating accessibility for all public facilities. In a context marked by demographic growth, population ageing and an increasing number of people living with disabilities, the Territorial Professional Health Communities (CPTS), created in 2016, aim to improve access to care across communities. Within the CPTS of Saintonge Romane, accessibility of general practices and pharmacies remains crucial to support autonomy and reduce disparities. This study explored how healthcare professionals address accessibility and how collaborative practices contribute to improving patient pathways.

Objectives: To assess the current state of accessibility in general practices and pharmacies for people with disabilities within the Saintonge Romane CPTS, using a combined quantitative and qualitative approach.

Methods: A mixed-methods approach was used. – Quantitative study: a cross-sectional voluntary survey was distributed to 68 general practitioners and 18 pharmacists (July–October 2025). – Qualitative study: semi-structured interviews with 8 GPs and 4 pharmacists were analysed using a grounded-theory-inspired method.

Results: Participation reached 76%. Accessibility for motor disabilities was generally satisfactory, with over half of GPs offering multiple appointment modes. However, adaptations for cognitive, mental or neurodevelopmental disabilities remained limited. Fewer than one quarter of GPs and one third of pharmacists used more than one communication aid. Interviews highlighted persistent barriers: cost, limited knowledge of regulations, lack of adapted equipment and structural constraints. Despite this, practitioners described concrete solutions across the care pathway: flexible appointment options, extended consultation time, quieter time slots, home visits, pharmacy delivery systems and spatial adaptations. The involvement of staff and caregivers, and a trusting practitioner–patient relationship, were identified as essential facilitators.

Discussion: Combined findings show that professionals actively implement solutions to enhance accessibility, yet significant gaps remain—especially regarding communication and support for cognitive or mental disabilities. Strengthening collaborative practices may help reduce these inequities.

Conclusion: Accessibility within the CPTS shows encouraging initiatives but persistent challenges. Targeted improvements, particularly in communication and disability-specific adaptations, are needed to ensure equitable access and support autonomy for all patients.

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ID 1077- Socio-demographic factors associated with the mobility of patients consulting in municipal health centers in the city of Saint-Denis (Paris suburb).

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Context: General Practice (GP) is the entry point to the healthcare system. In the city of XXX (Paris area), this access is notably provided by four Municipal Health Centers (CMS). These centers fight against territorial health inequalities in a context of scarce medical provision, while the city's economically disadvantaged population has significant health needs. Studying the factors favoring or limiting the health-related mobility of patients consulting in GP in these centers would allow identifying levers to facilitate access.

Objectives: To investigate the socio-demographic factors associated with the mobility of patients consulting in GP at the XXX CMS.

Methods: A retrospective observational cross-sectional study was conducted using administrative data extracted from the practice management software. The walking distance between the patients' homes and the reference CMS was used as the primary outcome. Associations between socio-demographic data and this distance were calculated using a multilevel mixed model to account for a possible ecological effect of the patients' social environment using the Fdep social deprivation index.

Results: 13,072 patients from 43,116 GP consultations were analyzed. After adjustment, adulthood (age between 26 and 60), male gender, and means-tested health insurance were associated with a greater walking distance. CMS located at crossroads of human mobility and transport routes were associated with a greater distance traveled compared to isolated ones.

Discussion: Several confounding factors, particularly related to health status, which could explain reduced mobility, could not be taken into consideration as this study is limited to administrative data. This study allows outlining several profiles of patients consulting in the XXX CMS according to their mobility.

Conclusion: Examining mobility associated with GP care allows characterizing the territorial footprint of healthcare sites and the spatial practices of their users. Identifying the least mobile individuals, who are possibly excluded from care, allows implementing measures to maintain this link as well as outreach actions.

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ID 884- Targeted Phone Outreach to Improve Colorectal Cancer Screening: A Primary-Care Strategy to Address Territorial Inequalities

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Context: Colorectal cancer (CRC) screening remains suboptimal in Europe, with marked social and territorial disparities. Proactive outreach strategies, particularly in underserved areas, could help reduce these inequalities. The Marsatak project evaluates whether medical students' phone calls to patients identified as non-up-to-date through health insurance lists can improve CRC screening uptake.

Objectives: To assess whether proactive phone calls made by general practice residents to patients identified as non–up-to-date with colorectal cancer screening can improve screening uptake and help reduce territorial disparities in participation.

Methods: This prospective interventional study involved 26 general practice residents across multiple primary care centres. Each resident received a list of their supervising physician's patients who were not up-to-date with CRC screening according to health insurance data. Residents conducted structured phone calls providing information, addressing barriers, and encouraging test completion. All contacts were logged using a standardised data-collection sheet including sociodemographic variables, number of calls required, screening eligibility, patient attitudes, and acceptance or refusal of the FIT test

Results: A total of 13,436 patients were contacted. Among them, 7,052 (52.5%) answered the call. Of respondents, 3,543 (50.2%) expressed willingness to complete the FIT after receiving explanations; 1,403 (19.9%) were not eligible (already screened or exempt from screening); 1,545 (21.9%) refused despite discussion; and 798 (11.3%) remained ambivalent. Preliminary analyses show feasibility of the intervention across diverse settings and highlight strong patient receptivity when the call originates from their local care team. Qualitative feedback suggests patients perceived the approach as supportive and valued being personally contacted about prevention.

Discussion: Phone outreach by local healthcare professionals appears to be an effective lever to enhance CRC screening participation, particularly in regions with historically low uptake. Using insurance-generated lists enables targeted action toward populations most at risk of non-

participation. Future analyses will determine actual test completion rates at 2 and 6 months and explore factors associated with acceptance, ambivalence, and refusal.

Conclusion: The Marsatak intervention demonstrates that personalised phone calls based on up-to-date registries can strengthen CRC screening outreach and may help reduce territorial inequalities in preventive care participation.

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ID 751- Strengthening Continuity, Equity and Community-Oriented Primary Care through Re-Engaging Inactive Patients in Rural General Practice

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Context: Ensuring equitable access, continuity of care and community-oriented primary care are central to the WONCA Europe framework. In rural settings, barriers such as transport limitations, socioeconomic constraints, digital exclusion and lower health literacy can widen inequalities reducing patient engagement. Inactive or infrequently attending patients are at heightened risk of unmet preventive needs, unmanaged long-term conditions and delayed diagnosis.

Objectives: To develop and evaluate a structured re-engagement programme designed to identify, stratify and reconnect patients who had not contacted the practice for ≥12 months, to determine its impact on access, continuity, equity, and preventive health activity within a rural general-practice population.

Methods: A mixed-methods retrospective evaluation was undertaken using clinical-system searches to identify 1,049 patients with no recorded engagement in the previous year. Patients were stratified by age, comorbidities and cardiovascular-metabolic risk. A multimodal personalised strategy was deployed, SMS invitations, letters and structured telephone calls supported by care navigation, shared-decision making and flexible appointment options. Quantitative outcomes included re-attendance, uptake of NHS Health Checks, blood pressure reviews, lipid testing and population-screening participation.

Results: Inactive patients covered all age groups (0–4 years: 32; 5–11: 145; 12–18: 156; 19–39: 358; 40–74: 349; ≥75: 9). The 40–74-year group showed the greatest unmet clinical need, with many overdue NHS Health Checks and presenting unaddressed hypertension, hypercholesterolaemia or missed screening. Early outcomes indicate that personalised communication and increased appointment flexibility improved re-attendance and enabled more timely cardiovascular-risk identification. Qualitative findings highlighted trust, relational continuity and clear communication as key enablers of re-engagement.

Discussion: As a retrospective service evaluation, findings reflect early outcomes rather than long-term clinical impact, causal inferences cannot be definitively drawn. Digital contact methods, while efficient, may still risk missing the most marginalised groups, and future iterations should consider community-based or partner-organisation outreach to enhance reach. Further evaluation to determine sustainability, cost-effectiveness, and the optimal balance between automated and relational components of the programme.

Conclusion: A structured, continuity-focused re-engagement programme can reduce inequities, strengthen community-oriented primary care and support proactive population health management in rural settings. Embedding systematic outreach within routine general-practice processes may provide a scalable model aligned with WONCA principles, improving outcomes for underserved and disengaged populations.

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Cancer 2

ID 2002- What drives cancer screening uptake in primary care? Evidence from adults aged 50–65 years in Türkiye

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Context: Cancer screening is a key preventive strategy in primary care, enabling early detection and improved outcomes. In XXX, national cancer screening programs are provided free of charge; however, participation rates remain below recommended levels. Identifying determinants of screening uptake is essential to strengthen primary care–based prevention strategies.

Objectives: To assess the frequency of cancer screening uptake and to explore factors associated with participation in national cancer screening programs among adults aged 50–65 years in a primary care setting.

Methods: This descriptive cross-sectional study was conducted among adults aged 50–65 years registered with family health centers in the city center of XXX, XXX. A total of 401 participants were included. Data were collected through face-to-face interviews using a structured questionnaire assessing sociodemographic characteristics, cancer screening–related knowledge, attitudes, and behaviors. Descriptive statistics and comparative analyses were performed. Statistical significance was set at $p<0.05$.

Results: The mean age of participants was 56.45±4.59 years, and 49.1% were women. Overall, 44.1% of participants reported having undergone at least one cancer screening test. Screening uptake was significantly higher among individuals who had received a screening recommendation ($p<0.001$), particularly from family physicians. The most common reason for screening participation was physician recommendation (54.2%), whereas lack of knowledge (37.9%) and fear of receiving bad news (35.3%) were the main reasons for non-participation. Female sex, being married, engaging in regular or partial physical activity, abstaining from alcohol, and having a first-degree relative with cancer were significantly associated with screening uptake. Participants who had undergone screening demonstrated significantly higher knowledge and attitude scores compared to those who had not ($p<0.05$).

Discussion: The findings underline the pivotal role of family physicians in influencing cancer screening behaviors. Both informational gaps and emotional barriers continue to limit screening uptake, despite the availability of organized national programs.

Conclusion: Cancer screening participation among adults aged 50–65 years remains suboptimal. Strengthening proactive recommendations, patient-centered counseling, and continuity of care in primary care settings may substantially improve uptake of national cancer screening programs.

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ID 1564- Barriers and Facilitators to Prostate Cancer Healthcare in Black Men in the UK: From Diagnosis to Survivorship

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Context: Prostate cancer (PCa) is the most common cancer among men in the UK, with a disproportionate impact on those from Black African and Caribbean backgrounds. Black men are twice as likely to develop PCa, experience more aggressive disease progression, and are 2.5 times more likely to die from it than their White counterparts. They are diagnosed at a younger age and present to their family doctor at later stages. Black men are more likely to be diagnosed with advanced disease, and the survival gap compared to White men continues to widen. Despite these challenges, Black men are less likely to receive treatments that are proven to be their best chance of cure and report poorer healthcare experiences compared to White men.

Objectives: Our study identified barriers and facilitators to PCa healthcare in UK Black men and

suggests ways to improve engagement and experiences across the healthcare pathway.

Methods: We conducted semi-structured interviews with: (i) 12 UK Black men living with and beyond PCa, (ii) 15 UK Black men aged 45 or above, (iii) 15 UK multi-disciplinary healthcare professionals (HCPs). Interview transcripts were coded and analysed thematically, using the socioecological model to map barriers and facilitators.

Results: We found that barriers to access and engagement with PCa care included mistrust of Western medicine, experiences of racism, fear and stigma around PCa, inadequate culturally sensitive information, underrepresentation of Black HCPs and Black men in healthcare spaces, limited culturally sensitive psychological support, and masculinity constructs affecting open discussions and preferences for minimally invasive treatments. Facilitators include racially concordant HCPs, culturally sensitive care, continuity of care, and support from partners, peers, and community groups.

Discussion: Internalised, interpersonal, and systemic racism undermine Black men's experiences and engagement with PCa care, contributing to delays in care-seeking, reduced treatment engagement, and poorer healthcare experiences. By mapping barriers and facilitators from the macro to the micro level, we highlight the need for multi-level interventions that address how these forms of racism intersect and compound challenges across the care pathway.

Conclusion: Providing culturally sensitive information, care from racially concordant HCPs, and community support can enhance Black men's survivorship experiences and engagement with healthcare.

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ID 1182- Does an MRI-first approach improve adherence and diagnostic outcomes?

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Context: Prostate cancer remains a prevalent malignancies among men worldwide, with 10–20% of cases in high-income countries and up to 60% in parts of Europe still diagnosed at advanced stages. Traditional early-detection pathways in primary care—principally prostate-specific antigen (PSA) testing, digital rectal examination (DRE), and transrectal ultrasound (TRUS)–guided biopsy—are limited by low specificity, patient discomfort, and high refusal rates for invasive steps. These challenges contribute to incomplete screening cascades and delayed diagnosis. Growing evidence suggests that multiparametric magnetic resonance imaging (mpMRI) may offer a more acceptable and accurate first-line examination.

Objectives: To review the literature evaluating whether mpMRI improves adherence to prostate cancer early detection compared with traditional methods and whether an MRI-first strategy may reduce false positives, minimize unnecessary biopsies, and enhance diagnostic outcomes in primary care settings.

Methods: A narrative literature review was conducted using PubMed, Scopus, and Web of Science (2015–2024). Search terms included prostate cancer, screening, adherence, digital rectal examination, TRUS, mpMRI, and early detection. Inclusion criteria: peer-reviewed studies, meta-analyses, randomized trials, guideline statements, and implementation pilots evaluating diagnostic accuracy, patient acceptance, or screening outcomes. Exclusion criteria: imaging protocols, treatment-focused studies, or incomplete datasets. Findings were synthesized thematically.

Results: Across studies, DRE refusal ranged from 8–22%, and TRUS-biopsy refusal from 15–30%, representing a significant barrier to early detection. PSA-based strategies produced high false-positive rates, with up to 75% of elevated PSA results not indicating cancer. mpMRI demonstrated higher sensitivity and specificity for clinically significant disease and consistently reduced unnecessary biopsies through targeted sampling. Real-world data (e.g., PROMIS, PRECISION trials; PRAISE-U pilot

programs) showed high patient uptake of MRI and improved identification of clinically meaningful lesions. However, long-term evidence on population-level mortality benefit for MRI-first screening remains limited.

Discussion: The literature suggests that mpMRI may mitigate adherence barriers created by invasive traditional steps, while improving diagnostic discrimination and reducing overdiagnosis. Implementation feasibility depends on resource availability, radiological expertise, and equitable access.

Conclusion: Evidence supports mpMRI is more acceptable and diagnostically advantageous early-detection tool. While not yet validated as a universal first-line screening method, an MRI-first approach shows promise for improving adherence and reducing late diagnosis, warranting further prospective evaluation in primary care.

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ID 873- Improving cervical cancer prevention in remote villages

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Context: This Health Center serves 19 villages surrounding a small town. Cervical cancer screening coverage in the area has been very low, and vaccine hesitancy has been rising, including due to misinformation. This project aimed to increase Pap smear testing and readiness to receive HPV vaccination.

Methods: Prior to the project, many village women faced transport barriers, had limited knowledge about cervical cancer, and rarely attended the Center for screening. The team (director, gynecology nurse, family nurse, village nurses, and family doctor) therefore organized scheduled village visits to conduct Pap smear tests on site. Concurrently, group lectures and individual conversations were held to raise awareness about cervical cancer and the HPV vaccination. Challenges included severe weather conditions, registration errors, low public awareness, misinformation (internet, social media), and incomplete data.

Originality: According to WHO, cervical cancer is the second most common cancer worldwide among women aged 25-69 In this country, cervical cancer ranks third after breast and colorectal cancer. The implementation of village visits represents a new model of proactive,

Lessons learned and future implication: It is important to ensure a team's mutual trust and respect. The same project and approach may not work everywhere and should be adapted to local contexts. Stakeholders should be engaged early to ensure trust and buy in within the community. The standardi

Discussion: As a result of the intervention, Pap smear screening rate increased from less than 1% in 2024 to almost 13% in the first 9 months of 2025. More parents reported understanding of the importance of the HPV vaccination of their 13-year-old daughters. Completed data for 2025 will be included in the final poster.

Conclusion: Reaching rural communities requires different strategies than the typical approach.This project demonstrated how team-based community outreach can improve participation in screening and patient education, contributing to cervical cancer prevention and reducing future burden on the healthcare system.

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ID 530- Shared decision-making in colorectal cancer screening program : the perspective of patients, pharmacists and general practitionners

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Context: Colorectal cancer (CRC) is a common cancer with a poor prognosis if detected late. The participation in screening program remains insufficient. Our study was ancillary to the FACELE study, a pragmatic randomized controlled trial investigating the superiority of training general practitioners (GPs) in a patient-centered approach to implement shared decision-making (SDM) in CRC screening program.

Objectives: The objective of our study was to explore the understanding and adoption of SDM by patients, pharmacists and GPs in CRC screening program.

Methods: We conducted three qualitative studies using an approach inspired by the grounded theory. The interviews were individual. The sample was constructed using theoretical purposive sampling. The data were manually coded with triangulation of the analysis.

Results: Eleven interviews were conducted for each population group between May 2024 and March 2025. Patients' approaches to SDM varied depending on their stance towards care, ranging from directive to compliant, debating to distant. Although SDM appeared to play only a limited role in CRC screening program, the overall approach of SDM was recognized by all patients, albeit heterogeneous. The use of SDM did not systematically imply a balanced final decision. Pharmacists wear many hats, from technician to treating physician, including verifier, distributor, informant, and advocate. They did not readily adopt the concept of SDM within the context of CRC screening program. Despite their desire to persuade, respecting patients' refusals and their free will remained paramount. GPs widely adopted SDM and personalized it: there wasn't one SDM, but several SDM, applied at different stages of the consultation. SDM and the GP's role could be at odds, particularly regarding their "savior" role.

Discussion: The main strength of this study lies in the plurality of perspectives. The variety of definitions of SDM is consistent with the literature. This study highlighted the advantages of multidisciplinary collaboration and the importance of consistent training for all healthcare professionals.

Conclusion: The concept of SDM remains unclear for its various stakeholders, sometimes seen as a lever or a hindrance in CRC screening program. They each use it in their own way, but always with the aim of prioritizing the caregiver-patient relationship and promoting patient empowerment.

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ID 338- Risk of fracture among lung cancer survivors: a population-based retrospective cohort study

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Context: Evidence regarding the incidence of fractures among lung cancer (LC) survivors remains limited.

Objectives: We assessed the fracture risk in LC survivors who underwent curative-intent surgery, stratified by cancer treatment modalities and postoperative time.

Methods: A retrospective, population-based cohort study was conducted utilizing the Korean National Health Insurance Service database (2009–2022). The study included LC survivors (n = 33,292) and 1:3 age- and sex-exactly matched controls (n = 99,876). Competing risk analyses were performed, with all-cause mortality considered as a competing risk.

Results: We found that LC survivors had an elevated risk of fractures compared to non-cancer controls during the overall follow-up, with a particularly increased risk of vertebral (cause-specific hazard ratios [csHRs] 1.81, 95% confidence interval [CI] 1.45–2.26) and hip fractures (csHR 1.40, 95% CI 0.98–1.98) within the first year following surgery, after which the risk decreased. The risk of any fracture was prominent in LC survivors receiving radiation therapy (RT) (csHR 1.78, 95% CI 1.43–2.23) or chemoradiotherapy (CRT) (csHR 1.73, 95% CI 1.50–1.99).

Discussion: We identified an elevated risk of fractures among LC survivors compared to non-cancer participants throughout the entire follow-up period, with especially heightened risks for vertebral and hip fractures observed during the first year post-surgery, followed by a subsequent decline. Factors such as the extent of surgical intervention

and the presence of pre-existing pulmonary disease may contribute to extended hospital stays or reductions in physical activity, increasing susceptibility to weight loss, sarcopenia, or falls. Our findings highlight the importance of comprehensive management strategies, with particular attention to LC survivors who received RT or CRT.

Conclusion: LC survivors exhibited a consistently greater risk of fractures compared to non-cancer controls, with a substantially higher risk of both vertebral and hip fractures during the initial year after surgery among those treated with RT or CRT.

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ID 73- Obstacles to lung cancer screening in general practice in Belgium. A mixed study focusing on factors related to French- and German-speaking general practitioners.

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Context: Lung cancer screening (LCS) using low-dose computed tomography (LDCT) has the potential to reduce mortality through detection in an early, asymptomatic stage. Despite its proven effectiveness, implementation remains limited in Belgium, where currently no uniform screening program exists. General practitioners (GPs) play a critical role in promoting screening uptake, yet various physician-related barriers may hinder this process.

Objectives: Identify general physician related obstacles to lung cancer screening in the french and german speaking regions of Belgium.

Methods: This thesis was conducted in two phases. First, a scoping review was performed using PubMed to identify physician, patient and healthcare system related obstacles to cancer screening across various cancer types, namely lung, colorectal, breast and cervical cancer. 79 articles published between 2019 and 2024 in English, French, and German were included. From this review, 22 physician-related barrier themes were extracted. Secondly, these themes informed the development of an online questionnaire targeting GPs in the French and German speaking regions of Belgium to identify priority barriers for countermeasures. The survey assessed GP-perceived barriers to LCS, opinions concerning LCS, and factual knowledge of current screening guidelines.

Results: The online survey yielded 43 valid responses. The top three barriers, consistent across both frequency and strength of endorsement, were the inability to bill separately for LCS counselling (100%), non-use of shared decision-making (SDM) tools (94.6%), and lack of use of risk evaluation tools (91.9%). Knowledge questions revealed that while most participants correctly identified LDCT as the appropriate screening method, only 34.9% were aware of the correct screening interval (1 year), and just 37.2% identified correct pack-year eligibility thresholds. A total of 80.5% expressed a need for more training to feel confident in recommending LCS.

Conclusion: This study highlights key physician-related barriers to the implementation of LCS in (French and German speaking) Belgian general practice. The findings suggest a strong need for targeted educational interventions, better integration of SDM and risk evaluation tools, and systemic adaptations such as billing reforms. While exploratory in nature due to the limited sample size, these insights provide a foundation for future interventions aimed at improving LCS uptake and supporting GPs in evidence-based screening practices.

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Care organisation & referrals

ID 2082- From waiting to recovering? Healthcare utilization in general practice of patients referred to specialized mental healthcare: a data-linkage study

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Context: In the Netherlands, patients with mental health problems often face long waiting times for specialized mental healthcare (SMH) after referral by their general practitioner (GP). During the waiting period, patients may use GP services which can support mental health recovery but also entail risks, such as prolonged medication use. Little is known about the type and amount of care these patients use for their mental health problems in general practice while waiting.

Objectives: We investigated the type and intensity of care utilization in Dutch general practices of patients referred to SMH, to identify areas for improving GP care delivery.

Methods: We used electronic health records from GPs and claims data from patients referred to SMH (N=27,747) between 2022 and 2023. We analyzed healthcare utilization for mental health problems in terms of GP care, mental health nurse (MHN), or drug prescriptions of these patients within 12 months after referral to SMH. Patient- and practice characteristics were compared between users and non-users of GP services during the waiting period.

Results: Preliminary **Results:** Of the referred patients, 61.6% utilized care for mental health problems in general practice while waiting for SMH. Most of the patients utilized care provided by GPs (53.0%) and to a lesser extent by MHN (23.7%). One in eight patients (12.6%) received a new drug prescription during the waiting period, most commonly an anxiolytic (7.5%). Further results will be presented at the conference.

Discussion: More than half of the patients referred to SMH utilize care for mental health problems in general practice, which may reduce the time available for patients with mild psychological problems manageable in primary care. Firstly, reducing waiting times for SMH is key to reduce the burden on GP services. Secondly, providing GPs and MHNs with guidance on supporting patient's recovery during the waiting period could be important to enhance patient care.

Conclusion: Our findings highlight that the burden of care in general practice invoked by patients with a referral to specialized mental health care seems to be considerable.

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ID 1893- An Audit of Lumbar Spine X-Ray Requests from Primary Care: Do They Meet Referral Criteria?

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Context: Low back pain (LBP) is the most common musculoskeletal presentation in primary care, contributing to a significant physical, emotional, and socioeconomic burden. LBP in primary care is estimated to cost the National Health Service (NHS) £5 billion annually. 90-95% of LBP cases are regarded as non-specific, with no underlying spinal pathology. Despite this, lumbar spine radiography is often used in initial assessments. This results in unnecessary radiation exposure, with approximately 65 times the dose used in chest radiography, and avoidable healthcare costs.

Objectives: To review 100 lumbar spine radiography requests from primary care for LBP, assessing compliance with the 2016 NICE guidelines and the 2017 Royal College of Radiologists' referral guidelines, iRefer.

Methods: This retrospective study included the initial 100 patients who had been referred to an NHS Trust for lumbar spine radiography during May 2024. Data was collected from hospital radiology records. Requests were compared against NICE and iRefer guidelines and analysed accordingly.

Results: 59% of X-Ray requests met NICE criteria, whilst 44% met iRefer criteria. The most common clinical indication was for a suspected fracture, accounting for 32% of the X-Ray requests. The most frequent clinical finding was degenerative changes, reported in 68% of lumbar spine X-Rays. Osteoporotic fracture was found in 5% of X-Rays.

Discussion: Compliance with NICE guidelines was greater than compliance with iRefer, likely due to NICE's broader recommendations and accessibility, whereas iRefer's specificity and annual £120 subscription may limit use by GPs. Although MRI remains the preferred imaging modality for disc and soft tissue pathology, long waiting times, patient intolerance, contraindications, and increased costs can result in X-Ray use. The majority of lumbar spine X-Rays demonstrated only degenerative changes, which are better diagnosed clinically. This illustrates how clinical practice must align more closely with NICE and iRefer criteria, to reduce unnecessary radiation exposure and optimise the use of resources.

Conclusion: Although lumbar spine X-Ray has a role in diagnosing fractures, a large proportion of X-Ray requests did not meet both NICE and iRefer guidelines, demonstrating the need for improvement. Maximising adherence requires increased access to guidelines, education for both clinicians and patients, and regular audits.

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ID 1350- Impact of pre-hospital intervention in severe trauma patients in emergency care

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Context: Severe trauma is a leading cause of death and disability worldwide, requiring rapid and coordinated intervention to optimize survival. Approximately 20% of trauma-related deaths are considered preventable with timely and appropriate management from the first moments after injury.

Objectives: This study aimed to compare epidemiological, clinical, diagnostic, therapeutic, and outcome characteristics of patients presenting by their own means versus those transported via prehospital services, and to assess the impact of prehospital intervention on prognosis.

Methods: We conducted a retrospective, observational, descriptive, and analytical study in the emergency department from January 1st to December 31st, 2023. The study included patients admitted to the vital emergency room for severe trauma. We analyzed the means of transport to identify particularities of patients benefiting from prehospital medical transport and to evaluate its impact on prognosis.

Results: A total of 391 patients were included, with a mean age of 39±17.34 years and a male-to-female ratio of 4.75. Comparing patients transported via prehospital services to those arriving by their own means, significant differences were observed: hemostasis disorders (6.1% vs. 0%), anticoagulant or antiplatelet therapy (10% vs. 7.6%), neurological distress (12.3% vs. 2.4%), cerebral (50.8% vs. 35.4%), pelvic (12.9% vs. 1.2%) and peripheral (19.1% vs. 9.8%) injuries on imaging. Prehospital patients also required more advanced interventions, including vasopressin (11.7% vs. 2.4%), tranexamic acid (21.2% vs. 8.5%), oxygen therapy (66.7% vs. 52.4%), and orotracheal intubation (13.3% vs. 1.2%). Logistic regression identified independent predictive factors for in-hospital mortality: age, heart rate, systolic blood pressure <90 mmHg, peripheral injury, and orotracheal intubation.

Discussion: Prehospital management has been consistently shown to reduce mortality in severe trauma by enabling earlier stabilization and faster access to definitive care, as reported in previous studies (Kim et al., 2025; Murad et al., 2012). Our findings are consistent with this evidence, showing that prehospital-transported patients presented with more severe injuries and required advanced interventions, reflecting effective early triage and initiation of critical care.

Conclusion: Prehospital transport improves the vital prognosis of severe trauma patients. Enhanced coordination among emergency services and targeted training for prehospital personnel are essential to further optimize outcomes.

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ID 1290- Public perceptions of medical referrals (qualitative "social listening" across forums)

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Context: Primary–secondary referral systems aim to coordinate care and steward specialist capacity, yet patients' lived experiences are often under-captured. We synthesised public narratives about referrals, access and collaboration in primary care across large, open online communities, to identify pragmatic improvements primary-care teams can implement.

Objectives: (1) Characterise how people describe the experience of being referred, referral decision-making, waits and navigation; (2) identify common "workarounds" and perceived drivers; (3) compare patterns across healthcare contexts; (4) surface primary-care actions that could reduce friction.

Methods: Multi-platform netnography of publicly accessible discussions (2010–2025). Under author instruction and oversight, large language models (LLMs) performed all core steps: locating relevant open forums/social-media communities via neutral search terms; screening threads/posts and curating the corpus (private/paywalled spaces excluded); de-identifying content and paraphrasing quotations; and conducting inductive thematic analysis (LLMs generated codes, consolidated codebooks, clustered themes and drafted analytic memos). No interaction with users occurred; only public data were analysed; no REC/IRB review was sought. To preserve anonymity here, platforms and localities are not named.

Results: Across several hundred posts in dozens of threads, five recurrent themes emerged: (1) Gatekeeping & perceived dismissal—reluctance to refer and multiple visits before escalation; a minority defend guideline-concordant GP management. (2) Waits & the "black hole"—limited status feedback and long delays fuel anxiety; knowledge of rights/processes varies. (3) Workarounds & advocacy—self-referrals where allowed, switching clinics/clinicians, private/online routes and, at times, symptom exaggeration. (4) Navigation & communication gaps—unclear responsibility during the wait; some rejections lack actionable feedback. (5) Positive counter-narratives—prompt GP action or effective primary-care management builds trust. Patterns differed by system: tax-funded settings emphasised waits/opacity; insurance-based settings highlighted cost/administrative burden, but core frustrations were shared.

Discussion: Findings echo known access and communication issues while detailing how barriers are experienced. Limitations include self-selection, unverifiable accounts and platform bias. Practical levers include clear, plain-language referral explanations; proactive timeline/status updates with a named contact; contingency plans ("if-not-better-by-X, escalate"); rapid advice-and-guidance; and leveraging continuity to reduce "performing" severity.

Conclusion: A multi-platform, anonymised netnography highlights consistent pain points—and low-cost, GP-led remedies—that can reduce avoidable revisits, anxiety and delays in referral pathways.

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ID 1276- The Neuroleptic Malignant Syndrome Mirage: A Five-Year study of Suspected Cases in the emergency department

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Context: Neuroleptic Malignant Syndrome (NMS) is a rare but potentially fatal complication of both typical and atypical antipsychotic medications. Its diagnosis remains particularly challenging, as it can easily be mistaken for other medical conditions with similar clinical presentations.

Objectives: We aimed to determine the final rate of confirmed diagnoses among patients referred to the emergency department (ED) for suspected NMS.

Methods: This was a retrospective, observational, single-center study conducted in the ED of Mahmoud Yaacoub for Urgent Medical Assistance over a five year period from January 2020 to october 2025.We included all patients aged over 18 years who were referred to our ED for suspected NMS. Epidemiological, clinical, and therapeutic data were collected. The presence of diagnostic criteria

(clinical and biological) was assessed at two time points, before and after ED referral. The diagnosis of NMS was confirmed or excluded based on well-established diagnostic criteria.

Results: A total of 99 patients were evaluated for suspected NMS (mean age 35.4 ± 13.8 years; sex ratio = 6.62). Nearly all patients (99%) were receiving neuroleptic therapy, predominantly for schizophrenia (61.6%). On pre-referral assessment, 86.7% exhibited extrapyramidal signs, 22.4% had altered consciousness, and 40.8% were febrile. Upon ED arrival, these proportions were 45.5%, 15.2%, and 19.2%, respectively. Rhabdomyolysis was identified in 46.4% of cases. Most patients received supportive treatment, primarily intravenous hydration (78.6%); 18.2% required intensive care admission. Ultimately, NMS was confirmed in 22 patients (22.2%). In others, symptoms were attributed to iatrogenic (45.5%), infectious (10.1%), or miscellaneous causes. The median number of diagnostic criteria fulfilled before and after referral was comparable (2 [2–3] vs. 2 [1–3]).

Discussion: Many suspected cases were ultimately unrelated to true NMS, underscoring its frequent mimics. Using standardized criteria is essential for accurate diagnosis and appropriate management.

Conclusion: NMS remains a complex diagnostic entity in emergency settings, often mimicked by other conditions. Standardized diagnostic criteria play a critical role in distinguishing true NMS from its clinical imitators, enabling timely and appropriate management.

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ID 1237- Evaluating an urgency-based four-track referral pathway in a regional primary care system

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Context: Referrals from primary to secondary care have risen for years, delaying care, adding cost, and burdening clinicians. Strengthening primary care means keeping appropriate patients in primary care and ensuring that those who need secondary care get there fast. In XXX, a health system serving >300,000 residents, a system-wide, urgency-based four-track pathway was launched to streamline referrals and help GPs refer the right patients: (1) senior-coordinated direct admission for acute cases, (2) on-demand specialist advice, (3) multidisciplinary conferences (MDT) for complex cases, and (4) reverse referral from hospital/EMS to primary care.

Objectives: Estimate the association between pathway launch and referral intensity; assess denial rates and e-consult use; explore heterogeneity across specialties and clinics.

Methods: Population-level interrupted time-series using the complete referral registry in XXX. Dataset includes every primary-care-initiated referral to secondary care (incl. ED), monthly Jan 2015–Dec 2024: total 1,880,623 (standard 1,738,383; consultation-type 142,240). Activity denominators: all primary-care contacts 14,378,586. Primary outcome: referrals per 1,000 primary-care visits; counts supportive. Segmented ITS with seasonality and a pandemic segment; HAC-robust errors. Pre-specified robustness: alternative anchors and a first-difference model. Subgroup analyses by receiving specialty (incl. ED) and clinic. Quality-improvement evaluation using administrative data; no patient-level identifiers.

Results: Preliminary analyses shows a negative post-intervention slope in referrals per 1,000 visits, consistent with progressively fewer referrals over time. Reductions concentrate in medical and surgical specialties; psychiatry appears unchanged to slightly higher. Referrals to ED show no clear change beyond seasonality. Denial rates show no consistent change. E-consults rose around implementation and then stabilised. Effects vary across clinics. Findings are directionally similar under alternative anchors and differencing;

interpretation is tempered by pandemic-recovery dynamics and ongoing data cleaning and follow-up.

Discussion: An urgency-based pathway that supports GPs (specialist-on-demand, MDT) can lower low-value referral propensity without changing acceptance thresholds. Variation across clinics and recovery dynamics motivate continued training, simple access to pathway tools and routine activity-adjusted monitoring.

Conclusion: At regional scale (>300,000 residents), the four-track pathway is associated with early, system-level signals of reduced referral intensity. Pending full follow-up and planned sensitivity analyses, the model appears feasible and potentially scalable for sustainable primary–secondary collaboration.

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ID 528- The role of out-of-hours general practice care in the Dutch healthcare system

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Context: The Dutch healthcare system is built on a strong primary care foundation, with general practitioners (GPs) serving as gatekeepers to secondary care. Outside office hours, patients with acute, urgent but non-life-threatening health problems are advised to contact the out-of-hours (OOH) GP services. These services play a key role in maintaining access to emergency care. At the same time, OOH GP services act as a “canary in the coal mine”, with care utilization reflecting how well daytime general practice meets patients’ needs. For instance, when care for older adults (75+) is insufficiently tailored, they are more likely to contact the OOH GP service with acute health problems.

Objectives: To explore two roles of OOH GP care in the Dutch healthcare system: (1) as a gatekeeper preventing unnecessary emergency care, and (2) as an indicator of daytime general practice accessibility and performance.

Methods: We used routinely collected data from electronic health records of OOH GP services (2019-2025). For objective 1, we analyzed the proportion and characteristics of patients who were referred to the emergency department (ED), ambulance dispatch center, or cardiac emergency unit following an OOH GP contact. For objective 2, we examined trends in OOH GP utilization among adults 75+ and their associated health problems.

Results: 1) A small proportion (7%) of patients is referred to emergency care. Most patients are referred to the ED (5.3%), after contact with a GP (84.7%), a home visit (11.2%) or a triage consultation (4.1%), and patients are most often referred for abdominal pain (8.8%). 2) Between 2020 and 2024, OOH GP contacts per 1,000 adults aged 75+ declined, mainly due to fewer consultations for specific reasons, including a 50% drop in diabetes-related contacts and a 25% decrease in contacts related to medication side effects.

Discussion: The OOH GP services manage most urgent health problems themselves, potentially preventing unnecessary hospital and ED visits. The decline in contacts among adults aged 75+ seems driven by fewer consultations for conditions such as diabetes, possibly reflecting better daytime management.

Conclusion: The findings highlight OOH GP services as both a vital part of the healthcare system and a barometer of daytime GP performance.

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Caregivers

ID 2261- Family conferences in the approach to dependent patients with high clinical complexity: from family health teams to palliative care

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Context: Family conferences (FC) are a structured and therapeutic tool in palliative care, promoting effective communication between the healthcare team, patient and family. They are especially relevant for patients with high clinical complexity, both in hospital settings and in primary care.

Objectives: To evaluate the impact of FC on patients followed by palliative care teams and on complex patients dependent on primary health care (PHC), as well as the perception of caregivers on the quality of care provided.

Methods: Observational, analytical and cross-sectional study, with application of a specific questionnaire to caregivers of patients followed by a community palliative care team and a family health team. Sociodemographic and clinical variables and perceptions of the impact of FC on the understanding of the disease and its trajectory, on satisfaction and on the feeling of security and trust were analyzed.

Results: The total sample included 38 caregivers, of whom 20 were accompanied by a team specialized in palliative care and 18 by a family health team. There was a high percentage of female caregivers (78.9%), with a mean age of 58.1 years, and the mean age of patients was 80.7 years. FC was associated with improved perception of communication (9.36 ± 0.65), collaboration (9.50 ± 0.86) and implementation of care strategies (9.45 ± 0.83). The presence of professionals such as social workers and psychologists in the FC of the palliative care team associated with greater family participation ($p = 0.002$) and greater perceived support ($p = 0.001$). Among the patients who died, there was a significant correspondence between the desired and actual place of death ($p = 0.007$), demonstrating FC as an effective instrument for planning. The presence of more family members in the FC correlated with greater hospital use in the previous month ($p < 0.001$) and with greater case complexity.

Discussion: FCs have proven to be effective in improving communication, planning and aligning care with patient and family preferences. Their regular implementation, especially in PHC, should be promoted with multidisciplinary teams and specific training.

Conclusion: The study shows FCs improve teamwork, communication, care planning, and align preferred and actual death places. They boost end-of-life care quality, psychosocial support, and treatment confidence, emphasizing health literacy, team training, and routine use.

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ID 1998- Association Between Caregiver Burden and Sleep Quality Among Caregivers of Patients in Palliative Care Centers: A Cross-Sectional Study

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Context: Palliative care addresses not only patients but also the physical, psychological, and social well-being of caregivers. Caregiving burden may negatively affect sleep quality and overall health, making it essential to understand its impact to improve caregiver well-being and palliative care quality.

Objectives: This study aims to examine the relationship between caregiver burden and sleep quality among caregivers of hospitalized palliative care patients and to contribute to identifying caregiver needs and improving person-centered, sustainable care.

Methods: This cross-sectional study was conducted over three months with 102 caregivers using face-to-face surveys. Data were collected with a sociodemographic questionnaire, the Zarit Caregiver Burden Scale, and the PSQI, and analyzed using IBM SPSS 25.0 with appropriate statistical tests.

Results: Most caregivers were women over the age of 50, married, retired, of moderate income, and high school graduates. The majority were spouses or children of the patients. The mean caregiver burden score was 35.37±15.16, indicating a moderate level

of burden, while the mean PSQI score was 10.86±3.48. Overall, 79.4% of caregivers had poor sleep quality. Caregiver burden and sleep quality did not differ significantly according to age, gender, marital status, number of children, or income level. However, caregiver burden was significantly associated with degree of relationship to the patient, longer caregiving hours, presence of chronic disease, education level, and receiving financial compensation. A strong, positive, and statistically significant correlation was found between caregiver burden and PSQI scores.

Discussion: The presence of chronic diseases, psychiatric comorbidities, the nature of caregiving, and environmental factors in which care is provided emerged as key determinants influencing both caregiver burden and sleep quality. These results emphasize the importance of psychosocial interventions, sleep hygiene education, and regular follow-up programs aimed at supporting caregivers, and suggest that reducing caregiver burden may improve sleep quality.

Conclusion: This study shows that increased caregiver burden negatively affects sleep quality. Family medicine, with its holistic and continuous care approach, plays a key role in the early identification of caregivers at risk. Regular follow-up, psychosocial support, and appropriate referrals provided by family physicians may reduce caregiver burden and improve sleep quality, contributing to more effective and person-centered palliative care.

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ID 1954- Enhancing triadic communication in primary care: bridging physicians, older adults and caregivers - an integrative literature review

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Context: Given that diverse life contexts of older adults may impede effective physician communication and exacerbate dependency, understanding triadic interactions (physician–patient–caregiver) within Primary Health Care (PHC) systems, such as Brazil's Unified Health System, is critical. Poor treatment adherence among older adults and evidence showing that nearly 40% of medical errors in this population stem from communication failures highlight the urgency of addressing this issue to improve patient safety and health outcomes.

Objectives: To analyze the multidimensional aspects of triadic communication in Primary Health Care through a literature review.

Methods: An integrative review was conducted using the Virtual Health Library databases. The search strategy applied Boolean operators with combined terms: (elderly OR "older adults") AND (caregivers OR family) AND ("primary health care") AND (communication OR "physician–patient relationship"). Studies published between 2010 and 2025 addressing communication involving older adults and/or caregivers were included and analyzed through thematic synthesis. Articles unrelated to the topic, duplicates or those outside the Primary Health Care context were excluded. Data were synthesized thematically to identify key dimensions and recurring patterns. The methodological rigor aimed to ensure reliability in the selection and interpretation of evidence.

Results: Of 325 articles identified, 17 addressed the topic broadly, 9 aligned with the study focus, and 317 were excluded. Findings reveal weaknesses in professional training, predominance of biomedical practices, and gaps in teamwork. Cultural competence and contextual factors are critical for effective communication.

Discussion: Triadic communication is a complex and multifaceted phenomenon. Evidence highlights a persistent tension between respecting patient autonomy and effectively integrating the caregiver. The caregiver's role is paradoxical, acting either as a facilitator or diverting attention from the older adult's care needs. The use of digital tools and structured checklists enhances interaction. Developing skills to mediate conflicts and adapt communication strategies according to cognitive level and patient context is essential for improving care quality.

Conclusion: It is concluded that triadic communication requires professionals to develop relational and expressive competencies,

demonstrate flexibility in adopting context-specific strategies, and apply creativity in designing tools that support person-centered care. Future studies should evaluate interventions that strengthen triadic communication and measure their impact on patient safety and health outcomes.

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ID 1800- Navigating the Double Burden: A Systematic Review of Challenges and Coping Strategies in the Sandwich Generation

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Context: The sandwich generation comprises adults who simultaneously care for their aging parents and dependent children. This growing phenomenon reflects global demographic changes such as increased life expectancy, delayed parenthood, and economic pressures. These dual caregiving roles expose individuals to multifaceted physical, emotional, and financial challenges that affect overall well-being.

Objectives: This systematic review aims to examine existing literature on the challenges and coping strategies experienced by the sandwich generation and identify implications for health and social policy.

Methods: Following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, a systematic review was conducted. Three independent reviewers searched PubMed, Medline, ScienceDirect, CENTRAL, the Wiley Online Library, JBJS, and Google Scholar for studies published from January 2020 to November 2024. Search terms included “sandwich generation,” “challenges,” “coping strategies,” “physical health,” and “mental health.” Eligible articles included English-language studies with quantitative or qualitative designs addressing caregiving experiences within the sandwich generation. Data extraction and quality appraisal followed the Cochrane Review Group’s 10-item assessment tool.

Results: Out of 1,268 records identified, five studies met the inclusion criteria. The reviewed literature revealed consistent themes of emotional strain, time pressure, and financial burden. Caregivers reported stress, fatigue, and reduced self-care. Common coping strategies included seeking social support, practicing mindfulness, and time management. Gender disparities were observed, with women experiencing greater caregiving load and emotional distress.

Discussion: Findings highlight the dual challenges and adaptive resilience of the sandwich generation. Strengthening institutional support, workplace flexibility, and community-based programs is crucial to sustain their well-being and caregiving capacity.

Conclusion: This review demonstrates that sandwich-generation caregivers shoulder significant emotional, physical, financial, and time-related burdens that compromise their well-being. Nonetheless, caregivers display considerable resilience through adaptive coping strategies and social support systems. Gender disparities further intensify the caregiving experience, disproportionately affecting women across emotional, physical, and economic dimensions. Supporting these caregivers is not merely a matter of individual well-being but a societal imperative, as their ability to function effectively influences family stability, workforce participation, and the health of dependents across two generations.

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ID 1558- Culturally adaptive AI chatbot to support real-time mental-health screening among foreign caregivers in primary care

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Context: Foreign caregivers frequently experience emotional distress related to isolation, demanding work conditions, and limited access to mental-health resources. Communication barriers such as culturally shaped ways of expressing distress, indirect language, and unfamiliarity with mental-health terminology often challenge early detection in primary care. Family physicians require practical,

low-cost tools that facilitate culturally sensitive dialogue during the consultation while preserving clinical judgment.

Methods: We implemented a culturally adaptive AI chatbot, built on an open-source language-model architecture, to support real-time communication and early mental-health screening during primary-care encounters. Development was guided by mapping clinicians' communication challenges and identifying culturally patterned expressions of distress among foreign caregivers. During the visit, the physician activates the chatbot on a shared screen and uses it interactively with the caregiver. The chatbot reformulates validated screening questions such as PHQ 9 and GAD 7, brief standard tools for detecting depression and anxiety, into culturally aligned and simplified language. It identifies potential indicators of distress and offers culturally appropriate phrasing options to facilitate deeper exploration. The tool functions as a real-time communication mediator, while the physician remains the sole interpreter and decision-maker.

Originality: Integrated directly into the clinical encounter, the chatbot serves as a dynamic, culturally adaptive communication tool that supports meaning-centered dialogue under full clinician control. Its open-source design allows adaptation across clinical environ

Lessons learned and future implication: Early use suggested improved mutual understanding, greater patient engagement, and more reliable completion of screening tools. Physicians reported that the chatbot helped surface emotional concerns that might otherwise remain unspoken. Key challenges inc.

Discussion: Embedding AI as a live communication partner can help clinicians initiate mental-health discussions in multicultural settings while preserving clinical autonomy and human connection. This approach showed acceptability and added value in routine practice.

Conclusion: A culturally adaptive AI chatbot used during primary-care encounters can strengthen early mental-health assessment among foreign caregivers by improving communication, diagnostic clarity, and engagement. This clinician-centered model offers a scalable and practical innovation for multicultural primary care.

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ID 1543- General Practicioner role during Caregivers bereavement Journey

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Context: Caregivers (CG) have been recently recognized by the law, but their status ends at the time of the caregiver's death. Thus, mourning is a major fragility period for CGs.General Practitioner remains a primary actor during caregiving period, but little is known about its role during CG mourning.

Objectives: The aim of this study was to assess CGs experience of the bereavement and what was the role played by GPs during this delicate period .

Methods: A qualitative analysis based on grounded theory approach was carried out on bereaved CGs. Primary assumptions were set interviewing end-of-life professionals' caretakers, then 14 CGs were interviewed using semi-structured interview methods. Analysis and triangulation coding with an external researcher were made, as well as an adaptation of the semi-structured interview until sufficiency of data

Results: CG bereavement experience relates to caregiving experience as well. Gradual loss of control over the situation reach its climax with the loved one's death. CG stars then a journey of a "double bereavement": the loved one's and his caregiving role as well, in order to rebuildhis identity and become someone else. GP relationship may facilitate or hinder this path or remain independent of CG/caregiver role. In the background of this journey, we found two other actors influencing CG experience: health care system and family/social network. Covid-19 pandemic was another constraint bereaved CGs had to cope with.

Discussion: CGs listed some suggestions on their regards. They would like their expertise taken into account, as well as logistic help (home visits, address book, etc.). Moreover, they would like to open a discussion on end-of-life issues. This will allow them to prepare themselves, but also to express their

feelings, in order to try to move forward during bereavement. GP seems to be a privileged partner to discuss these issues.

Conclusion: Our findings highlight the pivotal role of the General Practitioner, whose empathic presence and proactive engagement can ease caregivers' emotional burden, facilitate meaning-making, and support a healthier bereavement trajectory. Strengthening primary care involvement and discussion about end-of-life dialogue and post-loss follow-up may therefore significantly improve caregivers' experiences and grief resolution.

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ID 1110- No One Left Behind in Remote Communities: Strengthening Caregiver Support through SDG-Aligned Online Primary Care Consultations

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Context: Family and professional caregivers in remote and geographically isolated communities often experience substantial emotional and informational burdens due to limited access to continuous primary care. These caregivers frequently navigate complex health issues on behalf of older adults while lacking timely medical guidance and psychological support. Such inequities highlight the need for scalable and person-centered approaches to caregiver support.

Methods: Using a mixed-methods design, this study focused primarily on caregivers who participated in regularly scheduled online health consultations. Quantitative surveys evaluated perceived clarity and empathy of communication, usefulness of medical advice, caregiver burden, stress levels, and trust in providers. Focus group interviews explored caregivers' lived experiences, unmet needs, and perceptions of how online communication influenced their emotional well-being and caregiving confidence.

Originality: Using a mixed-methods design, this study focused primarily on caregivers who participated in regularly scheduled online health consultations. Quantitative surveys evaluated perceived clarity and empathy of communication, usefulness of medical advice, care.

Lessons learned and future implication: Caregivers reported reduced anxiety, enhanced ability to make informed decisions, and improved confidence in managing daily care. Many emphasized the value of empathetic communication, noting that it alleviated their sense of isolation and provided valida.

Discussion: The study demonstrates that online consultations can effectively reduce caregiver burden while strengthening continuity of care. However, limitations include a small sample size, variability in caregivers' digital literacy, and dependence on stable technological infrastructure. Further research should assess long-term outcomes, explore culturally adaptable communication strategies, and examine integration into broader community-based primary care systems.

Conclusion: SDG-aligned online consultations contributed to greater equity, psychological well-being, and informational support for caregivers in remote communities. While challenges remain regarding scalability and technology access, this model offers a promising framework for enhancing caregiver-centered primary care in underserved populations.

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Cervical Cancer Prevention

ID 2163- Digital Patient Support for HPV Prevention in Primary Care

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Context: In XXX, HPV vaccination uptake remains low, despite cervical cancer continuing to represent a major public health problem. In everyday primary care practice, vaccine hesitancy and limited access to clear, trustworthy information are frequently encountered. Although digital education is

increasingly promoted, web-based interventions remain uncommon in XXX.

Objectives: The aim of this study was to assess whether a digitally delivered educational intervention implemented in primary care could improve patient knowledge, attitudes, and confidence regarding HPV vaccination. Also, the study explored subsequent vaccination uptake.

Methods: This ongoing educational initiative was carried out in one family medicine setting in XXX, with planned expansion to five additional practices before the WONCA conference. Online educational sessions focusing on HPV infection and vaccination were offered to 60 adult patients and parents registered in a single family medicine practice. The sessions were delivered with the involvement of a family medicine trainer and a resident, reflecting routine primary care practice. Knowledge and attitudes were assessed using standardized questionnaires administered before and after the sessions. Follow-up assessments after one and two months are planned to observe changes in attitudes and actual vaccination uptake.

Results: Paired analysis included 37 participants who completed both questionnaires, as not all participants completed all study stages. Following the intervention, attitudes towards HPV vaccination improved significantly. Perceived vaccine effectiveness increased, while concerns regarding serious adverse effects decreased ($p < 0.01$ for both). Adherence to family doctor recommendations also improved. Only 62% of participants completed all assessment stages. These results are preliminary, as data collection is ongoing.

Discussion: The findings suggest that digital education delivered within primary care may help address common concerns related to HPV vaccination. However, incomplete participation highlights practical challenges in maintaining patient follow-up in routine practice.

Conclusion: In the digital era, primary care has an important role and digital delivery may increase access to preventive education. This initiative suggests that teaching delivered through digital platforms can support patient-centered HPV prevention. This primary care–based digital intervention was associated with more favorable attitudes towards HPV vaccination. Despite being limited to a single practice and a modest sample size, the approach may be transferable to other primary care settings.

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ID 2019- HPV literacy among women undergoing chemotherapy for breast cancer: preliminary findings from a cross-sectional study

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Objectives: The level of literacy regarding HPV plays an important role in participation in screening programs and the development of protective behaviors.The aim of this study is to evaluate the levels of literacy regarding HPV infection,cervical cancer screening,and the HPV vaccine in female patients undergoing chemotherapy for breast cancer.

Methods: This study is prospective,cross-sectional,and descriptive in nature and was conducted between 01/08/2025–01/09/2025,in the chemotherapy unit of a tertiary education and research hospital.Forty-eight female patients receiving chemotherapy for breast cancer were included in the study.Data were collected using a structured form that inquired about sociodemographic and clinical characteristics and the HPV Literacy Scale(HPV-LS) through face-to-face interviews.Statistical analyses were performed using the SPSS 25.0 program;chi-square test,one-way analysis of variance,and appropriate post-hoc tests were used for intergroup comparisons.The significance level was set at $p<0.05$.

Results: The mean age of participants was 53.2±9.4 years,64.6% were married,and 43.8% had completed primary school.The proportion of participants who had heard of HPV was 77.1%, and the proportion who reported having knowledge about HPV was 18.8%.The proportion of participants

who had received the HPV vaccine was 2.1%.The rate of those who had undergone HPV testing and Pap smears was 64.6%.HPV-LS scores were found to be higher among those who had undergone HPV testing and Pap smears(p=0.022 and p=0.014, respectively),and showed significant differences in terms of education level(p=0.003) and socioeconomic status(p=0.018);while they were found to be lower in individuals with chronic diseases(p=0.032).

Discussion: Findings indicate that HPV literacy is associated with screening behaviors and sociodemographic variables.The significant relationship between participation in screening tests and HPV-LS scores suggests that screening programs should be considered an effective tool for providing information.Differences based on education and socioeconomic status, however, point to inequalities in HPV literacy.These findings are consistent with international studies reporting higher HPV awareness among individuals with higher levels of education.

Conclusion: HPV literacy is inadequate among women receiving chemotherapy for breast cancer.The findings suggest that structured interventions to increase HPV awareness,screening counseling,and vaccine awareness in primary care settings should be a priority in health policies
Keywords:HPV,Cervical Cancer,HPV Vaccine

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ID 1901- The relationship between women's cervical cancer risk status, risk perception, and their cervical cancer screenings

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Context: Cervical cancer screening methods such as the Pap smear and HPV test are easy to administer and are life-saving.

Objectives: In this study, the aim was to determine the relationship between women's cervical cancer risk status and risk perceptions and cervical cancer screening.

Methods: This cross-sectional study was conducted in April 2021 among 600 women aged 30 to 65 years who met the study criteria and were registered at a university family health centers. Data were collected using a “Data Collection Form” and “The Health Belief Model Scale for Cervical Cancer and the Pap Smear Test”. Participants were asked, "What do you think your risk of cervical cancer is?". Risk perception was measured using 'low,' 'medium,' and 'high' responses. A total risk score was calculated by assigning values to risky health behaviors and situations described in the literature. Statistical analyses included descriptive statistics, t-tests, ANOVA, and chi-square tests.

Results: Participants had a mean age of 43.6±10.0 years. Of those who did not undergo screening, 55.5% were aged 30–40 (p = 0.009). Most women (86.2%) knew about cervical cancer screening, and 71.2% had received it. The study found 72.3% perceived medium risk, 20% low, and 7.7% high risk of cervical cancer. Women with high risk perception were more likely to be screened (p = 0.009). Those with higher total risk scores (7.46±2.29) underwent screening more than those with lower scores (6.78±2.48; p = 0.002). No significant difference was found between total risk score and individual risk perception (p > 0.326). Subscale scores—Pap smear benefit/motivation, cancer importance, sensitivity, and health motivation—were higher in women who had Pap smears (34.09±5.84, 24.40±5.98, 8.26±2.42, 9.22±3.20; p = 0.000). Pap smear barriers were higher among unscreened women (41.23±9.65). High-risk perception was linked to higher scores for Pap smear benefit/motivation (36.04±4.20), cancer importance (27.63±5.79), sensitivity (10.20±2.64), and health motivation (10.21±3.22). Low-risk perception corresponded to higher Pap smear barrier scores (35.43±11.69).

Discussion: Consultancy services should be provided to help those with a low risk perception to accurately assess their risk.

Conclusion: To understand and assess the risk level of cervical cancer, there is a need to develop risk calculation models.

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ID 1940- HPV vaccination coverage and motivators among polish future healthcare providers

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Context: Background: HPV vaccination is a key preventive measure against HPV-related cancers, yet uptake among young adults in Poland remains low. Understanding the attitudes and barriers faced by future healthcare professionals is vital for improving coverage.

Objectives: Aim: To evaluate HPV vaccination coverage, attitudes, and determinants among medical, nursing, midwifery, and public health students, and identify factors influencing vaccination decisions.

Methods: A cross-sectional survey was conducted among 1,062 students at the Medical University of Lodz. Participants reported vaccination status, willingness to vaccinate, perceived barriers and motivators, and adverse events. Logistic regression analyses identified predictors of vaccination.

Results: Results: Overall, 20% of students had received the HPV vaccine, with the highest coverage among Midwifery students (26.8%) and the lowest among medical students (16.8%). Among unvaccinated students, willingness to vaccinate exceeded 60% in medical students but was below 40% in nursing students. Key barriers included cost and misconceptions about vaccination age limits; most students were too old to benefit from Poland's recent free vaccination program for 9–14-year-olds. Parental influence and university guidance were the main motivators, though formal recommendations were infrequent. In univariate analysis, marital status, having children, and prior sexual experience were associated with vaccination; in multivariate analysis, only marital status remained significant (OR = 2.58; 95% CI: 1.37–4.86; p = 0.004). Adverse events were reported by 45% of vaccinated students, mostly mild injection-site reactions; no vaccination discontinuations occurred.

Discussion: HPV vaccine uptake among future healthcare professionals in Poland is low despite positive attitudes, highlighting the need for financial support.

Conclusion: Conclusions: HPV vaccine uptake among future healthcare professionals in Poland is low despite generally positive attitudes. Targeted educational programs and financial support are needed to reduce barriers and improve vaccination rates, ultimately strengthening preventive healthcare.

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ID 555- Self-sampling for HPV-test: primary care providers' perception. Qualitative study

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Context: Despite a national organized screening program since 2018, the incidence of cervical cancer screening rates too low in France. In 2019, national recommendations introduced the use of self sampling for HPV-testing as an alternative to provider-performed screening for women whose screening is not up to date. However, its use appears to be marginal. Numerous studies have examined women's perspectives as well as the technical and budgetary aspects of self-sampling for HPV testing. To date, few studies have examined the opinions of the various prescribers.

Objectives: The objective of this study is to investigate the perception of self-sampling for HPV testing among primary care providers involved in cervical cancer screening in Lorraine (France).

Methods: Qualitative analysis using semi-structured individual interviews with primary care providers involved in the cervical cancer screening strategy in Lorraine (GPs, midwives, and gynecologists).

Results: A total of 13 participants were recruited for the study between July 2024 and March 2025, including 6 general practitioners, 4 midwives, and 3 gynecologists. Most participants reported a positive view of the self sampling for HPV-testing and cited it as a tool to reach some women who had dropped out of screening. However, this test was described it as insufficient and useless in their practice y gynecologists and midwives.

Discussion: The benefits of self-sampling for HPV-test, already highlighted in the French and internationale literature for patients who have limited access to healthcare or living in rural areas, or having experienced gynecological or sexual trauma. An interesting tension emerged between the potential benefits of such a test for women's empowerment and respect for their privacy, alongside concerns about healthcare professionals losing expertise.

Conclusion: Self-sampling for HPV-testing is a promising tool for improving cervical cancer screening by increasing adherence to screening and women's autonomy. However, its widespread adoption requires better promotion and appropriate support to ensure informed use that complements comprehensive medical care.

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ID 351- Retrospective study of CERVICAM (cervical cancer prevention)´s adherence in 3 centers of Madrid region during 2023.

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Context: The cervical cancer prevalence in Spains is one of the lowest in Europe but in 2016-2020 was increase by a 6%, in relation with VPH (papiloma human virus) which is present in the 99,7%. Been a silence cancer until advance stages it´s important to have a screening method available. In Madrid region it´s call CERVICAM.

Objectives: Determinate adherence to Cervical cancer screening by cervical citology in women between 25 and 65 years old.

Methods: Restrospective and descritive observational study that include every women patients between 25 and 65 years old in the 3 medical quota and that had indication of cervical cancer screening. Principle variable: screening adherence acording to CERVICAM criterias: - Women between 25 and 35 years old must have a cervical citology each 3 years - Women between 35 amd 65 years old must have a negative VPH-AR or cervical citology in the last 3 years. Secundary variables: citology results, VPH results or place where citology has been taken.

Results: 991 patients were include in the study but 50 were exclude because of the ausence os screening indication obtaining a 55.6% adherence to screening. The citology results were negative in the 95% but VPH was determinate only un 10.3% of patients. According to the place were the citology were made 48.5% took place in CERVICAM and 35.2% in the private health care. The study has shown stadistical difference according to socioeconomic level whith a decrease of adherence from 72.3% to 44.1% between both neighborhoods.

Discussion: A 55.6% adherence to CERVICAM screening its insufficient to reduce cervical cancer mortality, but it can be related to the lack of information in the general population. Recently the Madrid goverment has modify the CERVICAM protocole to include the SMS or email contact o email which. During our study it has been made in some cases telephone contact to inform the patient of the protocole which increase the adherence in 2024. It could be interesting for forward studies to compare both porcentages.

Conclusion: Telephone contact and information of screening as daily medical practice will be necesary to increase cervical cancer screening adherence and by that reduce its morbimortality

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Children's development

ID 1928- Adverse Childhood Events: Implications for Primary Care Providers

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Context: Adverse Childhood Experiences (ACEs) are stresses that children may suffer while growing up. In Europe 4 in 10 adults have suffered ACEs as children and the health burden is estimated at 24.6 million Disability-Adjusted Life Years (DALYs) in Europe alone.The Center for Disease Control (CDC), the World Health Organization (WHO), and others have put out guidelines for prevention and

treatment of ACEs in order to decrease the lifetime morbidity from these trauma.

Objectives: 1) To review the important scientific literature on ACEs. 2) To identify simple interventions that can be implemented in the primary care setting to help patients with disability due to ACEs.

Methods: Books, journal articles, lay material, and internet searches were done to collate the important principles of ACEs and treatment as pertains to primary care providers (PCPs).

Results: WHO strategies include 1) policy and legislation, 2) strengthening families, 3) education and life skills, 4) support services, and 5) muti-component programs. Education and life skills have been shown to be particularly helpful. One university, Penn State, USA has over 20 years' experience in teaching resilience to at-risk youth, showing success in helping youth cope with stress and decrease anxiety.

Discussion: ACE's and its disabling effects can be diminished in our society. Both primary prevention and secondary prevention are effective in decreasing ACEs and its associated disability. Primary prevention can be achieved by enhancing social services to families and parents. Secondary prevention can be achieved by teaching resiliency to young people.

Conclusion: ACEs and the disability of ACEs are staggeringly high and show no signs of retreat. PCPs who interact with patients on a regular basis are in an ideal position to identify and refer patients who suffer from ACEs for appropriate mitigating treatment. Together as first line responders we can help our patients who have suffered trauma, while helping create programs to prevent future generations from the same struggles.

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ID 954- ScreenCare: The impact of screen use on behavior, sleep and weight, in children aged 5 to 10 years old.

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Context: Screen exposure has become increasingly pervasive in childhood, with growing evidence linking excessive use to behavioral difficulties, sleep disturbances, and adverse physical health outcomes.

Objectives: To assess, in children aged 5 to 10 years, the relationship between daily screen exposure and indicators of behavior, sleep quality, and body weight.

Methods: A cross-sectional observational study is being conducted from september 2025- december 2026. The sample expects to include up to 200 children aged 5–10 years, recruited through elementary schools. Parents or primary caregivers complete an anonymous questionnaire including sociodemographic data, average daily screen time (weekdays and weekends), the Strengths and Difficulties Questionnaire (SDQ), an adapted Sleep Quality Scale, and parent-reported weight and height. Descriptive statistics were performed, and correlations were calculated between screen time, behavior, sleep variables, and body weight.

Results: The results are preliminary. To date, 52 children have been included in the analysis. A preliminary index of screen-related behaviors was constructed (10 Likert-type items, $\alpha = 0.90$), along with a preliminary index of sleep problems (25 items, $\alpha = 0.84$). Among the 39 children with available weight data, no significant association was observed between weight and the behavior index (Spearman $\rho = 0.02$; $p = 0.91$), and only a trend toward a negative association was noted between weight and sleep problems ($\rho = -0.31$; $p = 0.056$). In contrast, a moderate and statistically significant positive correlation was found between sleep problems and screen-related behaviors in the current sample ($\rho = 0.46$; $p < 0.001$), indicating that children showing greater sleep disturbance also tend to present more dysregulated screen-related behaviors. Further results will be updated as data collection progresses.

Discussion: These preliminary findings reinforce existing evidence linking excessive screen time to

behavioral and sleep dysregulation. The correlation with BMI is modest, further responses are needed to draw deeper conclusions.

Conclusion: Provisional results appear to indicate that screen time among children aged 5–10 years is above recommended levels and is associated with behavioral difficulties, disrupted sleep patterns, and a tendency toward higher BMI. Once finished this study aims to highlight the need for ongoing clinical monitoring and parental guidance on healthy technology use during childhood.

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ID 1217- Social and environmental determinants of language delay among children aged 12–42 months: evidence from a nationally representative survey

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Context: Early language skills are critical for cognitive and socioemotional development and are routinely monitored in primary care. The COVID-19 pandemic exacerbated vulnerabilities in early childhood, with recent estimates from a middle-income Latin American country indicating that developmental delay has risen to approximately 28%. Despite this alarming increase, there is limited population-based evidence identifying the determinants of language delay in young children in the region. This study aims to address this evidence gap.

Objectives: To estimate the prevalence of language delay among children aged 12–42 months and to identify structural, underlying, and proximal determinants associated with delay using nationally representative data from a 2018 health and nutrition survey.

Methods: A cross-sectional analytical design was applied to data from 8,446 children. Language development was assessed using caregiver-reported items adapted from the MacArthur–Bates Communicative Development Inventories. Explanatory variables followed the UNICEF early childhood development framework. Analyses included survey-weighted descriptive statistics, design-adjusted bivariate tests, and multivariable logistic regression models. Sensitivity analyses and collinearity diagnostics ensured robustness.

Results: Language delay affected 14.5% of children before the pandemic. Structural inequities were evident: delay was more frequent among children living in poverty, in rural settings, and in households with inadequate sanitation. Underlying determinants included lower maternal education and limited participation in early childhood programs. Proximal determinants showed the strongest associations. Lower cognitive stimulation (HOME score below the median), fewer types of toys, reduced access to children's books, and less engagement in interactive activities (reading, storytelling, singing) were all linked to significantly higher odds of delay. Each additional hour of daily screen exposure increased odds of delay (aOR ~1.07). Male sex and older child age were consistent predictors. Effects were more pronounced among children experiencing stunting.

Discussion: Findings reveal deep socioeconomic and environmental gradients in early language development. The sharp post-pandemic increase in developmental delay (28%) reinforces the urgency of strengthening early identification and caregiver-support strategies within primary care.

Conclusion: Language delay is a substantial and socially patterned public health challenge in a middle-income Latin American country. Integrating structured developmental monitoring and targeted family support into primary care could help mitigate widening post-pandemic developmental inequalities.

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ID 1214- Expressive vocabulary norms for children aged 12–42 months: population-based percentiles for early detection in primary care

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Context: Early expressive vocabulary is a key indicator of child development and is routinely monitored in primary care. However, many middle-income settings lack population-based normative references to detect children at risk of language delay. No national expressive vocabulary norms previously existed for children aged 12–42 months in a middle-income Latin American country.

Objectives: To establish age-specific expressive vocabulary percentiles using MacArthur-Bates Communicative Development Inventories (MB-CDI) Short Forms and to estimate the prevalence of low language development in children aged 12–42 months in a middle-income Latin American country.

Methods: This study analyzed data from a nationally representative health and nutrition survey conducted in 2018, including 4,652 children aged 12–42 months. Expressive vocabulary was assessed using three 50-item MB-CDI Short Forms across three age groups (12–18, 19–30, 31–42 months). Children with conditions potentially affecting neurodevelopment were excluded from norm construction. Generalized Additive Models for Location, Scale, and Shape (GAMLSS) were used to generate smooth percentile curves (P10, P25, P50, P75, P90). Demographic correlates of low vocabulary, defined as scoring below the 10th percentile, were examined.

Results: Vocabulary increased steadily with age in all percentiles. Median expressive vocabulary rose from 24 to 33 words (12–18 months), 12 to 32 words (19–30 months), and 18 to 30 words (31–42 months). Low language development affected 14.6% of children. Girls showed slightly higher scores in younger groups, though differences were not significant at older ages. Lower maternal education was strongly associated with higher prevalence of low vocabulary. Ceiling effects were observed at younger ages and were addressed using Beta-inflated models.

Discussion: This study provides the first population-based expressive vocabulary norms for young children in a middle-income Latin American country. The results highlight meaningful developmental variability and sociodemographic disparities relevant for early detection in primary care.

Conclusion: MB-CDI Short Forms, combined with percentile-based norms, offer a feasible and culturally appropriate tool for identifying children at risk of language delay in primary care settings in a middle-income Latin American country. Incorporating expressive vocabulary monitoring into routine child health evaluations can support early intervention and reduce developmental inequities.

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ID 964- The unexpected impact of childcare arrangements on exposure to touchscreens in children under 3 years of age.

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Context: Given the ubiquity of touch screens and applications, the American Academy of Pediatrics revised its recommendations for the use of interactive screens in 2016, advising against their use before 18 months of age (compared to 24 months previously).

Objectives: The aim of this study was to describe touch screen exposure and associated factors in XXX children aged 0-36 months.

Methods: Cross-sectional descriptive epidemiological study were conducted between August 2017 and August 2018. Questionnaires were distributed to parents of children aged 0-36 months who consulted general practitioners in the XXX region. Data were collected on exposure to touch screens, socio-demographic characteristics and

parental feelings. Ethical approval and data protection compliance were secured, and informed consent was obtained.

Results: 44 investigators were recruited and 395 questionnaires were collected. Three quarters of the children were exposed to a touch screen, mainly passively and accompanied. The child's age was correlated with greater exposure in terms of frequency ($p = 0.001$) and duration ($p = 0.006$). Other factors associated with more frequent exposure were grandparent care ($p = 0.03$), mother's lack of employment ($p = 0.049$) and parents' positive perception of screens ($p < 0.001$). These risk factors remained significant on multivariate analysis. There was no significant association between exposure to touch screens and child's gender, parents' age or parents' socio-professional categories.

Discussion: This study was the first in XXX to examine the link between childcare arrangements and children's screen exposure. It achieved its intended statistical power and benefited from a multicentre design. However, some age and socio-professional groups were under-represented, and the robustness of the findings was limited by several biases, including selection, recall, social desirability, comprehension and geographical misclassification. The findings generally aligned with the international literature, but they also highlighted a novel association: higher touchscreen exposure among children cared for by grandparents.

Conclusion: The high exposure to touch screens among young children in the XXX was consistent with the existing literature. Childcare by grandparents emerged as a significant factor for increased exposure. These findings highlight the importance of informing parents and grandparents about recommendations for screen use, with general practitioners playing a key role in prevention.

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ID 853- e-KID - Validation of a Screening Tool for Screen Overexposure in Children Aged 0 to 18 in Primary Care

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Context: Excessive screen time is associated with developmental, behavioral, and health risks in children. Despite growing concern, no validated tool currently exists in any language to identify screen overexposure in routine clinical practice.

Objectives: To validate a novel screening tool for detecting screen overexposure among children and adolescents aged 0 to 18 during primary care consultations. The primary outcome was the tool's diagnostic accuracy in identifying screen overexposure, defined by physicians' clinical assessment. Secondary outcomes included internal and external validity, user acceptability, and identification of risk factors.

Methods: This was a prospective, multicenter, cross-sectional validation study conducted between December 2023 and March 2024. A total of 439 children aged 0 to 18 years were recruited by 74 primary care physicians and 3 child health institutions in France. The tool was originally developed during a previous thesis through a systematic literature review and Delphi consensus process.

Results: A threshold score of 6 out of 21 was identified as the optimal cutoff for screen overexposure, yielding a sensitivity of 96% and specificity of 74.1%. The tool's total score correlated strongly with clinician assessment (AUC = 0.925; 95% CI, 0.899–0.951; $p < .001$). Age-specific thresholds were established, and weighted scoring was proposed for each age group. Physicians rated the tool as easy to use, well integrated into clinical practice, and effective in initiating discussions with families. Known risk and protective factors (e.g., maternal education, screen rules, outdoor space) were confirmed.

Discussion: In the absence of a gold standard, the score was created by expert consensus. The combination of the two sub-scores, usage (where, when, how much, how?) and warning signs, makes

it possible to refine the identification of at-risk situations.

Conclusion: This study validates the first screening tool for screen overexposure in children, designed for use in everyday primary care settings. The tool meets a widely recognized clinical need and provides a practical method to support prevention, early detection, and family education in pediatric consultations.

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ID 68- Screening Tools for Attention-Deficit/Hyperactivity Disorder in Children and Adolescents in General Practice: A Literature Review

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Context: Attention-deficit/hyperactivity disorder (ADHD) affects 3–5% of children in XXX. Diagnosis is frequently delayed due to limited access to specialists and variability in clinical practices. As the first point of contact for families, general practitioners (GPs) play a pivotal role in early detection but often lack screening tools adapted to the realities of primary care.

Objectives: To identify, evaluate, and compare the diagnostic performance of ADHD screening tools for children and adolescents in the context of family medecine.

Methods: A narrative literature review was conducted using a PRISMA-inspired approach. Searches of PubMed, Embase, the Cochrane Library, and Google Scholar (January 2015 – May 2025) identified studies involving children aged 6–18 years that evaluated ADHD screening or diagnostic tools applicable to general practice. Out of 166 references, 10 articles were retained after independent dual screening and critical appraisal.

Results: Three categories of instruments were identified. DSM-based scales (Conners, Vanderbilt, SNAP-IV, ADHD-RS) demonstrated good sensitivity (70–85%) but variable specificity (60–80%), which improved when combining reports from multiple informants.Broadband scales (SWAN, CBCL, CABI) assess both symptom severity and comorbidities; notably, the CABI offers free access and strong predictive validity (AUC ≈ 0.93). Short questionnaires (PSC, SDQ) are practical for rapid pre-screening in general practice but show limited specificity (< 60%) and should not be used in isolation.

Discussion: No single tool provides sufficiently reliable screening on its own. The most effective approach in primary care is a two-step strategy: (1) an initial pre-screening with a brief questionnaire (PSC or ASQ), followed by (2) a concise DSM-based scale (SNAP-IV or ADHD-RS) to quantify symptoms. A broadband scale (such as the CABI or CBCL) can be added when comorbidities are suspected. The general practitioner's role is to identify children requiring specialist assessment and ensure follow-up within a structured care pathway, which could include a dedicated, coded consultation to synthesize clinical and screening data before referral.

Conclusion: Standardized rating scales complement clinical evaluation and support earlier detection of ADHD in primary care. Future research should aim to develop validated, time-efficient tools tailored to general practice and to promote the use of accessible digital formats that facilitate their routine implementation.

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Chronic disease management

ID 1614- Health Literacy, Socioeconomic Barriers, and Chronic Disease Management Among Older Adults in Prishtina, Kosovo

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Context: Older adults in Kosovo face multilayered socioeconomic challenges that shape chronic disease management, yet the interaction between health literacy, economic constraints, and self-management remains insufficiently documented.

Objectives: To examine the relationship between health literacy, socioeconomic barriers, and chronic disease self-management among older adults in Prishtina, Kosovo.

Methods: A mixed-methods survey was conducted among 89 older adults in Prishtina. Health literacy was assessed using the HLS-EU-Q16, chronic disease self-management using the SC-CII, and open-ended questions explored participants' perceived needs and barriers.

Results: Although 47.8% of participants demonstrated adequate health literacy, socioeconomic constraints dominated health-related experiences. The most frequently reported unmet needs were cost-free medication (34%) and financial assistance (28%). Many participants linked their ability to manage chronic conditions directly to pension adequacy and out-of-pocket healthcare costs. Regression analyses indicated that, even after controlling for health literacy, individuals with "other" chronic conditions—often requiring expensive or specialised care—had significantly lower self-management scores (B = −7.25, p = 0.038). Qualitative findings further revealed that economic stress undermines long-term disease management, often outweighing knowledge or motivation.

Discussion: The findings suggest that the potential benefits of health literacy are constrained when older adults face persistent financial hardship, highlighting the limits of individual-level interventions in the absence of structural support. Weak social protection mechanisms, high out-of-pocket payments, and fragmented care pathways within the healthcare system further exacerbate inequalities in chronic disease management. In this context, health literacy initiatives must be embedded within a responsive healthcare system that ensures continuity of care, equitable access to services, adequate consultation time, and coordinated support across health and social sectors.

Conclusion: Health literacy alone is insufficient to ensure effective chronic disease self-management when socioeconomic barriers are substantial. Policymakers should prioritize strengthening the healthcare system through improved financial protection, affordable medication coverage, integrated primary care models, and age-sensitive service delivery. Aligning health literacy strategies with broader health and social policies is essential to create enabling environments for self-management, reduce inequities, and promote healthy, dignified ageing in Kosovo.

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ID 1197- A methodological framework to ascertain evidence für monitoring procedures in people with chronic conditions (ChroMo framework)

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Context: In people with chronic conditions, monitoring is an important part of their healthcare. However, many monitoring procedures have developed historically and only limited evidence is available. This project created a framework to set out requirements for the development or evaluation of monitoring procedures.

Objectives: The aim of the framework is to guide the process of developing or evaluating evidence for monitoring procedures.

Methods: The framework was based on a scoping review that examined the evidence methods used to evaluate monitoring. The results were used to develop an initial draft, which was then presented at an international expert meeting. The feedback

contributed to further develop the framework. The next draft was then sent to all experts for comments. The process was repeated in two further rounds.

Results: Monitoring is only useful if four conditions are met: (1) clinically significant findings with a negative impact on disease-specific, patient-relevant outcomes occur over time; (2) treatment or preventive measures are available to address these clinically relevant findings; (3) valid, acceptable and affordable tests are available to detect these changes; (4) potential benefits and harms of the monitoring procedures have been considered and benefits outweigh harms. A step-by-step approach will then be used to obtain evidence for the individual components of a monitoring routine. This includes selection of target group and patient-relevant outcomes, selecting predictors with strong associations with these outcomes, determining appropriate treatment actions following monitoring results, selecting high-quality tests and defining target ranges, determination of further diagnostic actions, deciding monitoring intervals, and defining the best suited actor or setting for the completion of monitoring procedures. Patients with lived experience should be included in all steps of the process. A checklist was developed to guide the process.

Discussion: The framework provides a structured approach and can be used either to develop guideline recommendations or studies that evaluate monitoring routines. The stepwise process is guided by principles of patient involvement, patient-centred healthcare and scientific research. In a next step, the framework should be tested for different chronic conditions including simple and complex monitoring procedures.

Conclusion: The ChroMo framework can support the development of guideline recommendations for monitoring procedures.

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ID 904- Medication Adherence in Chronic Disease: Determinants from a Prescription Renewal Outpatient Setting

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Context: Medication adherence is essential for effective chronic disease management in primary care. Behavioral factors, patient-reported barriers, and treatment complexity strongly influence adherence. Evidence from chronic disease follow-up outpatient clinics, which typically serve older and multimorbid patients, is limited. This study presents preliminary findings from an ongoing investigation assessing adherence and related factors in this setting.

Objectives: This study aims to measure medication adherence among adults attending a chronic disease follow-up outpatient clinic, identify patient-reported difficulties affecting adherence, and examine demographic, clinical, and behavioral factors associated with adherence.

Methods: This ongoing cross-sectional study includes adults using long-term medications for chronic diseases. Data are collected through face-to-face interviews using a structured questionnaire assessing sociodemographic characteristics, chronic conditions, medication burden, digital reminder tool use, alternative medicine practices, and patient-reported difficulties. Medication adherence is measured with the 12-item Medication Adherence Questionnaire (score range 12–48). Descriptive statistics, chi-square tests, t-tests, and correlation analyses were conducted. Recruitment is ongoing; this abstract reports interim findings from 109 participants.

Results: The mean age was 57.6±14.1 years; 53.2% were female and 38.5% were aged ≥65 years. Hypertension (66.1%) and diabetes (51.4%) were the most common chronic conditions. The mean adherence score was 39.7±6.2; 75.2% showed high adherence and 24.8% moderate adherence. Despite high adherence, 55% reported at least one medication-related difficulty, most commonly forgetfulness (25.7%) and financial concerns (17.4%). Although nearly all participants owned a smartphone (96.3%), only 8.3% used digital reminders. Adherence did not differ significantly by age, sex, education level, or medication count. Participants with COPD and those reporting difficulties showed slightly lower adherence scores, though differences were not statistically significant.

Discussion: Interim findings show high adherence despite frequent patient-reported difficulties. Forgetfulness and financial concerns suggest vulnerability even among highly adherent patients. Extremely low use of reminder tools, despite universal smartphone access, highlights a feasible target for intervention. Continued recruitment and multivariable analyses will help identify subgroups at greater risk of reduced adherence.

Conclusion: This ongoing study indicates that patients generally maintain high adherence yet face modifiable challenges. Simple supportive strategies, such as digital reminders, may help address common barriers. Final results will inform targeted adherence-support interventions in primary care.

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ID 724- Implementing the Patient Experience for Disease Management Scale (PEDMS) in Primary Care: A Framework for Measurement and Quality Improvement

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Context: Enhancing patient-centred care requires robust mechanisms to capture the patient perspective on disease management. The validated Patient Experience for Disease Management Scale (PEDMS) provides a multi-dimensional assessment, but its utility in clinical practice is contingent upon a clear implementation and interpretation framework.

Objectives: This study presents a structured methodology for the clinical application of the PEDMS, demonstrating how its domain-specific scores can be utilized by primary care teams to identify discrete areas of strength and deficiency in care processes, thereby facilitating targeted quality improvement and reinforcing the therapeutic partnership.

Methods: The PEDMS is 38-item instrument encompassing eight domains: Reassurance and Explanation; Advice and Counselling; Prescribing; Red Flags and Referral; Investigation; Observation and Follow-up; Prevention and Promotion; and Patient's Wants, Needs, and Satisfaction. Respondents indicate their agreement on a five-point Likert scale. We delineate a systematic protocol for its application: (1) administration following clinical consultations, (2) calculation of mean scores (range 1-5) for each domain, and (3) analytical interpretation of scores to guide service enhancement. The psychometric integrity of this structure (CFI=0.965, RMSEA=0.067, Cronbach's α=0.878) underpins its reliability for this purpose.

Results: Application of the PEDMS yields a detailed profile of patient experience across the core domains of disease management. Domain scores facilitate immediate analysis: elevated scores (approaching 5) signify clinical strengths, while attenuated scores (approaching 1) pinpoint specific care delivery shortcomings. For instance, a high score in "Prescribing" concurrent with a low score in "Advice and Counselling" objectively identifies effective medication management alongside an unmet need for behavioural support, transforming subjective feedback into actionable intelligence.

Discussion: The PEDMS offers a structured approach to convert patient feedback into actionable strategies for clinical improvement. By moving beyond generic satisfaction metrics, it enables precise interventions that enhance the clinician-patient relationship. The tool highlights disparities in care experiences, promoting equity, and equips practitioners with data to advocate for meaningful changes aligned with patient priorities.

Conclusion: The PEDMS, alongside this implementation framework, is essential for advancing patient-centered care in primary settings. Its systematic use allows clinicians to efficiently identify and address gaps in disease management, contributing to more responsive and equitable healthcare systems.

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ID 717- Rheumatoid Arthritis Follow-Up in Primary Care: Identifying Potential Barriers to Reduce Morbidity

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Context: Rheumatoid arthritis (RA) is a major cause of long-term disability and reduced quality of life. While rheumatology services deliver specialist management, primary care plays a vital role in continuity, patient-centred follow-up, and long-term disease monitoring. NICE provides guidelines on a comprehensive annual review, including an assessment of functional ability, comorbidity risk, and complications. General practitioners (GPs) are well-equipped to deliver personalised care by addressing the patient's unique needs, concerns, and preferences. By engaging in patient education and shared decision-making, patients are empowered to take an active role in managing their own health. Additionally, the GP's holistic approach facilitates access to social care, caregivers, and council services – addressing wider emotional and social determinants of health.

Objectives: This audit reviews the existing clinical practice for RA annual reviews compared to the NICE guidelines. It particularly focuses on identifying opportunities to enhance medication adherence, comorbidity detection, and holistic follow-up.

Methods: Forty-seven patients were randomly reviewed for documentation of annual RA monitoring, comorbidity screening, and complications. Functional ability was assessed using a Health Assessment Questionnaire (HAQ), which was completed by 24 patients over the telephone.

Results: Only 5 patients had a coded annual RA review. CVD risk screening was consistent; however, osteoporosis and depression screening were under-recorded. Only 15% of patients underwent all three risk assessments. The mean HAQ score was 2, indicating moderate functional disability. Approximately 10% of patients had no contact with the practice despite repeated outreach.

Discussion: This audit highlights multiple challenges specific to primary care. A high workload, competing long-term conditions, and tight time constraints limit the depth of review, reducing opportunities for thorough, patient-centred follow-up. Non-attendance further restricts the clinician's ability to identify deterioration early. Addressing health literacy and patient education is crucial in combating this issue. The HAQ revealed functional decline that was not clear in routine consultations. This highlights the value of structured assessments in unmasking unmet needs. These, however, are time-consuming, exaggerating the time bottleneck that GPs already face.

Conclusion: Delivering holistic care through better patient education, improved comorbidity screening and technology implementation through pre-appointment digital HAQs, will vastly improve RA follow-up in primary care.

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ID 105- The effect of medication class and inhaler device on adherence to inhalers in COPD patients

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Context: Inhalers containing bronchodilators and corticosteroids are the cornerstone of COPD pharmacotherapy. Adherence to prescribed medication is critical to successful management.

Objectives: We studied inhaler adherence in a large cohort of COPD patients in Israel, to assess the effect of specific inhaler devices and medications on adherence.

Methods: We performed a retrospective cohort study in Clalit Health Service (CHS), an HMO serving >50% of the population of Israel. CHS members aged 40-80 years with a diagnosis of COPD, who filled ≥1 prescription/year 2017-2019 (regular users) for at least one inhaler containing long-acting beta-adrenergics (LABA), long-acting anti-muscarinics (LAMA) and/or inhaled corticosteroids (ICS), were included. Filled monthly prescriptions were used as a proxy for actual medication use. The primary endpoint was the proportion of adherent users (purchase of ≥7 inhalers/yr in 2018).

Results: 20,413 COPD patients (age 68.4±7.1 yrs. 58% men, 87% ever smokers) were identified. Of 11,422 regular inhaler purchasers (56% of total), only 6,771 (59%) were adherent. Increasing age, male gender, better socio-economic status and smoking history were significant predictors of good adherence. Good adherence was more common for inhalers including LAMA. There were significant differences in adherence between inhaler devices. Adherence to once-daily inhalers appeared to be better than twice daily inhalers. Patients with good adherence were more likely to experience exacerbations, to be hospitalized and to die.

Discussion: 45% of the total COPD patients included in the study did not receive regular long-acting inhaler therapy. This is worrisome and suggests a need for better care for COPD patients.

Conclusion: Adherence to inhalers in COPD patients was associated with the drug class, inhaler device, and recommended frequency of use. Adherence was associated with worse outcomes, suggesting sicker patients are more adherent/

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ID 74- Model of Care for Chronic Patients in Primary Health Care: An Integrated Perspective

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Context: As part of the transformation of the healthcare system, XXX has developed a new model of care for people with chronic conditions through the Planificat programme, a pioneering initiative within the field of primary health care. Progressively implemented since 2022 in 283 Primary Care Centres, the programme aims to improve health outcomes and enhance the teams' ability to address complex cases, using a methodology grounded in scientific evidence and adapted to the specific characteristics of each territory.

Methods: Planificat promotes a paradigm shift in the management of chronic conditions, focusing on equity, proactivity, and planning. Despite territorial inequalities in terms of resources and organisation, its inherent flexibility and adaptability have greatly facilitated its implementation, allowing each team the freedom to adjust the model to its local reality

Originality: The programme is distinguished by its comprehensive and innovative approach, integrating clinical, technological, and organisational interventions. It includes proactive patient management through digital tools, the systematic use of data to support clinic.

Lessons learned and future implication: The experience has highlighted the importance of clinical leadership, multidisciplinary collaboration, and professional cohesion. The active engagement of teams and their ability to adapt to available resources have been decisive factors in the success

Discussion: The results obtained show improvements in the identification and follow-up of people with chronic diseases, in performing annual check-ups, in the management of risk factors, and in patient satisfaction. Nonetheless, certain challenges remain, such as ensuring the sustainability of the model, consolidating a culture of change, achieving territorial equity in access, and strengthening coordination between different levels of care

Conclusion: Planificat represents a strategic commitment to reinforcing primary care as the backbone of the healthcare system. Its originality, impact, and adaptability position it as a benchmark for future health policies, contributing to more efficient, equitable, and person-centred care. The current challenge lies in guaranteeing its scalability and sustainability, ensuring its full integration within XXX overall chronic care strategy.

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Chronic kidney disease

ID 1364- Insufficient Implementation of the Cardiovascular–Kidney–Metabolic (CKM) Syndrome Markers in Primary Care

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Context: Early detection of cardiovascular–kidney–metabolic (CKM) syndrome relies on detecting metabolic, renal, and cardiac abnormalities before irreversible organ damage. Biomarkers such as estimated glomerular filtration rate (eGFR), albumin-to-creatinine ratio (ACR), and N-terminal-pro-B-type natriuretic peptide (NT-proBNP) are central to this process, yet their routine use appears limited. This study examines the implementation of renal and cardiac biomarkers in Lithuania.

Objectives: Individuals with advanced CKM stages have a substantially increased risk of mortality and reduced life expectancy [1-2]. Given the high prevalence and severe consequences of CKM, reliable diagnostics are essential for early detection and efficient management [3-4]. This study evaluated the use of key renal and cardiac biomarkers in Lithuania.

Methods: This retrospective study analyzed national health data of 923,329 adults aged ≥40 years from the Electronic Health Services and Cooperation Infrastructure Information System (ESPBI IS). The use of eGFR, ACR and NT-proBNP testing across CKM syndrome stages, cardiovascular disease (CVD) outcomes, and CKM-related conditions was evaluated.

Results: A total of 34.8% of the study population met criteria for stage 4 CKM syndrome, defined by the presence of ≥1 CVD. eGFR was measured in approximately half of the study population, whereas ACR and NT-proBNP testing were infrequent. NT-proBNP was mainly evaluated in patients with heart failure (HF) (22.4%) and with multiple CVD diagnoses (24.5%). ACR testing was even less common, ranging from 17.2% in patients with chronic kidney disease to 5.4% in stroke. Among individuals with stage 1–3, ACR results were available in only 9.0%, and NT-proBNP results in just 4.9%.

Discussion: Annual measurement of eGFR and urinary ACR should become routine in patients with obesity, prediabetes, diabetes or any cardiovascular diagnosis, representing most individuals with CKM stages 1–4. ACR is important because it detects renal damage and strongly predicts cardiovascular events years before eGFR decline becomes apparent. NT-proBNP provides additional insight in HF, atrial fibrillation, multiple CVD, or suspected cardiac strain.

Conclusion: This study identifies underuse of ACR and NT-proBNP testing, indicating missed opportunities for early CKM detection. Broader, guideline-directed implementation of routine eGFR and ACR testing, with NT-proBNP use in high-risk groups, provides earlier identification of reversible CKM stages and optimizes reno- and cardioprotective therapy.

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ID 844- Prevalence of the Cardiovascular–Kidney–Metabolic (CKM) Syndrome in Lithuania

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Context: CKM syndrome integrates metabolic, renal, and cardiovascular risk, yet population-level data in Europe remain scarce. This study examines its prevalence in Lithuanian adults.

Objectives: Cardiovascular diseases (CVD) and chronic kidney disease (CKD) are major health burdens, closely linked through shared pathophysiological mechanisms [1–4]. The recently defined CKM syndrome integrates metabolic risk factors, CKD, and cardiovascular involvement into a single pathophysiological spectrum [5–7]. Despite growing recognition, CKM prevalence data in Europe remain limited. This study aimed to estimate CKM syndrome prevalence in Lithuanian adults.

Methods: Health records of 923,329 adults aged ≥40 years from the national Electronic Health Services and Cooperation Infrastructure Information System (ESPBI IS) were analysed. CKM-associated conditions included prediabetes or type 2 diabetes (T2D), obesity, and CKD. Cardiovascular outcomes included atherosclerotic cardiovascular disease (ASCVD), peripheral vascular disease, stroke, heart failure (HF), and atrial fibrillation (AF). CKM stages were classified as follows: Stage 0 – no CKM conditions; Stages 1–3 – ≥1 CKM-associated condition; Stage 4 – ≥1 cardiovascular diagnosis (incl. ASCVD).

Results: As of January 1, 2024, 1,531,303 Lithuanian residents were aged ≥40 years; 923,329 had health data in ESPBI IS. Mean age was 66.9 years, 59.1% were men. Overall, 23.4% met criteria for CKM stages 1–3, and 34.8% for stage 4. HF (25.4%) and AF (14.0%) were the most common CVD diagnoses. Obesity (21.2%) was the most frequent CKM-associated condition, followed by T2D (17.2%) and CKD (5.5%).

Discussion: This study demonstrates a high prevalence of CKM syndrome in Lithuanian adults, particularly at advanced stages. Frequent early CKM drivers such as obesity, T2D, and CKD likely contribute to progression toward CVD. The stage distribution observed in this large national cohort aligns with patterns seen in other European populations experiencing high metabolic and cardiovascular disease burdens. These findings provide important baseline data for understanding CKM syndrome in the region.

Conclusion: This nationally representative study shows a high prevalence of CKM syndrome in Lithuanian adults, with many already in advanced stages. The distribution of CKM-related conditions provides essential baseline data for future public health and risk-stratification initiatives.

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ID 770- Barriers to implementation of the nephrology care in Coordinated Care Model in Polish Primary Care. A survey of family physicians.

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Context: Coordinated care (CC) in Poland has introduced several disease-specific pathways in primary care, to answer the most important civilization health challenges, including cardiology, diabetology, pulmonology/allergology, endocrinology and nephrology. Those are important from whole Europe perspective. However, the nephrology pathway for patients with chronic kidney disease (CKD) is reported to be the least implemented in Polish PC. Meantime early detection and management of CKD (via albuminuria screening and eGFR monitoring) are critical for reducing progression and complications.

Objectives: The aim of this study was to identify the major barriers to the implementation of the nephrology care within Coordinated Care Model from the perspective of physicians working in primary care settings in Poland.

Methods: A cross-sectional CAWI (Computer-Assisted Web Interview) survey was conducted among physicians who are members of primary care teams potentially eligible to implement the nephrology pathway under CC. The questionnaire covered five main sections: general information on pathways and CKD screening, implementation and functioning of the nephrology pathway, collaboration with nephrologists and coordination of care, training and needs for improvement, and barriers to initiation of the nephrology pathway. At least 240 physicians from various PC clinics across Poland participated.

Results: Among responding physicians, common reported barriers included: limited time in PC consultations, insufficient collaboration with nephrologists, lack of awareness of the pathway criteria among staff, inadequate or independent access to screening tests (e.g., UACR, eGFR). Additionally, many physicians from PC facilities with the neurology pathway implemented, reported that only a small proportion of their CKD-risk patients underwent screening or complex consultations as part of the pathway.

Discussion: The study highlights that while the nephrology care has been formally introduced, its actual uptake in primary care remains low. Barriers span organisational, educational, logistical and patient-related domains. Interventions to improve uptake may include streamlined screening procedures, enhanced training for PC teams, improved referral and consultation with nephrology specialists, and patient education on CKD risk.

Conclusion: Addressing the identified barriers is critical to increasing the utilisation of the nephrology pathway under coordinated care in primary care settings. Strengthening implementation may lead to earlier CKD detection, more timely specialist involvement and ultimately better outcomes for patients.

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ID 523- Understanding CKD Through a CAREMELO Lens: A Mixed-Methods Evaluation to Inform a Multimorbidity Education Programme for Rural Primary Care Patients

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Context: Chronic Kidney Disease (CKD) commonly coexists with conditions forming the CAREMELO multimorbidity cluster—Cardio-Renal-Metabolic-Endocrine-Liver-Obesity. These interrelated conditions significantly influence disease progression, treatment burden and self-management demands. Despite this, patient education in primary care often focuses solely on CKD. Understanding patient needs across the CAREMELO spectrum is critical to designing effective, person-centred education.

Objectives: To examine patients' understanding, confidence, multimorbidity burden, information needs and preferred learning formats in relation to CKD, and to use these findings to develop a CAREMELO-aligned CKD education programme suitable for primary care populations.

Methods: A mixed-methods survey was distributed electronically to adults with recorded CKD in a rural primary care setting. Quantitative data were analysed descriptively, while qualitative free-text responses underwent inductive thematic analysis. Integration of both strands enabled a comprehensive assessment of needs, perceptions and barriers.

Results: A total of 210 patients responded (95.7% consenting). The cohort was predominantly older (65–79 years: 65%; ≥80 years: 28%). CAREMELO-related multimorbidity was common: breathing problems (36%), obesity (20%), heart disease (20%) and diabetes (14%). Confidence in managing CKD varied; 36% felt "not very" or "not at all" confident. Patients identified key information needs: understanding test results (58%), medicines and treatments (53%), diet and nutrition (46%) and exercise/weight management (26%). Preferred learning methods reflected mixed digital literacy: 64% preferred one-to-one clinician discussions, 24% face-to-face groups, 23% printed materials, and 23%

online reading. Qualitative findings revealed significant communication gaps, including unexpected diagnoses delivered via text, confusion over CKD terminology, and limited opportunity for personalised explanation. Patients described difficulty managing overlapping cardiometabolic and respiratory conditions, reflecting CAREMELO multimorbidity.

Discussion: Findings demonstrate substantial unmet needs relating to understanding CKD and its multimorbidity context. Patients require clear explanations of test results, tailored guidance on lifestyle and medication, improved communication pathways and flexible, accessible formats.

Conclusion: This mixed-methods evaluation informed the development of a CAREMELO-aligned CKD education programme incorporating personalised explanation, multimorbidity-focused content, multiple learning formats and improved communication. Such programmes may enhance confidence, self-management and holistic primary care support for patients with CKD.

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ID 516- Clinical characteristics and management of chronic kidney disease in primary care: a retrospective multicenter study

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Context: Chronic kidney disease (CKD) is a major public health problem, and its diagnosis and management in primary care settings are often complex. The CKD01 study was conducted to better understand the characteristics of CKD patients and their management in a French general practice network.

Objectives: The primary objective of this research was to describe the demographic and clinical characteristics of patients diagnosed with CKD within a primary care network. Secondary objectives included describing the modalities of diagnosis and patient management, and evaluating the concordance between the general practitioner's diagnosis and indirect signs in the medical record.

Methods: This was a descriptive retrospective cross-sectional study using data from electronic health records of a primary care network between April 1, 2015, and July 8, 2025. The study population included patients followed in general practice who met CKD criteria (medical history, long-term illness status, or repeated biological abnormalities). Collected data included sociodemographic information, medical history and comorbidities, physiological and biological data, drug treatments, and care pathways.

Results: 731 patients were included, with a mean age of 71.3 years and a slight female predominance (55.4 %). Frequently observed comorbidities were hypertension (58.5 %), diabetes (35.4 %), and cardiovascular diseases (37.2 %). Stratification according to the KDIGO matrix revealed a distribution of patients across different CKD stages. A significant finding was the underdiagnosis or under-reporting of CKD, with 62.7% of patients presenting biological abnormalities characteristic of CKD but without explicit mention of this diagnosis in their medical history. Antihypertensive treatments (ACE inhibitors/ARBs) and SGLT2 inhibitors were frequently prescribed.

Discussion: This real-world retrospective study provides a portrait of CKD in primary care. KDIGO stratification showed a relatively homogeneous distribution and increasing comorbidity with severity, suggesting all CKD stages are represented. A major finding is the infrequent explicit mention of CKD in medical records, with 62.7% of patients identified solely by biological measurements, and these patients having a more severe progression stage and more prevalent comorbidities.

Conclusion: This study highlights the under-reporting of CKD in primary care and the suboptimal use of prognostic tools like KFRE. Systematic screening and formal diagnosis are essential to improve patient management in line with current guidelines.

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ID 494- Addressing Guideline

Fragmentation in CKD: From SGLT2 Underprescription Audit to an Integrated Clinical Decision Support Tool

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Context: Despite robust evidence for SGLT2 inhibitors in chronic kidney disease, fragmented NICE guidelines across multiple conditions create implementation challenges in primary care. Understanding variation in uptake across patient groups in primary care could inform targeted quality improvement strategies.

Objectives: To evaluate adherence to evidence-based CKD management, identify SGLT2 inhibitor treatment gaps across comorbidity groups, and develop an integrated clinical decision support tool addressing guideline fragmentation.

Methods: Retrospective cohort audit of 292 CKD patients at a UK general practice using ECLIPSE informatics platform. Inclusion criteria: ACR above 20 mg/mmol, eGFR decline exceeding 15 mL/min, or uncontrolled hypertension. Analysis included demographics, comorbidities, biochemical monitoring, blood pressure control, and medication adherence. An integrated clinical flowchart was developed combining CKD diagnostic criteria, NICE referral pathways, and evidence-based pharmacotherapy algorithms including SGLT2 eligibility criteria across all indications.

Results: 279 CKD patients analysed (median age 70-79 years). Comorbidities: hypertension (86%), diabetes (44%), cardiovascular disease (32%), heart failure (11%). Blood pressure control achieved in 68%. High-intensity statin use: 87% secondary prevention, 78% primary prevention. Only 67 patients (24%) received SGLT2 inhibitors despite 165 meeting eligibility criteria, representing 35% treatment gap (98 patients). Critically, SGLT2 uptake varied significantly by comorbidity: heart failure patients achieved 61% uptake versus 47% in diabetic patients without heart failure. Among 64 patients with single eligibility criteria not receiving SGLT2, diabetes was sole indication in 36 patients (56%), while heart failure alone accounted for only 2 patients (3%). ACR monitoring remained suboptimal (71% completion). Audit triggered 156 blood test requests, 94 urine ACR requests, 48 SGLT2 initiations, 34 ACEI/ARB adjustments, and 24 secondary care referrals.

Discussion: Paradoxically, despite originating as diabetes medications, SGLT2 inhibitors show superior uptake in heart failure (61%) versus diabetic CKD (47%). This disparity reflects that heart failure guidelines mandate SGLT2 regardless of LVEF, whereas diabetes guidelines frame SGLT2 as HbA1c-dependent rather than renoprotective. Fragmented care delivery in England, where diabetes specialist nurses conduct reviews while GPs manage CKD, creates accountability gaps. Rapidly evolving guidelines across conditions further complicate implementation.

Conclusion: SGLT2 underprescription in diabetic CKD represents significant quality gap. Integrated decision support tools and clear condition-agnostic renoprotection protocols could replicate heart failure pathway success.

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ID 449- Guideline adherence in chronic kidney disease management in XXX primary care

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Context: Chronic kidney disease (CKD) is a major health problem for which early detection and appropriate management by the general practitioner (GP) are essential. It is unknown to what extent GPs adhere to the XXX national guideline “chronic kidney disease” in daily clinical practice and whether they could benefit from a clinical decision support system (CDSS).

Objectives: This study aims to evaluate guideline adherence in chronic kidney disease management in XXX primary care.

Methods: Retrospective analyses of a GP database were performed. Adults registered by the 1st of

April 2024 at a general practice of one of the XXX healthcare centres, with at least one abnormal estimated Glomerular Filtration Rate (eGFR) measurement and/or Albumin-Creatinine Ratio (ACR) measurement during the period of the 1stof April 2024 up until the 30th of September 2024 were included. Adherence to the guideline on "chronic kidney disease" by the XXX College of General Practitioners was assessed in patients with newly diagnosed CKD or potential CKD, evaluating repeat testing intervals, CKD recognition, cardiovascular risk management and medication prescription.

Results: Out of 681 patients, 234 had a first abnormal eGFR or ACR value. Less than half of the patients received a recommended follow-up test within the study period after a first abnormal eGFR or ACR test result. Almost three quarters of the patients received lipid panel tests and almost two-thirds received blood pressure measurements. Registration of the diagnosis code was low, whereas registration of the contra-indication code was slightly higher.

Discussion: A key strength of this study is its use of real-life data. However, several limitations should be considered, such as the relatively small sample size, the short follow-up period and the risk of missing data. The results on follow-up testing frequencies, lipid panel testing values, and CKD recognition were in line with those of previous studies. Performance of blood pressure measurements varied between studies.

Conclusion: Limited guideline adherence was found for CKD management in XXX primary care, leaving room for improvement. A second, comparable study will evaluate the effect of the CDSS on quality of care in chronic kidney disease management. Keywords: Chronic kidney disease, primary care, guideline adherence.

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Codesign

ID 1724- Thuisarts as a national media platform: guiding patient behavior for appropriate care and relieving pressure on primary care

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Context: The persistent pressure on general practice requires interventions that not only support professionals but also (potential) patients before they seek care. In 2012, the Dutch College of General Practitioners (NHG) launched a public website, Thuisarts ('home doctor'), with trustworthy information on health, symptoms, and diseases based on guidelines developed by professional societies in collaboration with patient organisations.

Objectives: To describe the development and maintenance of Thuisarts as a national media platform supporting self-management in the context of competing digital sources.

Methods: GP and specialist guidelines on a broad range of topics were produced in co-creation with partners across primary and secondary care as part of programs supported by the government. This included the development of public and patient information to implement the guidelines in practice. Thuisarts was designed to enhance access to context-specific content and to promote self-care and a healthy lifestyle. Generative AI was used for personalised information (e.g., post-GP vs. post-specialist visit). Its use was measured with website parameters and digital surveys.

Results: Annual use of Thuisarts.nl has increased from less than 1 million visits in the first year to approximately 72 million visits in 2024 (200,000 per day). The website covers more than 600 topics. Popular topics include children with fever, urinary tract infections, sore throats, and sexually transmitted diseases. During the COVID-19 pandemic, information about COVID-19 was accessed most frequently. Almost all GPs (98%) used Thuisarts.nl, and 85% advised patients to consult the website. All stakeholders supported its maintenance with public funds and the introduction of artificial intelligence to promote self-management.

Discussion: Influencing patient behavior requires media, data expertise, and strict quality assurance. Thuisarts can be considered as an antidote to

misinformation, supporting patient autonomy, equal access to reliable knowledge, and interprofessional collaboration to improve the quality of care. Broad support from all stakeholders involved in healthcare is a crucial determinant of success.

Conclusion: Thuisarts demonstrates that a combined approach of excellent content, technology, and care integration supports GPs and patients in decision-making before seeking care, relieving pressure on general practice. Further scale-up and rigorous scientific evaluation are essential to increase impact and facilitate implementation.

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ID 1703- Living lab approaches in rural healthcare: a scoping review of use, contexts, and gaps

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Context: Rural and remote populations continue to experience inequities in access to healthcare services. Although these challenges are well documented, translating evidence into locally adapted and actionable solutions remains difficult. Living labs offer a user-centred, real-world approach to innovation through co-design, yet their application in rural healthcare remains limited.

Objectives: To synthesize and characterize published applications of living lab approaches in the design, development, or implementation of rural healthcare services and innovations.

Methods: This scoping review followed PRISMA-ScR guidelines. A systematic search of MEDLINE, EMBASE, and CINAHL was conducted on May 10, 2025, to identify peer-reviewed studies describing living lab or participatory approaches applied to rural healthcare services or innovations. Two reviewers independently screened studies, extracted data using a standardized form, and synthesized findings using descriptive statistics and narrative analysis.

Results: The search identified 1,080 articles, of which 11 met inclusion criteria. Studies were published between 2016 and 2025 and conducted in Canada (n=3), the United States (n=3), Australia (n=2), Guatemala (n=1), Uganda (n=1), and France/Portugal (n=1). Settings included rural hospitals, regional health networks, Indigenous communities, farming and fishing communities, and underserved regions. Targeted health domains included cardiovascular disease, diabetes, musculoskeletal conditions, perinatal care, palliative care, and infectious disease management. Methodologies included theory-driven frameworks (n=4), community-based participatory research (n=4), user- or human-centred design (n=3), and co-design workshops or interviews (n=3). Only one study explicitly used the term “living lab.”

Discussion: This scoping review highlights that, despite participatory and user-centred innovation, living lab approaches have been infrequently and inconsistently applied in rural healthcare. Existing studies show considerable methodological heterogeneity, with many relying on participatory or co-design principles without explicitly framing their work as a “living lab.” Applications have focused on specific clinical domains and limited geographic regions, suggesting missed opportunities to address broader rural health system challenges. The lack of evaluation frameworks limits comparability across studies and constrains the accumulation of transferable knowledge, underscoring the need for clearer conceptualization and stronger methodological reporting.

Conclusion: Living lab approaches remain underutilized in rural healthcare. Clearer conceptualization, broader application, and more robust evaluation are needed to fully assess their potential to support innovation and equity in rural health systems.

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ID 1604- Exploring impacts of implementing a participatory primary care approach on patients’ experience and

professional practice in deprived settings: a qualitative study

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Context: People experiencing socioeconomic hardship face barriers in accessing healthcare despite having greater health needs. The literature highlights the need for multidisciplinary interventions integrating somatic, mental and social care, to improve access to care of vulnerable populations. In France, a program supported the implementation of a participatory approach within multi-professional primary care centres, combining health mediation, professional interpreting, outreach, and patient's participation in the centre organization.

Objectives: To explore the effects of this participatory approach on both patients and healthcare professionals working within a multi-professional primary care centre (XXX) implementing a participatory approach.

Methods: A qualitative study using a grounded theory approach was conducted among patients engaged in participatory activities and among professionals working at or partnering with the Centre XXX. Semi-structured individual interviews and focus groups were carried out. All interviews were analysed inductively, with triangulation by three researchers.

Results: Forty-eight participants were included (25 patients and 23 professionals). Patients described a shift towards more horizontal, trusting and supportive relationships with healthcare professionals, in contrast with previous care experiences. Engagement in, and benefits from, the participatory approach appeared greater among socially isolated individuals. Patients reported benefits related to social empowerment , that supported better patient's skills for accessing health care, sometimes associated with a perceived improvement in health. Professionals reported an evolving organisational culture marked by the coexistence of institutional and private-practice logics and the progressive appropriation of participatory methods. Although the concept of "participatory approach" remained unclear for many, it was perceived as beneficial for improving access to care and adapting practices to the needs of people in precarious situations. The required investment was significant and sometimes created tensions between clinical demands and participation in non-clinical activities.

Discussion: This study provides an initial exploration of a participatory-based model implemented within a coordinated primary care centre in France. Further studies in different primary care settings are needed to obtain an holistic comprehension of the effects of this approach.

Conclusion: The participatory primary care approach appears to enhance patient empowerment, foster more horizontal care relationships and support more active healthcare use among people facing precarity, while also transforming professional practices and organisational dynamics.

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ID 1511- Ronte'nikonhrarò:roks: Developing an Indigenous-led Research Partnership to Promote Child and Family Health through Storytelling

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Context: Examining Indigenous child and family health experiences through a First Nation-based and institutional research partnership.

Objectives: The focus of the study was to examine Indigenous child and family health experiences. To explore and better understand: •How can Indigenous and non-Indigenous researchers collaborate in academic spaces that engage Indigenous Knowledge and Ways of Knowing, Being, and Doing, in the context of a First Nation's Cultural Healing Centre's programming for children and families? • What are the First Nation

members'/residents' individual and community health priorities? • What are the most appropriate ways to share the stories to inform the First Nation's long-term child and family health and educational programming and services?

Methods: Guided by an Indigenous Research Paradigm (IRP) informed by Indigenous traditional Knowledge and research practices, the study was led by Indigenous community members of the partnering First Nation. The study's IRP engages the practice of Indigenous Storytelling methods (data collection) and the meaning-making process involved in Storytelling methods - the Storywork (analyses). The research activities were facilitated through collaboration with the community advisory circle and by conducting community-based Storytelling circles with families in the First Nation. The study focused on the early years program for children and families and two storytelling circles were hosted in partnership with the families in a culturally significant space – the local Cultural Healing Centre.

Results: The stories were analysed through Storywork processes and informed collective recommendations and additional health and educational research priorities for the community to mobilize.Overall, the IRP creates space for Indigenous Peoples to share their Knowledges from their own Worldviews and upholds the Indigenous right to self-determination by promoting traditional healing methods of Storytelling and Storywork.

Discussion: The IRP was tailored to represent traditional healing principles, and community-led research protocols. The Storytelling practice enabled the storytellers to share their own meanings of their lived experiences and depictions of unique historical contexts, that shape their contemporary health perspectives to inform the health and educational priorities in the First Nation.

Conclusion: Overall, I describe my experience in leading an Indigenous Nation-based research study, within a Western-health science doctoral program, and report the First Nation communityrecommendations from the Storywork.

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ID 1353- From promoting blood donation to rethinking participation: a participatory pathway with Sub-Saharan communities in Italy

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Context: In Reggio Emilia (Northern Italy), a growing number of people with sickle cell disease, mostly of Sub-Saharan origin, has created an urgent need for antigen-compatible blood. To respond, a participatory action-research project, DREPANO-DONORS, was launched to co-develop strategies for engaging Sub-Saharan communities in blood donation. As the work evolved, it became clear that blood donation could not be addressed as an isolated behavioural issue, but was embedded in broader experiences of belonging, recognition, discrimination and institutional trust. This shifted the focus from a disease-specific project towards a wider process on migrant participation in health research and planning.

Methods: DREPANO-DONORS combined qualitative, anthropologically informed research with participatory workshops. Interviews, focus groups, informal conversations and participant observation were carried out with current and potential donors, cultural mediators, diaspora associations, religious leaders, and healthcare professionals. Four participatory workshops were convened to discuss findings, validate interpretations and co-design strategies. This process led to the creation of a coordination group including stakeholders of Sub-Saharan origin, clinicians, transfusion specialists and primary care professionals. Building on this experience, the team launched RADICE, a broader action-research initiative in the Primary Health Care Department, aimed at developing structural spaces for migrant participation in local health research, planning and decision-making.

Originality: Rather than treating "culture" as an individual barrier, the experience foregrounded the symbolic and political meanings of blood and the struggles for recognition. Few published examples

describe how disease-specific engagement projects evolve into insti

Lessons learned and future implication: Key lessons include the need to: (1) centre engagement on lived experience and social recognition, rather than on narrow behavioural targets; (2) move from short-term campaigns to sustained spaces for co-creation; (3) explicitly address institutional raci

Discussion: The transition from DREPANO-DONORS to RADICE illustrates how participatory work around a specific clinical issue can open up broader debates on liberty, equity and fraternity in primary healthcare.

Conclusion: This case shows how a project initially framed as “engaging a hard-to-reach group” for blood donation became a catalyst for rethinking migrant participation in health services.

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ID 1341- Integrating care pathways, environmental accessibility and community involvement in establishing a new Community Health Center in San Polo d'Enza (Italy)

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Context: In Italy, recent national reforms are redefining primary care delivery, emphasizing community-based structures (Case della Comunità, Community Health Centres, CHC) that integrate health and social care through multidisciplinary teamwork and community involvement. In this context, a peripheral primary care centre was redesigned following a hub-and-spoke model.

Methods: The redesign included a structured reorganization of spaces, grouping services into functional macro-areas in alignment with national guidance; redefinition of care pathways between the centre and its reference hub; and implementation of a comprehensive wayfinding project. Interventions included redesigned internal and external signage, colour-coding of functional areas, and reorganized entry points to facilitate physical and cognitive accessibility. The centre also piloted extended medical and nursing presence for 12 hours a day, six days a week, ensuring access for all users regardless of GP affiliation. Community participation was promoted through a shared board involving citizens, local associations and third-sector organizations, jointly planning public events and health-promotion initiatives. Strengths included strong multidisciplinary collaboration; limitations include the absence of quantitative outcomes at this early stage.

Originality: There is limited documentation on approaches that combine organizational redesign with structured wayfinding as facilitators of accessibility, equity and user experience. This centre is the first example in the province—and among the earliest nationally—f

Lessons learned and future implication: Key lessons include the value of co-design with professionals, early involvement of technical teams, and alignment of functional planning with architectural solutions. A participatory research project launched in November 2025 is engaging professionals an

Discussion: This experience shows how organizational and spatial redesign, strengthened multidisciplinary care and community participation can jointly enhance accessibility, continuity and user experience in peripheral settings.

Conclusion: The transformation demonstrates how the national CHC model can be effectively implemented through integrated organizational, spatial and participatory strategies. Further evaluation, including the forthcoming participatory project, is needed to assess outcomes and guide future adaptations.

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Cognition

ID 2126- Cognitive Screening in Diverse Populations: Limitations and Clinical Implications

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Context: Many people present to their GP with concerns about cognitive decline. A range of cognitive screening tests are available for use in primary care, but no single test is recommended by guidance across Europe, which leaves the decision to the individual GP. Most tests do not account for educational attainment, were not developed for ethnic minority groups (and are biased towards specific language or cultural knowledge), are less sensitive to early stages of cognitive decline and non-Alzheimer's disease type dementia. Most GPs do not get formal training specifically on cognitive screening.

Objectives: To equip GPs with increased knowledge of administration and scoring of cognitive screening tests, including different options and the considerations of education, ethnicity and dementia type, drawing on the current evidence. To understand if/how cognitive screening is used in primary care in different European settings. To explore attendees' views on proposed changes/improvements to cognitive screening in primary care and to understand where GPs want further training developed.

Teaching method and workshop: The workshop will use an interactive, mixed-methods teaching approach. Short evidence-informed presentations will introduce key cognitive screening tools, their administration and scoring, and considerations. Case-based learning using primary care scenari

Expected outcomes: Participants will have increased knowledge and confidence in cognitive screening, understand key limitations and options of tests for specific groups of patients. We will understand from different European contexts if/how cognitive screening is used.

Conclusion: This workshop will cover the assessment of cognitive impairment by primary care practitioners, based on the current evidence base and sharing best practice. The interactive workshop will foster collaboration and shared learning about an important, often overlooked, part of primary care.

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ID 1785- Family doctors' role in early detection of mild cognitive impairment and its prevalence within routine primary care practice settings populations.

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Context: The concept of MCI has evolved since its first definition in 2003 and is widely used by both researchers and clinicians to define the gray zone between intact cognitive functioning and clinical dementia. It is estimated that about 3–22% of individuals older than 65 years have MCI. It is assumed that 50% of persons with MCI will develop dementia, which represents a significant socioeconomic problem for society. Currently, there are no sufficiently effective diagnostic tools nor an effective cure for dementia. The Montreal Cognitive Assessment (MoCA) test has been validated as a highly sensitive (90%) tool for the early detection of MCI.

Objectives: The aim of our study was to assess the frequency of cognitive impairment, i.e., to evaluate cognitive status in patients with comorbidities in our medical records in the population aged 50 years and older, to determine the prevalence of MCI, and to analyze the association between cognitive decline and predictors of dementia.

Methods: We used anamnestic data and laboratory analyses from available medical documentation, and the MoCA test to assess cognitive abilities. We tested 200 patients, including 89 men and 111 women aged 50 years and older, who did not complain of memory problems but were at increased risk of developing dementia. Of

these, 130 (65%) participants were aged 65 years or older.

Results: Of the 200 examined participants, 138 (69%) had normal findings (MoCA score 26–30), while 62 (31%) had findings consistent with MCI (MoCA score 21–25). The prevalence in the examined group aged 65+ was 26% (52 individuals). Participants most frequently lost points in short-term memory, visuospatial abilities, and language.

Discussion: The results of testing indicate that the prevalence of MCI in our patient registries is slightly higher than expected. Dementia significantly impairs quality of life for both patients and their family members. Therefore, it is necessary to detect MCI using screening methods and to initiate available therapeutic modalities at an early stage.

Conclusion: To identify MCI as early as possible, it is essential to test at-risk patients even before the onset of the first clinical symptoms. This is possible only if familly doctors are included in the screening process.

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ID 1706- Associations of Orthostatic Blood Pressure Changes with incident Dementia in Older Men: Prospective findings from the British Regional Heart Study

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Context: Dementia is a significant and growing global Public Health challenge. The Lancet Commission on Dementia identified 14 modifiable risk factors, including hypertension, but did not examine the impact of orthostatic blood pressure (BP) changes. Understanding the link between orthostatic BP changes and dementia risk may present an intervention target for dementia prevention given that studies have suggested that different forms of BP dysregulation may be linked to cognitive decline in older adults.

Objectives: This study aimed to assess the associations of orthostatic BP changes with incident dementia in older, community-dwelling adults.

Methods: Longitudinal analysis of 1605 men aged 71-92 years with no diagnosed dementia followed for an average of 12 years in whom 268 developed dementia. Incident dementia was obtained through general practice medical records. Orthostatic blood pressure changes were defined as orthostatic hypotension (OH) (sitting-to-standing decrease in systolic BP ≥20 mm Hg or diastolic BP ≥10 mm Hg), orthostatic hypertension (sitting-to-standing increase in systolic BP ≥20 mm Hg or diastolic BP ≥10 mm Hg), and orthostatic normotension (neither OH nor orthostatic hypertension). Systolic and diastolic OH was also examined separately. Survival analysis was used to estimate associations of orthostatic BP changes with dementia.

Results: Compared to orthostatic normotension isolated diastolic OH (diastolic BP decrease >=10 mmHg) but not isolated systolic OH (systolic BP decrease >=20 mmHg) was significantly associated with increased risk of dementia after adjustment for possible confounders and incident cardiovascular disease (CVD). The hazard ratio (95% CI) was HR=2.11 (1.39, 3.22) and HR=(0.77, 0.48-1.21) in men with isolated diastolic and isolated systolic OH, respectively. The increased risk associated with isolated diastolic OH was seen for all types of dementia (vascular, Alzheimer's and others). No association was seen with orthostatic hypertension [HR=1,04 (0.70,1.54)].

Discussion: Our findings may have practical implications. From a diagnostic standpoint, diastolic OH may be an important clinical marker of dementia risk whereas from a therapeutic standpoint, these results highlight the potential for interventions aimed at stabilising orthostatic BP.

Conclusion: In this study of older men, isolated diastolic OH is associated with increased dementia risk. Further prospective studies in diverse cohorts and interventional studies are needed to confirm our findings.

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ID 1536- Early Cognitive Complaints and Mobility Dysfunction in Older Adults: An Association That Primary Health Care Should Recognize

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Context: Primary health care plays an important role in maintaining population health and managing comorbidities. In older adults, age-related changes frequently impair cognitive function and mobility, thereby increasing the risk of falls and associated injuries.

Objectives: To investigate whether older adults with subjective cognitive decline (a preclinical self-perceived cognitive decline) exhibit greater mobility impairment than their counterparts who do not report cognitive concerns.

Methods: Sixty-two community-dwelling older adults (mean age: 67.7 ± 6.0 years) were recruited from primary health care services. The mean MMSE score was 27.7 ± 1.6, and no participant reported falls in the past 12 months. To investigate the relationship between the perception of early cognitive decline and motor dysfunction, participants completed the Geriatric Depression Scale item 10, which asks whether they feel they have more memory problems than most people. Mobility was assessed using the Timed Up and Go (TUG) test combined with a motion analysis system. The variables assessed included TUG time, step length, turn duration, and sit-to-stand time. This study was approved by the Institutional Ethics Committee.

Results: Twenty-three participants reported subjective cognitive decline, and thirty-nine did not. Those with cognitive concerns were older ($p = 0.027$), had lower MMSE scores ($p = 0.002$), and took longer to complete the sit-to-stand phase of the TUG test ($p = 0.024$). Age was negatively correlated with MMSE performance ($r = –0.343$), and lower MMSE scores were associated with longer sit-to-stand duration ($r = –0.301$).

Discussion: Subjective cognitive decline refers to the self-perceived cognitive difficulties that occur despite the absence of mild cognitive impairment or dementia. This condition may represent an early preclinical stage of cognitive decline and should be carefully considered by primary care professionals.

Conclusion: Older adults with subjective cognitive decline exhibit subtle mobility impairments, indicating potential onset of broader motor dysfunction. Implementing effective strategies to monitor cognitive function in primary health care is essential to enable timely intervention, more accurate risk stratification, and enhanced preventive care.

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ID 1244- Assessment of a diagnostic strategy to detect cognitive impairment in primary care: a prospective multicentric study

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Context: The prevalence of neurocognitive disorders is increasing worldwide. Their accurate and timely detection remains a challenge in primary care since there is no validated strategy to detect them at mild cognitive impairment (MCI) or dementia stages.

Objectives: To assess the accuracy of a standardized approach involving three steps in primary care and taking less than 10 minutes.

Methods: In this observational prospective multicentric study, 36 French GPs included adult patients aged ≥65 years with cognitive complaints, applied the diagnosis strategy and then systematically referred patients to specialist consultations in 11 tertiary memory clinics (MC). The three assessment steps were as follows: (i) the GP's clinical judgement; (ii) a functional assessment using part 2 of the General Practitioner Assessment of Cognition (GPCOG) test, then GP's clinical judgement; (iii) and an assessment of cognitive status using the Six Item Cognitive Impairment Test (6CIT), then GP's clinical judgement. The statistical performances of this strategy were estimated using the neurocognitive disorder diagnosis established in MC as reference, comparing patients with any neurocognitive disorder to other patients. They were compared to the performances of the Mini-Mental State Examination (MMSE).

Results: A total of 165 patients were enrolled and completed the study, including 71 (43.0%) with MCI and 41 (24.8%) with dementia. The highest diagnostic accuracy was achieved after completion of the full diagnostic strategy in primary care, with sensitivity increasing from 69% after step 1 to 83% after step 3, and with consistently good positive predictive values (84–87%) across all steps. The area under the curve (AUC) of this strategy increased from 0.77 at step 1 up to 0.86 at step 3, which was higher than the AUC of the MMSE (0.82).

Discussion: The assessed strategy had good performances to detect neurocognitive disorders in general practice. The in-depth assessment of patients in memory clinics is a strength of this study. This strategy might be combined with the use of blood biomarkers if they are validated in primary care in the future.

Conclusion: A short, graduated strategy including functional and cognitive assessments and GP's clinical impression, proved to be relevant for detecting patients with MCI or dementia in primary care.

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ID 1241- Decision-Making Capacity, Cognitive Decline, and Autonomy: A Literature Review of Ethical, Legal, and Clinical Frameworks in the EU

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Context: Decision-making capacity is foundational to autonomy and legal personhood. In contexts of cognitive decline—such as dementia, intellectual disability, or psychiatric illness—healthcare professionals must assess capacity to consent, often within complex ethical and legal frameworks.

Objectives: To review existing literature on decision-making capacity and autonomy in cognitively impaired individuals, with emphasis on neuroethical, legal, and clinical dimensions, and how these are addressed in the European Union (EU), particularly in Portugal and France.

Methods: A narrative literature review was conducted using PubMed, Scopus, and legal databases. Sources included peer-reviewed bioethics and legal journals, EU case law (ECtHR), and grey literature such as reports from the Council of Europe and the UN Committee on the Rights of Persons with Disabilities (CRPD). National legislation in Portugal and France was analyzed to identify reforms and alignments with CRPD principles.

Results: Findings highlight a shift from paternalistic substituted decision-making models to supported decision-making, especially under the CRPD. Portugal's 2018 reform replaced guardianship with individualized support measures, emphasizing will and preferences. France has partially reformed its tutelle system but retains substitute decision-making. Ethical frameworks are evolving to include relational autonomy, recognizing the role of social support in preserving agency. Clinically, tools such as the MacCAT-T assess capacity, yet are inconsistently applied across settings. Jurisprudence from the European Court of Human Rights increasingly protects autonomy, requiring proportional, reviewable restrictions.

Discussion: Despite progress, many systems remain structurally paternalistic. Neuroethical debates around cognitive enhancement, involuntary treatment, and advance directives underscore tensions between autonomy and protection. The interplay of national laws and international human rights obligations reveals inconsistencies in implementation, particularly regarding informed consent and legal capacity.

Conclusion: There is a growing consensus in EU health law and ethics toward capacity maximization and autonomy support. Legal reforms, especially in Portugal, offer promising models. Further research is needed to evaluate implementation and develop interdisciplinary frameworks that balance autonomy, capacity, and care.

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ID 49- Cognition and digital money management in older people

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Context: The rapid digitalization of financial services challenges older adults, whose ability to manage digital money depends on multiple cognitive domains such as memory, calculation, planning, and executive function. Cognitive impairment may compromise financial autonomy and increase vulnerability to digital fraud. This study analyzes alterations in monetary calculation and explores whether digital money management may be beneficial or risky for older adults with cognitive decline.

Objectives: To identify cognitive differences by age, sex, education, and COVID-19 history using the SAGE test; and to assess, through a SWOT–CAME analysis, the implications of digital money management for individuals with cognitive impairment.

Methods: A cross-sectional observational study was conducted between 2024 and 2025 at XXXXXX. The Self-Administered Gerocognitive Examination (SAGE) was administered to 380 patients aged ≥14 years. Sociodemographic variables and COVID-19 history were analyzed. A score <17 indicated probable cognitive impairment. Statistical tests included chi-square and Student's t-test ($p<0.05$). Subsequently, a SWOT–CAME analysis examined strengths, weaknesses, opportunities, and threats of digital financial management in older adults with cognitive decline.

Results: Of the 380 participants, 59.2% were women (mean age 54.9 ± 20.3 years). Educational levels were 40.0% secondary, 27.6% university, and 32.4% primary. The global prevalence of SAGE ≤17 was 48.7%, and 38.2% among those aged ≥60. Calculation impairments affected 58.8% (money1: 33.5%; money2: 25.3%), sequencing 20.6%, and recent memory 43.5% ($p<0.05$ for ≥60 vs. <60). Even participants ≥60 with normal SAGE scores showed calculation/planning deficits (28.6%), and 47.3% had at least one banking-related topic altered.

Discussion: Cognitive decline in domains related to calculation and planning appears early, even before global impairment, suggesting a specific vulnerability to digital financial management. Digital literacy may act as "technological reserve," preserving cognitive function and autonomy, but lack of training, interface complexity, and fraud exposure remain major risks. Primary Care can play a pivotal role in prevention and digital inclusion.

Conclusion: Early dysfunctions in calculation and planning indicate increased susceptibility to digital financial challenges. Digital money management may support autonomy and healthy aging if protective frameworks—technological, legal, and educational—are ensured. Primary Care should serve as a sentinel system promoting safe digital participation among vulnerable populations.

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Communication

ID 1194- Beyond medical jargon: linguistic strategies for shared understanding in general practice

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Context: Systematic reviews on medical communication highlight that unclear medical language negatively impacts health outcomes and patient safety. In consultations, two languages coexist: everyday language and technical language, often termed medical speak. Thus, general practice consultations require significant linguistic work essential for achieving shared understanding. This competence is especially crucial for general practitioners (GPs), who serve as the interface between patients and the healthcare system.

Objectives: This study aims to identify the linguistic processes employed by GPs during consultations to reduce discourse opacity.

Methods: We conducted an ethnographic study of GP consultations between March and May 2024. Inclusion criteria included GPs with over five years of practice, native French speakers, and medical training in France. Each physician, recruited through direct solicitation, was observed over several consecutive days. Consultations were observed, and verbal exchanges transcribed in field notes. Observations continued until data saturation was reached. Transcripts were analyzed with an inductive approach inspired by grounded theory, with data triangulation.

Results: Three levels of linguistic processes were identified, corresponding to three levels of opacity: 1) Vocabulary translation: vocabulary and grammar cause misunderstandings requiring translation activities (adjacent synonyms, paraphrastic reformulation, explaining abbreviations). 2) Semantic clarification: polysemy (e.g., "negative") causes confusion. GPs clarify meanings through simplification and popularization. 3) Perspective alignment: divergent perspectives cause misunderstandings and false assumptions. Overcoming this requires linguistic strategies to explore the patient's viewpoint and make the medical perspective explicit (clinical scripts, internal reflection, automatisms).

Discussion: Strengths of this study include an innovative methodology rarely applied in primary care, capturing real-world data, and co-supervision with sociologists. Limitations include small sample and the Hawthorne effect. Future perspectives involve training to enhance verbal communication in GPs clinical practice

Conclusion: Verbal language is key to patient comprehension. When consciously used, it opens a window into the patient's world, restores symmetry in the physician-patient exchange, and fosters genuine mutual understanding.

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ID 1310- Improving Medication Adherence Through Labeling in the Pomeranian Language: An Experience Report

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Context: In a town in the countryside of Brazil, a significant part of the population preserves the Pomeranian dialect as a central element of its cultural identity. In 2023, the Family Health Strategy in primary health care of that locality identified low adherence to hypertension and diabetes treatments among Pomeranian-speaking users. Frequent medication errors and avoidable clinical decompensations were contributing to increased demand for urgent care. After reviewing performance indicators, medical records, and spontaneous patient reports, the team concluded that linguistic barriers were a key determinant of poor medication adherence.

Methods: The experience began in April 2023, following an analysis based on national performance indicators for hypertension and diabetes. Initial data revealed that only 39% of hypertensive patients and 13% of diabetic patients were adequately covered. Recognizing the need for a communication strategy adapted to the local linguistic context, the team developed bilingual medication labels containing simple Pomeranian words and illustrative symbols representing dosage and schedules. The objective was to facilitate understanding, reduce errors, and strengthen the connection between professionals and patients. New evaluations conducted in the first quadrimesters of 2024 and 2025 showed substantial improvement. Adherence coverage increased to 53% for hypertensive patients and 73% for diabetic patients in 2024, reaching 68% and 82%, respectively, in 2025. These results demonstrated the positive impact of the intervention.

Originality: A major strength of the strategy was its low cost and feasibility. All label printing was performed within the primary care unit, without outsourcing or additional financial burden.

Lessons learned and future implication: The bilingual labels improved clarity of communication, reduced the need for repeated explanations, optimized staff time, and decreased medication administration errors. They also contributed to preventing complications and unnecessary hospitalizations wh

Discussion: An important qualitative outcome was the strengthening of trust between the team and the community. By valuing the cultural and linguistic identity of Pomeranian-speaking patients, the intervention fostered inclusion and belonging.

Conclusion: This experience illustrates how integrating cultural and linguistic aspects into primary health care can enhance equity and access. It offers a replicable, culturally sensitive approach for other settings characterized by linguistic diversity.

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ID 1122- Lexicometric analysis of patients' and physicians' discourse on Lyme borreliosis in France

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Context: Lyme borreliosis remains highly controversial, with many chronic symptoms frequently attributed to it. The gap between patients' narratives and physicians' discourse contributes to diagnostic and therapeutic uncertainty in practice.

Objectives: To quantify, through lexicometric analysis, the discursive distance between patients and physicians regarding Lyme borreliosis, and to understand how these representations are constructed.

Methods: Descriptive qualitative study combining focus groups and semi-structured interviews with chronic-course patients (CCP), general practitioners (GP), other medical specialists (OMS), and Lyme doctors (LD). Transcripts were analysed using IRaMuTeQ, with descending hierarchical classification according to the Reinert method, and co-occurrence mapping based on the Russell-Rao and Jaccard indices.

Results: Thirty-seven participants produced 137,913 occurrences. GPs oscillated between clinical prudence and distrust towards foreign serologies and parts of the pharmaceutical industry, while struggling to maintain an alliance with patients. OMSs relied on serological evidence, diagnostic exclusion strategies and rehabilitation-oriented approaches within guidelines. LDs denounced perceived scientific censorship, built a community-based "counter-expertise", and advocated prolonged antibiotic therapies. CCPs described clusters of polymorphic symptoms, long diagnostic wandering, delegitimising encounters with institutions, and a heavy financial burden, but also gratitude towards physicians who took time to listen and acknowledge uncertainty.

Discussion: The analysis reveals an epistemological fracture in which conventional physicians accept uncertainty and methodically exclude other

etiologies, while LDs group heterogeneous clinical presentations under the label "Chronic Lyme" without a threshold for refutation, providing patients with narrative coherence and recognition. This asymmetry of legitimacy and evidence fuels generalised mistrust, encourages recourse to heterodox pathways and exposes patients to iatrogenic risks and financial vulnerability. Empathic listening, work on "grey zones", and multidisciplinary consultations in primary care emerge as pathways towards reconciliation and safer shared decision-making.

Conclusion: The Lyme borreliosis controversy forms a conflictual ecosystem in which asymmetrical discourses maintain a dialogue of the deaf and undermine trust. Creating encounters between scientific rigour and patients' lived experience could help transform this controversy into a medicine of uncertainty rather than a battlefield.

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ID 790- Reducing the Misuse of Antibiotics for pharyngitis with Assertively Rules

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Context: In 2023, According to the WHO, 1/6 of laboratory-confirmed bacterial infections worldwide were resistant to antibiotic treatment. In France, in 2015, the number of multidrug-resistant bacterial infections was estimated at 125 000, and the number of deaths attributed to antibiotic resistance at 5,500. In 2021, France was the fourth-largest consumer of antibiotics. In 2022, (75.5% of prescriptions by general practitioners). Upper respiratory tract infections are very common (e.g. 9 million cases of pharyngitis diagnosed in France each year) and are particularly affected by inappropriate prescribing and misuse of antibiotics. Multimodal interventions targeting clinicians, including educational programs on both knowledge and communication skills, have shown positive effects on the quality of prescriptions. In this context, an interactive, serious game was developed (RAMPAR), featuring emotional immersion based on situations of antibiotic misuse in adult pharyngitis, using biomedical data and communication skills (based on assertivity) for french general practioners.

Objectives: Evaluate the impact of RAMPAR on antibiotic prescriptions for pharyngitis in adults at 12 months.

Methods: The RAMPAR study is an interventional, pragmatic, comparative, randomized study conducted among general practitioners. This study is funded by the Interregional Primary Care Research Call for Projects - ReSP-Ir.

Results: Primary endpoint: Overall antibiotic prescription rate for patients aged 16 to 65 years old, Pay for Perfomance-P4P indicator at 12 months. Secondary endpoints: Overall antibiotic prescription rate for patients aged 16 to 65 years old, P4P indicator at 24 months.

Discussion: An average overall antibiotic prescription rate for patients aged 16 to 65 of 27.2% was observed in 2022 (P4P indicator). The target set by the P4P is 20%. Therefore, our intervention will be relevant if it reduces the overall average antibiotic prescription rate to at least 20%. With the following assumptions: average rate of 27.2% without intervention vs. 20% with intervention, for an alpha risk of 5% and a power of 85%, it is necessary to include 253 physicians per group, or 506 in total. This calculation was made using the biostatgv website.

Conclusion: This 36-month project aims to improve general practioner-patient communication and maintain the relationship; reduce the misuse of antibiotics in adult pharyngitis and combat antibiotic resistance.

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ID 389- Language Support Patterns and Clinical Needs of Foreign Residents in Japan: Insights From a Multilingual Medical Hotline

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Context: Japan's rapidly increasing foreign resident population continues to face substantial barriers in accessing healthcare. Clarifying their language-related and clinical needs is essential for improving primary care accessibility.

Objectives: To identify nationality-specific (1) language-support patterns in a multilingual medical consultation hotline and (2) barriers to accessing healthcare.

Methods: We conducted a retrospective descriptive study using FY2021–2024 records from a non-profit multilingual hotline in Japan. "Easy Japanese" (simplified Japanese for non-native speakers) and English were available daily, while other languages were offered once or twice weekly. Analyses were limited to consultations from foreign residents.

Results: Among 4,297 total consultations, 2,987 (69.5%) were from foreign residents representing 82 nationalities. The top 10 nationalities accounted for 65% of cases, with notable increases from Chinese and Vietnamese callers. (1) Language-support patterns: Of 2,987 consultations, 1,751 (58.6%) were made directly by individuals and 1,236 (41.4%) by proxies such as family, friends, or healthcare facilities. Language-use analyses focused on self callers only. Language use varied markedly by nationality. English was used in >95% of consultations from English-speaking nationalities. Despite limited service days, >70% of Chinese, Brazilian, Vietnamese, and Peruvian callers received mother-tongue support. When unavailable, these groups shifted more to Japanese than to English. Among nationalities without mother-tongue support, some relied predominantly on Japanese (e.g., Nepal), whereas others depended on English (e.g., Bangladesh). (2) Barriers to accessing care: Three consultation purposes—medical facility information, interpretation requests, and facilities offering care in "Easy Japanese"—accounted for ~80% of calls. Interpretation requests were minimal among English-speaking nationalities (0–8%) but exceeded 25% among Chinese, Brazilian, and Vietnamese callers, with >40% initiated by healthcare facilities. Requests for "Easy Japanese" care were especially frequent among Vietnamese (24.5%), Brazilian (15.1%), and Chinese (12.4%) callers. Clinical specialty needs also varied: psychiatry was more common among Chinese and U.S. callers, whereas obstetrics/gynecology and pediatrics were more frequently requested by South and Southeast Asian callers.

Discussion: Our findings demonstrate that healthcare systems must adopt flexible, multi-tiered strategies—incorporating mother-tongue services, English, and "Easy Japanese"—to address diverse communication needs among foreign residents.

Conclusion: Flexible, multilayered — rather than uniform — language-support models are essential to improve healthcare access for foreign residents.

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ID 144- Healthcare professionals' perceptions of professional interpreting in ambulatory care: a qualitative study in the Pays de la Loire region

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Context: The language barriers is a major obstacle to accessing healthcare. To address this issue, on-site and telephone professional interpreting services were introduced in 2017 in the Pays de la Loire region of France.

Objectives: This study explores healthcare professionals' perceptions of these services within ambulatory care settings.

Methods: A qualitative study was conducted using focus groups and semi-structured interviews with community-based healthcare professionals who had previously used interpreting services. Participants were recruited by email based on program activity records. Data were analyzed thematically, and categories were derived from emerging themes. An explanatory model was developed through integrative analysis and illustrated in a diagram.

Results: Seventeen healthcare professionals participated (13 general practitioners, 2 midwives, and 2 speech therapists) through two focus groups and five individual interviews. Participants reported improvements in communication, the therapeutic relationship, and intercultural understanding, identifying interpreting as a versatile tool well suited to medical consultations. Its use was progressively integrated into daily practice and associated with both professional and personal satisfaction. However, structural and organizational barriers limited broader implementation. Additional challenges—such as longer consultation times, concerns about added complexity, and fears of disrupting the therapeutic relationship—were also reported.

Discussion: Professional interpreting appears to act as a catalyst for more humanistic and culturally responsive care. It strengthens patient–provider communication and supports vulnerable populations, while encouraging greater awareness of intercultural dynamics in medical practice.

Conclusion: Professional interpreting enhances communication safety and strengthens the therapeutic relationship, thereby helping to reduce healthcare inequalities. Broader adoption, adequate financial support, and increased awareness among healthcare professionals are essential to ensure the long-term sustainability of these services.

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ID 92- Impact of Patient Communication Style on AI-Generated Clinical Advice in Family Medicine E-Care

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Context: Generative and agentic artificial intelligence systems are being tested to assist physicians in managing patient e-messages. In family medicine, these tools could ease workload but may also inherit human-like communication biases. Patient tone and wording are known to influence clinicians, yet their effect on AI models remains largely unexplored.

Objectives: To examine how patient communication style affects AI-generated decisions for clinical e-messages and sick-leave requests in family medicine.

Methods: We developed 500 standardized patient e-messages covering common family-medicine problems and sick-leave requests, validated by two family physicians. Each message retained identical clinical content but was rewritten in eight communication styles (like neutral, urgent, emotional, threatening..) and processed by five large language models using identical prompts. Structured outputs captured clinical decisions like triage urgency and medication choice for clinical messages, and other ouputs for sick-leave requests. Statistical differences from the neutral control were assessed using chi-square tests with false-discovery-rate correction and Cramér's V for effect size.

Results: Communication style significantly altered model behaviour. Threatening, urgent, and demanding messages prompted markedly higher rates of same-day-clinic recommendations (+37–51 percentage points; $V = 0.40–0.69$, $p < 0.001$), fewer self-care or routine visits, but shorter follow-ups (fewer 1–2-week reviews, more 24-hour advice; $V \approx 0.39$). Models also issued more prescriptions under directive tones. In sick-leave requests, threatening language reduced approval rates (–7.6 pp) and granted days (–0.22 days; $p < 0.001$), while emotional language elicited slightly more lenient and empathetic replies.

Discussion: Agentic LLMs appeared to mirror patient tone. Assertive or hostile messages seemed to lead to more resource-intensive outputs—such as

urgent visit recommendations, shorter follow-ups, and increased prescribing—while emotional messages may have encouraged more empathetic responses. These patterns resemble behavioural tendencies previously observed in human clinicians.

Conclusion: These tone-driven patterns may mirror those seen in human clinicians, but the magnitude of change in LLMs appears larger. As such models may soon operate autonomously, they could be vulnerable to intentional or unintentional prompt manipulation. We assume that growing public awareness of how LLMs respond to tone could amplify this risk. Recognising and mitigating linguistic bias will be essential before these systems are integrated into everyday family medicine communication.

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Comorbidity

ID 2159- More Than the Sum of Diagnoses : What the OECD PaRIS survey Reveals About Multimorbidity in Primary Care

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Context: Multimorbidity is now the norm rather than the exception in primary care practice, challenging disease-centred models of care . While family doctors routinely manage patients with multiple chronic conditions, health systems still lack internationally comparable evidence on how multimorbidity affects patient-reported health outcomes and experiences. The OECD Patient-Reported Indicator Surveys (PaRIS) address this gap by placing patients' voices at the centre of quality assessment, with a specific focus on people living with chronic conditions in primary care.

Objectives: The study addresses how distinct multimorbidity profiles relate to patient-reported physical health, mental health, and well-being; to what extent do individual factors (polypharmacy, healthcare utilisation, continuity of care relationship, symptom burden, and confidence to self-manage) alter these associations between patient-reported outcome measures and multimorbidity profiles and whether these associations vary systematically across sociodemographic groups, by age, gender, income, and education.

Methods: PaRIScollected data from over 107 000 patients aged 45 and over in 1 800 primary care practices across 19 countries in 2023-2024, by using the PaRIS Patient Questionnaire. The multimorbidity analyses focus on respondents reporting two or more chronic conditions which are regrouped into five multimorbidity profiles. Outcomes include patient-reported physical health, mental health and well-being. The association between the outcomes and explanatory variables are assessed using multi-level analysis, given the nested structure of PaRIS (patients in practices, which are in countries).

Results: The results will be available at the time of the conference. They will include physical health, mental health and well-being scores among people with five different multimorbidity profiles. It will also show the influence of utilisation of healthcare (primary care, emergency care or hospital care), polypharmacy, confidence in self-management and continuity of relationship on the relationship between multimorbidity profiles and patient-reported outcomes.

Discussion: The discussion will focus on the comparison with existing literature and policy and practice recommendations in primary care.

Conclusion: Increasing number of people living with chronic conditions call for further actions on the reorganisation of primary care delivery and practice. The results of this work will provide actionable information on the management of multimorbidity in primary care practices.

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ID 1545- Assessment of comorbidity burden and medication adherence in patients with type 2 diabetes

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Context: Many people with type 2 diabetes also have other health conditions. The literature states that about 90% of these people have at least one additional condition. These health issues increase the overall disease burden, or comorbidity, making it harder for patients to perform daily activities and follow their treatment plans.

Objectives: This study aimed to investigate the relationship between comorbidity burden, medication adherence, and quality of life in patients with type 2 diabetes mellitus.

Methods: This cross-sectional study was conducted among patients with type 2 diabetes who visited Family Health Centers in Manisa Province. Data were gathered using the Sociodemographic Data Form, Weighted Functional Comorbidity Index, Medication Adherence Report Scale, and the SF-12 Quality of Life Scale.

Results: A total of 201 patients with type 2 diabetes participated in the study. The average age was 58.99±11.09 years, with 103 participants (51.2%) aged 60 or older. Being 60 or older, female gender, obesity, low income and education levels, and low physical activity were associated with higher comorbidity burdens. Patients taking multiple oral antidiabetic drugs (OADs) or a combination of OAD and insulin therapy had higher medication adherence scores. A weak-to-very weak but statistically significant negative correlation was observed between the Weighted Functional Comorbidity Index and the Physical Components Score, the Mental Components Score, and the medication adherence scores. As the Physical Components Score, Mental Components Score, and medication adherence scores increased, the comorbidity index decreased.

Discussion: This study, in line with existing research, found that higher comorbidity burden negatively affects medication adherence. A 2022 study by Doya et al. revealed that type 2 diabetes patients with additional health conditions were twice as likely to adhere to their medications compared to those without.

Conclusion: It was demonstrated that comorbidity burden increases with age in diabetic patients. Additionally, a higher comorbidity burden is associated with lower medication adherence. Furthermore, increased comorbidity burden adversely affects both the physical and mental aspects of quality of life. Overall, this study emphasizes the importance of a holistic approach in the assessment and management of patients with type 2 diabetes mellitus.

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ID 631- Co-existing asthma and gastroesophageal reflux and their impact on adolescent quality of life in rural Sri Lanka

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Context: Asthma and gastroesophageal reflux disease (GERD) are common chronic conditions in early adolescence and frequently present with overlapping respiratory and gastrointestinal symptoms. In low-resource settings, these interactions lead to avoidable morbidity and reduced participation in school and daily activities. Understanding these associations is essential to strengthen equitable and humanistic adolescent care in primary healthcare systems.

Objectives: To determine the prevalence of asthma and GERD among early adolescents, assess associations between asthma and gastrointestinal symptoms, GERD and respiratory symptoms, and evaluate the impact of GERD on health-related quality of life (HRQoL).

Methods: A school-based cross-sectional study was conducted among adolescents aged 13–14 years in six randomly selected schools in Anuradhapura District. Asthma and GERD were

assessed using the validated ISAAC questionnaire and GerdQ. Health-related quality of life (HRQoL) was measured using the PedsQL 4.0 inventory. Logistic regression was used to examine associations between asthma, GERD, and related symptoms.

Results: A total of 1,127 students participated (response rate 99.5%; mean age 13.6 years; 44.8% male). Prevalence of current asthma was 16.1%, and GERD symptoms were present in 17.1%. A significant association was observed between asthma and GERD (AOR 2.3, 95% CI 1.6–3.3, p<0.0001). Gastrointestinal symptoms—including heartburn (32.0%), upper abdominal pain (26.5%), regurgitation (21.5%), and nausea (19.9%)—were significantly associated with asthma (all p<0.0001). GERD was associated with wheezing (38.1%), nocturnal dry cough (54.0%), difficulty breathing (21.8%), and chest tightness (23.3%) (all p<0.0001). Adolescents with GERD had significantly lower total HRQoL scores (75.3 ± 13.2) compared to those without GERD (82.0 ± 10.8; p<0.0001), with impairments across physical, emotional, social, and school functioning.

Discussion: Co-existing asthma and GERD markedly increase both respiratory and gastrointestinal symptom burden and substantially reduce HRQoL. These overlapping presentations represent an under-identified clinical challenge in adolescent primary care.

Conclusion: Integrating early screening for GERD in adolescents with asthma and for asthma in those with GERD can improve symptom control and support a more equitable, humanistic approach to adolescent healthcare.

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ID 265- association of morbidity patterns with risk of cardiovascular events and medical consumption among patients with chronic kidney disease: a nationwide cohort study

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Context: Comorbidity is extremely common in the chronic kidney disease (CKD) population. The in-depth exploration of the comorbidity patterns in CKD patients and analysis of the differences in medical consumption corresponding to different comorbidity combinations are of great significance for optimizing clinical diagnosis and treatment strategies and rationally allocating medical resources.

Objectives: To achieve precise classification of CKD patients, conduct an in-depth investigation into the differences in medical consumption among various clustered groups, and provide a scientific basis for optimizing the allocation of medical resources and formulating personalized intervention plans for CKD patients.

Methods: This study used data from the China Health and Retirement Longitudinal Study (CHARLS) database, including 1,693 participants with CKD. Through k-means cluster analysis of 18 chronic diseases, to identify comorbidity clusters with significant clinical heterogeneity. Cox regression model was used to explore the association between the clustered groups and the incidence of cardiovascular event.

Results: This study identified three clusters. The fully adjusted Cox regression analyses indicated that compared with Cluster 1, Cluster 2 had a hazard ratio (HR) of 1.60, and Cluster 3 had an HR of 2.69, suggesting the highest of new-onset cardiovascular events in Cluster 3. The results of the logistic regression model indicated that, compared to Cluster 1, for hospital stays, the odds ratio (OR) was 1.75 for Cluster 2 and 2.43 for Cluster 3, while for doctor visits/outpatient visits, the OR was 1.78 for Cluster 2 and 1.50 for Cluster 3. These findings confirm that the number of hospitals stays for Clusters 2 and 3 is significantly higher than that for Cluster 1, and the frequency of hospital stays, as an important component of medical consumption, further reflects the differences in medical resource utilization among the three clusters.

Discussion: The findings underscore the importance of classifying CKD patients by comorbidity clusters for precise risk stratification, highlighting the potential of targeted interventions

tailored to each cluster's representative disease features to improve prognosis and optimize medical resource allocation, and serving as a healthcare strategy for high-risk CKD populations.

Conclusion: CKD patients could be divide to three distinct comorbidity clusters with significant heterogeneity in clinical characteristics and outcomes.

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ID 60- Subclinical Hypothyroidism and Risk of Chronic Kidney Disease : A Systematic Review and Meta-Analysis

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Context: Subclinical hypothyroidism (SCH), defined by elevated thyroid-stimulating hormone with normal free thyroxine, is common in adults and has been linked to adverse renal outcomes. However, the extent to which SCH increases the risk of incident chronic kidney disease (CKD) remains uncertain.

Objectives: To evaluate whether subclinical hypothyroidism is associated with an increased risk of incident chronic kidney disease in adults , through a systematic review and meta-analysis.

Methods: A systematic review was conducted in accordance with PRISMA 2020 guidelines. Multiple databases were searched for studies evaluating the association between SCH and CKD. Five studies including over 4 million patients met inclusion criteria. A random effects meta-analysis was performed to to estimate pooled risk ratios (RR) for CKD incidence. Risk of bias was evaluated using ROBINS-I.

Results: Pooled analysis showed that SCH was associated with a higher risk of CKD (RR 1.19, 95% CI: 1.10–1.29). Moderate heterogeneity was observed (I^2 = 48.9%). Sensitivity analyses confirmed the robustness of findings, and no major publication bias was detected on funnel plot analysis.

Discussion: These findings suggest that SCH confers an approximately 20% higher relative risk of developing CKD. The association persisted across diverse populations and study designs , reinforcing a potential causal link mediated by renal hemodynamic changes, endothelial dysfunction , or low-grade inflammation. Recognizing thyroid function as a renal risk factor could enhance early screening strategies and preventive interventions in primary care.

Conclusion: SCH is associated with an increased risk of CKD. Our findings suggest that thyroid status may be a relevant factor in renal risk assessment and highlight the need for prospective trials to determine whether early identification and management of SCH can modify CKD outcomes.

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Continuity of care

ID 1269- Continuity of care & referral patterns

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Context: Continuity of care (CoC) is linked to better outcomes and lower downstream use, yet continuity has declined in some settings. How continuity and primary-care coverage relate to referral behaviour at clinic level remains under-

reported. In XXX, we evaluated whether higher continuity and greater primary-care coverage are associated with lower outgoing referral propensity and fewer rejected referrals.

Objectives: (1) Test associations between clinic-level CoC, primary-care coverage, and (a) outgoing referrals and (b) rejected-referral share. (2) Examine structural correlates (centre size, contact intensity). (3) Produce risk-standardised referral rates for fair benchmarking.

Methods: Cross-sectional, centre-level analysis (year 2021) linking administrative files in XXX. Exposure: clinic CoC index (0–1) and primary-care coverage (share of all visits in primary care). Outcomes: outgoing referrals per 1,000 listed patients and rejected-referral share. Models: Poisson GLM with offset log(list size) for counts (IRR), Binomial GLM for rejected-referral share (OR), and Negative Binomial GLM to compute risk-standardised referral rates (RSR). Partial correlations adjusted for size and activity. N≈40 matched centres.

Results: Higher CoC correlated with fewer referrals (r≈−0.40 to −0.44). In count models, CoC predicted lower referrals (IRR≈0.993 per +1 pp; ~6–7% fewer per +10 pp). Coverage correlated negatively with referral propensity (r≈−0.33). CoC was associated with a lower rejected-referral share (OR≈0.989 per +1 pp). Larger centres had lower CoC; RSR identified clinics referring above/below expected given list size and contact mix. Findings were direction-consistent after adjustment.

Discussion: Continuity and coverage appear to shape referrals at clinic level. Mechanistically, relational continuity likely reduces precautionary/duplicative referrals and improves referral acceptability. Scaling pressures threaten continuity, suggesting design countermeasures (empanelment, micro-teams). Limitations include cross-sectional design, centre-level CoC, and incomplete case-mix adjustment.

Conclusion: In XXX, higher CoC and stronger primary-care coverage are associated with fewer outgoing referrals and fewer rejections. Preserving continuity while scaling—supported by RSR benchmarking—may reduce avoidable specialist demand and administrative rework.

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ID 1278- Breaking the chain: innovative collaborative care for families beyond fragmented pathways

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Context: Traditional healthcare for children and families with complex needs often follows an “estafette model,” where responsibilities are passed from one professional to another. This fragmented approach delays effective support and leaves families navigating complex systems alone. The Wijkwijs project introduces an innovative, neighborhood-based model that integrates general practitioners, pediatricians, youth health physicians, neighborhood social support team, and physiotherapists into one collaborative team.

Objectives: To evaluate Wijkwijs as a care innovation that replaces fragmented pathways with integrated collaboration. The study examines whether families experience improvements across four domains—physical, psychological, social, and existential—and whether the integrated team contributes to clearer, more effective support. It also explores how professionals perceive the added value of working together in a shared responsibility model.

Methods: A mixed-methods design is used. Quantitative data are collected through a 4D registration tool at intake and six-month follow-up, alongside questionnaires on health, stress, quality of life, and parenting burden. Qualitative insights are gathered through family interviews and professional focus groups. Analyses include pre–post comparisons and thematic coding of experiences.

Results: To date, 21 families have been included. Early findings indicate that families experience greater clarity in care, reduced fragmentation, and improved communication across involved professionals. Preliminary follow-up data show notable improvements in the physical and social domains, alongside reduced parental stress.

Families report that the team understands the full context of their situation and provides timely, coordinated responses that address underlying concerns rather than isolated symptoms. Professionals describe increased satisfaction, quicker decision-making, and deeper insight into each other's expertise. Challenges around logistics and documentation remain but are manageable within the collaborative structure.

Discussion: Wijkwijs shows early promise as a care innovation that replaces sequential responsibility transfer with true multidisciplinary collaboration. Preliminary results suggest improved family functioning, stronger continuity of care, and positive professional experiences.

Conclusion: These insights will guide further refinement, inform local policy, support scaling to other neighborhoods, and enrich practice-oriented publications.

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ID 880- How historical views on continuity of care shape the identities of current and future general practitioners

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Context: Continuity of care (CoC) is globally recognized as a central value of general practice as it improves health outcomes for patients. Although many general practice curricula acknowledge the importance of CoC, general practice trainees often feel unprepared to deliver it. This suggests a need to better understand how CoC is constructed within the profession and how this shapes what trainees perceive as expected from them.

Objectives: To understand how historical and contemporary ways of talking about CoC shape the professional identities of current and future GPs, and what this means for how trainees learn to enact CoC in practice.

Methods: We conducted a Foucauldian discourse analysis of policy documents, publications in medical journals and national newspapers (1959–2025) to map the historical discourses through which GPs have talked about CoC. Tracing the development of these discourses allowed us to analyze how their implicit assumptions persist and shape how CoC is understood in present-day general practice.

Results: Four CoC discourses were identified: 1 CoC as a moral ideal (North Star), 2. CoC as a long term- and trusting relationship (Cradle-to-Grave), 3. CoC as a system-based effort (Interlocking Systems), and 4. CoC as an entity in decline or lost (Crisis). While each discourse has surfaced at different moments in history, they have now accumulated and coexist.

Discussion: This study illustrates that discourses on CoC have been constructed in multiple ways and have accumulated over time. These coexisting discourses promote multiple, and sometimes incompatible, identity expectations: from moral agent to always-available caregiver, from system-oriented team player to change agent or powerless bystander. This accumulation creates an environment in which GP trainees must reconcile competing demands, making the formation of a coherent professional identity challenging.

Conclusion: Recognizing how language shapes CoC can help educators teach it as a living, adaptive practice, enabling GP trainees to take ownership and align CoC with their personal and professional identity.

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ID 682- Role of a general practitioner in the illness of patients with persistent somatic symptoms: perception, experience, expectations of the patients

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Context: Patients with persistent somatic symptoms (PSS) account for 20–30% of patients in general practice and can be very burdensome for doctors. Czech general practitioners (GPs) use an original Czech primary care guideline on functional disorders and PSS (2023). Furthermore, Czech GPs can get extra psychosomatic education. Yet, there has been no research focusing on patients with PSS in primary care in the Czech Republic.

Objectives: The aim of our study was to explore the experience of patients with PSS with their GPs, their perception of the role of the GPs and their expectations.

Methods: We performed individual in-depth semi-structured interviews with 30 patients with PSS (n=30). GPs chose 21 patients who were coming repeatedly to their office with PSS lasting for at least 3 months, with small probability to find a clear organic explanation of the symptoms in the perception of the GP. We used purposive sampling of the GPs, when we included 18 GPs with and without psychosomatic education, from different regions, urban and rural, males and females, younger and older. In the second branch, we recruited 9 patients who come to a psychosomatic clinic in Prague for consultations for PSS lasting at least 3 months. We performed manual reflexive thematic analysis of the interview transcripts.

Results: Our on-going analysis identified the most frequently recurring themes: first-contact doctor, importance of the explanation, relationship with the GP, doctor´s active interest in patient´s life, importance of language/expressions, psychological support, assessment of the results, management of the abnormal findings including those with no significance.

Discussion: Our findings are mostly consistent with the literature. However, in some topics we will bring a deeper insight.

Conclusion: The study shows that GPs can play a crucial role in the illness of patients with PSS. Patients are focused on the organic nature of their difficulties and expect solutions from their GP in various forms. A deeper relationship build on mutual trust can help patients to accept bio-psycho-social explanations of their symptoms. We therefore consider it important to focus on GPs' training in psychology and communication, which could help them to achieve shared understanding even with these patients.

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ID 600- Chronic disease management in the vulnerable elderly: the importance of an individualized approach – a case report

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Context: Managing chronic diseases in older adults is a growing challenge in primary care (PC). Multimorbidity, functional decline, and social vulnerability frequently compromise treatment adherence. These interacting factors increase the risk of decompensation, preventable adverse events, and loss of autonomy. An individualized and patient-centred approach, integrating health education, medication review, and social support, is therefore essential.

Methods: An 80-year-old woman with insulin-dependent type 2 diabetes, hypertension, obesity, chronic kidney disease, chronic coronary syndrome, depressive disorder, and chronic osteoarticular pain. She lived alone in precarious housing with limited social support. She had poor adherence, frequently missed follow-up appointments, and struggled to

manage her medication. She presented poor glycaemic control (peak HbA1c 12.8%; occasional glucose >500 mg/dL) and recurrent metabolic decompensation, leading to several unscheduled consultations and emergency visits. Home visits by the PC team revealed that she lived almost entirely confined to one room due to physical limitations, with inadequate hygiene and a highly unbalanced diet mainly composed of soft drinks and industrial porridges. These observations were key to tailoring an appropriate plan. The intervention included glycaemic monitoring, medication reconciliation, activation of social services, and strengthened family involvement. The patient agreed to move in with her daughter, resulting in progressive clinical improvement and adequate glycaemic control within months (HbA1c 8.6%). Strengths and limitations: Strengths included longitudinal follow-up and contextual assessment through home visits. Limitations included difficulty assessing potential cognitive decline and ensuring consistent engagement.

Originality: Although multimorbidity and poor adherence in older adults are well described, this case highlights how home visits and individualized assessment of social and environmental factors can reshape management and lead to measurable improvement, an approach un

Lessons learned and future implication: Understanding environmental and social determinants is crucial when managing older adults. Early identification of vulnerability, integration of home visits, and structured involvement of family and social services may prevent avoidable complications.

Discussion: This case illustrates how isolation, precarious living conditions, and multimorbidity significantly impair adherence. Tailored intervention improved stability and outcomes.

Conclusion: PC teams are crucial for safe and effective chronic disease management in vulnerable elderly. Individualized strategies contribute to better disease control and quality of life.

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ID 477- Improving the quality of palliative care: is continuity of care the key?

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Context: Ideally, a general practitioner (GP) and their team know their patients well and follow their care pathways within both primary care and other healthcare settings. This is called continuity of care (COC). Although COC is a core value of general practice - with benefits including fewer hospital admissions, reduced healthcare costs, and better quality of life - it has shown a sharp decline in the Western world over the past decades. Moreover, it is expected COC will further decline in the future due to fragmentation and changes in availability of care. Given the decline in COC, there is a risk that patients with complex or less predictable illness trajectories experience inequities in access to coherent, person-centred care at the end of life. In the Netherlands, most palliative care takes place in a primary care setting, and there is little evidence on how patients in the palliative phase experience and value COC.

Objectives: Our study explores the perspectives of palliative patients on COC across three illness trajectories: cancer, heart failure, and multimorbidity.

Methods: We conduct a longitudinal interview study with approximately 20 patients in the palliative phase (identified by a negative answer to the surprise question) across the three illness groups to capture their experiences and perceptions of continuity of palliative care, supplemented with the Nijmegen Continuity of Care Questionnaire and the Patient Satisfaction Index. We will analyze the data using thematic analysis.

Results: Data collection and analysis are ongoing. The first results that we present at the conference will focus on initial interviews conducted with patients.

Discussion: Topics discussed in the interviews include availability of care, coordination and

oversight, and transfer of information between different care providers.

Conclusion: To estimate the value of COC in palliative care and come to practical recommendations, it is crucial to investigate patients' perspectives on COC at the end of life. This study will contribute to a deeper understanding of COC in the primary care setting at the end of life in different illness trajectories.

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ID 75- Rethinking continuity in general practice for people with mesothelioma: a qualitative case study

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Context: Continuity in UK general practice has clear benefits but is difficult to achieve. The 2025-26 GP Contract advocates for incentivised identification of people who may particularly benefit from continuity, for example those with a terminal illness. Mesothelioma is an incurable disease caused by asbestos exposure and people with this diagnosis potentially derive significant benefit from continuity. However, there is little research exploring continuity in general practice for these individuals.

Objectives: This study aimed to provide detailed understanding of the experiences of continuity in UK general practice among people with mesothelioma, their close persons, and their healthcare professionals (HCPs); how they achieve this (or not); and how it affects their healthcare service use.

Methods: Qualitative data obtained from longitudinal interviews with people with mesothelioma, their close persons, and their HCPs, was used to construct detailed case studies. Reflexive thematic analysis was undertaken. Five individuals participated in a patient and public involvement capacity.

Results: Data from 54 interviews formed nine case studies. Findings are presented in relation to five overarching themes: 1) People with mesothelioma experience unique challenges in achieving continuity; 2) Patient/close person capacity to facilitate continuity in general practice; 3) HCP capacity to facilitate continuity in general practice; 4) MDT approach differs from traditional family doctor model; and 5) 'NHS general practice is broken'.

Discussion: Despite its well-evidenced benefits, continuity is under-represented in UK general practice service design, contract, and policy. Participants described the intense burden of living with and dying from a rare cancer with a poor prognosis, exposure-related legal and financial complications, and a lack of awareness among the public and HCPs. Ultimately, the needs of people with mesothelioma may not be addressed if they are not supported by both relevant mesothelioma-focused services, and generalist services that can provide holistic care. Integration and continuity are imperative.

Conclusion: This research deepens understanding of continuity in general practice for people with mesothelioma, with a specific focus on their ability to achieve continuity. Although focused on people with mesothelioma in the UK, findings are relevant to other international patient populations, particularly those with other rare conditions or palliative care needs.

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Dermatology & headaches

ID 1927- Measles or Monkey pox

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Context: Monkeypox is a viral zoonotic disease caused by the monkeypox virus. It can be transmitted from animals to humans, from humans to humans, and from contaminated environments to humans.

Methods: A 41-year-old male, divorced with one daughter, initially presented with sore throat, myalgia, malaise, fever (up to 38.5°C), and cough. Examination revealed pharyngeal hyperemia and bronchitic pulmonary sounds, and laboratory tests showed leukocytosis, neutrophilia, and elevated CRP (55 mg/L). He was treated with clarithromycin twice daily for 10 days.One week later, he developed a rash on the neck, initially resembling urticaria. The patient had eaten mushrooms for the first time the day before. Initial treatment included sinopen, urbazone, and loratadine. The rash rapidly progressed to medallion-shaped lesions and generalized eruptions, prompting referral to dermatology. An initial diagnosis of pityriasis rosea was made, and topical corticosteroids were prescribed.The rash continued to evolve, presenting with vesicles, macules, and pustules. Infectious workup for syphilis, gonorrhea, and HIV was negative. Laboratory findings included lymphopenia, thrombocytopenia, leukocytosis, elevated IL-6, and increased IgE. Skin biopsy confirmed Pityriasis Lichenoides et Varioliformis Acuta (PLEVA). Treatment was adjusted to clindamycin three times daily and topical corticosteroids. Seven months later, during routine follow-up (as the patient is a pilot), antibodies to monkeypox were detected, suggesting a possible subclinical or atypical viral trigger.

Originality: This case is unique due to the unusual progression of skin lesions, evolving from urticaria-like eruptions to pityriasis rosea–like plaques and finally to vesiculopustular lesions, which is rarely reported. The combination of histopathologically confirmed

Lessons learned and future implication: Progressive, polymorphic rashes may reflect immune-mediated or post-infectious processes, not just allergies. Awareness of emerging viral triggers and a multidisciplinary approach are crucial for accurate diagnosis and patient safety.

Discussion: This case highlights polymorphic skin eruptions evolving from urticaria to vesiculopustular lesions. PLEVA was confirmed by histopathology and supported by immunological abnormalities indicating systemic immune dysregulation. Retrospective monkeypox antibodies suggest a possible atypical viral trigger.

Conclusion: Recognition of monkey pox clinical and dermatological aspects facilitates its diagnosis and differentiation from other viruses which cause similar skin rashes, particularly Smallpox and Chickenpox.

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ID 1850- Physicians´ experiences of Teledermatology in public primary care- A qualitative focus group study

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Context: Teledermatology (TD) is increasingly used in public care to facilitate the assessment and management of skin lesions through digital healthcare visits. By enabling patients to submit images of skin conditions for a remote evaluation, TD has the potential to improve access to specialist expertise and streamline care pathways. However, previous research indicates that physicians may experience uncertainty regarding diagnostic accuracy and clinical decision-making when assessing skin lesions digitally, highlighting a need for deeper understanding of clinicians´ experiences.

Objectives: The aim of this study is to explore physicians' experiences of assessing skin lesions during digital healthcare visits in public primary care.

Methods: A qualitative study design will be employed using focus group discussions. Data was collected through five to six sessions, each comprising four to six physicians working in digital public primary care. Participants had experience using teledermatology, in digital consultations. The focus group discussions explored perceptions of diagnostic confidence, clinic usefulness, challenges and educational needs related to digital assessment

of skin lesions. Data were analyzed using a systematic qualitative content analysis in accordance with the methodological framework described by Dahlin-Ivanoff and Holmgren.

Results: The study is expected to generate in-depth knowledge of psysicians´perceptions of teledermatology, including perceived benefits, limitations and sources of diagnostic uncertainty. Findings are anticipated to identify key factors influencing clinical decisions-making, professional confidence and perceived patient safety in digital dermatology consultations. We will have analyzed the data and will present the results at the conference.

Discussion: This study provides insights into how teledermatology is perceived and used in everyday clinical practice. The findings will highlight both the potential of teledermatology to support clinical work and the challenges physicians encounter when assessing skin conditions without physical examination.

Conclusion: By elucidating physicians´experiences of digital assessment of skin lesions, this study may contribute to the development of more affective teledermatology practices, targeted educational interventions and improved digital primary care services for patients seeking care for skin-related conditions.

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ID 1769- Closing the follow-up gap after trigger point interventions in tension-type headache and migraine: a systematic review for primary care

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Context: Tension-type headache (TTH) and migraine are frequent reasons for consultation in primary care. Myofascial trigger point (MTrP)-directed procedures may provide short-term symptom relief, but evidence on durability is limited. Continuity in primary care offers an opportunity for longitudinal follow-up to track outcomes and support timely escalation or referral.

Objectives: To summarise randomised evidence on changes in headache frequency and intensity after MTrP-directed interventions in adults with International Classification of Headache Disorders (ICHD)-defined TTH or migraine, and to translate findings into practical primary care implications for follow-up, referral, and equity in longitudinal headache monitoring.

Methods: The protocol was prospectively registered in PROSPERO (CRD42025641133). Eight databases were searched for randomised controlled trials (RCTs) published 2004–2024 (updated November 2025). Two reviewers independently screened and selected studies, extracted data, and assessed risk of bias using RoB 2. Narrative synthesis was undertaken due to substantial clinical and methodological heterogeneity.

Results: Seven RCTs (451 participants; predominantly TTH) were included. Interventions included lidocaine trigger point injections, dry needling, and botulinum toxin type A injections applied to clinically identified active MTrPs. Short-term reductions in headache intensity were consistent (typically 1.5–2.5 points on a 0–10 scale). Improvements in headache frequency were most evident in chronic TTH; evidence in migraine was limited. Follow-up was short (4–12 weeks), with variation in protocols and outcome timing, limiting conclusions on durability and comparative effectiveness. Risk of bias was limited by blinding and reporting limitations.

Discussion: The main evidence gap is limited follow-up duration. Primary care can help close this gap through structured, person-centred monitoring of headache days, pain intensity, acute medication use (including risk of medication overuse), and individual functional goals, with clear triggers for escalation or referral within a stepped-care pathway. Making this follow-up routine in primary care may help reduce inequities in access to ongoing assessment and timely specialist input.

Conclusion: MTrP-directed procedures may offer short-term improvement in headache intensity and, in chronic TTH, headache frequency for selected patients with prominent myofascial features. Future standardised trials should include longer, primary care–relevant follow-up and consistent outcome

time points to determine sustained benefit and inform practical care pathways.

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ID 1300- Migraine treatment in general practice: adherence to guideline recommendations using routine care data

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Context: Migraine is a common condition often treated in general practice. The Dutch GP guideline includes treatment recommendations.I It is unknown whether these are followed.

Objectives: How often do GPs see patients with migraine, and do they follow treatment recommendations?

Methods: We used data from electronic health records (EHR) in general practices participating in the Nivel Primary Care Database in 2023. We selected patients with a migraine episode (ICPC-code N89). We assessed the number of contacts with the GP, prescribed medication, and referrals to secondary care. In a selection of newly diagnosed patients, we assessed 5-year care trajectories using data from 2019 to 2023.

Results: Data from 25,474 patients with migraine from 389 general practices were available. In 2023, 19 per 1000 adults in the Netherlands had a migraine episode registered in their GP's EHR. 80% of these patients were women, and 86% between 18 and 64 years of age. Half of the patients with migraine contacted the GP in 2023. One out of five patients did not have GP contacts in the 5 years after diagnosis. In line with the guideline, the most prescribed acute medications for migraine were triptans (54%), and NSAIDs (26%). The most commonly prescribed preventive medications were betablockers (16%). 16% received an opioid prescription, whereas these are advised against in the guideline. More than a third of women 18-44 years received hormonal anticonceptives, which is not recommended. Care trajectory analyses showed that opioids and anticonceptives were mostly started before the migraine diagnosis, indicating these might not be related to migraine. Almost one out of ten patients with migraine received a referral to secondary care, mostly in the first half year after diagnosis.

Discussion: Medication use is underestimated as over-the-counter medication could not be assessed.

Conclusion: Patients with migraine do not often contact the GP for their migraine, whether this is due to e.g. adequate coping, or limited perceived burden is unknown. A minority receives preventive medication and is referred to secondary care, the latter most likely for diagnosis. Whether the treatment is effective for these patients remains to be studied. Reducing opioid prescribing deserves attention.

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ID 1148- Effectiveness of Honey-Based Dressings for Wound Healing in Primary Care: A Systematic Review and Meta-Analysis

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Context: Wound care is an important part of family medicine, particularly in settings where resources are limited and advanced dressings are not always accessible. Honey-based dressings are commonly used in community and primary-care settings, but their effectiveness in this context has not been fully reviewed.To our knowledge, no prior meta-analysis has focused specifically on the performance of honey-based dressings within primary-care settings.

Objectives: To synthesise contemporary evidence on the effectiveness, safety, and cost-efficiency of honey-based dressings for wound care in primary-care and community settings, supported by meta-analysis.

Methods: This systematic review adhered to PRISMA guidelines. Comprehensive searches of PubMed, Embase, Scopus, Cochrane CENTRAL, and

regional databases identified randomized and comparative studies published up to March 2025. Two reviewers independently performed study selection and data extraction, with discrepancies resolved by consensus. Risk of bias was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools. Primary outcomes included healing time, wound-area reduction, infection clearance, pain, adverse events, and treatment costs. A random-effects meta-analysis was conducted, and heterogeneity was quantified using I^2 statistics.

Results: Twenty-three studies (12 RCTs; 11 observational) met the inclusion criteria. Honey-based dressings demonstrated significantly faster healing (mean difference −7.89 to −26.37 days), greater wound-area reduction (18–28%), and markedly higher infection clearance rates for burn wounds (OR 10.80). Several diabetic-foot-ulcer studies reported meaningful reductions in pain. Honey-based dressings were associated with a 20–50% reduction in treatment costs and no serious adverse events. Moderate heterogeneity was noted across wound types and honey formulations; however, pooled estimates consistently favoured honey.

Discussion: Honey-based dressings show clear clinical benefits, are generally safe, and can reduce overall treatment costs. Their easy availability and suitability for home care make them a practical choice in primary-care settings. These features fit well with the principles of family medicine and may help lessen care gaps in low-resource communities.

Conclusion: Honey-based dressings represent an effective, safe, and low-cost wound-care solution suitable for routine use in primary care. Incorporating honey into standard wound-care protocols may accelerate healing, reduce clinic burden, and expand equitable access to quality care. These findings support consideration of honey dressings as a first-line option in general practice, particularly in resource-limited environments.

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ID 316- The natural history of headache in Canadian family practice: a cross-sectional and longitudinal study from DELPHI

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Context: Symptoms are a significant part of family physicians' workload, accounting for about two-thirds of encounters in Canada. Headache is among the most common reasons for encounter (RFE), and understanding its evolution and chronicity is crucial.

Objectives: To determine the prevalence of headache in family practice and identify patient characteristics associated with persistent/recurrent symptoms and with short-term presentations.

Methods: This study is part of a larger study of 12 common symptoms in family practice. A retrospective cross-sectional study of visits and a retrospective cohort study with longitudinal follow-up were conducted in southwestern Ontario using the DELPHI Electronic Medical Record database, based on ICPC-2-R coding. Patients with a new headache RFE were followed up to four years and assigned to 1 of 3 pathways: (1) Headache Remained: symptoms did not fit a diagnostic category and either persisted or resolved without further attention. (2) Headache Continued after Diagnosis: Headache placed in a diagnostic category, but patient continued to present the symptom as an RFE. (3) Diagnosis was made, and no subsequent headache visits occurred.

Results: Headache appeared in 254 encounters (1.7% of all visits). Of those, 81% were under 64 years; 81% were female; 31% had prior psychological conditions. Among 110 patients in the longitudinal analysis, 41% followed pathway 1 (85% having only one visit). 22% followed pathway 2 (mean episode of care of 14 months and 3.2 visits); all were prescribed medication, 92% were female, 58% had prior psychological conditions; the most common diagnoses were migraine (28%), anxiety (15%), and tension headache (11%). 36% followed pathway 3.

Discussion: Longitudinal findings indicate that new headache presentations resulted in three clinical trajectories. A smaller subgroup, often women with comorbid anxiety or depression, requires attention to psychosocial determinants and access to non-pharmacological approaches to prevent progression to chronic or analgesic-related headache.

Conclusion: Headache remains a common RFE in family practice. Most patients without alarming symptoms can be reassured and treated accordingly. While many cases resolve quickly, a subset follows a persistent trajectory, particularly among younger women. These findings highlight the importance of an individualised approach and attention to psychosocial contributors in primary care.

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Diabetes

ID 1773- Beyond Steps: A Pragmatic Randomised Trial of a Primary Care Initiated mHealth Intervention in Adults with Prediabetes and Type 2 Diabetes

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Context: Low levels of physical activity remain a major challenge in managing prediabetes and type 2 diabetes in primary care. While brief advice from general practitioners (GPs), including self-monitoring, can be effective, its impact is often limited by time constraints and lack of follow-up. Digital tools, including mobile health (mHealth) adaptive messaging, may extend behavioural support into daily life.

Objectives: To examine whether adding adaptive digital support to wearable-based self-monitoring leads to meaningful long-term changes in physical activity and related health outcomes in adults with prediabetes or type 2 diabetes in primary care.

Methods: ENERGISED was a 12-month pragmatic multicentre randomised trial in 28 general practices in the Czech Republic. Adults with prediabetes or type 2 diabetes (n = 343) were allocated to an intervention combining wearable self-monitoring, context-sensitive text messages and six-month phone counselling, or to an active control with wearable self-monitoring and brief GP advice. The primary outcome was change in daily steps at 12 months; secondary outcomes included activity patterns, mental health, quality of life, functional performance and cardiometabolic markers. Mixed models for repeated measures were used.

Results: After 12 months, changes in daily step count were comparable between groups, indicating no additional effect of adaptive digital support on overall activity volume (between-group difference 309 steps/day; 95% CI −299 to 917). Short-term benefits were observed at 6 months, when the intervention group showed a more favourable activity intensity distribution and better mental health scores than the control group. These differences diminished after counselling ended and were not significant at 12 months. No differences were found for cardiometabolic outcomes, and adverse events were rare.

Discussion: These results suggest that adding adaptive digital messaging to self-monitoring provides limited additional benefit in usual primary care. Transient effects during counselling highlight the importance of human support in behaviour change. Further research is needed to determine how digital and human components can be optimally combined for sustainable outcomes.

Conclusion: In real-world primary care, supplementing self-monitoring with adaptive messaging and brief counselling had only transient effects on activity intensity and mental health. These findings suggest that sustained behaviour change may require hybrid models integrating digital tools with human support.

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ID 1302- The Impact of E-Health Integration on the Chronic Care Model in Diabetes Management in Primary Care: A Scoping Review

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Context: Type 2 diabetes is one of the most managed chronic diseases in primary care and requires continuous follow-up. Improving patients' self-management skills, ensuring regular follow-up, and encouraging lifestyle changes directly influence the quality of primary diabetes care. Recently, e-health tools such as telemonitoring, mobile health apps, digital education modules, and message-based reminders have become more prevalent in supporting patients' chronic care. The Chronic Care Model (CCM) provides an evidence-based framework for organizing effective chronic disease management. However, how health tools are integrated into type 2 diabetes care and their relationship to the chronic care model still remain unclear.

Objectives: This scoping review aims to present current evidence on the effectiveness of eHealth interventions in managing type 2 diabetes and their alignment with the core components of the chronic care model.

Methods: A review was conducted using PubMed, Scopus, Embase, the Web of Science, CINAHL, and the Cochrane Library, including studies published between 2010 and 2025. Clinical trials, reviews, and meta-analyses were searched using terms such as “type 2 diabetes,” “primary care,” “digital health,” “telemonitoring,” “mobile health,” and “Chronic Care Model.” Data were charted and summarized using a scoping review approach, and the findings were mapped to the six components of the Chronic Care Model.

Results: eHealth applications used in primary care diabetes management mostly engage with self-management support components and clinical information systems. Conversely, interaction with the decision support component is more limited, and the literature provides little information on integration with community resources and health system organization.

Discussion: E-health interventions are recommended to enhance patient engagement in care and improve information exchange within primary care teams. However, challenges and limitations persist in using these technologies, such as disparities, digital literacy issues, and physical barriers.

Conclusion: E-Health applications closely align with the components of the Chronic Care Model, especially self-management support and clinical information systems.

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ID 1242- Perceptions of people living with diabetes and healthcare professionals towards AI-assisted screening in the English NHS Diabetic Eye Screening Programme

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Context: The Diabetic Eye Screening Programme (DESP) in the National Health Service (NHS) in England generates approximately 18 million retinal images per year, which are graded for diabetic retinopathy. Automated retinal image analysis using Artificial Intelligence (AI) can detect diabetic retinopathy as accurately as human graders, but it is not yet licensed in England. Understanding perceptions among People Living with Diabetes (PLD) and Healthcare Professionals (HCP) is essential for successful implementation.

Objectives: This study explored attitudes and concerns towards AI-assisted screening and how these vary across sociodemographic groups.

Methods: A mixed-methods design combined quantitative and qualitative data from two online surveys co-developed with PLD and HCP focus groups. The surveys were distributed across DESPs, diabetes charities, and professional networks between September and December 2023. Likert-scale responses were analysed using linear

regression to identify subgroup differences. Free-text responses were coded thematically using a co-developed framework.

Results: 1,577 PLD and 262 HCP completed the surveys; 387 PLD (24%) and 98 HCP (37%) provided free-text comments. Both groups generally viewed AI integration as inevitable and potentially beneficial for efficiency and cost-saving, with concerns around data security, accountability for AI errors, and reduced human interaction. Qualitative themes included trust, workforce impact, patient–practitioner relationships, and implementation challenges. Quantitative analysis showed that 58% of PLD believed AI would perform equally well across different ages and ethnicities, compared with 32% of HCP. Most PLD (81%) felt humans should remain responsible for screening outcomes, and 71% of HCP disagreed that AI could wholly replace human grading. Females were less accepting of AI, while PLD of Black and Asian ethnicities expressed greater concern about data security and impact on screening experience. HCP of Asian ethnicity were generally more sceptical of AI's role.

Discussion: Both PLD and HCP recognise the potential benefits of AI-assisted screening, but express concerns around safety, responsibility, and workforce implications. Limited understanding of AI's role in the DESP is a key barrier to acceptance.

Conclusion: Targeted outreach activities based on socioeconomic factors can build trust in future AI implementation into the DESP. These activities could include co-designed educational materials with transparent communication around the role of AI, data use, and safety.

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ID 1232- Primary Care Screening for PDAC in New-Onset Diabetes

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Context: Pancreatic cancer stands for one of the most fatal malignancies, featuring a subtle onset, aggressive behavior, and a poor prognosis. Among the top 5 causes of cancer-related deaths in the U.S., pancreatic cancer is the only cancer without a clear, systematic approach to early diagnosis. New-onset diabetes (NOD) has emerged as a potential early clinical manifestation of PDAC, offering a possible window for targeted screening. Because most new diabetes diagnoses occur in primary care, this setting represents a pivotal point for initiating risk assessment and early-detection pathways.

Objectives: To evaluate current evidence supporting NOD as a risk group for pancreatic cancer and to outline a primary care–centered screening framework that balances risk, feasibility, and resource use.

Methods: We conducted a scoping review by searching PubMed for relevant studies published in the past 10 years. Our keywords included "new onset diabetes", "pancreatic cancer", "screening". We included meta-analysis, observational studies and systematic reviews. We identified 14 studies that met our inclusion criteria.

Results: Studies show that adults ≥50 with NOD have an elevated short-term risk of PDAC, with risk peaking in the first 2–3 years of diabetes onset. Clinical indicators such as unintentional weight loss, rapidly worsening glycemia, personal history of pancreatitis, and family history of PDAC significantly improve risk stratification and can be readily assessed in primary care. Incorporating structured risk scores and algorithmic triggers into electronic health records may help identify a small subset of NOD patients whose risk is high enough to warrant further evaluation. Emerging blood-based biomarkers and machine-learning models show promise for future integration into primary-care workflows but require prospective validation.

Discussion: In primary care, where most new diabetes diagnoses originate, clinicians can use routine data—such as weight trends, glycemic trajectories, and relevant medical history—to flag patients who may benefit from further evaluation. Although imaging remains essential for definitive assessment, its selective use guided by risk stratification improves efficiency and reduces unnecessary testing.

Conclusion: As tools for identifying high-risk NOD patients evolve, the primary care setting will play a central role in coordinating screening, educating patients, and ensuring timely referral pathways.

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ID 293- Hemoglobin Levels and the Risk of Microalbuminuria Among Type 2 Diabetics Visiting A Primary Healthcare: A Retrospective Study in XXX

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Context: Albuminuria is an early marker of diabetic kidney disease, indicating silent renal damage. With rising diabetes-related kidney complications in Saudi Arabia, early detection is crucial. This study assesses the prevalence of albuminuria and examines its association with hemoglobin levels and other risk factors in patients with type 2 diabetes.

Objectives: To assess the prevalence of albuminuria in type 2 diabetes, identify its clinical and biochemical predictors, and examine the association with hemoglobin levels.

Methods: This retrospective cross-sectional study included adults with type 2 diabetes with measured Urinary Albumin-to-Creatinine Ratio levels , receiving care at XXX in the last 5 years. Analyses used R software (version 4.4.1). Continuous variables are shown as mean ± SD and categorical as frequency (percentage). Results are expressed as odds ratios (OR) with 95% confidence intervals (CI). Statistical significance was set at $p < .05$ for adjusted odds ratios (aOR).

Results: Among 15,822 patients with type 2 diabetes, 19.6% had microalbuminuria and 5.4% had macroalbuminuria. Albuminuria severity was associated with older age, higher systolic blood pressure, longer diabetes duration, elevated HbA1c, worse lipid profile, reduced eGFR, and hypertension. A graded increase in anemia prevalence was observed across albuminuria categories (32.2% normo-, 40.6% micro-, 55.6% macroalbuminuria).

Discussion: Albuminuria severity was independently associated with older age, hypertension, higher systolic blood pressure, longer diabetes duration, poor glycemic control, elevated triglycerides, and former smoking, consistent with regional and international studies. Notably, our study identified a novel graded relationship between low hemoglobin levels and increasing albuminuria severity, suggesting anemia may serve as an early marker of renal vulnerability. Strengths of the study include its large, heterogeneous population and inclusion of all albuminuria stages, while limitations include its cross-sectional design and the lack of other hematological assessments. These findings emphasize the importance of monitoring both traditional risk factors and hemoglobin to prevent progression of diabetic kidney disease.

Conclusion: Anemia may serve as an early marker for the severity of albuminuria in patients with type 2 diabetes. Primary care physicians should routinely monitor hemoglobin, along with other biomarkers, to help prevent the progression of diabetic kidney disease.

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ID 452- Primary Care Practitioners (PCPs) Perspectives on Obesity and Diabetes Prevention.

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Context: The escalating global epidemics of obesity and type 2 diabetes (T2DM) pose a severe threat to public health, with lower-middle-income countries like Kyrgyzstan facing a disproportionately high burden. Primary care is recognized as the crucial frontline for prevention, yet significant barriers often hinder its effectiveness in resource-limited settings.

Objectives: This study aimed to comprehensively assess the role, barriers, and opportunities related to obesity and diabetes prevention within the primary care system of Kyrgyzstan.

Methods: A qualitative, exploratory study based on grounded theory was conducted in 2025. Thirteen

family physicians (12 female, 1 male) with a mix of urban and rural practices in Northern Kyrgyzstan were recruited. Data were collected via semi-structured interviews, which were transcribed, translated, and analyzed using axial coding to identify central categories and their relationships.

Results: The analysis identified a central issue: the ineffective prevention and management of obesity and diabetes. Several key themes emerged, including patient-related barriers, systemic obstacles, contextual challenges, a lack of institutional support, compensatory strategies, and negative consequences. This situation was primarily driven by several causal factors, including a critical shortage of specialists, such as endocrinologists and dietitians, financial barriers faced by patients, and low public awareness about these health issues. These challenges were further exacerbated by overwhelming physician workloads and deeply ingrained cultural dietary habits. In response to these pressures, physicians, constrained by a lack of government assistance and a patient mindset that often places health responsibility elsewhere, resorted to compensatory strategies. These included taking on extra duties and focusing health education efforts on younger, more receptive audiences. However, these measures ultimately resulted in late-stage diagnoses, physician burnout, and a continued failure of the preventive health system.

Discussion: Kyrgyzstan's primary care physicians are constrained by systemic and sociocultural barriers, resulting in a reactive care model unlike more integrated systems elsewhere.

Conclusion: There is an urgent need for systemic interventions to address specialist shortages, reduce physician workload by transferring competencies and involving other health specialists in primary health care, and implement supportive policies. Strengthening the primary care system is essential to unlock its preventive potential and curb the growing epidemic of obesity and diabetes in Kyrgyzstan.

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ID 315- Guideline concordance in diabetes care at Singapore's National University Polyclinics

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Context: Care that is concordant with clinical practice guidelines improves the quality and outcomes of chronic disease management. A new ratio model was recently developed to measure patient-level guideline concordance using electronic health records (EHRs) by considering patients' past clinical activities and their timings (that is, past clinical trajectories). This patient-level approach offers significant clinical advantages over previous broad-based approaches. We applied the ratio model to a cohort of patients with type 2 diabetes mellitus (T2DM) in primary care clinics in XXX.

Objectives: To examine the distribution of patients' individual concordance scores for T2DM clinical indicators and identify individual-level predictors of concordance for patients at XXX's primary care clinics.

Methods: XXX EHRs from 2018–2020 were analysed for 49,621 patients with T2DM. Concordance scores were calculated for eight clinical indicators using the ratio model. Concordance scores from the ratio model ranged from 0 (not concordant at all) to 1 (perfect concordance). Multivariate regressions were used at the patient level to assess associations between concordance and patient characteristics such as age, sex, ethnicity, HbA1c control, and comorbidities.

Results: Patients' mean age was 64.8 years (SD 11, range 23-105). There were 24,628 (49.6%) females. Blood pressure monitoring, serum low-density lipoprotein cholesterol, and glycated haemoglobin had higher mean concordance scores (mean 0.94, SD 0.17 for blood pressure monitoring), while foot and retinal assessments had lower concordance scores (mean 0.37, SD 0.42 for retinal screening). Compared to females, males had lower odds of concordant blood pressure monitoring (OR 0.78, 95% CI 0.72—0.84), and higher odds of urine albumin-creatinine ratio measurements (OR 1.12, 95% CI 1.07–1.16).

Discussion: The ratio model can be used to track patients' concordance over time and to study associations between concordance and health outcomes. Concordance scores can also be used to support clinical decision by triggering alerts for

physicians when the scores exceed a pre-determined threshold. A limitation of the ratio model is the additional data needed for the calculations.

Conclusion: The ratio model measures individual patients' concordance to chronic disease clinical guidelines. It has the potential to assist physicians in making more individualised clinical decisions for patients with chronic diseases.

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Disseminated medical education

ID 1731- A Decentralized Medical Education Project to Strengthen General Practice and Rural Health Care in Germany

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Context: In Germany, health care delivery is shifting toward ambulatory settings, while medical education remains oriented toward inpatient care. This structural mismatch threatens the sustainability of the German health care system. The challenge is pronounced in general practice (GP), where workforce projections indicate a shortage driven by demographic change, physician retirements, reduced working hours, and rising care demands. Without targeted reforms, comprehensive primary care provision—especially in rural regions—cannot be ensured.

Methods: The project conceptualizes a decentralized medical degree program that places GP-care at the core of the curriculum. The project is designed as a medical program conducted at a rural site in Germany. From the first semester onward, students participate in longitudinal placements in GP, fostering professional identity formation, continuity of care and close integration into the local community. During the clinical phase, these experiences are complemented by structured block rotations in regional hospitals and ambulatory specialty practices, ensuring comprehensive clinical exposure while maintaining a focus on GP. To guarantee equivalence with established medical programs, students complete the national state examinations. Student selection within the project follows a predictor-based approach that considers academic performance alongside motivation for GP, rural affinity, and regional background.

Originality: Rather than supplementing a hospital-centered program with isolated ambulatory rotations, the proposed model systematically embeds training within a rural region and integrates regional health care structures as continuous learning environments.

Lessons learned and future implication: The curriculum addresses challenges of the German health system by integrating prevention, health promotion, public health, digital health, telemedicine, artificial intelligence and gender-sensitive medicine. Teaching formats are evidence-based, student-c

Discussion: In the light of the current developments in Germany, a dedicated medical education project has been initiated to realign undergraduate medical training in Germany with the realities of ambulatory and rural health care.

Conclusion: By creating additional study places, strengthening regional training networks, and facilitating a seamless transition into postgraduate training, the project aims to make a sustainable contribution to securing high-quality primary care in Germany.

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ID 1686- Collaborative Online Education - Strengthening General Practice Teaching in Germany and Europe

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Context: The decentralized structure of Germany's final-year (PJ) general practice rotations often results in uneven teaching quality - especially in rural and remote settings. Departments frequently lack resources for full digital curricula. We developed PJ-Teaching, an inter-university online seminar series based on German National College (DEGAM) competencies. This supplements local teaching, ensures longitudinal learning regardless of location, and enables universities to share high-quality sessions - reducing workload while enriching the curriculum.

Objectives: Our goal is to ensure equitable, high-quality general practice education for all students, irrespective of their placement site, by fostering inter-university collaboration. The approach especially enhances the feasibility and attractiveness of rural placements by pooling expertise, supporting small departments, and reducing isolation.

Methods: The programme is coordinated through a shared online platform (website) by a student assistant and post doctorate staff. The participating universities (Marburg, Frankfurt, Hannover, Brandenburg, Jena, Münster, Dresden, Oldenburg, Mainz, Erlangen, Saarland, Charité Berlin, DEGAM) independently schedule interactive seminars featuring case studies and workshops. Teaching quality is measured through standardized student evaluations. Continuous improvement uses the ADDIE instructional-design model, with feedback incorporated into ongoing refinement.

Results: Student engagement remains high; feedback is consistently positive. The format strengthens peer and faculty networking, elevates teaching quality, and broadens reach. Stakeholder inclusion proved to be essential in inter university collaboration. Experienced clinicians lead sessions that offer guidance and inspiration. The decentralized, student-supported structure remains flexible and particularly well-suited remote placements and resource-limited settings. 2025 evaluation data - soon to be presented - demonstrates the model's impact and educational quality.

Discussion: PJ-Teaching delivers accessible, practice-oriented training irrespective of location or institutional resources. It can be a showcase project how digital online teaching and can easily be transferred to an international context. By sharing content and responsibilities, the programme benefits all participating universities and students, enabling sustainable, scalable rural placements.

Conclusion: Our project relates to the core principles of WONCA Europe 2025 in Paris: Liberty: Flexible learning environment for students Equity: Independent from onsite university teaching Fraternity: Collaboration by sharing resources Humanism: Seminars aligning with Can-MED roles

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ID 1667- Redesigning a general practice, community health and rural medicine curriculum for medical students: a multi-step project

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Context: Increasing student numbers and declining placement availability make our current attachment model for teaching general practice (GP), community health and rural medicine unsustainable at xxx. In 2024 we undertook an international study of medical schools (Phase 1), a literature review, and a series of interactive workshops to clarify our purpose, vision and mission, which provided a conceptual foundation and set of intended outcomes to guide curriculum redevelopment (Phase 2).

Objectives: To redesign our undergraduate curriculum in general practice, community health and rural medicine by addressing four key questions: What does the literature tell us about effective undergraduate GP teaching and learning? How can insights from our international study inform curriculum redevelopment? What can be learned from key stakeholders to strengthen the

redesigned curriculum? How can these learnings be integrated within existing resource and structural constraints?

Methods: International data from 44 medical schools were mapped to the EPIC-GP (Modified SPICES) framework: Electives; Problem-based; Integrated; Community-based; GP-focused; inter-Professional education. EPIC-GP scores were summed, hierarchical cluster analysis performed, and innovations and solutions subjected to content analysis. In 2025 a draft "strawman" curriculum was developed. Extensive stakeholder consultation is underway through surveys and semi-structured interviews using pragmatic sampling of students, university staff, community general practitioners, primary care staff, and national primary care organisations. Data will undergo quantitative and reflexive thematic qualitative analyses.

Results: Three programme typographies emerged from the cluster analysis: hospital-focused, GP-focused and primary care-focused. Five thematic areas of innovations and solutions were identified from content analysis: curriculum organisation; opportunities for student–patient conversations beyond consultations; strategies to provide authentic GP experience; early exposure to GPs as teachers; and use of simulation and information technology. Findings from stakeholder consultations will be presented.

Discussion: In 2026 data from Phases 1–3 will be triangulated to construct a refined draft curriculum which will then undergo a second round of stakeholder consultation, with implementation planned for 2027.

Conclusion: The three phases will provide a coherent, evidence-informed and stakeholder-driven foundation for our curriculum redevelopment. The redesigned programme will align with international best practice, draw on Kern's Six-Step Model of educational theory, and reflect needs and expectations of learners, educators, clinicians and community partners.

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ID 1224- Scaling Up Family Medicine: The Regional Diploma Transforming Primary Care in the EMR

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Context: The World Health Organization Regional Office for the Eastern Mediterranean (WHO-EMRO) has identified family practice as a cornerstone for strengthening primary health care and achieving Universal Health Coverage (UHC). Despite this priority, countries across the Eastern Mediterranean Region (EMR) face a critical shortage of trained family physicians. In 2016, only 3,225 certified family physicians were available, far below the estimated need of 185,497. Meanwhile, approximately 250,000 general practitioners (GPs) currently provide primary care services, most without formal postgraduate training in family medicine. Building the capacity of this workforce represents the most feasible short-term strategy to expand family practice competencies.

Methods: In response to Regional Committee Resolution EM/RC63/R.2, WHO-EMRO and the Arab Board of Health Specializations (ABHS), in partnership with WONCA-EMR, collaboratively designed a two-year Regional Professional Diploma in Family Medicine (RPDFM). Using a blended learning model, the diploma combines online learning via the Moodle platform with structured face-to-face clinical training. The curriculum spans six thematic modules delivered over 16 instructional blocks. Program development involved stakeholder consultation, curriculum design workshops, competency mapping, and testing of the online learning environment. Implementation began in 2023 with 126 GPs from 10 EMR countries.

Originality: The RPDFM is the first regionally coordinated, multi-agency family medicine training program explicitly designed to upskill in-service GPs at scale. It leverages a unified curriculum, shared standards, and cross-country collaboration to strengthen primary

Lessons learned and future implication: Early experiences show that blended learning significantly enhances accessibility for GPs who cannot leave clinical practice for full-time training. Strong interagency collaboration and country-level support were critical enablers. Challenges included var

Discussion: The RPDFM demonstrates that regionally harmonized training can address workforce gaps in a sustainable, scalable manner. Its

design accommodates national diversity while maintaining competency-based standards. Continued monitoring is needed to assess long-term impact on clinical practice and primary care quality.

Conclusion: The regional diploma represents an innovative and practical solution to strengthening family medicine capacity across the EMR. Scaling and institutionalizing such programs can significantly accelerate progress toward UHC by equipping GPs to deliver high-quality, comprehensive primary care.

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ID 633- Global educational program on neuroendocrine neoplasms for primary care physicians: Think NENs

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Context: Neuroendocrine neoplasms (NENs) are complex tumors with an increasing global incidence. In 2019, in the Survey of Challenges in Access to Diagnostics and Treatments for NEN Patients (SCAN) there was a mean diagnostic delay of five years worldwide and 46% of patients (1077/2359) were diagnosed at an advanced stage. SCAN also demonstrated that in 19% of cases (456/2359) it was primary care physicians (PCPs) who undertook the initial diagnostic tests. These findings underscore the critical role of PCPs in early NEN detection.

Objectives: To lessen the diagnostic delay, a global team of NEN experts and PCPs, convened by the International Neuroendocrine Cancer Alliance (INCA) in partnership with WONCA Europee developed the Think NENs Global Educational Program, a free, UEMS-EACCME®-accredited e-course designed to equip PCPs with essential NEN knowledge, available in seven languages. The key objectives are to alert to the importance of distinguishing non-specific symptoms from those that require prompt referral for specific dedicated tests to rule out NEN and provide an international map of NEN-related expert groupsm for participants to reach out for specific help.

Methods: The Think NENs Program was evaluated using descriptive statistics. Enrollment and geographical data, and the proportion of PCPs were assessed.

Results: The program consists of three 20-minute core videos covering NEN diagnosis and patient management, delivered through Q&A sessions between PCPs and NEN specialists. Additionally, 13 videos explore key topics. 467 HCPs have enrolled (43% of whom were PCPs) from 79 countries within the first year, with all feedback provided being excellent. This demonstrates considerable interest in the topic.

Discussion: Since no single diagnostic test exists for NENs, early diagnosis depends on PCPs suspecting NENs in patients with relevant unexplained and persisting symptoms. Early diagnosis is possible only if a PCP is aware and thinks about NENs. PCPs are instrumental to reducing time to diagnosis and optimizing care. The Think NENs Program aims to improve patient outcomes through increased PCP awareness of NENs.

Conclusion: Delayed NEN diagnosis and subsequent care remain major challenges worldwide. This collaborative training program is essential for WONCA Europe and WONCA member organizations which may promote this course among their members: https://www.woncaeurope.org/news/view/think-neuroendocrine-neoplasms-%28nens%29-educational-program-for-primary-care-physicians

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ID 1208- Innovating rural recruitment: project supporting future general practitioners in underserved regions of the XXX Republic

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Context: The shortage of general practitioners (GPs) in rural areas is a growing challenge across Europe. In the XXX Republic, over 40% of GPs are older than 60 years, placing many rural practices at risk of closure. A national project was therefore launched to provide targeted education and structured rural clinical exposure.

Objectives: To identify motivations and barriers influencing early-career doctors interest in rural practice, and to assess whether immersive rural experience can positively shape career intentions.

Methods: A three-year nationwide project Support for education in primary care for general practitioners, paediatric general practitioners, and support for regional accessibility of healthcare (Project registration number: XXX), co-financed by the European Social Fund through the Employment Plus Operational Programme and the state budget of the XXX Republic, was launched by the Institute for Postgraduate Medical Education in 2025. Key components include seminars at all eight XXX medical faculties, support for 26 rural teaching practices offering one-week clerkships for medical students and GP trainees, and a survey evaluating motivations, barriers and the impact of clerkships on career decisions. Regional seminars strengthen peer support and teaching quality.

Results: Across the project, 300 medical students and 150 GP trainees are expected to complete rural clerkships. Early findings indicate a positive shift in attitudes toward rural careers, particularly in perceived autonomy, community engagement and mentorship. Immersive rural exposure appears to reduce concerns about isolation and limited career development. Participants frequently highlight meaningful patient contact and report increased understanding of rural primary care.

Discussion: Evidence supports the importance of early rural exposure in shaping career choices. The project's model combining targeted education, mentorship and real-world experience helps counter misconceptions about rural practice among future GPs.

Conclusion: This EU-funded initiative offers an innovative and scalable approach to rural GP recruitment. By integrating immersive clinical experience with sustained mentoring and evaluation, it reframes rural practice as an attractive and viable career path. The XXX model provides transferable strategies for countries facing similar workforce challenges.

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ID 242- Cross-cultural adaptation and validation of the Chinese version of Training Needs Analysis Questionnaire: evident from rural-oriented general practitioners

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Context: Chinese general practitioners (GPs) are key to primary healthcare. Continuing medical education (CME)/continuing professional development (CPD) is critical for performance improvement, but existing programs misalign with needs, lacking scientific assessment tools. The globally used Hennessy-Hicks Training Needs Analysis (HHTNA) has no validated Chinese version, with domestic studies relying on unrigorously validated self-designed scales.

Objectives: Translate and cross-culturally adapt the HHTNA to create the Chinese version (Ch-HHTNA); validate its psychometric properties among oriented GPs; provide a scientific tool for Chinese CME/CPD programs and a reference for other developing countries.

Methods: The study was conducted in two phases. Phase 1: Cross-cultural adaptation of the HHTNA questionnaire was completed through forward translation, back-translation, focus group discussions, expert consultation, and pilot testing, following Beaton's guidelines and the modified Delphi method. Phase 2: A cross-sectional study was conducted among 385 oriented GPs in Chongqing. Psychometric properties were validated via item analysis, validity analysis (face validity, content validity, criterion validity, construct validity), and

reliability analysis (Cronbach's α coefficient, split-half reliability), with data analyzed using SPSS 29.0.

Results: Ch-HHTNA includes 37 items across 5 dimensions. Item analysis showed good discrimination (CR>3.0) and homogeneity (CITC≥0.3). Validity met standards: content validity (S-CVI≥0.99), criterion validity (positive correlation between research item scores and engagement), construct validity (5 factors explaining 75.25% variance). Reliability: Cronbach's α 0.797-0.958, split-half reliability 0.932-0.953.

Discussion: The Ch-HHTNA was developed through a standardized process, maintaining the core framework of the original questionnaire while adapting to China's healthcare context, with excellent reliability and validity. The modified Delphi method integrating focus groups and expert consultation enhanced the scientific rigor and efficiency of the adaptation. The results provide data support for targeted CME/CPD program design, but limitations exist: the sample only includes oriented GPs, requiring further validation of applicability; the cross-sectional design cannot track changes in training needs before and after training, and longitudinal studies are needed in the future.

Conclusion: Ch-HHTNA has good reliability and validity, with a 5-factor structure adapting to Chinese GPs' work context. It serves as a reliable tool for assessing oriented GPs' training needs, providing a scientific basis for CME/CPD programs.

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Doctor's wellbeing

ID 422- Perceived Barriers to Parenthood Among Medical Trainees in Tunisia: A National Cross-Sectional Study

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Context: Medical training coincides with peak reproductive years and is marked by high workload, stress, and limited work–life balance. These constraints may hinder the ability of trainees to initiate or pursue a parental project (PP). Understanding how trainees perceive the feasibility of parenthood is essential for designing supportive policies within medical education.

Methods: A national cross-sectional survey was conducted from July to December 2024 among interns and residents in the four Tunisian medical faculties. A structured online questionnaire collected sociodemographic, academic, and medical data, alongside validated measures of work-related quality of life (WRQoL) and physician job satisfaction (PJS). Perceived PP difficulty and related obstacles were assessed. Analyses included descriptive statistics, bivariate tests, multivariate logistic regression, and Random Forest modelling.

Originality: This study is the first national investigation in Tunisia to explore PP feasibility among medical trainees using both classical epidemiological methods and machine-learning modelling. The integration of psychosocial scales with Random Forest predictions o

Lessons learned and future implication: Findings suggest that academic and professional factors—rather than financial or medical ones—are the strongest barriers to PP. This points toward the need for institutional rather than individual-level interventions. Policies such as flexible rotations,

Discussion: Half of Tunisian medical trainees perceive parenthood as difficult during training. Lower home–work interface scores, higher stress, and reduced job satisfaction were strongly associated with PP difficulty, underscoring the influence of the training environment. The predominance of academic constraints across analytical models confirms their central role. These results highlight the need to reframe reproductive choices as shaped by modifiable institutional structures rather than individual limitations.

Conclusion: Academic pressures and poor work–life balance represent major barriers to parenthood among medical trainees. Implementing supportive, flexible, and family-friendly policies is essential to protect trainees' reproductive autonomy and overall well-being.

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ID 1515- Which place for a personnal life during general medicine residency ? : a mixt study

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Context: Medical residents' mental health has declined over the past 15 years, with a feeling of generation gap and too many concessions concerning their personal life. In France, the reform of general medical studies will add an extra year of training starting in 2026, which may contribute to the deterioration of students' mental health.

Objectives: The aim of this study is to describe general medicine residents' satisfaction level at the end of their residency regarding their personal life projects, and to explore their feedback.

Methods: Descriptive quantitative study with an achievment score, followed by qualitative study by semistructured interviews within an interpretative phenomenologic approach. Recrutment between March 2024 and January 2025, in France, involving medical residents within 6 months before or after the end of a 3 years diploma in general medicine

Results: One hundred and twenty-heigt questionnaires were analysed and used. Participants who completed their residency were significantly able to carry out their wedding plan ($p < 0,05$), while those still ongoing residency were significantly able to carry out their travel plan ($p < 0,05$). Twelve interviews were conducted. Participants brought up the best ("happy") and worst ("difficult hardships") moments during their residency. They wished they hadn't interrupted some of their projects ("feeling of waste"), suffered from a social jet lag ("gap between their life and yours") and endured distance from their relatives ("you feel homesick"). They entrusted their need of a "fair balance" between personal and professional life. A new version of themself emerged at the end of their residency : a 2.0 me ("it helps you grow and evolve").

Discussion: Among the limitations is the reluctance of students in suffering to respond, as they do not have the courage to discuss their personal lives.

Conclusion: Medical residency seemed to interfere both in a confrontational and rewarding manner between two spheres of life, giving rise to a rich emotional experience among the participants. Finding a work-life balance might impact the well-being and the number of caregivers, and therefore the population's access to healthcare.

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ID 905- Professional fulfillment in primary care: a qualitative study of 'happy' French general practitioners' strategies

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Context: There are growing concerns in France about burnout and loss of purpose among general practitioners (GPs). Most of the recent studies focus mainly on practitioners' distress and difficulties, while few studies analyze professional satisfaction and the strategies that promote it. This situation has a negative impact on young GPs and residents regarding their future career.

Objectives: The main objective was to explore the strategies supporting professional fulfillment and happiness among French GPs.

Methods: We conducted a qualitative study based on semi-structured interviews with twenty French general practitioners, following a grounded theory method. Participants were recruited through professional and personal networks using the "snowball" method to maximize diversity. All transcripts were anonymized. Data analyses included coding, categorization, and concept development, and were independently conducted by two investigators before being compared. Interviews were conducted until we reached data saturation.

Results: The study allowed us to highlight many barriers and levers for satisfaction that are common for GPs. More importantly, it showed us the importance of adaptive strategies and their different forms. It turned out that, when faced with the same challenges, all professionals do not adapt the same way, which results in a wide diversity of practices, and ways to be happy. What matters is the

ability to know oneself and one's values, adapt, test new practices, and detach from work whe needed.

Discussion: This study has certain limitations. The small sample size (twenty physicians, all from France) restricts the generalizability of the findings to the broader population of practitioners, and the interviews conducted at a single point in time do not allow for anticipation of how perceptions and strategies may evolve over time. Moreover, the investigators' first experience conducting research and the recruitment through personal networks may have influenced the diversity of the responses collected. It could be interesting to broaden the study to other contexts of place and time.

Conclusion: Professional fulfilment appears as a dynamic balance between autonomy and constraints, engagement and detachment. Self-examining, individual adaptation and continuous adjustment are central. Insights may guide policy, inform training, and help address the evolving challenges in French primary care.

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ID 564- A longitudinal examination of General Practitioner wellness in Canada from the National Physician Health Survey

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Context: Being a general practitioner (GP) can be a deeply rewarding, but workplace challenges can put GPs at a higher risk of negative wellness outcomes. To understand and to improve physician wellness, a National Physician Health Survey (NPHS) is distributed in Canada every 4 years. The 2017 NPHS was the first in Canada to establish national baseline data (N = 2,947 physicians). The 2021 NPHS (N = 4,121), conducted during the COVID-19 pandemic, repeated some of the same concepts to make comparisons overtime. The 2025 NPHS (N = 3,310) provides information on the current state of physician wellness, five years after the pandemic began.

Objectives: Using national data from the 2025 NPHS, this presentation will provide an overview of GP wellness in Canada, with comparisons overtime (2017/2021/2025) and between areas of practice.

Methods: The study design is a longitudinal survey. An Expert Working Group (EWG), with representation from several medical organizations, led survey development. Ethics approval was obtained, and the survey was distributed using multiple strategies (e.g., emails, social media, paid advertisements).

Results: A total of 3,310 Canadian physicians and medical learners responded to the survey, including 1,347 GPs. Results revealed that 48% of GPs are burned out (57% in 2021, 32% in 2017), 41% screened positive for depression (50% in 2021, 35% in 2017), and 10% had recent thoughts of suicide (15% in 2021, 9% in 2017). There were no significant differences in these outcomes when compared with surgical and medical specialists using chi-square tests. However, differences in workplace factors were found. For example, GPs spend significantly more time on administrative tasks (11 hours/week) and are more likely to say the time they spend on the EMR outside of work hours is moderately high/excessive (73%), compared to other areas of practice. Conversely, GPs report higher rates of collegiality (73%) and fewer instances of bullying (10%).

Discussion: While there have been some improvements in GP wellness since 2021, results highlight several strategic areas of focus that should be targeted to further improve outcomes.

Conclusion: Physician wellness impacts patient care and the performance of the overall health system, making supporting GP wellness an imperative.

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ID 223- Elements affecting well-being during medical studies, according to a biopsychosocial approach: an overview of systematic reviews.

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Context: Medical trainees' well-being represents a

major global concern, with observed deterioration in their health, academic performance, and medical practice. Despite the proliferation of studies on risk factors, preventive interventions, and resilience enhancement, their synthesis remains complex despite existing systematic reviews.

Objectives: This overview aims to comprehensively identify determinants of medical trainees' well-being according to the WHO definition and to categorize them through a biopsychosocial approach.

Methods: A systematic search was conducted across six databases (PubMed, Cochrane, PsycINFO, ERIC, ResearchGate, and Exercer) to identify systematic reviews and meta-analyses published between January 2014 and December 2024. The quality of the methodology is assessed using the AMSTAR-2 and JBI tools, and the quality of the results is classified using the GRADE tool by several authors. The graph representation is used to merged all results. This work was not financially supported. Registration number in Prospero is CRD42025634965.

Results: In total, 96 systematic reviews and/or meta-analyses were included, synthesizing 3,535 original studies representing more than 2.6 million medical trainees worldwide. We identified psychological distress as the central issue. The main risk factors were female gender, financial concerns, and addictive behaviors. On the opposite, structured mentoring programs, optimal management of working time, pre-existing psychological resilience, and psychotherapy constitute significant protective factors.

Discussion: Based on an evidence graph, we achieved a clinical synthesis identifying vulnerability factors, modifiable action levers, and effective prevention tools. The cross-sectional nature of the model does not allow establishment of definitive causal relationships but a longitudinal approach would be necessary in the future to determine correlates of well-being impairment.

Conclusion: These findings suggest the necessity for systemic reforms in medical education, particularly through widespread implementation of support programs tailored to students' specific needs and an evolution is required to redefine medical professionalism by integrating self-health preservation as a fundamental ethical dimension. Authors declared no conflict of interest.

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ID 95- Work-life balance education for family physicians

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Context: Work-life balance represents a state where individuals successfully manage work and non-work domains with minimal role conflict, achieving satisfaction in both areas while aligning with personal values and priorities. For family physicians, this involves harmonizing demanding professional responsibilities with personal life, family commitments, and leisure activities. The physician workforce faces increasing burnout rates, with work-life imbalance identified as a significant contributing factor affecting retention, job satisfaction, and quality of patient care. Educational interventions addressing work-life balance represent a potentially modifiable factor in supporting physician well-being and professional sustainability.

Objectives: This study aimed to conduct a comprehensive literature review examining the importance of work-life balance education in family medicine training and identifying evidence-based strategies for achieving sustainable work-life integration.

Methods: A literature review examined English-language publications from 2014 to 2024 in MEDLINE, Embase, and APA PsycINFO databases using search terms "work-life balance" and "family physicians". From 142 initially retrieved studies, 73 were analyzed after screening for relevance to family medicine education and training.

Results: Family physicians face distinctive challenges including extended working hours, continuous patient relationships creating emotional investment, responsibility for comprehensive care across multiple conditions, role overload, administrative burden, and professional isolation particularly in rural settings. Analysis identified key educational domains: boundary management techniques (integration versus segmentation of professional and personal roles), developing

positive attitudes toward work-life balance, enhancing internal locus of control, improving stress recovery mechanisms, and cultivating self-regulation skills. Educational content should systematically address organizational factors (flexible work arrangements, collegial support systems), family dynamics (dual-career challenges, inter-role spillover effects), and individual differences (personality variations, generational preferences regarding work arrangements).

Discussion: Evidence demonstrates that structured work-life balance education improves job satisfaction, life satisfaction, and mental health outcomes among family physicians. Peer support groups and mentorship programs enhance educational effectiveness while promoting cultural transformation within healthcare organizations toward valuing physician well-being.

Conclusion: Integrating comprehensive work-life balance education into family medicine residency programs and continuing professional development is essential for physician sustainability. Educational curricula should incorporate practical skills for managing multiple life domains, supported by organizational culture change promoting work-life integration as a professional competency.

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ID 32- Merging Medicine and Motherhood: The Experience of General Practitioners working in the Republic of Ireland

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Context: Internationally, more women are becoming doctors than ever. Research, largely from North America, suggests that women doctors are more likely to delay childbearing and require fertility treatments, experience pregnancy complications, and be exposed to hazards that could impact pregnancy. Negative experiences around family planning, pregnancy and motherhood can have negative psychological, financial, or career impacts for woman doctors. Understanding, and improving, experiences of women doctors may be crucial in tackling ongoing GP shortages in Europe.

Objectives: To elucidate the experiences of women GPs' working in XXX (EU member state) around fertility and family planning, pregnancy and motherhood.

Methods: This presentation will describe data from GPs in XXX, collected across two studies. The first study comprised a cross-sectional survey which included items pertaining to fertility, family planning, pregnancy and motherhood along with validated measures of burnout, work-life balance and career satisfaction. The second study involved semi-structured interviews focused on barriers and facilitators to fertility, family planning, pregnancy and motherhood as experienced by women doctors in XXX.

Results: A total of 222 survey responses were received from women GPs. GPs offered valuable insights into their working and family lives. GPs were significantly more likely to report being influenced by pregnancy, childcare, and/or family considerations when choosing their speciality, to have more children, and to have their first child at a younger age than those in hospital-based specialities. GPs also reported higher career satisfaction. In total, 20 GPs have completed interviews. Participating GPs have described a variety of barriers (e.g., reduced income during maternity leave) and facilitators (e.g., supportive colleagues) to balancing work and family.

Discussion: Although General Practice continues to be perceived as "family-friendly", and indeed GPs report having more children and at a younger age, there nonetheless remains significant challenges for women GPs in XXX as they balance work with building and enjoying their family.

Conclusion: As the impact of GP shortages is felt, addressing the challenges experienced by women in the profession is crucial to ensure that General Practice remains an attractive specialty and for health system functioning. Our data will assist

efforts to support and retain women in the profession.

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Environment and health

ID 2154- Primary care at the edge: addressing health inequities and zoonotic challenges in a rural frontier

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Context: Moving from urbanised settings to rural frontier border zones exposes stark inequities in access and disease patterns. In geographically isolated areas, primary health care is often delivered with limited referral capacity and long travel times to secondary care.

Methods: This practice-based reflection describes two family physicians' work in a rural border region where the nearest hospital is approximately 45-60 minutes away. To reduce access barriers, a multi-component primary care response was implemented: (1) mobile outreach to remote villages for systematic immunisation and screening; (2) contact tracing and community education for tularemia and scabies, together with periodic maintenance of natural water reservoirs; (3) multidisciplinary brucellosis prevention counselling, including dietitian-led education on safer dairy production; and (4) adapted protocols for populations facing accessibility barriers in local institutional settings. Measurable outcomes were not collected through a formal study design; reflections are grounded in routine service delivery and public health actions.

Originality: The experience illustrates an integrated "One Health" approach in frontier primary care, combining clinical service delivery with environmental and community interventions under severe access constraints.

Lessons learned and future implication: Frontier primary care requires (a) proactive outreach models, (b) culturally sensitive risk communication for blood-borne and zoonotic exposures, and (c) structured communication pathways for populations with diverse ethno-cultural backgrounds. Future wor

Discussion: Zoonoses (brucellosis, tularemia) and scabies dominated clinical priorities and were amplified by untreated water use and livestock-dependent livelihoods. Socio-economic vulnerabilities and religious rituals involving blood-borne risks necessitated a culturally sensitive "One Health" approach. Language barriers among populations with diverse ethno-cultural backgrounds further compromised diagnostic accuracy and treatment adherence.

Conclusion: Border/frontier practice highlights that health equity depends on mobile health capacity and multidisciplinary, context-adapted primary care pathways.

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ID 1695- Co-benefits and the first 1,000 days: a document for doctors and patients for sustainable care

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Context: Planetary health is an evidence-based scientific field that focuses on the links between changes in ecosystems and biodiversity caused by human activities and their impact on the health of living beings and the planet. XXX has set up a working group on planetary health in XXX. Among the topics addressed, one focused on the development of a summary document for patients about the first 1,000 days. This period extends from the beginning of conception, i.e. the meeting of the sperm and the egg, until the child is 2 years old.

Methods: This is a qualitative study carried out by a working group of general practitioners, combining a narrative review of the literature and discussions within the working group. The final document is the result of a consensus reached by the group, based on the most recent scientific evidence.

Originality: The experiment is unique in that it highlights the co-benefits of each piece of advice: financial savings, reduced impact on biodiversity, improved health, among others. The project includes a 20-page guide, a summary document covering the key points, and

Lessons learned and future implication: The perinatal period is a key time for parents who want the best for their child and are motivated to make healthy, sustainable choices that will benefit as many people as possible. It is important to maintain these healthy behaviours. This comprehensive

Discussion: Training on environmental issues remains marginal in medical curricula, despite its significant impact on our current and future practices. This document contributes to continuing education and the general practitioner's understanding of global health through co-benefits.

Conclusion: This guide is fully in line with the preventive role of general practitioners. It provides simple and useful advice tailored to patients to improve their health throughout the perinatal period while preserving global health and biodiversity.

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ID 1716- Primary care-based interventions to prevent and mitigate adverse effects of heat in individuals with chronic conditions: a scoping review

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Context: As climate change progresses, heatwaves are becoming more frequent worldwide, and increase the risk for morbidity and mortality. Individuals with chronic conditions are particularly vulnerable to adverse effects of heat. Primary care can play an important role in preventing and mitigating these effects.

Objectives: Our study aimed to identify and describe systematically developed, implemented and evaluated interventions in primary care to address adverse effects of heat in individuals with chronic conditions.

Methods: We conducted a scoping review based on a systematic search in Medline, EMBASE, CENTRAL, and LILACS and the trial registers ClinicalTrials.gov, ICTRP, ISRCTN, and OSF. Each record was screened by two researchers. Records assessed as relevant in title-abstract-screening by at least one researcher were included in full-text screening, in which consensus was required. Articles were eligible if they focused on (1) chronic conditions, (2) adverse effects of heat, (3) interventions addressing these effects, and (4) examined effects on health outcomes. Studies (a) with a secondary study design, (b) without adult participants, and (c) without relation to primary care were excluded.

Results: The search identified 10 557 articles and 159 study registrations. The full texts of 44 manuscripts were assessed. Nine manuscripts describing eight completed and one ongoing study were included. Between 2007 and 2023, two studies were conducted in Australia and the USA, respectively, and one each in China, France, Germany, and Russia.

Discussion: We identified some promising approaches. Two interventions aimed to improve heat-related health education. Of two studies aiming to monitor and advise patients during heatwaves, one evaluated patient-related health outcomes. Two studies developed screening tools for vulnerable patients. And two studies focused on rather specific drugs of limited importance for patients with chronic diseases. All evaluation studies reported positive effects. This demonstrates that primary care might be an effective setting for addressing adverse effects of heat.

Conclusion: The current state of evidence is alarming. In the last twenty years, only eight studies on interventions in this context have been completed, of which five evaluated health outcomes, and only two were in an experimental design. Further research is needed to determine which approaches are most promising in this context.

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ID 1607- Environmental Exposure Counseling During Pregnancy: Practices and Barriers Among Healthcare Professionals

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Context: Pregnant women and foetuses are particularly vulnerable to environmental pollutants, including industrial chemicals and pesticides, which have been linked to congenital anomalies, endocrine disruption and neurodevelopmental disorders. However environmental health training among primary care providers remains limited, which could affect the quality of information provided during antenatal care.

Objectives: The aim is to assess the information and counselling provided to pregnant women regarding environmental exposures, and to explore the knowledge, attitudes, and perceived barriers of healthcare professionals.

Methods: A cross-sectional survey was conducted in 2024 among general practitioners, gynaecologists and midwives working in northern France. A total of 1,352 questionnaires were distributed (498 to general practitioners, 254 to gynaecologists, and 600 to midwives) by email and post. The questionnaire was developed and validated by a multidisciplinary scientific committee.

Results: A total of 136 professionals responded: 67 general practitioners, 26 gynaecologists and 43 midwives. Most were women (68%) and aged 31–45 years (56%). Overall, 65% of respondents had received no training in environmental health, although 86% expressed a willingness to address environmental risks in consultations while 53% did not know how to integrate such counselling into routine care. Dietary advice was the most frequently provided (57% always, 32% sometimes), whereas discussions on cooking and reheating methods (55% never), cosmetics and hygiene products (59% never), and household products including pesticides or fragranced products (55% never) were largely absent. Discussion on indoor air quality and nursery preparation were inconsistent. The main barriers reported were a lack of time, insufficient knowledge, and limited resources to support patient guidance.

Discussion: Although limited by a low response rate and self-reported data, the findings highlight a clear gap between healthcare professionals' motivation and their ability to translate environmental health knowledge into routine prenatal counselling. Inconsistent practices across professions suggest structural rather than individual barriers, particularly related to training and availability of practical tools.

Conclusion: Despite high perceived relevance healthcare professionals insufficiently inform pregnant women about environmental exposures. Strengthening environmental health training and developing accessible counselling tools could support the integration of preventive messages into routine prenatal care.

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ID 1527- Climate change and extreme heat in the XXX: Assessing health impacts and health system preparedness in XXX

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Context: Urban areas and XXX foothills in XXX are increasingly experiencing health impacts from extreme heat events. Although XXX are typically associated with cooler climates, climate change have contributed to rising temperatures making extreme heat an emerging public health concern.

Objectives: The objective of this study is to explore the intersection of health impacts of extreme heat and preparedness of XXX's healthcare system.

Methods: A mixed-method approach was employed, combining survey and semi-structured interviews with 35 Family Physicians working in urban hospitals. The survey explored their experiences in managing heat-related health conditions during the 2025 summer heatwave,

while the interviews assessed institutional preparedness by reviewing availability of protocols, staff training and response mechanisms for heat related illnesses.

Results: Family Physicians reported an increasing number of cases of heat exhaustion, dehydration, heatstroke and cardiovascular events particularly among the elderly, outdoor workers and individuals with co-morbidities during the 2025 summer heatwave. Despite these growing health risks, healthcare systems remain underprepared. Family physicians reported lack of heat-specific training, limited awareness of heat action plans and inadequate resources for managing heat-related emergencies. Healthcare infrastructures in XXX lack heat resilient design and effective cooling systems, limiting their ability to safeguard patients and staff during extreme heat events.

Discussion: Extreme heat is becoming an increasingly significant health threat in regions traditionally considered climatically cold. Rise in heat-related illnesses during the 2025 summer heatwave reported by Family Physicians indicate that vulnerable populations such as the elderly, outdoor workers and people with chronic conditions are experiencing substantial health burdens. The reported lack of heat-specific clinical training, limited awareness on heat action plans and inadequate cooling facilities highlight critical gaps in health-system preparedness. Strengthening clinician capacity, implementing structured heat-health protocols and improving infrastructure resilience are critical in ensuring effective health systems response to future heatwaves.

Conclusion: This study highlights the urgent need to integrate heat-health risk assessment into urban health planning in the XXX. Capacity building of clinicians through climate change focused training, heat-health awareness campaigns and comprehensive heat action plans within healthcare systems are critical steps in mitigating the health impacts of extreme heat in XXX health systems.

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ID 1176- Association between protective behaviour and adverse effect of heat in primary care patients with chronic diseases from Italy and Germany

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Context: Due to climate change, mitigating adverse effects of heat has become an important aim of healthcare professionals. However, little is known about the effectiveness of protective behaviour.

Objectives: Our study analysed how primary care patients with chronic diseases from Germany and Northern Italy protected themselves from adverse effects of heat and how effective their respective behaviour was.

Methods: Prospective cohort study based on an online survey and gridded hourly temperature data from ERA5-Land. Sociodemographic data and participants' intentions to protect themselves were reported at baseline. Health complaints were measured by limitations in usual activities due to 14 specific symptoms on the warmest days of each week. At the same time, the actual protective behaviour was reported. Data were analysed by mixed-effects multivariable linear regression analyses.

Results: Our data set included 1,276 observations of 176 individuals. Response rate was 31.2%. Participants' mean age was 59.9 years (standard deviation, SD: 14.2), 94 participants (53.4%) were female and 52 (29.6%) lived in Italy. Participants from Germany reported a stronger intention to protect themselves (22.8, SD: 4.1 vs. 21.0, SD: 5.1 in Italy, p=0.019), but there were no differences in the summary score of the actual behaviour during warmer days (11.1, SD: 4.0 vs. 11.2, SD: 4.2, p=0.556). There were no differences in adverse effects of heat between Germany and Italy (0.88, 95% confidence interval, CI: -2.14/0.37, p=0.166). The intention to protect themselves was not associated with symptom burden (0.04, 95% CI: -0.09/0.16, p=0.555), but there was an association with the actual behaviour. Specifically, sufficient fluid intake was associated with less adverse effects of heat (-0.50, 95% CI: -0.80/-0.21, p=0.001), and avoiding sun and heat (0.26, 95% CI: 0.08/0.44, p=0.005 to 0.29, 95% CI: 0.05/0.53, p=0.020), cooling down (0.49, 95% CI: 0.15/0.84, p=0.005), and avoiding physical activity (0.48, 95% CI: 0.27/0.68, p<0.001) were associated with more adverse effects.

Discussion: Except for fluid intake, benefits of protective behaviour could not be demonstrated. One reason could be a close interrelation between increasing symptom burden and behavioural adaptations.

Conclusion: Still, more data on the effectiveness of protective behaviour are needed. Future studies should evaluate these effects in an experimental design.

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ID 442- Frontline Communicators: The GP's Role in Local Environmental Health Crises

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Context: Local environmental pollution from industrial activities and hazardous substances represents a significant but often underestimated public health threat. These exposures can generate acute concern within affected communities, particularly when health effects are uncertain, delayed, or difficult to attribute to a single pollutant. Media coverage may amplify fear and stress, underscoring the need for clear and transparent risk communication.

Objectives: This systematic review evaluates strategies for communicating health risks of local pollution, focusing on their impact on public knowledge, stress, and fear.

Methods: We performed a mixed-methods systematic review across PubMed, Embase, Cochrane, Scopus, and PsycArticles, supplemented by reference and citation tracking. Eligible studies included quantitative and qualitative designs examining populations exposed to localized chemical or air pollutants. Outcomes assessed were changes in knowledge, behavior, stress, or fear following communication strategies. Quality appraisal was conducted using the Mixed Methods Appraisal Tool. Quantitative data were synthesized through random-effects meta-analysis where feasible, and qualitative findings were analyzed using thematic synthesis, with confidence in results evaluated using GRADE and CERQual.

Results: 69 Articles were used in this systematic review. 39 Contained only quantitative data, 20 only qualitative data and 10 were mixed method studies. Effective strategies empowered communities with concrete actions to reduce exposure, involved residents in communication processes, acknowledged stress, and addressed scientific uncertainty using accessible language without minimizing concerns. Training healthcare professionals, particularly general practitioners, supported integration of risk communication into community health. Distrust toward industry and government was common but might be mitigated through openness and involvement of trusted local figures.

Discussion: Local pollution poses substantial risks to public health and often generates distress within affected communities. Well-designed communication can transform this distress into empowerment, enabling residents to engage in exposure avoidance, remediation, and dissemination of accurate information. Involving healthcare providers strengthens community trust, while evidence from this review can guide policymakers in developing practical communication guidelines for local pollution events, fostering resilience and confidence at the community level.

Conclusion: When confronted with local pollution, the public often turns to general practitioners for guidance on health effects. Without clear communication guidelines, practitioners may be ill-equipped to respond. Evidence-based guidance can better support them in informing patients.

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Far from home and vulnerable

ID 2192- Care pathways and priority needs of asylum seekers unaccommodated in Brussels: an ethnographic health study

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Context: Since 2022, Belgium has faced a worsening reception crisis for asylum seekers. In January 2025, access to governmental accommodation required an average wait of about four months. Single men were especially affected, with frequent disruptions in access to medical assistance.

Objectives: A three-phase study aimed to synthesise available health data on unaccommodated asylum seekers. This abstract reports findings from Phase 1, which gathered the perspectives of those concerned, exploring lived experiences and perceived health needs.

Methods: We used an ethnographic design with four weeks of field observation and 20 on-site interviews across reception and care settings. Participants were selected to reflect diverse ages and nationalities. Field notes and interviews were analysed using thematic content analysis.

Results: Findings showed fragmented care pathways shaped by street survival strategies. Access to care was hindered by multiple barriers, notably limited and unclear information provided to this population. Reported health problems were closely linked to the precariousness of street conditions, including psychological distress, hygiene challenges, chronic pain, fatigue, and poor diet. Priority needs centred on housing and safety, viewed as prerequisites for health.

Discussion: The ethnographic approach enabled the direct involvement of those affected, who are experiencing an unprecedented situation in the current context. Barriers to health are closely linked to the conditions of non-reception and to the fragmentation of initiatives implemented in an emergency, without the possibility of a long-term vision or continuity of care.

Conclusion: The care pathways and health problems of unaccommodated asylum seekers are specific to this population. Harmonisation and continuity of care across the various structures involved, along with consideration of their particular needs, are necessary to improve access to care for these individuals.

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ID 2214- Rethinking moral injury in the mental health of traumatised refugees: insights from Iranian torture survivors in the UK

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Context: Refugees with experiences of trauma commonly present to primary care with complex mental health needs. The concept of moral injury has increasingly been applied to refugee populations to explain forms of distress that may not fit diagnostic criteria for post-traumatic stress disorder. However, moral injury originated within Western military psychiatry and may not adequately capture the cultural and ethical frameworks through which refugees understand their experiences.

Objectives: To explore how Iranian refugee torture survivors living in the UK conceptualise moral and ethical distress in relation to trauma and mental health, and to assess the relevance and limitations of the concept of moral injury in this population.

Methods: This qualitative study involved in-depth semi-structured interviews with 11 Iranian refugee torture survivors and three focus groups with 13 mental health professionals working with refugee populations. Data explored experiences of imprisonment, torture, resettlement, and associated moral and ethical meanings. Analysis was conducted using a hermeneutic phenomenological approach combined with thematic analysis.

Results: Participants rarely described their distress as an “injury” to moral beliefs. Instead, narratives centred on Ensāniat, a culturally embedded ethical concept encompassing human dignity, moral agency, and relational humanity. Ensāniat enabled participants to articulate experiences of suffering, endurance, and ethical disruption without

positioning themselves as moral transgressors. Applying standard moral injury frameworks risked conflating the standpoint of perpetrators with that of victims and obscuring survivors' lived moral realities.

Discussion: These findings highlight limitations in the uncritical application of moral injury to refugee mental health. The dominance of Western psychiatric constructs may contribute to epistemic injustice and constrain culturally responsive care in both primary care and specialist mental health settings.

Conclusion: Recognising culturally grounded ethical frameworks such as Ensāniat may help GPs better understand and respond to the mental health needs of traumatised refugees. Culturally attuned concepts can support more equitable, humanistic, and trauma-informed primary healthcare. Suggested MeSH Keywords: Refugees, Trauma, Mental Health, Moral Injury, Cultural Competency

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ID 1200- HealthEmove: co-creation in digital health solutions like an Electronic Personal Health Record for vulnerable populations

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Context: Although everyone has the right to basic healthcare, access remains difficult for mobile populations living in vulnerable circumstances, such as undocumented migrants (UDMs), asylum seekers, and EU-labour migrants. Because they frequently move between locations and healthcare providers (HCPs), medical information is often lost, reducing continuity of care and increasing costs through duplicated procedures. To address this, we developed a phone-based Electronic Personal Health Record (EPHR) called HealthEmove, designed together with mobile populations and the HCPs who work with them.

Methods: A prototype was developed and iteratively evaluated by (un)documented migrants, HCPs and volunteers experienced with mobile populations. Their feedback informed iterative revisions until the first version was released. This version was tested by 15 (un)documented participants using a mixed- method qualitative design. Participants completed a baseline interview with usability testing and a follow-up interview after four to eight weeks. Guided by the Technology Acceptance Model (TAM) and content validity testing, we assessed ease-of-use, comprehensibility, perceived usefulness, attitude towards using, behavioural intention to use, and actual system use

Originality: Although other EPHRs exist, few explore user-experiences of mobile populations or let their feedback inform the design. Given the diversity within these groups and the contexts in which they live, their involvement is essential for developing user

Lessons learned and future implication: Engaging end-users and HCPs throughout the design process improved ease-of-use and relevance while considering diverse levels of (digital) literacy, cultural differences, and barriers to accessing healthcare. This input led to features such as

Discussion: With this case study of HealthEmove we would like to discuss the barriers and facilitators in this process by interacting with the group

Conclusion: As global mobility rises, the importance of technically functional and culturally responsive EPHRs grows. The case of HealthEmove shows that co-creation with stakeholders supports the development of equitable, user-friendly digital health tools that improve continuity and quality of care.

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ID 706- Using an open-source language model to overcome communication barriers and support mental-health care for foreign caregivers during wartime

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Context: Foreign caregivers experience significant

psychological burden, intensified during armed conflict, reducing their capacity to cope with daily demands and stressors. Clinical assessment is frequently limited by linguistic and cultural gaps. In many Asian caregiving communities, distress may be described through physical or functional complaints rather than explicit emotional terms, reducing the effectiveness of standard screening questions. Open-source large language models (LLMs) may help bridge these communication gaps by providing culturally attuned explanations.

Methods: A 46-year-old female caregiver from the Philippines presented with insomnia, tearfulness, irritability, and stress-related overeating during a period of regional instability. Initial assessment was limited by language and cultural framing. To overcome this barrier, an open-source LLM was used as a real-time multilingual communication mediator. The LLM reshaped explanations and questions into accessible, culturally familiar language that matched the patient's way of describing her difficulties. This enabled her to discuss effects of missile alerts, family separation, and workplace pressures with greater clarity. Using this mediated dialogue, PHQ-9 and GAD-7 (validated screening tools for depression and anxiety) were administered in a culturally sensitive manner, aligning functional and physical descriptions with the emotional and cognitive domains required for standardized scoring. These insights enabled the family physician to develop a care plan including weekly supportive encounters, sleep-hygiene strategies, and low-dose SSRI. In the following weeks, the patient reported better sleep and improved coping with daily stressors.

Originality: This case illustrates a practical and scalable approach for integrating open-source LLMs into routine primary care encounters where conventional interviewing is limited by linguistic or culturally patterned communication barriers. It highlights how access

Lessons learned and future implication: Culturally adapted LLM-supported communication may enhance early detection of depression and anxiety among foreign caregivers, particularly in crisis settings. Future practice may integrate similar tools to help reduce inequities in mental health access a

Discussion: The LLM improved interpretability of somatic complaints and supported more accurate clinical assessment, while all diagnostic reasoning and treatment decisions remained physician-led.

Conclusion: LLM-assisted, culturally adapted communication can strengthen mental-health care for foreign caregivers by improving access, diagnostic clarity, and patient participation in primary care.

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Far from home and vulnerable

ID 229- PREVISEDA: Early screening and primary-care management of sexual violence among recently arrived asylum seeking women – preliminary observational findings from a multiprofessional protocol

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Context: Recently arrived asylum-seeking women face a markedly increased risk of sexual violence (SV) during the first months in host countries, while simultaneously encountering major barriers to accessing healthcare. PREVISEDA is a national programme aiming to implement an early, coordinated, primary-care–based intervention for the prevention, detection, and management of SV among asylum-seeking women in France. We report preliminary observational results from the first implementation site.

Objectives: To evaluate the impact of a primary-care protocol for systematic SV screening and multidisciplinary management among recently arrived asylum seeking women

Methods: Retrospective observational study of all adult migrant women included in the PREVISEDA protocol at a participatory primary-care centre (May 2022–December 2023). SV history was classified as previously known or newly disclosed through screening. We analysed follow-up intensity,

referrals, mental-health indicators, and psychotropic prescriptions. Visits were weighted per month of follow-up.

Results: Among 121 women (mean age 33 years; 48.8% from West Africa), 53.7% had experienced SV. Only 19.8% had a known history; screening newly identified SV in 42.3% of the 97 women without prior documentation, frequently during the first consultation (62.3%). Survivors required significantly more follow-up (2.6 vs 1.7 visits/month, p=0.02) and more mental-health-related consultations and psychotropic prescriptions. Multidisciplinary referrals were frequent (64.5%), but psychological care remained difficult to access despite referrals.

Discussion: These preliminary data demonstrate that proactive SV screening integrated into primary care substantially increases identification of previously unrecognised trauma and improves care engagement. The intensity and nature of follow-up highlight unmet medical, psychological, and social needs in this population. These findings informed the design of PREVISEDA, a national, Ministry-of-Health–funded programme that now aims to prospectively and comparatively evaluate this model across 6 French regions. In parallel, preparatory work is underway to examine the feasibility of a European extension in collaboration with academic and community partners.

Conclusion: This pilot work shows the feasibility and clinical relevance of an early, structured primary-care model for SV screening and management among migrant women. It provided the empirical basis for the multicentre PREVISEDA trial and contributes to shaping future national and European strategies to promote safety, equity, and mental-health support for recently arrived women.

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ID 227- Prevention and management of sexual violence among refugee, asylum-seeking, and migrant women in high-income countries: a systematic scoping review

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Context: Refugee, asylum-seeking, and migrant women face high lifetime exposure to sexual violence (SV) before, during, and after migration. This prolonged exposure is associated with major mental health consequences, yet host-country interventions remain fragmented. No recent review has synthesised prevention and response strategies implemented specifically in high-income countries (HICs).

Objectives: To systematically map and analyse programmes in HICs aiming to (1) prevent sexual violence and/or (2) address its mental-health consequences among refugee, asylum-seeking, and migrant women.

Methods: Following PRISMA guidelines (PROSPERO CRD420250652608), a scoping review was conducted in PubMed (1990–April 2025). Eligible studies included primary quantitative, qualitative, or mixed-methods research evaluating interventions targeting SV prevention or mental-health response in HICs. Two reviewers independently screened, extracted data, and appraised methodological quality using RoB2, ROBINS-I, and MMAT. Due to heterogeneity of interventions and outcomes, a narrative synthesis was performed.

Results: Nine studies met inclusion criteria (3 quantitative, 3 mixed-methods, 3 descriptive), conducted across Europe, North America, and Australia. Prevention interventions emphasised early, rights-based information on arrival; gender-segregated or safer accommodation; empowerment and education programmes; and initiatives fostering social support. Response interventions highlighted trauma-informed mental-health care—individual or group counselling, culturally adapted therapeutic approaches, and integrated services for survivors of female genital mutilation. Across studies, the effectiveness of interventions relied on interprofessional coordination, interpretation services, and culturally sensitive communication.

Evidence quality was limited by small samples, lack of comparative trials, and scarce long-term mental-health outcomes.

Discussion: Findings suggest that early, coordinated, and intercultural interventions are essential to both prevent SV and mitigate trauma-related disorders. Primary care settings, especially when combined with mobile or outreach models, may be key entry points for early detection and psychosocial support. However, robust comparative evidence remains lacking, particularly regarding mental-health impact and equity-driven outcomes.

Conclusion: In HICs, interventions to prevent and manage sexual violence among refugee, asylum-seeking, and migrant women should include early rights-based information, safe housing, trauma-informed mental-health care, and strong interprofessional coordination. Rigorous comparative studies are urgently needed to evaluate effectiveness and guide policies promoting mental-health equity for displaced women.

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ID 23- Living in Limbo: Providing Primary Care for Asylum Seekers in Direct Provision

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Context: Migration is a defining feature of modern society, with displacement often accompanied by profound medical and psychological needs. In Ireland, asylum seekers are housed in “direct provision” centres, frequently facing barriers to healthcare. By the end of 2018, over 6,000 people seeking international protection were accommodated in such centres.

Methods: During my placement as a GP registrar, a direct provision centre opened locally, housing approximately 90 asylum seekers. Initial healthcare planning was absent. My first encounters with patients in an out of hours setting highlighted critical gaps: a pregnant woman with suspected ectopic pregnancy, a man left without antihypertensives for weeks, and a young woman with diabetes and neurological symptoms but no GP care. In response, our practice invited 30 patients, including 10 children, into care, offering extended initial assessments. Challenges included absence of medical cards, language and cultural barriers, disrupted continuity due to relocations, and lack of transport or childcare. Clinical issues ranged from vitamin D deficiency and chronic disease management to maternity care and complex psychological trauma. Strengths of our approach included rapid team response and provision of holistic GP-led care; limitations lay in overstretched resources and reliance on voluntary goodwill.

Originality: While international literature highlights migrant health inequalities, this case demonstrates how a community practice can respond proactively to system gaps in Ireland. Unlike structured resettlement programs, direct provision creates instability. Our ap

Lessons learned and future implication: The experience underlined how systemic barriers—lack of GP registration, poor screening processes, limited psychological supports—compound vulnerability. Inclusion within general practice not only improved health outcomes but fostered community integratio

Discussion: This case reflects the conference themes: Liberty—the freedom to provide equitable care despite system constraints; Equality—addressing barriers to access; and Fraternity—building solidarity between practitioners, patients, and communities.

Conclusion: The experience highlights how general practice can embody humanism, offering “Céad Míle Fáilte”—a hundred thousand welcomes—through healthcare.

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Find a doctor

ID 2065- A Meta-analysis of the Prevalence and Influencing Factors of Family Doctor Contract Service in China

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Context: Family doctor contract services are essential for universal health coverage and are widely implemented internationally, playing a key role in China's primary healthcare system. With rising chronic disease burdens and stronger policy support, systematically assessing enrollment and its determinants is vital to improving service quality and effectiveness.

Objectives: This study aims to evaluate the national family doctor contract rate and identify its main influencing factors, providing a scientific basis for optimizing contract services.

Methods: We systematically searched cross-sectional studies on family doctor contract rates in China published between January 2018 and December 2023 in both Chinese and English databases. Two researchers independently conducted literature screening, data extraction, and quality assessment using the JBI tool. Stata 17.0 was used to perform meta-analysis, employing a random-effects model to pool contract rates and integrate effect sizes for influencing factors.

Results: A total of 18 studies were included. The pooled national family doctor contract rate was 54.37% (95% CI: 41.81%–66.66%), with a significant urban-rural disparity: urban areas had a higher contract rate (63.6%) than rural areas (40.8%). Key factors influencing enrollment included older age (OR = 1.029, 95% CI: 1.012–1.047), unemployment (OR = 1.517, 95% CI: 1.046–2.223), presence of chronic disease (OR = 1.709, 95% CI: 1.636–1.786), poorer economic status (OR = 3.177, 95% CI: 2.552–3.955), possession of medical insurance (OR = 1.994, 95% CI: 1.687–2.354), and awareness of contract services (OR = 8.174, 95% CI: 7.106–9.412).

Discussion: Contract uptake remains moderate and well below the 2035 target, with pronounced urban–rural inequity suggesting uneven service capacity and access. Cross-sectional heterogeneity limits causal interpretation. Policies should strengthen rural staffing and resources, raise public awareness and trust, and embed chronic-disease prevention and follow-up. Longitudinal, implementation-focused evaluations are needed.

Conclusion: While notable progress has been made in family doctor contract services in China, a gap remains toward the 2035 target of 75% coverage, particularly in rural areas. The ongoing "Strengthening Primary Care" strategy, through optimized resource allocation, enhanced workforce incentives, and service model innovation, holds promise for improving the accessibility and sustainability of contract services, thereby supporting the gradual achievement of high-quality universal coverage.

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ID 2004- Availability of Family Physicians in Kyrgyzstan

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Context: The main principle in the development of the healthcare system is ensuring access to medical services for the population, particularly at the level of primary health care (PHC). One of the key factors contributing to the achievement of this criterion is the availability of an adequate number of healthcare professionals to serve the population.The main principle in the development of the healthcare system is ensuring access to medical services for the population, particularly at the level of primary health care (PHC). One of the key factors contributing to the achievement of this criterion is the availability of an adequate number of healthcare professionals to serve the population.

Objectives: The objective of this study is to examine the trends in the availability of family physicians in the Kyrgyz Republic over the period from 1996 to 2024.

Methods: A retrospective analysis of primary data was conducted, including official reports on human resources from the Center for eHealth of the Ministry of Health of the Kyrgyz Republic for the period 2000–2024; collections of regulatory and methodological documents related to the activities of family physician groups and Family Medicine Centers; and data from the literature published in publicly available sources. Data were statistically processed using Microsoft Excel.

Results: The availability of family physicians has increased since 2000, reaching 1,867 in 2024; however, a substantial shortage remains, with a deficit of 2,416, highlighting the need for effective workforce planning and retention measures, particularly in remote areas.

Discussion: Although the number of family physicians in the Kyrgyz Republic has increased since 2000, the workforce remains inadequate to meet the needs of the population, highlighting ongoing challenges in planning primary health care personnel. The shortage is influenced by population growth, uneven geographic distribution, migration, and limited retention, especially in rural and remote regions.

Conclusion: Despite substantial growth in the number of family physicians over the past two decades, a significant workforce shortage persists in the Kyrgyz Republic. The 2024 deficit highlights the need for sustainable workforce planning and effective retention strategies, particularly in remote and underserved areas, to ensure access to high-quality primary health care.

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ID 1896- Work-leave Rotation for General Practitioners in Norway. A Follow-up Study.

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Context: An increasing number of municipalities in Norway have introduced work-leave rotation (sometimes called "fly in, fly out" rotation) for general practitioners, whereby the doctors alternate between fixed periods of work and leave. A study published in 2024 (1) found that these communties were overwhelmingly rural and that they chose to introduce rotating positions du to chronic recruitment difficulties (resulting in a high turnover of physicians) or high out-of-hours work burden for local general practitioners (GPs). It also showed that this type of novel work arrangement was successful in recruiting GPs to these municipalities. However, as many of the GPs had been recently hired, the study could not determine if work-leave rotation was successful in retaining doctors. Nor were patients´ experiences with rotating doctors examined. We have not found previous studies (apart from the reference included) on this topic.

Objectives: The objectives of the current sudy is two-fold. Firstly, it aims to follow up the results of the original publication from 2024 (1) by investigating if those original municipalities were in fact able to retain GPs and if this affects turnover rates. Secondly, it will investigate how patients experience having a rotating doctor as their GP.

Methods: We will conduct an exploratory multiple-case study using quantitative as well as qualitative data from different municipalities that have introduced work-leave rotation for GPs. The case-study methodology is flexible and permits a practice-oriented and holistic approach that includes multiple perspectives, with a variety of data sources that help provide insight. Starting January 2026 we will undertake interviews with physicians and patients as well as sourcing government health data. The study has received fundring from The Norwegian centre for Rural Medicine.

Results: Data collection starts January 2026. Preliminary results will be presented at the conference.

Discussion: NA at this point.

Conclusion: NA at this point. References 1. Prestgaard EE, Fosse A, Abelsen B, Harbitz MB. Work-leave rotation among general practitioners in Norwegian municipalities. Tidsskr Nor Laegeforen. 2024 Nov 19;144(14). English, Norwegian. doi: 10.4045/tidsskr.24.0089. PMID: 39605150.

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ID 1641- Addressing the Rural Family Doctor Shortage in Tajikistan: A Mixed-Methods Study to Develop Policy Options for Attraction and Retention

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Context: Tajikistan faces a critical shortage of family doctors (FDs) in rural areas, impeding universal health coverage. Based on the government's mandate of 1 family doctor per 1200 population, the current ratio at the national level is 1 per 4537 with subregional analysis indicates a more uneven distribution, with ratios ranging from one Family Doctor per 1908 individuals in Dushanbe to one per 8,524 in the mountainous region of GBAO. While the problem is recognized, evidence-based policy solutions tailored to the local context are scarce

Objectives: Objective is to developed policy options for the attraction and retention of family doctors in rural Tajikistan based on stated needs of family doctors.

Methods: An explanatory sequential mixed-methods study was conducted. First, a nationwide online survey of rural FDs (n=227) quantified key dimensions of job satisfaction and intent to leave. Second, in-depth semi-structured interviews (n=25) with FDs, health administrators, and community members were thematically analyzed to explore survey findings.

Results: The survey revealed extremely low job satisfaction, driven primarily by excessively low salaries (reported by 86% of respondents) and a lack of continuing medical education (63%). Qualitative data contextualized these findings, uncovering profound systemic barriers: the low prestige of family medicine within communities; limited pathways for career advancement; and dysfunctional human resource management.

Discussion: A critical finding was the pervasive impact of governance weaknesses in appointment processes and a deeply ingrained "kultura obvineniya" (culture of blame), a Soviet-era relic fostering fear of reprisal and stifling professional autonomy. These factors collectively demoralize the workforce and drive attrition. The crisis in rural Tajikistan extends beyond typical resource contrainsts to include toxic system legacies.

Conclusion: Effective policy must move beyond isolated financial incentives. A multi-pronged strategy is proposed, integrating: 1) A substantial and transparent salary reform tied to rural service, 2) Mandatory, accessible continuous professional development, 3) The creation of clear professional career ladders, and 4) Foundational reforms to human resource management to address governance weaknesses and dismantle the culture of blame, fostering a supportive and accountable professional environment. This study provides a framework for policy development in Tajikistan and similar post-Soviet contexts.

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ID 1474- How Forth Valley are using research to reduce health inequalities, increase GP numbers & promote retention

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Context: In 2022 NHS Forth Valley GPs had difficulty attracting doctors to work in the more deprived areas The LMC requested a "deep dive" report into the issues affecting recruitment & retention of GPs This highlighted the need for: - earlier engagement of medical students (we have no local medical school) & junior doctors (outreach lectures) - setting up a very successful First5 WhatsApp group/meet & connect "support bubble" - inviting GP trainees along too to encourage networking & social cohesion - sending out an Exit Survey to every Dr who left a post over a 2-year period This work has helped under-doctored deprived areas get more workforce, thus helping to reduce the health inequity of the Inverse Care law

Methods: Research of the literature 28 x informal interviews 35 x Exit Surveys Ongoing work & feedback

Originality: This was a unique request from a desperate LMC, that led to a 47-page report & a job for the author - leading on to National roles

Lessons learned and future implication: Exit Surveys - highlight the "ABC" needs of GP - Autonomy, Belonging & Competence/mastery (also Complexity/variety) First5 Drs have stayed locally more & gone for Partnership sooner Our work is being recognised nationally

Discussion: This was first presented at NHS Education Scotland with very positive feedback - Scottish Government also requested our data Many learning points have been learnt & will be passed on in this report presentation

Conclusion: Making a few simple changes can massively improve recruitment & retention in under-doctored areas

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ID 1398- Protocol on Retention and Attraction of Talent in Primary Health Care in Spain

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Context: Spain is developing a new Action Plan for Primary Health Care (PHC) that places strong emphasis on retention of talent, including a specific mandate to incentivise the return of professionals who have left PHC and to address ongoing patterns of attrition and displacement.

Objectives: The overall aim is to analyse the factors driving professional displacement from PHC—both within Spain and internationally—and to generate actionable recommendations to improve retention and facilitate return. The specific objectives are: (1) to identify the main determinants influencing departures from PHC; and (2) to develop tailored recommendations to promote the return and long-term retention of Family Doctors (FDs) and Community Nurses (CNs) at national and regional levels.

Methods: The study focuses on FDs and CNs and adopts a multi-method design grounded in an international conceptual framework on retention and return, adapted to the Spanish context. The framework structure is: (A) employment and remuneration; (B) working conditions and organisation; (C) professional development and career; and (D) meso-level management and autonomy. Four components will be conducted between October 2025 and February 2026: (1) Documentary review (2022–2025): Analysis of Spanish and international literature, including grey literature and policy documents. (2) Quantitative analysis: Descriptive and comparative assessment of the availability, distribution and contracting of FD and CN nurses across regions (2022–2025), using official statistical and administrative sources. (3) Normative and organisational mapping: Examination of regulations, incentives, contracting models and governance arrangements across regions. (4) Qualitative inquiry: Exploration of experiences, challenges and proposed improvements through 20–30 semi-structured interviews and 2–3 focus groups with family doctors, community nurses, professional associations, unions and health system managers. Data will be analysed thematically.

Results: Findings from all components will be integrated by dimension and professional category. Using a problem–measure–responsible–timeframe matrix and a multi-criteria prioritisation approach (impact, feasibility, cost, equity and acceptability).

Discussion: This project generate evidence-informed, context-sensitive recommendations to strengthen retention and foster the return of FDs and CNs, ultimately contributing to the sustainability and quality of PHC

Conclusion: The project will produce a clear synthesis of the determinants of attrition and mobility in PHC

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ID 1091- Implementing a nationwide weekly rotation of physicians to restore primary care access in underserved rural areas

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Context: In France, access to primary care has reached an unprecedented crisis point. Thousands of patients no longer have a primary care physician and therefore lose access to essential healthcare. New organizational models are urgently needed.

Methods: nstead of asking a lot from a few physicians, this initiative sought to ask a little from many. The model consisted of implementing a weekly rotation involving several hundred general practitioners within health centers established in underserved rural areas. Through this continuous relay system, a permanent medical presence was restored in eleven villages previously deprived of care. Rather than relying on a single family doctor, patients now benefit from a "family of doctors." As of 1 November 2025, 900 general practitioners are engaged in the program. Three main profiles have emerged: retired physicians (35%), locum doctors (30%), and established physicians (25%), whether in private practice or employed positions. Retired physicians provide more than 60% of weekly rotations. Since the beginning of the initiative, more than 70,000 medical consultations have been carried out, and over 12,000 patients are followed regularly; the centers can register them as their primary care provider.

Originality: This experience introduces a novel model that distributes the care of a population among several hundred practitioners while maintaining continuity of care, including for chronic conditions. While rotation systems exist in isolated regions of other countr

Lessons learned and future implication: The experience highlights physicians' willingness to contribute to underserved areas, particularly among retired doctors. Short, flexible commitments appear attractive across profiles. Success depends on centralized logistics ensuring reliable coordinatio

Discussion: This initiative shows that large-scale mobilization of physicians can restore access to care. Key challenges include long-term quality, practice variability, and operational sustainability.

Conclusion: This proof of concept demonstrates that innovative organizational approaches can restore continuous primary care in chronically underserved territories.

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Focus on the GP

ID 1913- The relationship between family physicians' reading habits and patient-centered orientation

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Context: Patient-centered care is a core principle of family medicine and is influenced by physicians' professional, personal, and reflective practices. Reading habits may contribute to empathy, perspective-taking, and communication skills; however, their relationship with patient-centered orientation has been insufficiently explored among family physicians.

Objectives: This study aimed to examine the relationship between family physicians' reading habits and their patient-centered orientation.

Methods: This cross-sectional analytical study was conducted among actively practicing family physicians in Türkiye. A total of 396 physicians participated via an online survey. Data were collected using a sociodemographic questionnaire, a Reading Habits Questionnaire, the Adult Reading Motivation Scale, and the Patient–Physician Orientation Scale (PPOS). Statistical analyses were performed using SPSS 24.0, with a significance level of $p<0.05$.

Results: The mean total PPOS score was 52.83 ± 6.85, indicating a relatively high level of patient-centered orientation. Female physicians had

significantly higher total and care subscale scores, while male physicians scored higher on the sharing subscale. Longer professional experience (≥16 years) was associated with higher sharing and care scores. Time spent on academic reading was not significantly associated with patient-centeredness. However, physicians who allocated ≥9 hours per week to leisure reading had significantly higher care subscale scores (p=0.001). Higher leisure reading time was also associated with greater reading motivation across multiple subscales.

Discussion: These findings suggest that not only professional experience but also the type of reading may influence patient-centered attitudes. Leisure reading, rather than academic reading alone, appears to support the caring dimension of patient-centered care.

Conclusion: Reading habits—particularly leisure reading—are associated with patient-centered orientation among family physicians. Encouraging diverse reading practices may represent an accessible strategy to support patient-centered care in family medicine.

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ID 1477- Dealing with mistakes- Core values of colleague-friends

Solfrid SIQVELAND

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Context: I want to use mistakes we make as gp's and the use of formative learning. This will give us the opportunitie to coconstruct together, and learn, continously in our lives. This will prevent doctor burn-put, This is so important that we should make core values of colleague-friends for all GP's.

Methods: Self reported

Originality: Core values and principles of familiy medicine , by Nordic congress of family medicine.

Lessons learned and future implication: 1. We promote continuity of a colleague-friend, where two or more colleagues build mutual trust and enable each other 2. We care about each other. Colleague-friends help each other to understand our own situation better 3. Colleague-friends prioritise

Discussion: I believe there is a continuum from feedback in medical school, as an intern and young doctor, to the lives of senior doctors: we always need opportunities to reconstruct our knowledge and reflect on our experiences, both good and bad. “All sides should have opportunities to reconstruct their knowledge and reframe practice during feedback. A shared understanding or solution needs to be developed that neither party possessed before. This requires a conscious and deliberate effort enacted through dialogue. “ Medical education Volume53, Issue7 July 2019 Pages 652-654 When I say … feedback Rola Ajjawi, Glenn Regehr

Conclusion: I believe there is a continuum from feedback in medical school, as an intern and young doctor, to the lives of senior doctors: we always need opportunities to reconstruct our knowledge and reflect on our experiences, both good and bad.

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ID 1275- Caring for oneself and for society: portrait of a socially accountable general practice.

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Context: The concept of Social Accountability in Health (SAH), initially defined by the World Health Organization for medical schools as the commitment to orient their activities toward addressing the priority health concerns of the society they serve, has progressively been extended to health professionals and, more specifically, to the medical field. However, the concrete implementation of this responsibility in physicians’ daily practice remains insufficiently documented. General practice, operating at the interface between the population and its health issues, constitutes a particularly relevant field of investigation.

Objectives: To identify the behaviours and practices that reflect general practitioners' engagement in social accountability in health.

Methods: A mixed qualitative study was conducted among general practitioners in French-speaking Belgium, combining semi-structured participant observations and semi-structured interviews, based on a competency framework for the socially responsible physician. The purposive sample targeted practitioners identified as being engaged in SAH. Data were analysed using grounded theory to develop an explanatory model of socially responsible behaviours in general practice.

Results: Seven general practitioners participated. Analysis of 589 observations and excerpts of discourse led to the identification of 170 codes grouped into 17 themes and two central categories: a personal reflexive dimension and a socially responsible professional dimension. Physicians act at several levels (clinical, community, and societal) by mobilising specific behavioural competencies and a global, equity-driven conception of health. Together, these elements lead to a dynamic balance between personal needs and professional responsibilities, serving the priority health needs of society.

Discussion: The findings indicate that social accountability in health relies less on the practice setting than on a reflexive stance and an engaged approach to SAH.

Conclusion: Maintaining a balance between self-respect and professional demands appears to be an essential condition for delivering high-quality, stable, and sustainable socially responsible practice.

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ID 830- Between Personal and Professional: A Qualitative Study on the Relationship Between General Practitioners' Personal and Professional Identity

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Context: General practitioners (GPs) face increasing clinical, social, and organisational demands that reshape how they define their professional identity. Throughout their training and careers, GPs develop a professional identity in constant interaction with their personal self. This development is influenced by (in)formal statements outlining the norms and expectations of becoming a GP. This raises the question: what messages do these texts convey about how trainees should position their personal and professional identities in an increasingly complex healthcare environment?

Objectives: To examine how the relationship between personal and professional identity in GP training is constructed in both written and spoken language. To identify the implications for education and practice concerning the formation of professional identity.

Methods: A critical discourse analysis, which explores how language shapes and is shaped by the world, was conducted within the XXX GP training context. The dataset included formal documents (e.g., professionalism guidelines, competency frameworks, educational plans) and four homogeneous focus groups comprising trainees, GPs, and educators (n=31). Data were coded using Willig's six-stage framework.

Results: Five discourses were identified: 1. System (overarching): presents structural constraints as inevitable, positioning GPs as adaptive rather than transformative actors. 2. Neutrality: positions the GP as emotionally controlled and politically impartial, with personal identity subordinate to professionalism. 3. Authenticity: legitimises personal expression and diversity within accepted professional boundaries. 4. Visibility of responsibility: extends professional accountability, constructing the GP as a moral figure constantly monitored. 5. Self-care: frames personal wellbeing

as essential for professional functioning, often conflicting with systemic pressures.

Discussion: There are several ways to frame the relationship between personal and professional identity, each of these discourses offers both affordances and boundaries. Some of these boundaries challenge each other or restrict the GP's ability to redefine the relationship. In particular, the system discourse limits trainees' freedom to reshape professionalism. One of the key challenges is the tension between neutrality and authenticity, highlighting that identity formation involves negotiating competing expectations.

Conclusion: Supporting GPs in balancing personal and professional identities requires explicit attention to the importance of discourses. Education needs to acknowledge diverse perspectives and the realities of a changing healthcare system.

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ID 204- Cultural Challenges and Ethical Reflection in Hospice Training: Building Humanistic Competence among Family Medicine Residents in Taiwan

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Context: In Taiwan, where discussing death remains culturally sensitive, family members often request all possible treatments as an act of filial piety. Such expectations make it difficult for doctors to engage in open goals-of-care discussions or to focus on comfort-oriented treatment. Family medicine residents working in hospice wards frequently face moral distress when they encounter requests for non-beneficial interventions or when they struggle with their own beliefs about what constitutes good and compassionate care at the end of life.

Methods: This reflection is based on the author's experience supervising hospice training in a tertiary medical center. Residents complete a three-month daytime rotation and one year of night duties in the hospice unit. The program includes daily interdisciplinary rounds, weekly team meetings with nurses, dietitian, psychologist, social worker and Buddhist chaplain, and monthly ethics conferences. Ethical reflections apply the four principles-non-maleficence, beneficence, autonomy, and justice-to analyze cases involving medical futility, surrogate decision-making, and cultural expectations.

Originality: Few residency programs in Asia integrate structured ethical reflection into hospice education within a Chinese cultural framework. This model demonstrates how moral reasoning, cultural understanding, and emotional awareness can work together to cultivate

Lessons learned and future implication: Residents became more confident in initiating goals-of-care conversations, more patient and empathetic with families, and more aware of their own professional values about life and death. Integrating culturally sensitive ethics and death-literacy education

Discussion: Ethical reflection within palliative education provides a structured way for residents to explore moral distress, share emotions, and understand the influence of cultural norms on clinical decisions. It strengthens teamwork and empathy, allowing trainees to balance professional responsibility with respect for diverse values, which embodies the humanistic principles central to family medicine and primary care.

Conclusion: Embedding ethical reflection in hospice training transforms moral struggle into professional growth. By addressing cultural challenges with humility and compassion, family medicine residents can develop the humanistic competence required for equitable, person-centered end-of-life care.

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ID 341- The 7 Habits of Great Family Doctors: Insights from a Global Survey of 468 GPs

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Context: Defining and cultivating “excellence” in family medicine is challenging, especially across diverse health systems and cultures. Practical, experience-based wisdom from frontline GPs may help clarify what really matters in everyday family medicine.

Objectives: The study's objectives were to collect, analyze, and distill the "single best piece of advice" from a large, international cohort of GPs to identify the key habits and principles valued most by experienced practitioners.

Methods: A global, anonymous survey was distributed via the Golden Nuggets, WONCA World, and WONCA Europe newsletters. 468 Family Doctors from 48 countries participated, providing 531 pieces of advice. This qualitative data was thematically analyzed, with responses rephrased, counted, and grouped to distill the most common recommendations.

Results: The analysis distilled the advice into seven primary habits. The most frequently recommended habit, by a significant margin (shared by 127 GPs), was "First, Listen," emphasizing the diagnostic and rapportbuilding power of uninterrupted listening. Other key habits included "Cultivate Your Network" (54 GPs), "Embrace the Examination" (34 GPs), "Relationship = Superpower" (30 GPs), "Learn Continuously" (30 GPs), "Trust Your Intuition" (23 GPs), and "Take Care of Yourself" (19 GPs).

Discussion: This study crystallizes the global GP community's wisdom into an actionable framework. Across countries and systems, experienced GPs converge on a small set of relational, reflective, and self-care habits as the foundation of excellent family medicine. However, selection bias is inherent to the recruitment method (newsletters), potentially favoring GPs active in international networks, and the identified habits reflect subjective professional consensus rather than objectively measured clinical efficacy.

Conclusion: The findings provide a practical, peer-validated framework for professional development that can be integrated into clinical practice to improve patient care and physician well-being.

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ID 263- The profile and characteristics of the good doctor: synthesis of recent systematic and umbrella reviews

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Context: Recent systematic and umbrella reviews converge toward a multidimensional understanding of the “good doctor,” encompassing medical expertise, interpersonal competencies, motivation, and ethical values in general practice and family medicine. Keywords: Empathy; Professional competence; Physician-patient relations; Ethics; Motivation

Objectives: To synthesize evidence from systematic and umbrella reviews describing the key dimensions and attributes that define the good doctor across clinical competency, interpersonal communication, motivation, and professionalism.

Methods: We performed a review of published systematic and umbrella reviews indexed in PubMed, Embase, and Scopus between 2010 and 2024 focusing on professional and human factors in general practice. Reviews were selected using inclusion criteria: reports addressing physician attributes, skills, values, and their impact on patient or educational outcomes. Data extraction and thematic synthesis identified recurring dimensions (clinical competence, communication, motivation, personality, ethics). Citations included Khawar et al. (2022), Steiner-Hofbauer et al. (2017), Ibanez et al. (2010), Chukwuma et al. (2020), Janssen et al. (2020), Huber et al. (2020), Mutmainnah et al. (2023).

Results: Key dimensions describing the good doctor include: clinical expertise (knowledge, pragmatic decision-making, and complex patient data management), organizational skills (teamwork, supervision, and time management), interpersonal qualities (active listening, clear communication, empathy, respect, and collaboration), motivation and personal development (curiosity, continuous learning, willingness to recognize limits, and patient engagement), and personality/values (empathy,

kindness, honesty, humility, and ethical conduct). These attributes are recognized by multiple stakeholders, including patients, peers, and students. Empathy, communication, and integrity are universally cited as fundamental hallmarks.

Discussion: The synthesis demonstrates growing consensus on a holistic profile for the good doctor, balancing clinical skill, relational competence, lifelong learning, and ethical integrity. However, expectations may vary depending on stakeholder perspective and local context. Future training and assessment models should foreground both professional expertise and humanistic qualities.

Conclusion: The good doctor is defined by an equilibrium between clinical competence, interpersonal skills, motivation for improvement, and ethical values. Empathy, communication, and integrity remain universally essential in contemporary medical practice.

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Gastroenterology

ID 1650- Challenges in the Diagnosis and Management of Adults with Chronic Constipation in Primary Health Care

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Context: Constipation is a highly prevalent condition in Western populations and may be difficult to manage, significantly impairing quality of life and generating substantial healthcare costs. It is a common reason for seeking medical care, with Family Physicians (FPs) playing a central role.

Objectives: This study aimed to characterize FPs' knowledge, beliefs, and attitudes regarding adult constipation, identify the treatments most frequently prescribed, and explore barriers and facilitators to its diagnosis and management.

Methods: A cross-sectional study was conducted using an online survey administered to FPs addressing constipation management in the primary healthcare (PHC) setting. An original 18-item survey was developed through Delphi methodology by specialists in Gastroenterology and Family Medicine. A total of 100 responses were analyzed, including sociodemographic data, screening, treatment practices, perceived clinical importance and barriers to management.

Results: The median age of respondents was 31 years (28-37); 56% were female, 60% were residents, 12% were specialist with under 5 years of practice, and 28% were specialists with over 5 years of practice. Most respondents (64%) reported performing targeted anamnesis in some patients with risk factors, 32% in almost all patients with risk factors, and 4% in few or none. Sixty percent considered constipation extremely important, and 80% felt moderately informed about its treatment. Lactulose (52%), polyethylene glycol (20%) and bisacodyl (20%) were the most frequently prescribed medications. Major barriers included presence of multiple problems to manage and reliance on patients to initiate discussion. Suggested improvements included referral criteria (32%), diagnostic and treatment algorithms (24%), and patient educational leaflets (24%).

Discussion: This study reveals a gap between the perceived importance of constipation and its practical management in PHC. Constipation remains underdiagnosed and inconsistently addressed, often due to time constraints and reliance on patients to raise the issue. Although physicians report moderate knowledge, treatment choices are limited, favoring traditional laxatives and empyrical approaches over first-line medications. Practical tools, structured algorithms, and patient education may improve screening, treatment consistency, and patient engagement in PHC setting.

Conclusion: Although FPs recognize constipation as a relevant condition, its diagnostic and therapeutic management appears insufficient. Structured educational strategies and practical tools may improve care in PHC.

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ID 1665- Asking does not offend – Screening for Adult Fecal Incontinence in Primary Health Care

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Context: Fecal incontinence (FI) is a debilitating condition with significant impact on quality of life, associated with reduced self-esteem, social isolation and depression. Most affected patients do not seek medical care, making recognition by Family Physicians (FPs) crucial to improving access to treatment. However, data on FI management in Portuguese primary healthcare (PHC) are limited.

Objectives: To assess FPs knowledge, beliefs, attitudes, perceived barriers and facilitators in the diagnosis and management of adult FI.

Methods: A cross-sectional study was conducted using an online survey administered to FPs regarding their approach to FI in PHC. An original 12-item survey was developed using Delphi methodology by specialists in Gastroenterology and Family Medicine. Ninety-six responses were included. Sociodemographic data, screening and treatment practices, perceived clinical importance and barriers to FI management were analyzed.

Results: Median age of respondents was 30 years (28-37); 56.3% were female; 40.6% were residents, 18.75% were specialists with under 5 years of practice, while 25% were specialists with over 5 years. Only 6.2% reported performing targeted anamnesis for FI in almost all patients with risk factors, whereas 46.9% in some patients and 46.9% in few or none. Although 93.8% considered asking about FI to be of moderate or extreme importance, 84% self-reported being slightly to moderately informed and 12.5% not informed about diagnosis and treatment. The main barriers identified were limited consultation time (78.1%), perception of low prevalence (59.4%), lack of knowledge (54.2%) and reliance on patient-initiated discussion (51%). Suggested improvement strategies included referral criteria (80.2%), educational materials for FPs (78.1%) and diagnostic and treatment algorithms (72.9%).

Discussion: This study demonstrates a gap between FPs recognition of FI as clinically relevant and its assessment in PHC, resulting in underdiagnosis despite risk factors, high prevalence and impact on quality of life. Time constraints, perceived low prevalence, stigma and reliance on patient-initiated discussion were considered key barriers. Limited physician knowledge further hindered proactive screening. Respondents emphasized the need for practical tools and training. Limitations include self-reported data, cross-sectional design, potential selection bias and limited generalizability.

Conclusion: Overall, while FPs recognize FI as relevant, enhanced training and practical tools are needed to improve diagnosis and management in PHC.

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ID 1938- Prevalence of Drugs for Acid-Related Disorders Usage and Side Effect Assessment

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Context: Acid suppressant drugs, mainly proton pump inhibitors (PPIs), histamine type-2 receptor antagonists (H2RAs), and antacids, are among the very frequently used medications in society for various indications. Although generally considered safe, the long-term use of PPIs, in particular, has been associated with various diseases and disorders.

Objectives: This study compared chronic disease prevalence, common side effects, and lifestyle factors between adult patients using acid suppressants and a control group, while also identifying side effects associated with specific medications.

Methods: The data were collected from 175 patients using a face-to-face questionnaire method.

The collected data were analyzed using the IBM SPSS Statistics 23 program. The Chi-square test was used for categorical variables. The level of statistical significance was set at $p<0.05$.

Results: Of the 28.6% using acid suppressants, pantoprazole (36%) and esomeprazole (24%) predominated. Common indications included NSAID use and dyspepsia (38% each). A cid supressant usage linked significantly to hypertension, cardiovascular disease, and osteoporosis (p values were 0.05 , 0.006 , and 0.021 respectively). Pantoprazole use was positively associated with complaints of constipation and dizziness compared to the group not using pantoprazole (p values were 0.025 and 0.002 respectively). Additionally, gas and bloating complaints were statistically significantly more frequent in pantoprazole users compared to esomeprazole users (p=0.024).

Discussion: The rate of acid supressant drug use in our study is consistent with previous studies. The indications for acid suppressant drug use (such as NSAID use) are consistent with the literature.Given that PPIs accounted for 88% of the acid suppressants in our cohort, our findings regarding comorbidities like hypertension are consistent with established literature on PPI-related risks. Most existing literature evaluates PPIs as a class rather than investigating molecule-specific effects. Consequently, data supporting our observed associations between pantoprazole and side effects like constipation, dizziness, gas and bloating remain sparse.

Conclusion: Clinicians should consider switching from pantoprazole to alternative PPIs or H2RAs in patients with constipation, gas, bloating, and dizziness. We can try the safer H2RAs instead of PPIs for an appropriate indication in patients with osteoporosis, hypertension, and cardiovascular disease or those with multiple risk factors for developing these diseases.

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ID 1877- Primary Care Audit on Helicobacter pylori infection in children: review of adherence for diagnosis and treatment as per ESPGHAN-NASPGHAN guidelines.

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Context: H. pylori colonisation in children does not cause gastroesophageal reflux or functional abdominal pain. General Practitioners often finds it difficult to distinguish dyspeptic symptoms from peptic ulcer disease during consultation leading to stool antigen testing for H. pylori. In the last two decades, antibiotic resistant H. pylori have emerged resulting in decline in efficacy of standard treatment regimens. There is no specific guideline in UK about retesting after treatment for microbiological clearance. In the UK, NICE and BNF guidelines on testing and treatment recommend treatment of H. pylori to reduce risk of peptic ulcer bleeding. One-week triple therapy regimen is recommended. There is no recommendation for re-testing. ESPGHN/NASPGHN recommends against non-invasive testing in absence of peptic ulcer disease. Diagnosis should be based on histopathology using Sydney system or on the basis of culture. Test to confirm eradication should be done after 6-8 weeks of completion of therapy.

Objectives: To evaluate current practice of diagnosing and managing Helicobacter pylori infection in children at our practice and compare with ESPGHAN-NASPGHAN guidelines.

Methods: Retrospective 12 months audit (May 2024 – April 2025) of our paediatric patients (under 18 years) who had Helicobacter pylori testing and reviewed reason for testing, documented clinical findings, testing method, treatment of test positive cases and re-testing to confirm eradication.

Results: 10 children were tested in the 12 month period. Reasons for testing were documented in 100% of cases but only 40% had abdominal pain. Clinical findings were recorded in 80% and in 20% patients were not examined. Testing method was stool antigen test in all cases. 100% of test positive cases were treated with 1 week of triple therapy. Test of eradication was not performed at all.

Discussion: In this audit 60%, H. pylori tests were carried out without specific indication. In 20% cases

no clinical examination was performed. Confirmation of eradication was 0%.

Conclusion: H. pylori testing in children should be done only if history suggests peptic ulcer disease. Re-testing at least 4 weeks after antibiotic and 2 weeks after PPI treatment is required.

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ID 581- MASLD management in primary care

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Context: MASLD, previously known as non-alcoholic fatty liver disease (NAFLD), is increasingly prevalent worldwide, closely associated with obesity, type 2 diabetes, and metabolic syndrome. Primary care providers (PCPs) play a critical role in early detection, risk stratification, and management, yet clinical guidance in the primary care setting remains variable.

Objectives: To summarize current evidence-based strategies for the diagnosis, risk assessment, and management of MASLD in primary care and to provide a framework for practical implementation.

Methods: A narrative review of recent literature, clinical guidelines, and expert consensus statements on MASLD management in primary care was conducted. Key sources included PubMed, guideline documents from the American Association for the Study of Liver Diseases (AASLD), European Association for the Study of the Liver (EASL), and primary care-focused reviews published in the last five years.

Results: Screening and Diagnosis: MASLD should be suspected in patients with obesity, diabetes, dyslipidemia, or metabolic syndrome. Initial evaluation includes liver function tests and non-invasive fibrosis assessment using scores such as FIB-4 or NAFLD fibrosis score. Lifestyle Interventions: Weight reduction of 7–10% through dietary modification, increased physical activity, and behavioral interventions remains the cornerstone of management. Pharmacologic Therapy: Pharmacological interventions specifically for MASLD; however, insulin sensitizers (e.g., pioglitazone) and GLP-1 receptor agonists may be considered in select patients with comorbid metabolic disease. Comorbidity Management: Optimizing glycemic control, blood pressure, and lipid profile is essential. Referral: Specialist referral is indicated for advanced fibrosis (F3–F4), cirrhosis, or diagnostic uncertainty.

Discussion: Primary care is pivotal for early MASLD identification and intervention. Non-invasive fibrosis screening enables risk stratification without overburdening hepatology services. Lifestyle interventions, though challenging to implement, provide the most consistent evidence for improved outcomes. Pharmacologic interventions should be individualized and integrated with metabolic comorbidity management. Education and patient engagement are critical to success.

Conclusion: MASLD is a common yet under-recognized condition in primary care. PCPs can effectively manage MASLD through early detection, risk stratification, lifestyle interventions, and optimization of metabolic comorbidities. Structured protocols and use of non-invasive fibrosis tools can improve patient outcomes and reduce progression to advanced liver disease.

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ID 827- Factors Associated with Trepidation During FODMAP Reintroduction in Patients with Irritable Bowel Syndrome.

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Context: IBS is a prevalent GI disorder within the broader category of Disorders of Gut-Brain Interaction (DGBI), affecting over 40% of the global population. The low FODMAP diet is considered an effective intervention for alleviating IBS symptoms,

but reintroducing FODMAPs can provoke fear in some patients.

Objectives: The restrictive nature of the low FODMAP diet may increase the risk of avoidant/restrictive eating patterns, making FODMAP reintroduction psychologically stressful for some individuals. This study aims to examine how dietary restriction, patient symptoms, and psychological factors contribute to fear during the reintroduction phase, offering insights that may help predict individual trepidation responses.

Methods: This study included participants who attended FODMAP group education sessions at University XXXXX Hospital between 2015 and 2020. The study used various questionnaires to assess IBS-related gastrointestinal symptoms, psychological problems, and dietary behaviors. Participants completed a baseline questionnaire before starting the low FODMAP diet and a follow-up questionnaire after the restriction phase, focusing on their concerns and experiences regarding the reintroduction of FODMAPs.

Results: The study included 150 participants, with a female majority (77.3%). The mean age of all participants was 45.6 years old. Notably, 45.3% of participants reported trepidation prior to reintroducing FODMAPs into their diet. Over two-thirds found that the low FODMAP diet restricted their dietary variety and increased their sensitivity to FODMAPs when they eat them. Patients with trepidation toward reintroducing FODMAPs had a higher risk of eating disorders (17.1% vs. 8.9%, $p = 0.003$) and depression (17.0% vs. 4.3%, $p = 0.027$), as well as increased overall symptom severity and IBS severity scores ($p < 0.05$).

Discussion: The study reveals that fear of reintroducing FODMAPs is associated with more severe gastrointestinal symptoms, higher IBS severity scores, or an increased risk of eating disorders. Psychological factors—particularly depression and eating-disorder tendencies—played a major role in driving this trepidation, while dietary restriction alone did not predict fear of reintroduction.

Conclusion: Comprehensive IBS management should consider both psychological and physiological factors to reduce fear and improve patient outcomes.

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ID 800- Addressing the multidimensional burden of Crohn's disease during GP consultation: feedback and expectations. A quantitative study among 254 patients in France.

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Context: In 2022, Crohn's Disease concerns about 180.000 patients in France and its prevalence is expected to increase within the next five years, particularly in young adults. Beyond the digestive attempts, Crohn's Disease affects quality of life in a multidimensionnal manner. Extradigestive symptoms are often invisible and hidden to the GP, because patients may feel ashamed discussion them during consultation.

Objectives: To identify the most frequent and impactant symptoms experienced by patients with Crohn's Disease and the most symptoms considered by patients as taboo to discuss with the GP.

Methods: We conducted a quantitative translational descriptive study from 15 Septmber 2024 to September 2025 among adult consent patients with Crohn's Disease. The study received ethical approval in january 2025 and the link to the anonymious standardized questionnaire was distributed via Lime Survey software online among patient organization, as a flashcode in GP waiting rooms and offices. Data analysis was performed with BiostatTGV software.

Results: 400 patients returned their questionnaire among which 146 were incomplete. Overall 254 questionnaires have been analysed. Most of the participants were women (81%, n = 206).Half of the population was employeed (50¨%, n=128) and declared a last disease push as less than 6 months (51%, n=129) declared a disease duration of over 20 years (28% , n=70).While fatigue pain and diarrhea were the most frequent symptoms declared, the most difficult to adress with their GP were emotional difficulties,altered body image, and a reduced satisfaction of social life. From the free

commentaries, 153 sub-themes, 27 themes, 6 categories emerged concerning other invisibles symptoms and 343 sub-themes, 16 themes, 4 categories emerged concerninig the patients's expectation toward their GP.

Discussion: There is currently few litterature adressing the Crohn's disease burden in primary care. We based our study on an american research protocol (varma et al 2017) which explored 17 symptoms, but not sexual well bein, which we have added to our questionnaire as well as the experience of communication with their GP regarding these 18 symptoms.

Conclusion: We highlight the multidimensional burden of Crohn's Disease and the need to adress both visible and invisible digestive and extradigestive symptoms and needs with our patients.

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Geriatrics

ID 1311- A Multidisciplinary Primary Care Protocol to Reduce Recurrent Falls in Older Adults—A Scoping Review to Assess Alignment With Current Evidence

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Context: Falls among older adults are frequent and impact on morbidity, mortality and loss of autonomy. In Nouvelle-Aquitaine, 17.658 fall-related hospitalisations were recorded in 2020. These events disproportionately affect vulnerable populations, raising issues of equity in access to prevention. While hospital-based pathways are well-documented, few fall-prevention protocols are adapted to primary care. To address this gap and foster coordinated, community-based care, the multiprofessional primary care centre Cœur de Saintonge developed the ReCHUTEPA protocol, offering adults aged ≥60 years a structured multidisciplinary approach designed to reduce recurrence of falls.

Objectives: To assess whether the ReCHUTEPA protocol aligns with evidence-based recommendations for managing older adults after a fall in primary care.

Methods: A scoping review was conducted using PubMed and Cochrane databases. Articles published between 2015 and 2025 were included if they involved adults aged ≥60 years, who had documented a fall, if interventions were feasible in primary care. Data extraction and analysis followed PRISMA methodology.

Results: ReCHUTEPA already integrates the major components identified in the literature: functional rehabilitation, medication review, nutritional evaluation, cognitive screening, orthostatic hypotension testing, footwear and vision assessment, vitamin D evaluation, and home environment adaptation. The review highlighted additional areas to reinforce: assessment of fear of falling (s-FESI), pain, urinary incontinence, and hearing, as well as systematic involvement of caregivers—an essential component of equitable and collaborative care. Evidence also supports strengthening balance- and strength-focused training (Otago, Tai Chi) and medication review using Beers or STOP-Falls criteria. Fall-risk stratification emerged as a key recommendation to guide personalised care pathways.

Discussion: The findings show that ReCHUTEPA is broadly consistent with current evidence. Its design reflects a pragmatic balance between comprehensive multidisciplinary care and the practical constraints of staffing and public health resources in general practice. Importantly, the programme is entirely free for patients, removing financial barriers and promoting equity in access to fall-prevention strategies. Incorporating additional recommended assessments may further enhance autonomy and ensure that all older adults—regardless of socioeconomic status—can benefit from appropriate, tailored interventions.

Conclusion: ReCHUTE PA is a feasible and equity-oriented protocol for managing older adults after a fall in primary care. Updating it based on this review may strengthen its effectiveness.

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ID 1179- Co-creating a home-based network care intervention for frail older adults with heart failure

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Context: Frail older adults have a high risk of rehospitalization following a hospital stay for heart failure (HF). The transition from hospital to primary care may be improved through patient-centred, home-based network care after discharge. World Cafés (WC), are a method for the co-creation of complex interventions with stakeholders. This study ecplores the use of WCs for the development of a patient-centered, home-based, network care intervention for frail older adults with HF.

Objectives: To develop a patient-centered, home-based network care intervention for frail older adults with HF, which can be integrated into the current practice of patient care in the XXX region. Subsequent studies will test the intervention's feasibility and impact on rehospitalizations and quality of life.

Methods: Three sessions will be organized following the World Café principles of Brown and Isaacs (1) set the context; (2) create a hospitable space; (3) explore questions that matter; (4) encourage contributions; (5) cross-pollinate; (6) identefy patterns; (7) harvest and share discoveries. Each WC will consist of 12–15 participants, including healthcare professionals, patients, and caregivers. The first two WCs will identify key components of home-based network care for frail older adults with HF and how these can be applied in practice in the XXX region. Transcripts and field notes of the WCs will be analyzed by two resachers using inductive content analysis. Based on this analysis, a prototype of the intervention is crerated. At the third WC the intervention is finetuned untill consensus is reached among participants.

Results: We will present a qualitative analysis of stakeholder views on home-based network care for frail older adults with HF and its potential application in the XXX region, as well as the co-created protocol for the network care intervention.

Discussion: We expect that the WC method will lead to an intervention feasable in the current reality of patient care in the XXX region. Special attention should be given to creating an equitable environment to ensure patient-centered dialogue and outcomes.

Conclusion: At submission, data collection is ongoing and will continue until April 2026. At the conference, we expect to be able to present the final outputs of all WC sessions.

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ID 171- Transforming behavioral challenges to promote equity in neurogeriatric care

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Context: In neurogeriatrics, clinicians care for patients with cognitive decline, reduced autonomy, and limited communication, making them vulnerable to inequity and emotional neglect. Our team questioned how to maintain equity, dignity, and staff well-being through collective reflection when verbal communication is no longer possible.

Methods: This practice-based reflection emerged from my integration into a neurogeriatric ward between August and November 2025. During this period, I worked closely with a multidisciplinary team and encountered patients with neurocognitive disorders and behavioral disturbances such as refusal of care, agitation, and verbal or physical aggression. These situations often led to caregiver exhaustion, disrupted routines, and family distress. To address these challenges, we implemented a person-centered, team-based intervention that included, negotiation-based care strategies, physical

activity, art therapy workshops, animal-assisted therapy and Snoezelen relaxation sessions with therapeutic touch and breathing techniques. Team strategies included regular case reviews, psychological support sessions for staff, and mutual assistance during complex care situations. Strengths included active team engagement, input from multiple healthcare roles and a focus on real-life holistic approach. Limitations were subjective data, a small sample size, and absence of patient feedback due to cognitive impairment.

Originality: Most studies on Behavioral and Psychological Symptoms of Dementia (BPSD) focus on single interventions or demographic inequities. Few examine how BPSD themselves create unequal access to care. This reflection is original because it highlights these inequities

Lessons learned and future implication: This experience showed that structured communication and coordinated teamwork can transform refusal of care into cooperation and improve equity by ensuring consistent access to care. Future work should adapt these strategies for general practice using si

Discussion: BPSD can create inequities by pushing teams toward task-focused care. A multidisciplinary approach can reduce these effects, but limited staff and high workloads make person-centered care difficult, as in general practice. Strong organizational strategies are therefore essential to support effective teamwork and workflows.

Conclusion: Strengthening teamwork and person-centered approaches can restore therapeutic alliance, support staff resilience, and promote more equitable care for vulnerable patients in neurogeriatrics.

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ID 1024- Age-Specific Predictive Value of Body Mass Index for All-Cause Mortality: A 10-Year Cohort Study in Taiwan

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Context: The relationship between Body Mass Index (BMI) and mortality has long been debated, with evidence suggesting a U- or J-shaped association. Among older adults, age-related physiological changes and comorbidities may modify this relationship. Understanding how BMI predicts mortality across age groups can guide clinical decision-making in primary care.

Objectives: This study aimed to examine the association between BMI and all-cause mortality across different age groups and to determine whether BMI remains a reliable predictor in older populations, particularly those aged ≥ 65 years.

Methods: This retrospective cohort study included 124,456 adults from a health check center in Taiwan. Baseline data included anthropometrics, socioeconomic status, laboratory results, and lifestyle factors. Participants were categorized into four age groups: < 65, 65–< 75, 75–< 85, and ≥ 85 years. Survival status over a 10-year follow-up was recorded. BMI was calculated as weight (kg)/height² (m^2). Student's t-test evaluated crude associations, and multivariable logistic regression was applied to assess the independent effect of BMI on all-cause mortality after adjusting for age, sex, lifestyle, and comorbidities (hypertension, diabetes, heart disease, and cancer).

Results: Among the participants, 47.2% were male, with a mean age of 42.89 ± 13.88 years and mean BMI of 23.10 ± 3.49 kg/m^2. During follow-up, 3.2% (n = 3,947) died, most commonly from cancer. BMI showed significant associations with mortality in the < 65, 65–< 75, and 75–< 85 groups (all P < 0.001), but not in those ≥ 85 years (P = 0.943). After adjustment, BMI was negatively associated with mortality in the 65–< 75 (OR 0.96, 95% CI 0.94–0.98) and 75–< 85 groups (OR 0.93, 95% CI 0.90–0.96).

Discussion: Findings suggest that higher BMI may confer a protective effect in older adults, consistent with the "obesity paradox." BMI loses predictive value in adults aged ≥ 85, possibly due to frailty, sarcopenia, and survivor bias.

Conclusion: BMI alone may not be a reliable mortality predictor across all age groups. In adults

aged 65–84, higher BMI appears protective, highlighting the need for age-specific interpretation of BMI in primary care.

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ID 511- Factors influencing motivation among older adults to go for vaccination in Malaysia: A qualitative study based on the Theoretical Domains Framework

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Context: Despite the widespread benefits of vaccines, vaccination uptake among older people in Malaysia remains low. Currently, many studies on understanding factors influencing vaccine uptake focused on healthcare providers. Understanding the factors that shape motivation from the perspective of older adults is essential to designing effective interventions for this at-risk population.

Objectives: This study aims to explore factors influencing motivation to vaccination among older adults attending an urban primary care clinic in Malaysia.

Methods: This is a currently ongoing qualitative study. This study was guided by the eight domains associated with motivation in the Theoretical Domains Framework namely, Social and professional roles and identity, Beliefs about capabilities, Optimism, Beliefs about consequences, Reinforcement, Intentions, Goals, and Emotion. A total of five older adults (³ 60 years old) attending an urban primary care clinic were recruited. Semi-structured interviews were conducted, audio-recorded, and transcribed verbatim. A combination of framework and thematic analysis were conducted using the NVIVO software.

Results: Five themes emerged from the preliminary analysis: (1) Confidence in personal health resilience - participants believe their body is strong enough to tolerate vaccines; (2) Emotional confidence in health - older adults described emotional resilience, including a lack of fear of falling sick and optimism about their body's ability to handle vaccines; (3) Intention driven by practical benefits - motivation was enhanced when vaccines were free, reasonably priced, easily available, or required for travel; (4) Convenience as a motivational reinforcement - simplifying procedures such as shorter waiting times and easier access was perceived as highly encouraging, and (5) Identity based on social roles - participants' roles as caretakers, socially active individuals, or older persons influenced their decisions, shaping whether they viewed vaccination as a personal responsibility or a collective obligation.

Discussion: Enhancing convenience, addressing emotional concerns, strengthening informational self-efficacy, and recognising the influence of social roles may improve vaccine uptake among older adults. Data collection is still ongoing to refine the findings.

Conclusion: Motivation to vaccinate among older adults in Malaysia is multidimensional and deeply influenced by beliefs, emotions, intentions, and social identity.

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Go to Bed !

ID 1805- Primary care triage for sleep apnoea: consistent severity classification across sex, age and BMI using a chest-worn smartphone home test

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Context: In primary care, patients frequently present with symptoms suggestive of obstructive sleep apnoea (OSA), but access to laboratory polysomnography (PSG) is limited and waiting times can delay treatment decisions. Scalable home-based tools could support GP-led triage and referral prioritisation, provided diagnostic performance remains consistent across common patient profiles such as sex, age and body mass index (BMI).

Objectives: To evaluate whether a chest-worn smartphone-based home sleep test maintains consistent performance across sex, age bands and BMI for moderate-to-severe sleep apnoea detection, and to report agreement for AHI severity classification versus PSG.

Methods: Post-hoc subgroup analysis of the XXX multicentre study per-protocol population (adults; N=432; 9 European centres). PSG (central adjudication) was the reference. Four-class AHI severity agreement used quadratic-weighted kappa. For AHI≥15 events·h^{-1}, overall performance was reported first as a benchmark, then subgroup sensitivity/specificity were examined by sex, age band and BMI.

Results: Overall severity agreement was high (weighted κ=0.878). For AHI≥15, sensitivity was 0.91, specificity 0.91, AUC 0.96 and Cohen's κ 0.81. Sex-stratified sensitivity/specificity were 0.918/0.868 in males (N=243) and 0.891/0.932 in females (N=189). BMI-stratified sensitivity/specificity were 0.893/0.944 in normal-weight (N=140), 0.859/0.872 in overweight (N=155) and 0.963/0.884 in obese (N=136). Age-stratified sensitivity/specificity were 0.938/0.929 (18–29; N=61), 0.904/0.900 (50–59; N=111), 0.912/0.880 (60–69; N=62), 0.909/0.500 (70–79; N=24; two PSG-negative) and 1.000/1.000 (≥80; N=4). Subgroup estimates were consistent with the overall benchmark.

Discussion: Across sex and BMI strata—including obesity—estimates were close to the benchmark, supporting consistent GP-led screening and triage across common primary-care profiles. The low specificity in ages 70–79 should be interpreted cautiously because it is driven by only 2 PSG-negative cases. Limitations include a referral-cohort setting and small older subgroups.

Conclusion: In a large multicentre PSG study, a smartphone-based home sleep test showed high agreement for AHI severity classification and consistent subgroup performance for moderate-to-severe sleep apnoea detection, supporting use for primary care triage. MeSH Terms : Sleep Apnea Syndromes Polysomnography Primary Health Care Gatekeeping Smartphon

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ID 1621- The Synectic Effect of Diabetes and Sarcopenia on Abnormal Sleep Duration in Middle-Aged and Older Adults

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Context: With the accelerating aging of the population, abnormal sleep duration has become increasingly common among middle-aged and older adults. However, the mechanisms by which diabetes and sarcopenia, two highly prevalent chronic conditions, individually and in combination affect sleep health are not yet fully understood.

Objectives: To investigate the impact of sarcopenia and its comorbid status with diabetes on the risk of abnormal sleep duration in middle-aged and older adults.

Methods: Using longitudinal data from the China Health and Retirement Longitudinal Study (CHARLS) from 2011 to 2020, we included participants aged ≥45 years (n=4,936) and ≥60 years (n=2,061) with normal sleep at baseline. Cox proportional hazards models were employed to analyze the associations of sarcopenia (diagnosed according to AWGS 2019 criteria) and its various combined states with diabetes (diagnosed based on fasting plasma glucose) with the subsequent incidence of abnormal sleep duration (nighttime sleep duration <6 h or >8 h).

Results: Sarcopenia was significantly associated with an increased risk of abnormal sleep duration (HR=1.204, 95% CI: 1.023–1.417), particularly with long sleep duration (>8 h; HR=1.566, 95% CI: 1.192–2.057). The highest risk was observed in the group with comorbid diabetes and sarcopenia (HR=1.515, 95% CI: 1.059–2.167), with incidence rates of 49.3% in 2013, rising sharply to 80.0% in 2020. The risks were also significantly elevated in groups with prediabetes and sarcopenia (HR=1.423, 95% CI: 1.096-1.847) and with non-diabetes and sarcopenia (HR=1.279, 95% CI: 1.113-1.468).

Discussion: These findings suggest that the management of sarcopenia in the elderly should extend beyond physical function to include sleep health monitoring. Early combined interventions targeting prediabetes or possible sarcopenia may be an effective strategy for preventing abnormal sleep duration.

Conclusion: Sarcopenia is an independent risk factor for abnormal sleep duration. When comorbid with diabetes, especially prediabetes, the risk shows a further synergistic increase. Early identification and combined management of both conditions are crucial for improving sleep health in middle-aged and older adults.

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ID 1583- Understanding the Insomnia Patient Journey in Europe: Survey Findings from Patients and Healthcare Professionals in Germany

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Context: Fewer than 1% of patients with insomnia in Germany gain access to guideline-recommended care, Cognitive Behavioural Therapy for Insomnia (CBT-I), often only after prolonged delays.

Objectives: To illuminate what happens along the patient journey in the interim, this survey aimed to identify gaps in care, unmet needs, and potential levers to optimise provision in European primary care using Germany as a case example.

Methods: A standardised online survey was conducted between August and September 2024 among adults with insomnia and healthcare professionals. Patients were recruited via a digital health application they were currently using (XXX); healthcare professionals were recruited via newsletters.

Results: A total of 523 patients participated; 47.8% reported insomnia for more than five years. Before their first medical consultation, 92.2% had self-initiated measures to address sleep problems, including over-the-counter sleep medications (69.3%), relaxation techniques (65.2%), and sleep-hygiene practices (51.9%). In 59.9% of cases, patients sought medical support specifically due to sleep problems; 40.1% raised sleep in the context of other complaints. In 56% of cases, the first medical consultation occurred only after several years. Consultation resulted in a prescription for a sleep medication in 37.4% of cases; 14.1% reported regular use. Most respondents rated the possibility of discontinuing such medication as important. At the time of the survey, 40.5% had not received a formal insomnia diagnosis. Among 34 healthcare professionals, only 21.9% reported routinely diagnosing insomnia when sleep problems are present. Reported reasons included insufficient recognition of insomnia as a distinct disorder, knowledge gaps among clinicians, and low prioritisation in routine practice. Patient-side factors

(limited problem awareness, widespread self-medication) and structural barriers (restricted therapy availability, limited sleep-medicine expertise) were also cited.

Discussion: Despite long-standing symptoms, formal diagnosis is frequently absent, indicating deficits in patient awareness and systemic/structural weaknesses in care.

Conclusion: Strengthening professional awareness, expanding guideline-concordant therapy provision, and targeted patient education are essential to improve the patient journey in European primary care.

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ID 1168- Investigation of consultations related to bedbugs in general practice and measurement of the psychological impact and repercussions on daily life, mainland France 2024-2025

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Context: In France, a previous study estimated that 11% of households were infested by bed bugs between 2017 and 2022. In response to a potential resurgence of cases in 2023 and the anticipated tourist influx for the Paris 2024 Olympic Games, two complementary studies were commissioned by the french Directorate General for Health (DGS).

Objectives: The aim was to update incidence data in general practice and to assess the proportion of infestation in the general population, focusing on its psychological impact (PH-4 questions) and consequences on daily life (Sheehan Disability Scale).

Methods: Over the period from April 2024 to March 2025, 219 general practitioners (GPs) in mainland France weekly reported potential bed bug infestation cases. In addition, GPs were asked to send photographs of reported cases whenever possible. An entomologist and a dermatologist then conducted a consensus assessment to determine the relevance of the visual evidence and the coherence of the associated case description. The study in the general population surveyed all participants in an online cohort using a questionnaire to assess infestations and their impact on daily life.

Results: 129 cases were reported in general practice. Of the 57 cases reviewed by the two experts, 41 (72%) were classified as probable. Almost all cases (98%) reported an exacerbation of avoidance behaviors. 4,176 participants responded to the questionnaire in the general population from which 57 (1,4%) reported an infestation during the study period. The impact on daily life was relatively significant in both cohorts (36% in general practice ; 45% in general population).

Discussion: Preliminary data suggests that the number of bed bug-related consultations appears to have decreased since 2020, and the Paris 2024 Olympic Games period has not led to an increase in cases. The relatively high proportion of cases exhibiting a 'moderate to severe' impact on daily life in both parts of the study appears consistent with findings reported in the literature.

Conclusion: Our finding suggest that the sustained media attention reflects the profound psychological burden and the significant impairment of daily life caused by infestations, rather than a quantifiable increase in bed bug incidence across the country.

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ID 203- Insomnia as a risk factor for the development of depression and anxiety in primary care: A matched population-based cohort study

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Context: While insomnia, depression and anxiety disorders are most frequently diagnosed and treated in primary care, the longitudinal relationship between these phenomena remains elusive for this setting.

Objectives: The aim of the present study was to quantify the association of registered insomnia with subsequent depression or anxiety in primary care.

Methods: A matched population-based cohort study was conducted using International Classification of Primary Care (ICPC) and Anatomical Therapeutic Classification (ATC) codes extracted from medical records of 84 XXX general practices. Patients without documented psychological or social problems, aged 18 to 65 years, with a registered insomnia diagnosis (ICPC: P06) or prescribed sleep medication (ATC: N05CD, N05CF, N05CH) were matched 1:1 to healthy controls on gender, year of birth, and general practice. Controls could be used more than once. The primary outcome measure was depression (ICPC: P03, P76, P76.02) or anxiety (ICPC: P01, P74, P74.01, P74.02) registration up to five years after the insomnia diagnosis.

Results: Patients with insomnia between 1 January 2010 and 1 January 2015 (n = 1,535) and the control group (n = 1,502) were followed for five years after the insomnia diagnosis. Patients with insomnia had a higher risk of depression or anxiety (odds ratio (OR) = 1.53, 95% confidence interval (CI) [1.18 – 1.98]).

Discussion: The present study identifies insomnia as a potential marker for early detection of depression and anxiety in primary care. In addition, treating insomnia accurately in this setting might reduce depression and anxiety incidences, as insomnia can be effectively and safely treated with Cognitive Behavioural Therapy for Insomnia (CBT-I), with more durable effects than sleep medication.

Conclusion: Patients with an insomnia diagnosis in primary care were at higher risk to develop depression or anxiety compared to healthy controls. Implementing prevention strategies that increase vigilance and improve insomnia treatment in primary care could reduce incidences of depression and anxiety on a population level.

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ID 809- From Screening to Solutions: Addressing Sleep Health Challenges in Primary Care Practice

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Context: Sleep disturbances, including insomnia and obstructive sleep apnea, are highly prevalent yet under-recognized contributors to morbidity in primary care populations. The growing burden of non-communicable diseases (NCDs) and evidence linking inadequate sleep with cardiometabolic, neurocognitive, and psychiatric disorders position sleep health as a core domain of preventive medicine.

Objectives: (1) To elucidate the mechanisms of sleep regulation and physiology relevant to clinical practice. (2) To characterize the spectrum and epidemiology of common sleep disorders encountered in primary care. (3) To evaluate the clinical impact of evidence-based sleep hygiene interventions.

Methods: Key scientific literature and multi-center epidemiological studies are reviewed to synthesize current knowledge on sleep architecture, diagnostic criteria for major sleep disorders, and validated screening tools, e.g., Pittsburgh Sleep Quality Index. Data is contextualized, focusing on the intersection of lifestyle factors contributing to disordered sleep.

Results: Insufficient and poor-quality sleep are independently associated with increased risks of hypertension, type 2 diabetes, obesity, depression, and cognitive decline. Evidence-based interventions—most notably regular sleep-wake schedules, targeted reduction of late caffeine and screen exposure, and optimizing sleep environment—demonstrate measurable improvements in subjective sleep quality, daytime functioning, and health outcomes across patient cohorts.

Discussion: Early identification and intervention for sleep disturbances are both feasible and impactful in the primary care context. The use of brief, validated questionnaires, coupled with practical sleep hygiene advice, can be systematically embedded into chronic disease management. Addressing sleep health in PHC is likely to yield synergistic benefits for metabolic, mental, and cardiovascular health, warranting its prioritization among preventive service strategies.

Conclusion: Strengthening sleep literacy among physicians is essential to improving patient care and population health. Integrating sleep assessment and management into routine practice empowers clinicians to address a frequently overlooked, yet highly modifiable, determinant of disease burden in primary care.

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ID 377- Light therapy for insomnia : Insolux randomized controlled trial preliminary results

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Context: Chronic insomnia raise issues by its complexity, and lack of access to non-drugs solutions. Alternative therapeutics are still expected, and light therapy appears as one of them : by its impact on sleep mechanisms, and its limited side effects. Our hypothesis was that light therapy could improve sleep quality of chronic insomniac.

Objectives: INSOLUX study aimed to evaluate active versus placebo light therapy on objective sleep efficiency of a large panel of insomniac patients. Secondary objectives were about other objective and subjective sleep parameters, as well as alertness and mood.

Methods: This randomized, double-blind controled trial was conducted by 40 GPs of 3 regions of France. They included 239 patients suffering from any type of chronic insomnia, with and without sleeping pills treatment. After 2 weeks of baseline, they were asked to use light glasses for 20 minutes in the morning, during 4 weeks : bright white blue enriched light of 2000 lux for active group, and dim red light of 150 lux for placebo group. A 2-weeks follow-up period completed the protocol. They wore an actimeter during the whole period, completed daily a sleep diary, and periodically questionnaires about mood, sleep quality, seasonality and chronotype. Analyses were conducted in intention to treat.

Results: Preliminary results show that the two groups are comparable for age, gender, use of sleeping pills, and associated conditions. No objective improvement of sleep parameters was observed on the whole population, on actimetry nor on sleep diary. Improvement of global sleep quality and mood was observed in both groups. There was a significant improvement of anxiety level in the active group compared to the placebo group at the end of the treatment and follow-up.

Discussion: These results do not show any objective effect on the quality of sleep in patients with insomnia in general. We hypothesize that certain types of insomnia (with difficulty falling asleep and/or waking up during the night) may respond better to light therapy than others.

Conclusion: Further analyses are planned to test this hypothesis and to take into account certain factors that may influence these results : seasonality, chronotype, changes in hypnotic use, exposure to natural light.

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GP burden

ID 2093- Does following up patients who have experienced traumatic events in general medicine have an impact on the practitioner?

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Context: Chronic exposure to human suffering at work takes a toll. The “compassion fatigue” as outlined by Figley as “the cost of caring”, it’s a profound exhaustion from others’ suffering that alters one’s fundamental beliefs. The general practitioner is on the front line of traumatic life stories and/or great suffering.

Objectives: In this study we sought to assess the risk of compassion fatigue among general practitioners (GP). Secondly, we looked for links between the Compassion Fatigue (CF) score and Burn Out score measured by the Compassion Fatigue and Satisfaction Test (CFST) as well as between the CF score and the professional empathy score measured by the Jefferson Scale of Empathy (JSE).

Methods: This is a cross-sectional, descriptive, quantitative study. To explore the risk of Compassion Fatigue among general practitioners, we used a questionnaire with three entities, the compassion fatigue test, the Jefferson scale of empathy and a professional and social questionnaire

Results: Of the 164 respondents, 72% were women, 47% were in a relationship, and 95% had a regular leisure activity. They reported for 70% experiencing personal trauma, and 50% reported having received psychological support. The study shows that 55.5% of the 164 respondents are at very high risk of compassion fatigue. The level of risk of compassion fatigue is significantly linked to practice structure, psychological support, and perceived quality of life. This score is linearly correlated with the risk of burnout. An inverse association is also shown: a low score on the JSE subsection "ability to empathize" is associated with a low CF score.

Discussion: This is a pilot study, the first study on the population of self-employed GP, which would need to be expanded nationally to limit biases and be more representative. The questionnaire title was neutral. Some GP expressed a lack of understanding of the subject, which probably led to a lack of interest from potential respondents.

Conclusion: GP are at very high risk of compassion fatigue in this study. Beyond the impact on physician's health, this is a major public health issue amid today’s declining access to care.

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ID 1124- If the Helper Needs Help: the Second Victim Phenomenon in Estonian Family Medicine Workers

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Context: A second victim is any healthcare professional who has been directly or indirectly involved in an adverse event or medical error that caused harm to a patient or resulted in the patient's death, and who is negatively affected by the experience. The second victim phenomenon can lead to mental and physical health problems, reducing well-being and work ability.

Objectives: This study aims to determine the prevalence and influence of second victim phenomenon among primary health care setting in Estonia.

Methods: Data were collected through an online survey conducted from May 19 to June 30, 2025. Recruitment was conducted through professional associations, social media, and the press.

Results: Altogether, 133 primary health care workers responded to the questionnaire, of whom 71% were doctors. Among respondents, 62% (n=82) reported being a second victim, and most of them (63%) experienced this more than once. The leading causes were patient death (36%) and preventable harm (29%), while near misses or no-harm incidents were reported by 7%. One-fifth (20%) experienced aggression from patients or relatives. Only 41% of family medicine workers reported receiving support after incidence—mostly from colleagues or family. Leadership support was reported by 17%, and professional psychological help by only 4%. Common reactions included guilt (87%), self-doubt (83%), depressive mood (78%), concentration difficulties (66%), sleep disorders (57%), and social isolation (28%). Almost all respondents valued trained peer support (96%), emotional support from colleagues (95%), reflection on emotional and ethical values (95%), open and blame-free discussion (94%), legal counseling (94%), psychological care (90%), rapid debriefing (90%), and communication support (90%).

Discussion: Nearly all respondents expressed a strong need for employer-driven support to help them cope and maintain performance after an incident. However, only a small fraction received adequate institutional or professional assistance.

Conclusion: There is an urgent need for systemic changes and prioritizing the development of clear organizational protocols, mandatory peer-support programs, and access to psychological and legal counseling for primary health care workers suffering the second-victim experience.

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ID 568- Examining the issue of administrative burden experienced by general practitioners in Canada using national data

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Context: Physicians work significantly longer hours compared to the general population and are at a higher risk of burnout. One major pain point for physicians, particularly general practitioners (GPs), is the amount of time they spend on administrative tasks. Physicians go into medicine to help patients. Overburdening them with administrative tasks compromises their wellbeing and negatively impacts physician retention. A national administrative burden survey was distributed in July/August 2025 to examine the causes and impacts of administrative burden, as well as possible solutions.

Objectives: To examine the issue of administrative burden among GPs in Canada.

Methods: A cross-sectional survey was designed by individuals with research and subject matter expertise in administrative burden. The survey was distributed to Canadian physicians and medical learners through email distribution, social media

posts, paid advertisements, and by leveraging external partners who sent the survey to their own networks. The survey was open for three weeks, and received a total of 1,979 responses, including 782 GPs. Descriptive statistics were generated. Chi-square and t-tests were run to determine demographic differences according to area of practice.

Results: GPs spend 10 hours/week on administrative tasks and 4.7 of those hours are considered unnecessary. Only 16% of GPs have access to an individual who could help them complete these tasks. 53% indicated that in the last 12 months, time spent on administrative tasks has increased. This is concerning, as 91% of respondents indicate that clinical documentation contributes to physician burnout. Encouragingly, 42% of GPs are using an AI scribe tool, and an additional 33% who aren't using one yet are interested.

Discussion: GPs spend a significant amount of time on unnecessary administrative tasks, which may contribute to physician burnout. AI scribe tools may help reduce time spent on administrative tasks, but there remain several barriers that need to be addressed to increase uptake.

Conclusion: Administrative burden is a significant issue in healthcare that needs to be addressed to improve physician wellness, quality of patient care and health system sustainability. Data from this survey will inform national recommendations and advocacy efforts to reduce unnecessary administrative work and improve the daily realities of medical practice in Canada.

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ID 500- Building a Peer Support Network for Family Physicians

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Context: Peer support is valued as an intervention that builds upon human connection between peers who have similar experiences and can be trusted confidantes. As independent professionals, most family physicians have limited options to seek support, complicated by a culture that expects resiliency and self-management.

Objectives: The study purpose was to investigate the value and impact of local peer-support for family physicians and to explore how a close-to-home network of peer supporters could be sustained.

Methods: Participatory Action Research (PAR) approach to development, delivery, and evaluation of peer support training with mixed methods. A peer-support trained family physician facilitated both virtual and in-person training with participants gaining knowledge, expertise and practice to become peer supporters. Evaluation included surveys and interviews with participants.

Results: Seventeen physicians participated in the study. Benefits were attributed to the training phase, the overall value of peer support, and the importance of retaining a peer support program. Training sessions enhanced knowledge of participants by; 1) introducing a new way of listening, 2) promoted learning through a combination of didactic and experiential methods, and 3) learning new concepts related to peer support which increased confidence in supporting a peer. Peer support benefits included 1) feeling heard/validated, 2) feeling less alone, and 3) improved problem solving. Considerations for sustained peer support include 1) a low-cost intervention, 2) experienced facilitator and training necessary, 3) availability of trained peers, and 4) a community-based approach could reduce barriers to reaching out for support

Discussion: The outcomes from our study indicate that peer support is universally supported by participants. Immediate value was noted from the training received and the increased confidence to provide support to their colleagues with positive outcomes. Peer support programs can mitigate some of the current stressors within the family medicine environment and, through the human connection, reduce some of the associated stigma in reaching out.

Conclusion: Peer support is a viable, low-cost intervention which can decrease stress among family physicians. Expert training enables expansion

of peer support, with increased knowledge and confidence among those trained which could lead to a train-the-trainer approach for expansion and sustainability.

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ID 464- Attentional fatigability over the working week among General Practitioners

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Context: General practitioners (GPs) face an increasing cognitive load, which exposes them to heightened risk of attentional fatigue, which may impair clinical decision-making and professional well-being. However, this phenomenon remains poorly studied in general practice.

Objectives: To measure the variation in sustained attentional fatigue as a function of time-on-task during the working week and to identify associated factors (work schedules, sleep duration, social jet-lag, perceived fatigue).

Methods: Quantitative observational study including 30 outpatient general practitioners, stratified according to the presence or absence of chronic sleep debt. Four repeated 25-minute Psychomotor Vigilance Task (PVT) sessions were performed by each participant: morning and end of day, beginning and end of week. This extended duration of the PVT, close to a real consultation, represents a relevant marker of sustained attention. Subjective fatigue was assessed by self-administered questionnaire pre- and post-task. Comparative models were used to examine the effects of time-on-task, timing of assessment, and sleep debt on performance.

Results: Interim analyses on 20 subjects revealed significant effects. Perceived sleepiness remained comparable between groups and stable throughout the week. However, objective measures showed that subjects with sleep debt exhibited impaired vigilance throughout the week compared to controls, who maintained stable performance with no morning/evening effect. Accumulated weekly sleep pressure exacerbated major attentional lapses in subjects with sleep debt.

Discussion: This study shed light on the cognitive mechanisms of underlying attentional fatigue in primary care and raises important questions about medical work organization, potential clinical effects of attentional overload, and long-term professional sustainability for GP's.

Conclusion: Attentional fatigue varies significantly according to sleep-wake patterns among GP's. Chronic sleep debt is linked to decreased cognitive performance and a higher frequency of major attentional lapses.

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GP practical tools

ID 2284- Health in Sprint: Scrum Methodology and the OSGA Platform for Managing Indirect Contacts

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Context: Managing indirect contacts in Family Health Units (FHUs) via email is characterized by an unstructured workflow that is difficult to triage. This situation results in a critical clinical workload, involving the systematic reception of inappropriate or clinically irrelevant requests directly by physicians, such as private-sector exam transcriptions or administrative reports. The lack of filtering generates communication noise and compromises the team's operational efficiency.

Methods: To implement the OSGA platform (Orientation of Requests for Management and Support), utilizing the Scrum methodology, to structure request flows, reduce the volume of

inappropriate inquiries, and empower patients to access the healthcare system appropriately.

Originality: The project was based on the Scrum framework, with a cross-functional team consisting of a Product Owner, a Scrum Master, and a Developer. Through incremental cycles (Sprints), a Product Backlog was developed based on the real-world typification of receiv

Lessons learned and future implication: The use of informal channels prevents effective task prioritization. The OSGA platform acts as a pedagogical guide that directs patients based on their specific needs: it provides instructions on verifying active prescriptions via government health app "S

Discussion: The methodology established a process of continuous inspection and adaptation, allowing the platform to evolve dynamically based on ongoing feedback from both patients and professionals. The system functions as a pedagogical filter that teaches patients how to navigate the healthcare system, discouraging the use of email for situations that can be resolved through official channels. Qualitative feedback indicated a decrease in work-related anxiety.

Conclusion: The application of the Scrum methodology in the FHU proved to be a catalyst for organizational innovation. OSGA not only structured the workflow but also established a commitment to continuous improvement and patient education, proving fundamental for operational sustainability and health literacy in primary care.

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ID 2122- Intelligent Automation of Administrative Workflows in Primary Care: Impact on Capacity, Safety and Workforce Sustainability

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Context: Primary care faces escalating administrative workload that outpaces available workforce capacity. Manual processing of pathology results, prescriptions, registrations and clinical documents creates delays, reduces accuracy and contributes to staff burnout. To address these issues, we implemented an intelligent automation programme to reduce administrative burden and improve the working day through robotic process automation (RPA) operating across high-volume workflows.

Objectives: To evaluate the impact of intelligent automation on: Administrative workload (clinical and non-clinical) and task turnaround Clinical and non-clinical capacity release Standardisation and accuracy of administrative processes Workforce wellbeing and absenteeism

Methods: The evaluation was conducted across multiple primary care sites serving approximately 500,000 patients. A retrospective analysis was conducted using organisational automation logs from more than 35 automated workflows. Data included total automated tasks, hours saved, appointment equivalents generated, absenteeism trends and process consistency indicators. Tasks automated included registrations, prescription processing, document classification, pathology routing and administrative triage. Descriptive statistics were applied to assess operational, workforce and patient-facing outcomes.

Results: The automation programme processed more than 900,000 tasks across workflows, releasing over 55,000 hours of staff time. This equated to 30 whole-time-equivalent clinicians' time redirected from administrative work. Standardisation of automated workflows enabled an additional 330,000 appointments to be made available to patients by improving workflow throughput and reducing bottlenecks. Workforce impact was substantial: peak absenteeism reduced from 42% to 17%, and staff reported improved workload manageability and job satisfaction. Turnaround times improved across all automated pathways, leading to improved service continuity and patient experience.

Discussion: Intelligent automation delivered meaningful operational efficiencies while improving safety and consistency. Automation worked most effectively when paired with workflow redesign, real-time monitoring and staff engagement. Cultural and behavioural factors were more influential than technology in determining adoption speed. Performance varied across workflows, highlighting the need for iterative optimisation and local workflow readiness.

Conclusion: Large-scale automation of administrative workflows can significantly strengthen primary care capacity, improve the working day and enhance patient access. These findings demonstrate that intelligent automation is a scalable and cost-effective component of modern primary care operations. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

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ID 2080- AI-Enabled Digital Triage in Primary Care

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Context: Practices faced increasing demand, rising appointment requests and growing pressure on reception and clinical teams. Multiple routes into the system—phone, walk-in requests, and limited online access—created inequity in how patients were prioritised. Those who could queue early by phone or in person were often seen first, while online requests were handled inconsistently or as a lower priority. Staff described the process as “unfair for patients and overwhelming for us.” A more structured, safe and equitable access model was needed.

Methods: Over 50 practices first mapped existing access routes and found significant variation in how requests were handled. The introduction of an AI-enabled digital triage system provided a single front door through which all appointment requests—online, telephone and face-to-face—were triaged consistently. To support patients with low digital confidence, practices enlisted digital champions from Patient Participation Groups to help individuals complete requests in waiting rooms. Early strengths included clearer prioritisation and improved visibility of clinical need. A limitation was the initial adjustment period for staff, who had to change long-established habits and trust a new workflow. Safety checks were embedded at critical points and concerns about clinical safety addressed in DTAC, DPIA and DCB0129/0160-aligned safety assessment.

Originality: Rather than introducing a purely digital access route, the model embedded digital triage into all contact channels, ensuring equity between digital and non-digital users. The approach created a unified system in which urgency—not arrival order—determined

Lessons learned and future implication: Digital champions drawn from patient groups became powerful advocates for adoption. Offering supported digital access in reception improved inclusion. Future work will focus on iterative refinement and extending triage logic.

Discussion: The experience demonstrates that digital triage can improve fairness and transparency when integrated into all modes of access. Engagement from both staff and patients was essential to redesigning safe and equitable pathways.

Conclusion: Consistent digital triage, taking <4mins per patient, has supported more than 500,000 patients through consistent decision-making and improved access equity; strengthening the ability of teams to manage demand safely with 76% patients offered appointments ≤7-days.

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ID 1632- Digital Health Innovations: A Scoping Review of Non-Remunerated Technologies

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Context: Healthcare systems worldwide are undergoing rapid digital transformation. Advanced technologies such as artificial intelligence (AI), big data analytics, and automation tools are increasingly integrated into clinical workflows to enhance diagnostic accuracy, streamline processes, and improve patient outcomes. While these innovations promise efficiency and quality of care, they also introduce challenges: increased cognitive workload, ethical dilemmas, and uneven implementation across institutions.

Objectives: To identify and characterize non-remunerated technologies implemented in clinical practice within the Catalan healthcare system, focusing on their purpose, context of use, and associated risks.

Methods: A scoping review was conducted following PRISMA-ScR guidelines. Searches were performed in Scopus, Web of Science, PubMed, and grey literature. Inclusion criteria targeted studies describing advanced technologies used in clinical settings without direct economic benefit for professionals. Data extraction classified technologies by type (e.g., AI diagnostic tools, electronic health records, automation systems), objectives, institutional context, and reported challenges. Findings were synthesized in a comparative matrix and validated through participatory knowledge exchange spaces (ECICs).

Results: The review identified widespread adoption of three main technologies: AI-based diagnostic systems for imaging and decision support, electronic health records integrated with predictive analytics and automation tools for administrative and clinical workflows. Reported benefits include improved efficiency and accuracy; however, concerns emerged regarding increased cognitive load, ethical dilemmas, and uneven implementation across institutions. Evidence suggests potential exacerbation of structural inequalities if integration lacks regulatory oversight.

Discussion: Non-remunerated technologies are transforming clinical practice, but their rapid implementation without adequate support may compromise professional well-being. Participatory strategies and institutional evaluation are essential to mitigate risks and ensure equitable adoption.

Conclusion: The integration of advanced clinical technologies is reshaping professional roles and care delivery in Catalonia. While these tools promise efficiency and improved patient outcomes, their rapid implementation without adequate institutional support may increase cognitive workload, blur boundaries between personal and professional life, and exacerbate psychosocial stress. Moreover, adoption is not neutral: structural inequalities related to gender, age, and employment conditions may influence access and impact, creating uneven benefits and risks. Ensuring equity in technology integration is essential not only for professional well-being but also for maintaining the quality and safety of primary care services.

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ID 1226- Diagnostic accuracy of artificial intelligence compared to family physicians and dermatologists for skin conditions: a systematic review and meta-analysis

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Context: Artificial intelligence is increasingly used for skin-lesion image analysis. Because dermatology wait times are long, general practitioners serve as key gatekeepers for identifying skin diseases that require prompt treatment.

Objectives: This study aims to examine the diagnostic accuracy of AI in diagnosing skin lesions encountered in primary care and to perform a meta-analysis of AI's in diagnostic accuracy for melanoma detection.

Methods: This systematic review and meta-analysis, conducted according to the 2020 PRISMA guidelines, included diagnostic accuracy studies using any type of AI applied to photographs or dermoscopy images to diagnose skin lesions encountered in primary care settings. The reference standard was dermatologist consensus or histopathological examination. Searches were conducted in PubMed, Web of Science and Cochrane in December 2023. Risk of bias and concerns of applicability were assessed using the QUADAS-2 tool. Data extraction was conducted by two investigators and meta-analysis was performed using a bivariate random effects model.

Results: Between 2013 and 2023, 382 studies were found and 38 met the inclusion criteria.AI's accuracy was reported as non-inferior or superior to that of dermatologists in 30 studies (less acurate than dermatologists in 4 studies) . AI's accuracy was non-inferior or superior to that of GPs in 8 studies (less acurate than GPs in 1 study). AI for the diagnosis of melanoma had a pooled sensitivity of 0.86 (95% CI: 0.80–0.90) and a specificity of 0.94 (95% CI: 0.89–0.97). The diagnostic odds ratio was 44.36 (95% CI: 29.28; 67.1), with an AUC of 0.922 for the SROC curve. Of the 38 included studies, 25 were at high risk of bias, primarily due to patient selection. Datasets were frequently not representative of the outpatient population, as malignant conditions were often overestimated.

Discussion: The review followed PRISMA methods, yet constraints such as limited database access, reliance on MeSH-only searches, and scarce comparable source data reduced the robustness of the meta-analysis.

Conclusion: AI appears to perform at a similar level to dermatologists, and the same is true when comparing AI to GPs. This is especially true for serious conditions like melanoma, suggesting that AI could be a valuable tool for GPs in improving patient care.

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ID 946- Design and assessment of an open-source tool to support diagnosis and management of vertigo in French primary care.

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Context: Vertigo is a common complaint in primary care and significantly affects patients' quality of life. Its management is challenging due to the wide range of clinical presentations and etiologies, as well as the lack of practical, primary-care–oriented diagnostic guidelines. General practitioners (GPs), often the first point of contact and coordinators of care, face difficulties in efficiently evaluating vertigo during consultations. A dedicated, accessible decision support resource may help optimize clinical assessment in this setting.

Objectives: To develop a free, ergonomic, open-source online decision support tool designed to guide GPs in the evaluation and management of vertigo in primary care, and to assess its usability and perceived relevance in practice.

Methods: In 2023, the initial prototype was developed during a collaborative health hackathon involving physicians, developers, and engineers. The tool integrates an intuitive interface and a simple decision algorithm based on current recommendations, with expert validation. In November 2024, a nationwide acceptability study was conducted among French GPs using an online questionnaire. Usability was evaluated with the System Usability Scale (SUS). The tool is freely accessible and maintained as an open-source project to ensure transparency and equitable access. Ongoing work aims to update clinical content and the referral directory to improve patient pathways.

Results: The decision support tool created, has now been available online for more than one year. Among 78 respondents, the SUS score reached 84.01, indicating excellent usability. Participants reported that the tool was relevant, reliable, and easy to use. More than 65% expressed willingness to integrate it into routine practice, with strong interest among practitioners in rural and semi-rural areas.

Discussion: This innovative open-source resource aims to improve vertigo management in primary care by offering a practical, clinically grounded tool.

While based on stable clinical criteria, its digital nature requires vigilance regarding potential "e-iatrogenic" effects. Further research is needed to assess long-term impacts, including on the doctor–patient relationship.

Conclusion: The tool demonstrates strong usability and perceived usefulness. Its open-source framework and planned regular updates support accessibility, sustainability, and potential integration into everyday primary care.

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ID 638- Bridging guidelines and shared decision-making: development and evaluation of a web-based support tool for cardiovascular prevention in primary care

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Context: Cardiovascular diseases are a major cause of mortality and morbidity. General practitioners play a key role in preventing these conditions, particularly by assessing their patients' cardiovascular risk and implementing preventive measures. However, applying increasingly complex guidelines is a challenge in daily practice. Existing digital tools are often outdated, are not suited to the diversity of patient profiles, and do not provide the visual support needed for effective shared decision-making.

Objectives: To design a clinical decision support tool ("XXX") for cardiovascular risk assessment in primary care and to evaluate its usability among physicians.

Methods: A web-based tool was developed, integrating ESC guidelines and specific risk scores to cover various clinical profiles. A cross-sectional study was conducted from April to July 2025 among physicians who used the website. Usability was assessed via an anonymous online questionnaire based on the standardized System Usability Scale (SUS). The primary endpoint was the SUS score, interpreted according to standardized thresholds (poor, acceptable, good, excellent). Subgroup analyses examined variations across sociodemographic and professional characteristics.

Results: The analysis included 357 physicians, 94% of whom were general practitioners. The mean SUS score was 91.9/100 (95% CI 90.9–92.9), significantly exceeding the threshold for "excellent" usability (> 85; $p < 0.001$). A small absolute difference was noted between genders ($p = 0.049$), whereas no significant differences were found according to age, professional status, or practice location.

Discussion: The high perceived usability suggests that XXX is well-adapted to the requirements of routine practice. Further research will be necessary to assess whether this usability translates into improved guideline adherence and shared decision-making in daily practice.

Conclusion: XXX is a new clinical decision support tool that has demonstrated excellent perceived usability. It is a promising resource to facilitate cardiovascular risk assessment and prevention in France.

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Guidelines

ID 1979- How to transform a national guideline into a GP professional point of care synthesis: ebmfrance method

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Context: [anonymised] is a French service from the [anonymised], composed of an editorial team of general practitioners (GPs) in partnership with the French National Authority for Health (HAS), among others. Since 2019, it offers a dynamic website featuring a collection of clinical practice guidelines (CPGs). This tool aims to facilitate shared decision-making in primary care.

Methods: Each quarter, the scientific council of [anonymised] brings together representatives from the HAS, the French national public health insurance system, and other GP scientific societies to pre-select national HAS guideline and adapt them into GP professional point of care synthesis: the CPGs, which are accessible for point-of-care decision making in GP. Working as a team, the editors select the information most relevant to GPs, restructure and summarize the content. Each GPC is then submitted to the HAS for validation, which reviews the content prior to publication and ensures that the proposals are consistent with the original content. Discussions and arbitration between the two parties take place if necessary. This procedure results in the creation of a GPC that is as readable and practical as possible. Examples applied to GPCs will be given during the presentation at each step of the described procedure.

Originality: The originality of [anonymised] lies in its codified collaborative approach with the leading French learned society about knowledge dissemination, bringing together GPs, health institutions, and scientific experts

Lessons learned and future implication: The strengths are the close and rigorous collaboration with the HAS, the editorial team composed solely of GPs, and free access to the GPCs. The challenges are the need for continuous updating and a necessary delay in the application of procedures. Experi

Discussion: [anonymised] is now a recognized tool for clinical decision support. However, challenges remain, particularly in terms of continuous updating.

Conclusion: [anonymised], in partnership with the HAS, offers an innovative model for shared decision-making in general practice. Its impact lies in providing accessible scientific knowledge, promoting better patient care.

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ID 1663- Quality evaluation of French guidelines in primary care infectious disease: an AGREE II assessment

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Context: Antibiotic prescription, its nature and its duration are a very common decision-making situation in primary care practice. Clinical practice guidelines (CPGs) are regularly emitted by various organisations on this topic.

Objectives: Our goal is to run a quality appraisal of the current French guidelines, for the most common primary care infectious pathologies.

Methods: We collected all primary care CPGs that are currently prevailing in France through a systematic review of the french website Antibioclic®. For each of these guidelines, a quality assessment was run by 3 independent reviewers, by means of the Appraisal of Guidelines for REsearch & Evaluation II instrument (AGREE II). The main outcome was a 'reliability score', defined as the sum of the scores in domains 'rigour of development' and 'editorial independence'. To be considered 'reliable', the CPG had to reach a 60% threshold in these two domains. Secondary outcomes were : global quality score of CPGs, number and ratio of CPGs for which a systematic review has been conducted during its conception.

Results: Over the 43 CPGs that have been assessed, none reached the 60%-threshold as to the reliability score. Only one CPG (2.33%) gets an over-60% quality assessment in the domain of rigour of development (D3), whereas three CPGs (6.98%) reach this threshold in the domain of editorial independence (D6). One CPG (2.33%) met the quality threshold of 60% as to overall assessment. Rigour of development and editorial independence are the domains that obtained the lowest average score, respectively, 11% and 21%. Overall assessment received an average score of 29%. A systematic review of the literature was mentioned for 10 CPGs (23.26%).

Conclusion: Most French primary care infectious disease guidelines fail to reach the AGREE II quality threshold for rigour of development and editorial independence, and only about one quarter report having conducted a systematic literature review. As these criteria are essential to ensure guideline reliability, this raises major concerns regarding the

trustworthiness of current recommendations. Our findings suggest that primary care infectious disease guidelines would benefit from being revised with higher methodological standards and greater independence.

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ID 519- Towards Inclusive Clinical Guidelines: Reflections on the Development of the NHG Inclusive Language Guide

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Context: The Dutch College of General Practitioners (NHG) promotes a healthcare environment in which diversity and inclusion (D&I) are acknowledged and valued. Language plays a crucial role. In clinical guidelines, the use of inclusive language can contribute to more equitable and respectful healthcare. However, guidelines of NHG were outdated and in several cases non-inclusive in the current cultural context. Recognizing this, the NHG has taken the initiative to develop an Inclusive Language Guide (Inclusieve Schrijfwijzer) as a foundational tool to support inclusive guideline development.

Methods: A multidisciplinary D&I working group was established to develop the guide. The process involved reviewing existing guidelines, identifying exclusionary language, and consulting with stakeholders from various communities. The guide offers practical recommendations for writing in a way that is respectful, non-stigmatizing, and sensitive to differences in gender, ethnicity, and socioeconomic background. Difficulties include the evolving nature of inclusive language and the challenge of consistent application.

Originality: Although inclusive language is increasingly recognized as important in healthcare literature, few organizations have developed a guide for clinical guideline authors. The NHG's approach is innovative in its integration of inclusion into the core of guidel

Lessons learned and future implication: Key lessons include the importance of organizational support, interdisciplinary collaboration, and ongoing reflection. The guide encourages caution in language use and promotes awareness of implicit bias. Future efforts will focus on embedding the inclusi

Discussion: This initiative aligns with the NHG's strategic vision in Visie Huisartsenzorg 2035, which promotes a care environment where diversity and inclusion among professionals and patients are valued, recognized and accomplished.

Conclusion: The NHG Inclusive Language Guide represents a meaningful step toward inclusive healthcare, primarily for our guidelines. In line with fraternity, it offers a replicable model for other organizations internationally, and contributes to the broader goal of equitable, person-centered care.

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ID 1113- Transparency in Science Reporting: Bridging the Gap between Evidence and Patient Care

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Context: General practitioners require research evidence that supports real-world, patient-centred decision-making. However, medical publications frequently prioritise statistical significance, surrogate endpoints, and relative rather than absolute risks, failing to communicate outcomes that are meaningful and relevant for individual patients.

Methods: A detailed review and critical analysis of reporting in randomised controlled trials, clinical guidelines, and medical publications revealed key limitations: large sample sizes are often used to demonstrate statistically significant but clinically marginal differences, while composite endpoints can obscure true relevance for patients. Based on these findings, a transparency framework was developed to ensure clear communication of study

outcomes – including patient context, absolute benefits and harms, and explicit reporting of uncertainties – to better inform clinicians and patients.

Originality: Our framework is distinct in treating transparent reporting as both a moral and operational necessity. Unlike existing standards, which focus on methodological rigour, our approach requires outcomes to be contextualised for clinicians and patients, with u

Lessons learned and future implication: Statistical significance of relative differences alone cannot guide care. Context and absolute benefit and harm data a required for shared clinical decision-making. Adopting the transparency framework ensures that evidence is communicated rigorously and a

Discussion: Bridging the gap between research and everyday care demands that researchers, editors and publishers embrace uncertainty and prioritise transparency. The framework offers actionable steps, though successful adoption will depend on broader cultural and institutional change.

Conclusion: Transparent reporting of research evidence is essential for ethical, well-informed patient care that honours our profession's first commitment – do no harm. Adoption of this framework can restore trust, improve clinical relevance, and advance informed, shared decision-making in clinical care.

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ID 899- Developing evidence-based guidelines on minor ailments in the absence of evidence

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Context: Minor ailments are medical conditions that can be self-diagnosed and managed with limited support of a healthcare professional. Examples are blisters, hematomas, nose bleeding, stubbed toes, and insect bites. The xxx College of General Practitioners runs a large evidence-based guideline program, but minor ailments are not covered due to limited evidence. However, evidence-based recommendations on managing minor ailments in daily life can still be helpful.

Methods: We drafted a guide for developing recommendations based on an existing guide using the GRADE method. Compared to standard guideline development, the number of questions is limited. If no evidence is available, guiding principles in formulating recommendations are 'in dubio abstine' and watchful waiting. We composed a panel of six practicing general practitioners (GPs), two practice assistants, one patient representative, and one guideline methodologist. Blisters were selected as topic to test the acceptance and feasibility of the process.

Originality: Recommendations on minor ailments for patients are helpful to support self management and to reduce GP burden.

Lessons learned and future implication: The panel selected seven relevant questions on management and prevention of blisters, for example: should a blister be punctured, should it be covered with a plaster, does prevention of friction or wet feet and hands prevent blisters? The literature revie

Discussion: The limited evidence base raises questions about the strength of the recommendations. However, the reliance on guiding principles such as in dubio abstine and watchful waiting, and including a feedback round among medical specialists ensures that the recommendations are safe and broadly supported.

Conclusion: Dealing with the absence of evidence in developing recommendations for minor ailments is challenging but feasible following a structured process with a panel of experts with experience in general practice. Further research is needed to evaluate acceptance and use in practice.

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ID 897- Enhancing accessibility of primary care guidelines: development of an artificial intelligence tool

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Context: The guidelines of the xxx College of General Practitioners support general practitioners (GPs) in delivering evidence-based care in daily practice. However, the increasing volume and complexity of these guidelines pose challenges for timely and efficient information retrieval during consultations. To address this, we are developing a generative artificial intelligence (AI)-tool to search within the guidelines and provide relevant, context-driven answers, improving accessibility and usability of the guidelines.

Methods: We used retrieval-augmented generation (RAG), which first searches a curated knowledge base for guideline-relevant passages based on the user's query and then feeds those passages along with the query to a large language model that formulates a natural-language answer. To ensure responses were comprehensive, accurate and safe, we conducted multiple usability tests among GPs and incorporated their feedback to improve the answers.

Originality: Traditional search engines rely on exact keyword matches. Using an AI tool is an innovative way to allow GPs to search the guidelines using everyday clinical language and still retrieve relevant guideline content.

Lessons learned and future implication: In a short period of time, we were able to develop a functioning prototype of an AI tool to search within the xxx primary care guidelines. The tool provides suitable answers to daily clinical questions. The key challenges were: Optimizing the retrieval pi

Discussion: An important question is whether users are willing to use the tool in daily practice and whether it helps them to find what they need as quickly as possible, also compared to existing search facilities. A possible downside of using AI tools is the impact on planetary health.

Conclusion: We were able to develop a generative AI-tool to search the xxx primary care guidelines, which provides suitable answers to daily clinical questions. The use of this tool bridges the gap between guideline availability and practical application and aims to improve the accessibility and usability of the guidelines.

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ID 1782- Cardio-renal-metabolic (CRM): Call for action for European Guidelines for Primary Care Physicians

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Health service utilisation

ID 1968- Beyond the emergency visit: understanding persistent emergency attendance by Australian adolescents through family, GP and emergency clinician perspectives

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Context: Current care practices for adolescents with persistent patterns of frequent attendance to emergency departments (ED) focus on acute crisis and behaviour management. These adolescents are more likely to have certain sociodemographic and health characteristics including older age, child protection involvement, chronic mental health concerns, medical co-morbidities, and lack of General Practitioner (GP) continuity of care[1]. Exploration of the underlying reasons for long term use of emergency services by adolescents is needed. [1] Parry H, Roxburgh E, Maier L, Louise J, Hill M, Berry C. Frequent attendance to paediatric emergency departments: Steps towards prevention. Emergency Medicine Australasia (2025) 37, e70037

Objectives: This GP-led research seeks to: 1. Increase understanding of underlying reasons for adolescents persistent frequent ED attendance 2.

Explore perceptions from GPs, emergency clinicians, and parents/ guardians 3. Explore perceptions of the role health services including longitudinal GP care

Methods: In a prospective qualitative study, inductive content analysis was used to identify themes from interviews conducted on 12 GPs, 12 paediatric emergency clinicians, and 15 parents/ guardians of 8 adolescents aged 12-15 years who had attended a tertiary paediatric emergency department > 5 times per year in 2 consecutive years.

Results: There were common themes across all 3 interview groups. Primary and tertiary health services are siloed with poor communication and collaboration. Adolescents with complex needs require time to build trusted therapeutic relationships. Current models of care prioritise compliance and risk mitigation over the needs of adolescents.

Discussion: These findings support a broadening of the focus of health care for adolescents with persistent emergency service attendance. These include review of policies to reflect the needs of adolescents, communication systems, proactively connecting high risk children and adolescents with a GP they trust for relationship-based regular, planned care.

Conclusion: A targeted early intervention and prevention approach including connecting high risk children risk with relationship-based GP care is recommended. Improved communication, collaboration and policy development prioritising the needs of children and young people requires further exploration.

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ID 1432- Emergency Service Hyperusers: Clinical Profile and Primary Care Utilization - Cross-Sectional Study

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Context: The increasing use of Emergency Services (ES) in XXX represents a challenge, as many cases could be managed in primary health care (PHC). ES overuse is concentrated among a minority of patients with higher clinical complexity, making it essential to understand their profile to guide effective interventions.

Objectives: To characterize adult ES hyperusers (≥5 visits) from XXX Hospital, enrolled in Family Health Units in the XXX region, and to analyze their PHC utilization.

Methods: Observational, cross-sectional, analytical study conducted in 2023, including 319 patients aged ≥18 years. Data were collected from XXX® and XXX® platforms, including sociodemographic, clinical, behavioral variables, and PHC utilization. Statistical analysis included descriptive statistics, non-parametric tests, Spearman correlations, and Poisson regression.

Results: Median ES visits per patient was 6; 70.2% were female, median age 55 years. Multimorbidity was highly prevalent (85.9%) - particularly cardiovascular, musculoskeletal and respiratory conditions. Polypharmacy affected 46.7%. In PHC, the median number of consultations was 5, indicating that many hyperusers also actively use primary care. Physical activity was associated with fewer urgent visits. Patients with neurological conditions had more health care contacts in both ES and PHC. Employed patients used the ES less and distance to ES/PHC did not influence visit frequency.

Discussion: Our results suggest that multimorbidity, particularly neurological disorders, may play a significant role in hyperuse, consistent with recent literature. Physical activity demonstrated a protective effect, highlighting the role of health behaviors in ES use. High PHC utilization indicates that these patients are not disconnected from the system but represent a group with high clinical complexity. The lower use of ES by

employed patients suggests a "healthy worker effect". Interestingly, distance to ES or PHC did not influence visit frequency, suggesting that in a context of well-distributed primary and emergency care services, geographic proximity is less relevant than clinical and behavioral factors.

Conclusion: Early identification of ED hyperusers, structured management of multimorbidity, and promotion of healthy lifestyles in PHC may reduce avoidable acute episodes and improve overall health care efficiency. Developing health policies that ensure appropriate follow-up of these patients in PHC is therefore essential.

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ID 1186- Digital twins in healthcare: high users in primary care services - conceptualization and use case definition

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Context: Primary Care Services (PCS) are challenged by a small group of High Users (HU) who account for a disproportionate number of visits over multiple years. These patients often present with multimorbidity, socioeconomic vulnerability, and fragmented care, leading to poorer outcomes and increased system strain. Despite their importance, HU trajectories remain insufficiently understood, and available tools do not adequately support early identification or coordinated management. Digital Twin (DT) technology, defined as dynamic, AI-driven digital replicas of patients, offers an opportunity to address this gap in PCS.

Objectives: This work aims to conceptualize a DT solution to support HU management in PCS and to define a structured use case grounded in real-world needs. Specifically, we seek to (i) characterize HU challenges and trajectories, (ii) integrate stakeholder perspectives into DT design, and (iii) identify functionalities enabling clinical, organizational, and patient-level decision-making.

Methods: A Participatory Action Research (PAR) methodology was used, progressing through iterative cycles of planning, action/observation, and reflection. Data collection included semi-structured interviews, journey-mapping sessions, focus groups, impact-mapping exercises, and workshops. Participants included clinicians, patients, administrators, researchers, policymakers, and developers. Insights were prioritized using MoSCoW ranking and a Real-Time Delphi process to reach consensus on key DT features.

Results: Stakeholders identified recurrent HU patterns, including multimorbidity, unresolved care episodes, and organizational inefficiencies, along with gaps in coordination, risk prediction, and patient literacy support. Consensus emerged that a DT should integrate multimodal data, model HU risk trajectories, generate early warnings signals, support personalized care plans, and assist administrators in resource planning. The final use case specifies the primary actor (clinicians), the goal (early identification and proactive HU management), and a DT architecture composed of data-integration pipelines, predictive-modelling components, interface-design requirements, and continuous synchronization mechanisms.

Discussion: The PAR approach captured the multidimensional nature of HU and ensured that the DT concept addressed clinical, managerial, and patient priorities. Although implementation was beyond this phase, the co-designed use case is considered feasible for PCS.

Conclusion: A participatory DT design process can strengthen HU management by improving risk stratification, care coordination, and system efficiency. This framework can guide future development, testing, and policy integration in PCS.

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ID 1075- Improving the Care of High Need/High Cost patients, A narrative review

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Context: The phenomenon of High-Need/High-Cost (HNHC) patients—individuals with frequent, often avoidable hospital and emergency department use—has emerged globally as a critical policy concern. Despite two decades of interventions, these patients are still framed as undermining health system efficiency. This narrative review critically explores how HNHC has been constructed and operationalized in policy, research, and care delivery.

Objectives: This narrative review critically explores how HNHC has been constructed and operationalized in policy, research, and care delivery.

Methods: Using a multi-phase, constructivist methodology grounded in Critical Systems Heuristics (CSH), the study began with an inductive scan of key literature and international feedback from primary care researchers. Thematic analysis was built through iterative keyword refinement, snowball sampling, and conceptual coding. Only after coding saturation was achieved was the CSH lens applied to assess the assumptions, stakeholder perspectives, and systemic framings shaping the HNHC discourse.

Results: The results show that the rise of the Triple Aim paradigm—focusing on care quality, population health, and cost—has driven global interest in super-utilization. Labels such as “frequent flyer” or “high-utilizer” reduce complexity to econometric metrics, often ignoring the lived experience, structural inequities, and expected distribution patterns (e.g., 80:20 Pareto principle). Intervention studies—mostly care coordination or case management—were narrowly evaluated using utilization or cost outcomes. Equity, relational continuity, and social determinants of health were acknowledged but rarely integrated into program design or evaluation. More recent concepts like the Quintuple Aim include equity and workforce well-being, yet practical uptake remains limited.

Discussion: The research literature and evaluation tools heavily reflect systemic priorities rooted in cost containment. As a result, patient-centered and complexity-informed approaches remain peripheral. A shift is needed—from reactive, transactional care to proactive, anticipatory strategies that strengthen community resilience and empower high-need populations.

Conclusion: High-need patients should not be seen as system failures, but as individuals whose journeys can guide better care design. A complexity-informed, equity-oriented framework—grounded in the lived realities of patients, caregivers, and frontline providers—can support more responsive, sustainable, and just care models.

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ID 514- Evaluation of Questionnaire-Based Triage for Online Urgent Appointment Requests in General Practice: Patient Satisfaction and Care Pathway Orientation

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Context: Originally developed in military settings to prioritise wounded individuals, triage has been adapted to primary care (e.g., the French Service d’Accès aux Soins and the UK “Total Triage” model) to optimise the management of requests before consultation. Although rarely implemented in French primary-care group practices, triage could improve patient flow in the context of high demand and workforce constraints.

Objectives: To assess satisfaction and utilisation patterns associated with a questionnaire-based triage tool used for online urgent consultation requests in general practice.

Methods: We conducted a prospective, quantitative, observational study among patients and general practitioners participating in a capitation-based payment programme. When booking an online appointment for an “urgent”

reason, patients could complete a triage questionnaire. The tool generated orientation recommendations: national health information sheets (Ameli), telephone advice within 48 hours from the patient's general practitioner, in-person or remote consultation, or urgent call to the national emergency number (15). Patient and clinician satisfaction was collected through structured questionnaires, and triage orientation data were extracted from the electronic medical record.

Results: Over 12 months, 898 orientations were generated: • 32 (4%) to information sheets • 597 (66%) to telephone advice • 252 (28%) to a consultation • 7 (1%) to the emergency number (15) Among those oriented to telephone advice: • 35% booked a consultation directly • 45% consulted within 48 hours and 8% within 7 days • 12% did not consult within 7 days Overall, 93% (57) of triage users rated the tool as highly satisfactory, and 67% (232) of general practitioners judged the orientations to be highly appropriate.

Discussion: The tool was well accepted by patients but generated more mixed perceptions among clinicians, largely due to the limited use of information sheets and the modest reduction in consultations. Although based on real-world data from an urban multicentre setting, generalisability remains limited. Extending triage to non-urgent requests and diversifying care pathways could enhance its operational value.

Conclusion: Questionnaire-based triage is feasible and well received by patients but offers limited impact on reducing consultations. Broader implementation strategies may be required to optimise demand management in general practice.

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ID 505- Virtual Professional Consultation (VPC) in Singapore: A Regional Model for Strengthening Primary-Specialist Care Integration

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Context: Singapore's NHG Health covers 1.5 million residents and ~600 GP clinics in the Central-North region. To reduce unnecessary referrals and enable patients to receive specialist-guided care faster, NHG Health implemented a two-tier VPC model across its three acute hospitals.

Methods: Tier 1 = general clinical queries without patient identifiers via instant messaging; Tier 2 = patient-identified e-consults with secure document exchange. The NHG Health VPC model aligns each hospital with its geographical catchment while allowing GPs to join any VPC group for convenience. Specialists in selected disciplines for GPs and polyclinics are reachable through WhatsApp Communities (GPs) or Microsoft Teams (polyclinics), chosen for existing workflow compatibility. Condition-specific pathways (Tele-ECG, Tele-AF, Tele-Ortho with upfront MRI, Mental Health VPC) are embedded. Onboarding, etiquette guides and dedicated relationship managers maintain engagement; clinical governance is preserved through audit logs and response-time targets.

Originality: Unlike single-platform e-consult pilots reported internationally, VPC is a decentralised, multi-platform, region-agnostic implementation operating within a national system. Integration of tiered communication and condition-specific tele-pathways in one fr

Lessons learned and future implication: Implementation revealed that managing multiple communication platforms creates significant administrative burden, prompting plans for a unified interface. Technical challenges around secure image sharing for dermatology consultations and cross-provider MR

Discussion: A flexible, regionally-adapted VPC model can strengthen primary-specialist integration without major capital investment. Success depends on aligning communication tools with existing clinician behaviour, ensuring governance, and embedding pathways for high-volume conditions.

Conclusion: NHG Health's VPC demonstrates rapid, scalable primary-specialist collaboration, offering a replicable template for healthcare systems seeking timely, cost-effective integration.

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Healthworkers' health

ID 2187- Prevalence of Psychoactive Substance Use Among General Practitioners in Occitanie, France: Implications for Physician Well-being and Patient Care

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Context: Understanding the patterns of psychoactive substance use among physicians may help supporting their well-being and maintaining high standards of patient care. Given the demanding nature of medical practice, GPs may face unique stressors that influence their substance use patterns.

Objectives: This study aimed to estimate the prevalence of psychoactive substance use (alcohol, tobacco, cannabis, benzodiazepines, cocaine, and opioid) among general practitioners (GPs) in the region and to identify sociodemographic and professional factors associated with these behaviors, including workload, age, and parental status.

Methods: A cross-sectional study was conducted using an anonymous online questionnaire distributed to GPs in XXX. The survey combined two recruitment strategies: a broad diffusion via social media and a randomized subsample GPs selected from a regional directory and contacted by phone. The questionnaire, hosted on the secure Skezia platform, included validated scales to assess substance use (AUDIT, Fagerström, CAST, ECAB) and sociodemographic and professional information, including age, gender, marital status, parental status, and weekly working hours. Anxiety levels were assessed using a self-reported question. Data were analyzed using Jamovi.

Results: The study included 190 GPs (44 residents, 146 practicing physicians), with a 15% response rate in the randomized subsample. Alcohol misuse was reported by 22.6% of participants, with 6.8% showing probable dependence. Tobacco use was 10.5%. Cannabis use in the past five years was 17.4%. Benzodiazepine use was 23.2%. Cocaine use was 9.5%. Opioid use was 2.6%. Anxiety was reported by 54.2% of participants. Risk factors included younger age, lack of children, and high workload. GPs working 50–60 hours/week reported more frequent alcohol consumption (31.8%).

Discussion: The prevalence of psychoactive substance use among GPs in Occitanie aligns closely with general population trends, except for lower tobacco use and higher benzodiazepine use. The high rates of anxiety (54.2%) and substance use underscore the need to address systemic and personal factors influencing physician well-being.

Conclusion: This study provides a regional snapshot of substance use patterns among GPs, highlighting the importance of further research to explore longitudinal trends and the effectiveness of interventions. By fostering a better understanding of these dynamics, the medical community can work toward improving physician health and, by extension, patient care.

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ID 1963- Moderate-to-high fatigue severity as an independent correlate of muscle strength and endurance among hospital employees

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Context: Fatigue is highly prevalent among healthcare workers and is associated with impaired health, reduced productivity, and increased occupational risk. Fatigue assessment using standardized scales may provide a practical approach for identifying workers at risk of functional decline and guiding workplace health promotion strategies. However, its association with objectively measured physical fitness remains unclear in occupational healthcare settings.

Objectives: This study aimed to examine whether moderate-to-severe personal or work-related

fatigue, assessed using validated fatigue scales, is independently associated with physical fitness performance, such as muscle strength, muscle endurance, flexibility, cardiorespiratory fitness, and grip strength among hospital employees.

Methods: In this multicenter, cross-sectional study, personal and work-related fatigue were assessed using validated scales, and participants were categorized into mild or moderate-to-severe fatigue groups. Independent t-tests were conducted to compare demographic characteristics and physical fitness parameters between fatigue groups. Multivariate linear regression analyses were performed to examine associations between fatigue severity and physical fitness outcomes, particularly muscle strength and muscle endurance, adjusting for potential confounders.

Results: A total of 365 hospital employees were enrolled, with a mean age of approximately 45 years. Compared with employees reporting mild fatigue, those in the moderate-to-severe fatigue group were significantly younger (43.2 vs. 46.1 years, $p < 0.05$), exhibited poorer muscle strength and endurance as measured by sit-up normative scores (3.54 vs. 3.94, $p < 0.05$), and had lower overall physical fitness scores (11.8 vs. 12.7, $p < 0.05$). After multivariable adjustment, moderate-to-severe fatigue remained independently associated with lower muscle strength and endurance ($\beta = -0.10$; 95% CI: −0.19 to −0.01; $p = 0.026$). Compared with employees reporting mild fatigue, those with moderate-to-severe fatigue demonstrated an approximately 0.1-point reduction in muscle strength and endurance performance.

Discussion: Fatigue severity, assessed using standardized scales, was independently associated with poorer muscle strength and endurance, suggesting that fatigue may capture aspects of functional health status not fully reflected by traditional cardiometabolic or anthropometric indicators.

Conclusion: Fatigue assessment may serve as a scalable and actionable tool for healthcare employers to identify workers at risk of functional decline and to guide targeted workplace health promotion and fatigue management strategies. Keywords (MeSH Terms) Fatigue; Physical Fitness; Workplace Health Promotion

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ID 1761- Burnout in physicians practicing telemedicine: a systematic review

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Context: Burnout among physicians is an escalating concern in modern healthcare systems, marked by emotional exhaustion, depersonalization, and reduced personal accomplishment. The COVID-19 pandemic intensified workload and psychological strain, coinciding with a rapid global expansion of telemedicine. This digital shift sparked debate regarding its impact on physician well-being, yet only limited evidence has explored how telemedicine influences burnout. Given the already elevated prevalence of mental health issues among healthcare providers, understanding whether telemedicine alleviates or exacerbates burnout is essential.

Objectives: This systematic review aimed to examine the relationship between telemedicine use and burnout among physicians.

Methods: A comprehensive search was done in 4 databases: Pubmed,Scopus,Cochrane and PsycNet. We identified 469 records; after removing duplicates, 382 articles were screened, and 16 studies met inclusion criteria (14 cross-sectional, one mixed-methods, and one qualitative study).

Results: Findings were mixed: several studies reported that telemedicine improved work–life balance, flexibility, and autonomy, contributing to lower burnout levels, while others highlighted increased workload, technological challenges, and reduced professional fulfillment, suggesting a potential worsening of burnout.

Discussion: This review shows that telemedicine's impact on physician burnout is inconsistent. Some studies report benefits such as greater flexibility and improved work–life balance, which may reduce

burnout. Others describe increased administrative burden, technical challenges, and reduced patient connection, which may worsen stress. These mixed findings likely reflect differences in implementation, support, and specialty-specific needs. Overall, telemedicine's effect on burnout depends heavily on context.

Conclusion: Telemedicine can both alleviate and contribute to physician burnout. While it offers flexibility, it may also introduce new stressors. Current evidence is limited and inconsistent, highlighting the need for stronger, longitudinal research to determine how telemedicine can be integrated in ways that support physician well-being.

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ID 1692- Economic burden of work-related mental health loss among physicians: QALY monetization using GHQ-12 mapping

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Context: Mental health is a critical component of healthcare workforce sustainability. Physicians face unique stressors, high patient loads, long shifts, on-call duties, and administrative pressures, that increase vulnerability to anxiety, depression, and burnout. These conditions not only impair quality of life but also compromise patient safety, clinical decision-making, and organizational efficiency. The WHO estimates that poor mental health costs the global economy US$1 trillion annually in lost productivity, with healthcare professionals among the most affected groups. Despite this, few studies translate mental health deterioration into standardized economic metrics such as QALYs, limiting the ability to prioritize interventions and allocate resources effectively.

Objectives: To estimate the economic cost of mental health deterioration associated with work-related factors among physicians by mapping GHQ-12 scores to EQ-5D utilities and annual QALY losses using Mao's (2025) algorithm.

Methods: Cross-sectional study of 708 physicians in Barcelona. Psychological distress was measured with GHQ-12. EQ-5D utilities and annual QALY losses were derived using Mao (2025) mapping, which improves predictive accuracy for mental health states compared to earlier models. QALY losses were monetized using Spanish cost-effectiveness thresholds (€20,000–€34,000/QALY). We analyzed mean costs by work setting, on-call type, contract type, weekly hours, and sector. Correlations between GHQ-12, EQ-5D, and QALY loss were assessed.

Results: Mean EQ-5D was 0.89; mean annual QALY loss 0.11. Estimated annual mental-health cost per physician ranged from €2,200 to €3,700 depending on threshold. Higher costs were observed in primary care, ICU, emergency services, in-person on-call duties, and non-permanent contracts.

Discussion: Our findings underscore the critical importance of addressing mental health among healthcare professionals. Physicians are exposed to persistent psychosocial stressors, high patient loads, unpredictable schedules, and frequent on-call duties, that elevate the risk of anxiety, depression, and burnout. These conditions not only impair individual well-being but also compromise patient safety, clinical decision-making, and organizational performance.

Conclusion: Work-related mental health deterioration among physicians entails substantial QALY losses and economic costs. Incorporating QALY-based metrics into occupational health policy can guide resource allocation and improve workforce sustainability.

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ID 1670- Working Conditions and Mental Health Among Physicians in Catalonia

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Context: Physicians' mental health is fundamental for high-quality care and patient safety. Recent systemic changes, including the COVID-19 pandemic, technological innovations, and demographic shifts such as feminization and migration, have intensified psychosocial stressors in clinical practice. These pressures intersect with structural determinants like employment sector, workload, and job multiplicity, creating complex vulnerabilities. Understanding these dynamics is essential for designing interventions that safeguard well-being and sustain healthcare systems.

Objectives: To analyze the relationship between physicians' mental health and working conditions, focusing on employment sector (public vs. private), number of jobs, and primary workplace setting, while considering demographic factors such as age and country of origin.

Methods: A cross-sectional study was conducted using data from the 2021 and 2022 Galatea Foundation Surveys. Mental health was assessed using the GHQ-12 screening tool. Descriptive statistics summarized sample characteristics; chi-square and Kruskal-Wallis tests explored bivariate associations. Logistic regression models, both crude and adjusted, estimated odds ratios for poor mental health across occupational and demographic factors, stratified by gender.

Results: Age ≥50 was consistently protective for both genders (OR=0.5, $p<0.05$). Being foreign-born increased risk among women (OR=1.7, $p<0.05$). For men, working in the public sector was associated with higher psychological distress (OR=2, $p<0.05$), while holding multiple jobs showed a protective effect (OR=0.5, $p<0.05$).

Discussion: Female physicians consistently reported worse mental health than men, yet none of the occupational factors analyzed, such as employment sector, number of jobs, or workplace setting, were significantly associated with their outcomes. This suggests that their higher psychological distress may be driven by structural and psychosocial determinants beyond traditional labor variables, such as unpaid domestic work and organizational dynamics. Conversely, among men, working in the public sector was linked to poorer mental health, while holding multiple jobs appeared protective. These findings highlight that occupational factors interact differently across genders and underscore the need for gender-sensitive and intersectional approaches in occupational health policies.

Conclusion: Safeguarding physicians' mental health requires systemic strategies beyond individual coping mechanisms. Policies should address structural inequalities, promote flexible and supportive work environments, and integrate psychosocial resources into healthcare organisations. Given the demographic evolution of the medical workforce, interventions must be gender-sensitive and culturally responsive.

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ID 1239- Stress factors affecting family physicians in urban primary care settings

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Context: Family physicians carry much of the everyday load of primary care, often working under pressure that is rarely acknowledged.In urban clinics in XXX, this role is compounded by increasing administrative responsibilities, complex patient needs and limited resources. Persistent occupational stress combined with low salaries and limited institutional support reduces the appeal of the specialty for younger physicians, threatening the future availibility of family doctors.

Objectives: This study aimed to identify the main occupational stressors among family physicians in urban primary care settings in XXX and to examine their relationship with emotional exhaustion, job satisfaction and perceived impact on clinical performance.

Methods: A cross-sectional survey was conducted using Google Forms and distributed via email. The questionnaire included 33 quantitative and qualitative items exploring common stressors,their frequency and severity, consequences for daily practice and physician-suggested strategies for reducing workload-related strain.

Results: A total of 133 family physicians completed the survey. More than half (54.86%) reported daily work-related stress. Administrative tasks were the most frequently cited stressor (64.72%), while 22 respondents identified patient overload as a major contributor. Emotional exhaustion was prevalent, with 80% reporting significant end-of-day fatigue. The workforce was predominantly older: 33.36% were over 60, 34,51% were 50-60 and only 12.39% were early-career physicians.

Discussion: Administrative burden, more than clinical complexity, emerged as the principal stressor. Physicians reported that sustained pressure impaires concentration and may increase the likelihood of clinical errors,posing risks to patient safety. The age imbalance indicates a long-term workforce vulnerability. Ongoing stress and comparatively low salary may accelerate retirement among senior physicions and reduce interest in family medicine among younger professionals. Without structural interventions the specialty may face escalating shortages.

Conclusion: Addressing occupational stress requires system-level solutions, including enhanced administrative support,extended consultation times,streamlined documentation processes and fair compensation for high workload. Implementing these measures is essential to protect physician wellbeing,safeguard patient care and maintain a sustainable family medicine workforce.

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ID 1099- Long COVID among healthcare professionals: health impact and implications for work performance

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Context: Long COVID is characterised by persistent or recurrent symptoms following acute SARS-CoV-2 infection. Healthcare professionals—who experienced sustained exposure and high workloads during the pandemic—appear disproportionately affected. Persistent symptoms can compromise both their health and their ability to meet demanding clinical responsibilities, raising concerns about workforce well-being, retention, and safety.

Objectives: To examine the experience of healthcare workers living with Long COVID across Europe, with a focus on its impact on work capacity, workplace adaptations implemented, and strategies used to maintain professional performance.

Methods: We designed a mixed-methods study combining a structured online questionnaire with optional open-ended questions. Eligible participants include physicians, nurses, physiotherapists and other healthcare workers with confirmed or clinically suspected Long COVID. Data collection has recently begun and remains open. Quantitative data will be analysed using descriptive and comparative statistics. Qualitative responses will undergo thematic analysis to explore perceived limitations, support needs, and experiences with organisational responses. The study has received ethical approval from the Research Ethics Committee for Medicinal

Products (CEIm) of Hospital Universitario La Paz (PI-5030).

Results: Preliminary findings will be available by the time of the conference. Based on early responses, we anticipate identifying substantial variability in symptom burden, fluctuating functional limitations, and challenges in sustaining work performance. We also expect to document a wide range of workplace accommodations, differing levels of institutional support, and strategies employed by affected professionals to cope with physical, cognitive and emotional difficulties.

Discussion: Understanding how Long COVID affects healthcare personnel at both personal and organisational levels is essential to inform workforce planning and occupational health policies. The mixed-methods approach is expected to provide complementary insights: quantitative patterns of impact and qualitative narratives that contextualise workers' lived experiences.

Conclusion: This study aims to generate evidence to guide the development of supportive institutional policies, tailored return-to-work pathways, and workplace adaptations for healthcare professionals experiencing Long COVID.

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Heart and arteries

ID 686- Trends in quality of Cardiovascular disease management in primary care in Georgia

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Context: Strengthening the quality of care for hypertension, cardiovascular disease (CVD), and type 2 diabetes is a strategic priority for primary care. To guide continuous quality improvement and support national PHC reforms, a multi-year clinical audit at the National Family Medicine Training Center in Georgia (Serving 29000 population) evaluated trends in service quality between 2019 and 2023.

Methods: A structured clinical audit reviewed 648 records from routine primary care visits in 2023 and compared them with assessments conducted in 2019. Indicators reflected core process and outcome measures, including diagnostic testing, cardiovascular risk assessment, and adherence to evidence-based treatment.

Originality: This longitudinal audit provides one of the few multi-year insights into PHC performance for NCD management in Georgia. Unlike one-off assessments, it captures the influence of new protocols, revitalised preventive services in the post-pandemic period, an

Lessons learned and future implication: Between 2019 and 2023, smoking status documentation rose from 61% to 86%. Fasting glucose testing increased, from 27.7% to 77.6% in the general population, while cholesterol testing rose from 18.5% to 85.7%, and LDL testing from 3.6% to 39.4%. BMI recordi

Discussion: Improved measurement, preventive activities, and evidence-based prescribing demonstrate meaningful progress in primary care quality. However, weaker performance in BP control, limited complication screening, and variation among teams highlight areas requiring systemic strengthening, workflow redesign, and targeted training.

Conclusion: Quality of NCD management in primary care improved substantially between 2019 and 2023. Further progress will depend on standardizing practice across teams, integrating systematic complication screening, and enhancing risk-based management.

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ID 649- Optimization of peripheral arterial disease treatment: a continuous quality assurance and improvement project in a family health unit

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Context: Atherosclerotic peripheral arterial disease (PAD) of the lower limbs is a prevalent condition and a strong marker of cardiovascular risk, affecting an estimated 236 million people worldwide. Cardiovascular mortality ranges from 9% in asymptomatic to 13% in symptomatic patients. The European Society of Cardiology (ESC) recommends LDL-C < 55 mg/dL with >50% reduction from baseline, alongside appropriate antiplatelet or dual antithrombotic therapy.

Objectives: To optimize lipid-lowering and antithrombotic therapy in lower-limb PAD according to the 2024 ESC guidelines, and to improve clinical record quality by correcting PAD (ICPC2-K92) miscoding and reinforcing diagnostic and therapeutic review within the medical team.

Methods: A retrospective quality-improvement study was conducted over six months, including patients with atherosclerotic lower-limb PAD and LDL-C > 55 mg/dL and/or non-compliant antithrombotic therapy according to ESC 2024 guidelines. A clinical meeting was held to review cases and implement corrective strategies. Target achievement rates were classified as ≥50% (desirable) and ≥70% (excellent).

Results: A total of 231 patients coded with K92 (ICPC2 - Atherosclerosis/Peripheral Arterial Disease) were analysed. After applying exclusion criteria, 137 records were removed, resulting in a final sample of 94 patients. Seventy patients (74.5%) were identified as eligible, either because they had not achieved LDL-C targets, were not receiving appropriate antithrombotic therapy, or both. After the improvement cycle, 37 patients (52.9%) met the therapeutic goals. Of the remaining patients, 13 (18.6%) did not respond to the recall, and 20 (28.6%) did not reach the targets.

Discussion: The improvement cycle revealed ongoing challenges in PAD management, notably in accurate clinical coding and adherence to guideline-recommended therapy. Suboptimal LDL-C control was often associated with socioeconomic barriers, limited health literacy, and competing priorities in primary care. These results highlight the need for sustained, systematic approaches to ensure consistent, evidence-based management of PAD.

Conclusion: This project underscores the importance of optimizing pharmacological treatment in lower-limb PAD, a highly prevalent condition with very high cardiovascular risk. While achieving a desirable improvement, according to predefined criteria, the fact that 47.1% of patients remained outside therapeutic targets demonstrates the need for strengthened intervention strategies and closer follow-up.

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ID 527- Primary Care Healthcare Professionals' Knowledge and Learning Needs for Abdominal Aortic Aneurysm Screening: A Mixed-Methods Analysis from Rural England

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Context: Abdominal Aortic Aneurysm (AAA) screening is a nationally implemented programme in England aimed at reducing aneurysm-related mortality through early detection. Primary care plays a crucial role in promoting screening, clarifying eligibility, and supporting patient engagement. Little is known about healthcare professionals' (HCPs) understanding, confidence, and learning needs relating to the AAA screening pathway.

Objectives: To assess primary care HCPs' awareness of AAA screening, explore perceived barriers within practice systems, evaluate confidence in supporting patients, and identify key educational needs to strengthen primary care involvement.

Methods: A mixed-methods questionnaire was distributed electronically to primary care professionals in a rural setting. Quantitative items assessed familiarity, role clarity, system reliability, and confidence, while qualitative free-text responses underwent inductive thematic analysis.

Data were integrated to produce a comprehensive analysis of learning needs and perceived barriers.

Results: Nineteen HCPs participated. Awareness of the national screening programme was low: 87% reported being only vaguely familiar or not familiar at all, and none were "very familiar". Misconceptions were evident: 36% believed that women aged 65 receive routine invitations. Confidence was limited; 92% were unclear about the pathway for men over 65 who missed screening, and 100% lacked clarity regarding their follow-up responsibilities. Over half were not confident or unsure in arranging screening requests. Systems for identifying eligible men were inconsistent, with 69% uncertain whether their practice's recall processes were reliable. Key barriers included lack of system prompts (82%), limited pathway awareness (73%), time pressures (64%), and unclear responsibility between primary care and the screening programme (55%). Educational needs were substantial: 91% reported high or very high need for further training. Priority topics included eligibility and national guidance (91%), explaining screening to patients (82%), risk factors (64%), local pathways (64%), and surveillance intervals (55%). Preferred formats included face-to-face teaching (36%), webinars (27%), and written guides (18%).

Discussion: Findings reveal significant gaps in HCP familiarity, confidence, and clarity regarding AAA screening, as well as substantial system-level barriers. Enhanced training and improved digital prompts could strengthen primary care engagement.

Conclusion: Education, clarification of pathways, optimisation of digital systems, and integration of screening prompts could substantially improve HCP confidence and support patient uptake of AAA screening.

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ID 525- Understanding Barriers and Drivers for Attending Abdominal Aortic Aneurysm Screening in Rural Primary Care based on patients' experiences

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Context: Abdominal Aortic Aneurysm (AAA) screening is an established national programme in England aimed at reducing aneurysm-related mortality through early detection. However, uptake varies substantially and is affected by awareness, accessibility, and understanding of the screening process. Primary care plays a central role in supporting engagement, yet patient perspectives remain underexplored.

Objectives: To assess patient awareness, understanding, motivations, barriers, and willingness to attend AAA screening, and to identify opportunities for improvement in primary care-led promotion and support of screening attendance.

Methods: A mixed-methods questionnaire was distributed electronically to adults within a rural primary care population. Quantitative data were analysed descriptively, and free-text responses were analysed thematically using an inductive approach. Responses were integrated to produce a comprehensive assessment of patient experience, perceptions, and screening intentions.

Results: Of 514 respondents, 94.4% consented to participate. Most were aged 65–74 (60%) or over 75 (33%), with an even gender distribution. Awareness was low: 68% reported never having heard of AAA screening, and only 18.5% recalled receiving an invitation. Knowledge gaps were substantial: 62% did not know screening is routinely offered to men aged 65, and 74% were unaware that men over 65 may self-refer. Despite this, willingness to attend was high, with 86.6% reporting they would be "very likely" or "likely" to attend. Key motivators included identifying problems early (83%), looking after personal health (76%), clear information (62%), and local venues (70%). Primary barriers were logistical: distance to the clinic (51%), transport difficulties (20%), late appointment letters (34%), and limited appointment flexibility (23%). Qualitative data reinforced themes of poor awareness, confusion around eligibility, transport difficulties, and "fear of the unknown". Prior attenders reported universally positive experiences.

Discussion: Findings indicate that low awareness rather than reluctance is the predominant barrier to

uptake. Accessibility and communication gaps further limit engagement. Primary care is well-positioned to address these shortcomings through personalised invitations, SMS reminders, local delivery models, and clear, consistent patient education.

Conclusion: Enhancing communication, improving local access, clarifying eligibility, and using multimodal reminders could significantly improve AAA screening attendance and reduce preventable morbidity and mortality in primary care populations.

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ID 329- High Body Weight Variability and Risk of Cardiovascular Outcomes in Korean Adults Aged 75 Years and Older: a Nationwide Cohort Study

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Context: We investigate the impact of weight variability on the cardiovascular disease (CVD) outcomes among elderly individuals aged 75 years and older in Korea, utilizing the National Health Insurance Service (NHIS) Big Data

Objectives: Body weight variability (BWV) has emerged as an important marker of adverse clinical outcomes, yet most prior studies have focused on middle-aged adults or the general elderly population. Given the substantial cardiovascular burden in adults aged 75 years or older, we aimed to evaluate the association between BWV and cardiovascular outcomes in this age group.

Methods: We used a database of the Korean National Health Insurance system, and a total of 432,904 older adults aged 75 years or older who underwent health check-ups between 2012 and 2015 were included. BWV was defined as variability independent of the mean with the body weight measured at the check-ups. The study outcome was major adverse cardiovascular events (MACE), including myocardial infarction (MI), stroke, and cardiovascular (CV) mortality. We used Cox regression models to estimate the effect of BWV on MACEs.

Results: The individuals were followed for an average of 6.79 ± 2.42 years, during which 76,678 MACEs were occurred among the 432,904 individuals. Compared to individuals within the lowest quartile (Q1) of BWV, those with the highest quartile (Q4) was associated with an increased risk of MACEs (hazard ratio, HR 1.26, 95% confidence interval, CI 1.24–1.29), MI (HR 1.19, 95% CI 1.15–1.24), stroke (HR 1.16, 95% CI 1.13–1.19), and CV mortality (HR 1.51, 95% CI 1.51–1.57). These results remained consistent after adjusting for baseline body weight as a confounding variable.

Discussion: Globally, the elderly population is increasing, with a particularly sharp rise in the oldest-old population. We can observe that in this demographic, similar to other age groups, greater weight variability is associated with an increased prevalence and mortality from cardiovascular diseases.

Conclusion: Higher BWV was significantly associated with an increased risk of MACEs among adults aged 75 years or older, independent of baseline body weight. These findings highlight the importance of maintaining weight stability as a potential strategy to reduce cardiovascular risk in the oldest-old population

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ID 314- The Silent Stroke Signals: A Missed Opportunity in General Practice?

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Context: Stroke remains a leading cause of mortality and long-term disability worldwide. Most strokes are linked to modifiable cardiovascular risk factors and early prodromal or warning symptoms frequently go unrecognized leading to missed

opportunities for prevention and timely intervention in general practice.

Objectives: The primary objective of this study was to assess the presence of potential warning signs occurring within the four weeks preceding an ischaemic stroke. A secondary objective was to analyse the management of major cardiovascular risk factors (hypertension, diabetes, smoking and dyslipidaemia) by general practitioners during the twelve months before stroke onset.

Methods: This quantitative, observational, non-interventional, single-centre study was conducted in XXX over a six months period. Inclusion criteria comprised age of 18 years or older, a confirmed diagnosis of ischaemic stroke and at least one consultation with a general practitioner within the previous year. Patients were recruited in the Neurovascular Unit of the XXX Hospital. Data were collected during structured patient interviews and from electronic medical records.

Results: Ten participants were included (mean age: 66 years; 70% men) of whom nine reported at least one neurological or non-neurological warning symptom within the four weeks preceding stroke onset. No significant increase in consultation frequency with general practitioners was identified. All patients presented at least two modifiable cardiovascular risk factors: smoking (6 out of 10 participants) hypertension (5/10), dyslipidaemia (5/10), and diabetes or prediabetes (4/10). Lifestyle factors were also prevalent, including low physical activity (7/10), alcohol consumption (5/10), and psychosocial stress (6/10). Overall, management of cardiovascular risk factors appeared suboptimal.

Discussion: These findings suggest that many strokes may be preceded by subtle prodromal symptoms that are often overlooked. Enhanced awareness among general practitioners and patients could improve early recognition and risk factor control.

Conclusion: This study, the first of its kind, demonstrates that ischaemic stroke may not be as sudden as previously thought. The early recognition of these subtle warning signs by general practitioners, combined with improved management of risk factors, could enhance stroke prevention efforts.

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Hidden in plain sight: the GP's impact on health systems

ID 1797- Comparison of Disease Characteristics of General Practice Outpatients Between Tertiary Hospitals and Community Health Service Centers in Beijing, China

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Context: Since 2018, to strengthen general practitioner training and promote two-way referral, general hospitals have begun to establish departments of general practice. On this basis, the rational division of labor between tertiary hospitals and community health service centers is key to optimizing medical resources, yet systematic comparison of their general practice outpatients' disease characteristics is lacking.

Objectives: To compare these characteristics and inform inter-institutional cooperation and differentiated general practice development.

Methods: Retrospective analysis of 2022–2023 outpatient data (gender, age, diseases) from a Beijing tertiary hospital (A) and a community health service center (B). Chi-square test was used to compare the difference between A and B in disease characteristics.

Results: A total of 79,889 and 91,800 visits were recorded in A and B, respectively. Chi-square test showed significant gender (44% vs 47.8% males; $p<0.001$) and age differences (predominant age: 40–59 years in A [39.14%] vs 60–79 years in B [55.74%]; $p<0.001$). Stratified analysis of 5 common diseases revealed no gender difference in hypertension. Females with hyperlipidemia/upper respiratory tract infection preferred A, while males with diabetes/coronary heart disease (CHD) preferred B (all $p<0.001$). Age differences existed in all 5

diseases: 60–79-year-olds with hypertension/hyperlipidemia/diabetes preferred B vs <60 preferred A; 60–79-year-old CHD patients preferred A vs <60 preferred B; respiratory tract infection patients aged ≤19/≥60 preferred B vs 20–59 preferred A (all p<0.001).

Discussion: The significant gender and age differences in general practice outpatient visits between tertiary hospitals (Institution A) and community health service centers (Institution B) reflect the inherent connection between institutional functional positioning and population health needs. In terms of age distribution, the predominance of 60–79-year-old outpatients in Institution B is consistent with the core function of community health service centers in chronic disease management and elderly health care. In contrast, Institution A may be related to the middle-aged population's higher demand for accurate diagnosis and standardized treatment of potential chronic diseases or early-stage complex symptoms.

Conclusion: General practice outpatients in both institutions are mainly chronic disease patients but with gender and age differences. Tailored service models should be explored to achieve differentiated development and strengthen inter-institutional connection.

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ID 1610- Finding the family doctor - Bridging the "identity gap" in Taiwan's family physician system using the theory of planned behavior approach

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Context: Taiwan's National Health Insurance achieves high accessibility but faces challenges in establishing continuity of care. Despite government initiatives like the "Family Practice Integrated Care Project (FPICP)", a significant portion of the population still lacks a fixed family doctor.

Objectives: This study utilized the Theory of Planned Behavior to investigate the public's understanding of family physicians, focusing on cognition, attitudes, subjective norms, and behavioral barriers.

Methods: The study was conducted in two phases. Phase 1 involved a cross-sectional survey of 507 citizens to delineate the determinants of having a family doctor. Phase 2 was a quasi-experimental intervention study (N=96) with or without involving help seeking family doctor via 5 health education animation youtube video.

Results: Phase 1 revealed that the primary barriers without their own family doctor were an "Information Gap"—70% were unaware of the government project—and a "Convenience Myth," where non-users significantly underestimated the efficiency of having a fixed health care provider (p<0.0001). Phase 2 results showed that the intervention significantly improved cognition (p<0.0001) and behavioral intention (p=0.003). However, a "Time Lag" in identity formation was observed; despite high satisfaction (71.4%), the self-perceived status of "having a family doctor" did not immediately change.

Discussion: The barrier to continuity of care in Taiwan is cognitive and behavioral. First is the "Information Gap", 70% without a family doctor, were completely unaware that the government even has a FPICP. Second is the "Convenience Myth". Citizens without a family doctor significantly believe that finding a fixed doctor is inconvenient (p<0.0001). Essentially, non-users are deterred by a 'perceived cost' of time that does not actually exist. Based on these findings, we propose three policy shifts for Taiwan: Digital Wayfinding: We need an official 'Family Doctor Map' App showing specific 'Family Doctor' tags. Rituals of Registration: We suggest a system where patients sign a 'Care Agreement' via an app. Family-Centric Marketing: We need to start marketing to households—such as "Every family, a family doctor".

Conclusion: Future policies for finding a family doctor must shift from passive enrollment to active "relationship management" utilizing tools like Digital Wayfinding (apps), Rituals of Registration (formal care agreements), and Family-Centric Marketing to solidify the patient-physician bond.

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ID 1540- Sustained long-term benefits of structured primary care for patients with coronary artery disease: a 12-year cohort study in Germany (2010-2022)

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Context: In 2022, cardiovascular diseases (CVD) accounted for 32.7% of all deaths in the EU, with associated costs of €282 billion annually. In Germany, coronary heart disease (CHD) remains the leading cause of mortality and reported reductions in life expectancy gains over the last decade have been attributed to excess CVD mortality. In addition, high rates of avoidable hospital admissions suggest shortcomings in ambulatory and preventative care. In 2004, Germany introduced the general practitioner-centred care (GPCC) programme with the aim of delivering structured, coordinated and strengthened primary care.

Objectives: This study describes the long-term effects of the GPCC programme on healthcare utilization and all-cause mortality for patients with CHD over a 12-year observation period (2011–22).

Methods: A longitudinal, observational cohort study was conducted based on German health insurance claims data, covering 2011–22. Patients with CHD at the beginning of the observation period were included. Multivariate models were calculated, adjusting for key confounders to reduce selection bias, comparing usual care with GPCC.

Results: In 2011, 125,758 patients with CHD were enrolled; increasing to 169,101 patients in 2022. Over the 12-year observation period, GPCC participants had consistently lower rates of all-cause hospitalisation (OR 0.988, 95%CI, p<0.001), hospitalisation due to CVD (OR 0.989, 95% CI, p<0,001) and ambulatory care sensitive condition hospitalisation (OR 0.989, 95% CI, p<0,001) in comparison to usual care. Statin prescription rates were lower in the GPCC group at the start of the study but increased over the 12-year period, showing significantly higher rates (OR 1.003, 95%CI, p<0.0046) at the end of the study. All-cause mortality reduced over the 12-year period and was significantly lower in the GPCC group at the end of the study period (OR 0.987, 95% CI, p<0.001).

Discussion: Participation in structured and coordinated primary care programmes results in reduced health care utilisation and all-cause mortality in patients with CHD, offering sustained benefits for these patients over a 12-year period.

Conclusion: Given the high prevalence of CVD in Europe and associated costs, these findings emphasise the role of structured, coordinated primary care in strengthening care for patients with CVD and support the broader implementation of GPCC models.

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ID 1482- Medical practice of General Practitioners in Nouvelle-Aquitaine (France)

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Context: Although there are as many general practitioners (GPs) as ways of practicing general medicine, comprehensive data on GP practice are lacking. To date, no descriptive scientific study of general practice has been conducted.

Objectives: The main objective was to describe the medical practice of GPs in XXX according to five dimensions: practice mode, GP office, office organization, schedule organization and patient panel management. This is an ancillary study investigating the description and influence of educational and professional pathways – according to their temporality of completion and typology – on medical practice.

Methods: We conducted a regional, cross-sectional, descriptive and observational study, using a mixed-methods design (quantitative: Excel® ; qualitative analysis: data standardization, thematic analysis of free-text responses). A self-administered questionnaire, distributed over three months to GPs, explored their professional activity.

Results: GPs had practised for an average of 16.2 years, under Sector 1 contracts, without additional fees, and were fully established in group practices. Their main supplementary activity was supervising medical trainees. Hospital-based work most frequently involved emergency medicine. Hypnosis predominated in alternative medicine, while medical regulation was the main activity in other modes of practice. Professional practice remained uncoordinated, included home visits, care in long-term care facilities, out-of-hours duties, technical procedures and tele-expertise. GP offices were located on average 10.45 km from the GP's residence, in urban areas, most often in health centres, without background music in waiting rooms. Office organisation included a physical secretary, and GPs were replaced during leave. GPs worked an average of 8,1 half-days per week, combining scheduled appointments with urgent-care sessions. Consultations lasted 16–20 minutes. GPs followed between 1001 and 1500 patients, while continuing to accept new ones. Patient panels, primarily composed of adult and elderly patients, were perceived as similar to the GP.

Discussion: Strengths of this study include originality, a comprehensive questionnaire, high participation, multi-level analysis and external validity. Limitations involve potential recall bias and geographic constraints.

Conclusion: This research provides a unique and enriched model of general practice. Future perspectives include interregional and national extension, relevant for defining GP practice in XXX, updating professional standards and refining data in the Medical Demography Atlas.

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ID 1093- The diversity of General Practice: How many different health problems do GPs see?

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Context: General practice is the cornerstone of healthcare in many countries, providing comprehensive and continuous care for people with a wide range of health problems. Understanding the diversity of health problems managed in general practice is crucial for maintaining the broad expertise that defines general practice.

Objectives: To quantify the diversity and frequency of health problems managed in Dutch general practice

Methods: We analysed 2024 data from the Nivel Primary Care Database, comprising data on patient contacts and health problems from 426 GP practices and 1,921,614 registered patients. Health problems were classified using the International Classification of Primary Care (ICPC-1). We calculated how many different health problems were registered by an average GP practice (2.095 patients) on a weekly basis. Besides, we calculated whether health problems were registered weekly, monthly, or less than monthly, and what proportion of all patient contacts each group of problems represented.

Results: An average Dutch GP practice has 175 patient contacts per week, in which they see 157 different patients and manage 123 different health problems. Of the 653 ICPC-1 codes, 55 problems are registered weekly, 162 monthly, and 464 less than monthly. The 55 frequent problems account for 50% of all patient contacts, whereas the 464 infrequent problems account for only 14%. The most frequent health problems were cystitis, hypertension, cough, diabetes and fatigue.

Discussion: Our findings highlight that a limited set of health problems dominate daily practice. These frequent problems may be candidates for further task delegation within or outside the GP practice. In the Netherlands, Care for CVRM and diabetes have already (partially) been delegated to a practice nurse, but this could be organised on a regional level.

Conclusion: Dutch GPs see a wide variety of health problems. Although a limited set of health problems

dominate daily practice, GPs also need to be prepared for a large number of infrequent health problems.

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ID 343- 8 Reasons Why Family Physicians are the Actual Stars of Medicine

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Context: Despite often lacking the prestige and remuneration of hospital-based sub-specialties, family medicine is hypothesized to be the critical driver of overall health system performance.

Objectives: This review had the objective to empirically evaluate the assertion that General Practitioners (GPs) are the "actual stars of medicine" by synthesizing evidence on their impact on population health, equity, and health economy.

Methods: A pragmatic literature review of relevant peer-reviewed publications on primary care effectiveness was performed across several databases. The review focused on identifying key associations between primary care strength and outcomes such as mortality rates, healthcare costs, continuity of care, and disease management efficiency.

Results: The synthesis identifies eight distinct evidence-based mechanisms, here summarized within five topics, demonstrating the superior value of primary care: 1) System Effectiveness: Countries with strong primary care orientations consistently exhibit lower health inequalities and reduced premature mortality. 2) Mortality Reduction: Increased GP density correlates directly with higher life expectancy; US-based data indicates that adding one GP per 10,000 inhabitants is associated with significant reductions in deaths and hospitalizations. 3) Continuity of Care: Long-term GP-patient relationships show a dose-dependent benefit; relationships spanning 15+ years are associated with a 28% decrease in acute hospital admissions and a 25% reduction in mortality risk. 4) Prevention and Cost: Primary care-centric systems demonstrate superior chronic disease management and higher delivery of preventive services (e.g., higher vaccination rates) while simultaneously reducing overall healthcare spending by avoiding unnecessary specialist interventions. 5) Health Equity: Stronger primary care orientation and higher GP densities are associated with lower health disparities.

Discussion: The evidence unequivocally positions family physicians as the backbone of effective healthcare systems. By prioritizing prevention, ensuring continuity, and mitigating social determinants of health, GPs deliver superior outcomes at lower costs compared to specialist-centric models.

Conclusion: These findings reinforce that shifting political and educational focus to primary care is the most effective, evidence-based strategy for securing a sustainable and healthy future.

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ID 176- Developing a sentinel network for illicit substance use monitoring in Spain: a qualitative approach to key determinants

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Context: The emergence of new psychoactive substances and shifting patterns of illicit drug use pose increasing challenges for public health and for family medicine, which often serves as the first point of contact for affected individuals. Traditional epidemiological surveillance systems frequently experience delays in detection and response. Several countries have developed sentinel networks to enable earlier monitoring, using models based on hospital emergency departments, community

pharmacies, or even drug users themselves. Spain currently lacks a sentinel system tailored to its healthcare and social context.

Objectives: To identify the key elements required for the design and implementation of a sentinel network for the surveillance of illicit drug use in Spain, drawing specifically on the perspectives of key informants.

Methods: A qualitative study was conducted using focus groups with key informants from sectors involved in the detection, care, and analysis of substance use: hospital emergency professionals, family physicians, toxicologists, community pharmacists, harm-reduction workers, and epidemiologists.

Results: Participants identified common challenges: lack of standardised data collection, high clinical workload, concerns regarding the reliability of information obtained from drug users, and limited feedback mechanisms for participating professionals. They highlighted the need for a flexible model that integrates clinical detection, community-level information, and real-time epidemiological analysis. Key components identified included more training in toxicology and digital tools, the incorporation of primary care as a central node, and incentives or feedback systems to maintain professional engagement.

Discussion: Findings indicate that developing an effective sentinel network requires strong intersectoral coordination. The perspectives of family physicians underscore their strategic position for early detection and the need for improved tools and communication channels. Integrating clinical and community information streams would enhance the system's responsiveness.

Conclusion: A sentinel network tailored to the Spanish context should be multidisciplinary, flexible, and supported by adequate training and digital tools. Primary care should play a central role, given its proximity to patients and its capacity for early identification of emerging consumption patterns.

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Homecare

ID 2246- Evaluation of the functionality and loneliness levels to the needs and experiences of the population over 80 years of age who are registered to the homecare list of a primary care outpatient clinic

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Context: Physical and social changes that occur through aging affect the quality of life of elderly individuals and lead to limitations in their daily activities. With the growing elderly population, it is essential to diversify and enhance the healthcare services offered to this group. Home visits are an important practice to meet the health needs of older people, improve health and reduce demand on the health system.

Objectives: To assess the needs of individuals aged 80 years and over for home visits, the rates of utilization of these services and the implementation status of the services.

Methods: The study was conducted with a cross-sectional design on a sample of individuals aged 80 and over residing in a district of Istanbul. Demographic information, health status, home visit experiences, and dependency levels of the participants were collected by survey method. Katz Activities of Daily Living (ADL) Scale and Loneliness Scale for the Elderly (LSE) were used for data collection.

Results: Of the participants 40.3% requested home visits and 83.3% of these requests were fulfilled. Of the fulfilled requests, 82.9% were provided by home healthcare services, 13% by family physicians, and 3.3% by municipal services. It was observed that individuals who needed home visits were mostly women, widowed, living with a family caregiver, and with low income levels. Individuals with lower ADL scores had a higher need for home visits.When the loneliness levels were analyzed, 43.5% of the participants stated that they did not feel lonely, while 24.5% stated that they felt intense or very intense loneliness.

Discussion: It was observed that the rate of dependent individuals requesting home visits and utilizing from this service was higher than other groups. So we easliy can tell that the need for home visits among individuals aged 80 and above is directly associated with dependency levels.

Conclusion: The need for home visits among individuals aged 80 and above is directly associated with dependency levels and sociodemographic factors. Primary care physicians can dentify and prioritize the groups with the greatest needs and to increase the public awareness and knowledge about home visit services. Key words:aging, daily living activities, loneliness, home care

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ID 2110- Use of Patient-Reported Experience Measures to capture caregiver experience in a primary care home care programme.

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Context: Home care delivered by primary care teams plays a key role in the follow-up of frail and complex patients. The systematic assessment of patient and caregiver experience remains limited in routine practice, even though such information is essential for quality improvement of person-centred care models. Validated Patient-Reported Experience Measures offer an opportunity to integrate experiential data into everyday clinical practice.

Objectives: To assess caregiver experience in a primary care home care programme using the PPE-15 PREM questionnaire and to explore the feasibility and added value of routine experience measurement in family medicine.

Methods: A cross-sectional observational study was conducted within a primary care-led home care programme. All caregivers (n = 79) were invited to complete an anonymous survey. The questionnaire assessed accessibility, communication, continuity of care, professional competence, emotional support and overall satisfaction. Data were collected using Google Forms. Items were rated on 5-point Likert scales. Descriptive analyses were performed overall.

Results: A total of 38 surveys were analysed, yielding a response rate of 48.1%. Most responses were provided by informal caregivers. Experience ratings were consistently high across all dimensions, with mean scores up to 4.76 (SD 0.48). Professional competence (9.6 ± 1.035), respectful treatment (9.93 ± 0.4), and clarity of communication (9,87+/-0.7) received the highest ratings. Accessibility and understanding of care pathways were also rated very positively. Overall satisfaction and willingness to recommend the programme were high (mean recommendation score: 4.76/5). Qualitative comments highlighted feelings of safety, trust, and continuity of care.

Discussion: These findings suggest that measurement of caregiver experience is feasible in a primary care home care setting and yields meaningful, practice-relevant information. High ratings across domains reflect the importance of relational continuity, communication and professional competence in home-based care for complex patients. The qualitative feedback provides complementary insights that may help teams identify specific areas for improvement. Incorporating experiential data into routine evaluation may strengthen person-centred care.

Conclusion: The integration of validated PREMs into a primary care home care programme provides valuable insights into caregiver experience and supports continuous quality improvement. This approach may inform the design and scalability of similar home care models across primary care settings.

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ID 2051 - Artificial Intelligence in Home Health Care: A Literature Review and Implications for Primary Care Practice

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Context: The use of artificial intelligence (AI) in healthcare has expanded rapidly, particularly in hospital-based and diagnostic settings. In contrast, AI applications in home health care closely linked to primary care and community based services remain less clearly defined and unevenly implemented.With ageing populations, increasing chronic disease burden, and growing workforce shortages, AI-supported home health care may offer important opportunities to strengthen primary care systems. At the same time, concerns related to patient autonomy, equity of access, and the preservation of humanistic care highlight the need for a clearer understanding of existing evidence, applications, and challenges.

Objectives: To screen literature on the use of artificial intelligence in home health care, identify key application areas, reported benefits, and implementation challenges, and explore the implications for equitable, patient-centered primary care practice.

Methods: A literature review was conducted using PubMed. Publications indexed up to December 2025 were identified using the search terms “home health care” AND “artificial intelligence.” Following abstract screening, 12 studies were deemed eligible for inclusion.

Results: Four main thematic areas emerged from the reviewed literature. First, AI-supported clinical decision-making and patient monitoring tools were reported to enhance nursing documentation, wound care management, and predictive analytics, potentially improving clinical accuracy while raising concerns about their integration into relational and hands-on caregiving. Second, operational and economic impacts were described, with remote monitoring systems demonstrating improved care coordination and cost reductions. Third, implementation challenges highlighted technical complexity, ethical considerations, data governance issues, and limitations in maintaining person-centered relationships central to primary care. Finally, global and preparedness-focused studies particularly from low and middle income settings emphasized inequalities in access, population readiness, and the importance of education and infrastructure for responsible AI adoption.

Discussion: AI-supported home health care has the potential to strengthen continuity of care, support preventive and chronic disease management, and reduce workload pressures in primary care. However, successful integration requires safeguarding patient liberty through shared decision making, promoting equity in access and resource allocation, and preserving the humanistic values at the core of family medicine.

Conclusion: For family physicians, understanding AI-enabled home care tools is increasingly important to ensure ethical,patient-centered,and socially responsible implementation within community based health systems.

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ID 1523- Patient-centered integrated model of home healthcare services in xxx: a three-year pilot study

Serng PAK

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Context: An aging society faces rapid population growth of elderly with 12.2% experiencing activity limitations. Despite 16,092 long-term care beneficiaries in the study city, only 5 home visits were recorded in 2020. Existing community-based integrated care initiatives showed fragmented service delivery with only 0.4% physician participation, highlighting critical gaps in home healthcare coordination.

Objectives: To develop and evaluate a patient-centered integrated home healthcare model linking regional hub hospitals with primary care physicians through multidisciplinary team-based care coordination for homebound patients.

Methods: This three-year pilot study (August 2021-December 2023) established a Home Healthcare Support Center at a regional hub hospital. The model featured six core components: multilevel

integration of hub hospital-primary care-nursing-welfare services; care coordination hub with multidisciplinary team; enhanced accessibility through digital platforms; daily interdisciplinary team meetings with individualized care plans; patient-tailored service delivery using standardized assessment tools; and home healthcare education programs. Primary care physicians provided home visits while the hub hospital offered multidisciplinary backup including emergency visits and specialist consultations. Outcomes included service linkage rates, satisfaction surveys, and healthcare utilization. Interrupted time series analysis assessed intervention impact on expenditure trends.

Results: One hundred ninety-five homebound patients were enrolled (mean age 80.4 years, 65.6% female). Service linkage rates were high: visiting nurse services 96%, long-term care services 86%, and welfare services 71%. Patient/caregiver satisfaction reached 96%; physician satisfaction 93%. Interrupted time series analysis demonstrated statistically significant trend changes: overall healthcare costs shifted from increasing to decreasing ($p<0.001$). Hospitalization costs showed pronounced effects with the same pattern ($p<0.001$), indicating prevention of unnecessary hospitalizations through appropriate home management.

Discussion: The model demonstrated that hub hospital-based coordination can effectively support community primary care through multidisciplinary integration. The care coordinator role emerged as essential for managing patient assessment, service linkage, and crisis intervention. The model influenced national policy development, informing primary care development initiatives and contributing to national primary care innovation pilot programs.

Conclusion: This patient-centered integrated model represents a viable approach for community-based integrated care in aging societies, demonstrating both high satisfaction and cost-effectiveness through prevention of avoidable hospitalizations. Successful implementation requires payment model innovation, home patient management fees, and information-sharing platforms.

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ID 907- Multidisciplinary Management for 77-Year-Old Retired Military with Probable Occupation-Related Spindle Cell Myelopleiomorphic Sarcoma of Right Forearm: A Case Report

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Context: Spindle cell sarcoma is a rare malignant tumor of mesenchymal origin, comprising 1% of adult cancers and 2–5% of bone malignancies. More common in men, with median diagnosis at 62 years, it carries poor prognosis due to aggressive behavior. The pleomorphic undifferentiated subtype is most frequent, often affecting arm, leg, or pelvic bones. Occupational exposures, such as military service, may contribute to its development. This case highlights the need for integrated biomedical care, nutritional support, and occupational health in managing rare sarcoma presentation.

Methods: Report a 77-year-old retired military officer with probable occupation-related spindle cell myelopleiomorphic sarcoma of the right forearm. Laboratory and imaging studies guided surgical intervention, complemented by nutritional screening to address undernutrition and restore ideal body weight. A tailored plan included oral supplements, dietary adjustments, multivitamins, and trace elements. Occupational history was considered to account for long-term exposures influencing disease progression and nutritional risk.

Originality: This case is notable for integrating biomedical care with nutritional intervention and occupational health considerations. Beyond documented spindle cell sarcoma cases, the deliberate focus on undernutrition and occupational assessments highlights a novel

Lessons learned and future implication: The case underscores nutrition as a cornerstone of readiness in complex malignancies and highlights occupational context in patient care. Future

implications include standardized nutrition protocols in sarcoma pathways, strengthening occupational health a

Discussion: The outcome illustrates that liberty in health is achieved when patients are empowered through adequate nutrition, equity is advanced when vulnerabilities are addressed through multidisciplinary care, and fraternity is embodied when families, occupational context, and healthcare providers collaborate. Success in sarcoma management is not solely technical but deeply dependent on holistic preparation.

Conclusion: This case exemplifies how biomedical, nutritional, psychosocial, and occupational integration can transform outcomes in rare spindle cell sarcoma. It advocates liberty through patient empowerment, equity through comprehensive care, and fraternity through solidarity among families, communities, and healthcare teams principles resonant with 30th WONCA Europe Conference theme and global primary care values.

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ID 552- Rehabilitation as a bridge to home: reflections on Taiwan's post-acute care system for older adults

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Context: As Taiwan enters a super-aged society, demand for transitional and long-term rehabilitation is increasing. The National Health Insurance Post-Acute Care (PAC) program provides coordinated inpatient, day-care, and home-based rehabilitation for older adults after stroke, fractures, or functional decline. Unlike fragmented systems in many Western countries, Taiwan's PAC model links hospitals, rehabilitation teams, and community services. This reflection is based on practice in a tertiary rehabilitation ward and outpatient PAC follow-up.

Methods: Older adults received individualized assessments and goal setting through a multidisciplinary team. Family meetings clarified expectations, evaluated home readiness, and identified caregiving challenges. Many initially viewed rehabilitation as purely physical recovery. Through communication and shared decision-making, goals were reframed to emphasize autonomy, dignity, caregiver capacity, and quality of life. This reflection synthesizes observations across inpatient and community PAC encounters.

Originality: Taiwan's PAC system is one of the few universal, policy-driven post-acute models in Asia. It demonstrates how continuity and equity can be achieved through national insurance and coordinated interprofessional care. This reflection provides an insider view

Lessons learned and future implication: Functional gains alone do not guarantee a successful return home. Rehabilitation outcomes depend on caregiver readiness, realistic expectations, social support, and culturally informed communication. The PAC environment promoted interprofessional learning

Discussion: Experiences in PAC showed that rehabilitation is both a clinical and relational process shaped by patient needs, family capacity, and community resources. The program fostered ethical reflection and collaborative problem-solving.

Conclusion: Taiwan's PAC system demonstrates how person-centered continuity can be implemented in an aging society. By bridging hospitals, families, and communities, rehabilitation supports not only functional recovery but also dignity, purpose, and human connection—lessons relevant to primary care worldwide.

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ID 2301- High Caregiver Burden at Admission to Acute Hospital-at-Home: Prevalence and Associated Factors

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Context: Acute Hospital-at-Home (HaH) programs depend on family caregivers to support patients during acute illness. Despite their central role, caregiver burden at the start of HaH remains insufficiently characterized in real-world settings.

Objectives: To assess the prevalence of caregiver burden at HaH admission and to identify caregiver- and patient-related characteristics associated with high burden

Teaching method and workshop: Caregiver burden was assessed within 48 hours of admission using the Caregiver Strain Index (CSI). Caregiver sociodemographic characteristics, caregiving context, health-related quality of life (EQ-5D-5L and EQ-VAS), resilience (CD-RISC-2), and perceived

Expected outcomes: High caregiver burden at admission was common (77/125; 61.6%). Compared with caregivers with low burden, those with high burden more frequently reported problems in anxiety/depression (63.6% vs 29.2%; p<0.001), pain/discomfort (54.6% vs 27.1%; p=0.003), a

Conclusion: Most caregivers enter HaH with substantial burden. Emotional distress, physical symptoms, limited perceived support, low resilience, and pre-existing caregiving responsibilities are key determinants. Early caregiver assessment at HaH admission may help identify vulnerable caregivers and guide targeted support to improve caregiver well-being and sustain safe home-based acute care.

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How not to make babies

ID 2069- Women and natural contraception in XXX

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Context: In XXX, one-third of women who did not want children did not use medical contraception; some of these women used natural methods of contraception, hoping for effective results.

Objectives: The objective of this study was to understand why, despite a need for contraception, some women in XXX use natural methods.

Methods: The study was qualitative and phenomenological. The sampling was purposive and homogeneous. Recruitment from private practices and community health centers in XXX was gradual, allowing for a diversification of profiles. The interviews were individual and semi-structured.

Results: Thirteen interviews were conducted between June 9, 2023, and September 22, 2023, inclusive. The reasons for using medical contraception were: weariness following multiple trials of medical contraceptives, fear of side effects rather than infertility, and long-distance relationships. It should be noted that confidence in the effectiveness of natural contraception was not a prerequisite for its use. However, when confidence was present, it stemmed from three factors: the misleading scientific legitimacy of information sources, the illusion of knowledge bias based on school memories, and the positive experiences of other women. Knowledge about the natural contraception methods used was incomplete, thus increasing the risk of failure. This failure was the main reason for returning to medical contraception. Natural contraception was generally well-tolerated.

Discussion: The two predominant languages of XXX were used for the interviews, allowing for more accurate expression from the participants. The fact that the researcher shared the same culture as the majority of the participants facilitated understanding of their context. However, due to this close relationship, a review of the expected

responses was conducted to mitigate the illusion of knowledge bias.

Conclusion: To avoid uninformed choices, establishing the legitimacy of healthcare professionals in providing advice on natural contraception is essential in a strategy to reduce the risk of unintended pregnancy. Similarly, the range of contraceptive options must be diversified to include male contraception, in order to address the dissatisfaction some women feel with medical contraceptive methods.

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ID 1285- Integrating Medical Abortion Into General Practice in the Netherlands: A Multi-Stakeholder Analysis Using the Rainbow Model of Integrated Care

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Context: Recent legal changes in the Netherlands allow general practitioners (GPs) to provide medical termination of pregnancy (MToP). This development enhances accessibility and continuity of care but requires integration across clinical, organisational, and societal levels. Understanding how MToP fits within daily practice and broader health system structures is crucial, particularly in an international context where reproductive healthcare access remains uneven.

Objectives: To explore how MToP can be sustainably integrated into Dutch general practice using the Rainbow Model of Integrated Care (RMIC), and to identify facilitators/barriers across stakeholders.

Methods: A qualitative study was conducted using the six RMIC domains as an analytic framework. Semi-structured interviews were held with GPs, psychologists and nurse practitioners, pharmacists, gynaecologists, midwives, abortion physicians, patients, policymakers, insurers, NGOs, and educators. Topic lists were tailored to each group, addressing practical, organisational, ethical, and normative dimensions. Mixed focus groups (GPs, pharmacists, midwives, abortion physicians, policymakers) explored shared challenges and cross-sector solutions. Sessions were recorded, transcribed, and thematically analysed per RMIC domain.

Results: Preliminary analysis indicates that many GPs emphasise being overworked and hesitant to take on additional responsibilities. Nonetheless, a subset recognises clear added value in offering MToP, particularly in terms of continuity, accessibility, and patient-centred care. For these GPs, existing trust-based relationships with patients are seen as a key facilitator. Pharmacists report dispensing MToP is feasible if supported by clear communication and standardised protocols. Collaboration with abortion clinics and gynaecologists is constructive, though responsibilities for consultation and complication management require clearer agreements. Barriers identified include uncertainty around legal procedures and documentation, inconsistent reimbursement structures, fragmented ICT systems, and persistent stigma affecting both patient help-seeking and professional comfort. Patients emphasised privacy, non-judgmental communication, and timely access. NGOs and educators highlighted the need for structured training and public information to normalise abortion care in primary care.

Discussion: Integrating MToP into general practice is feasible and welcomed by multiple stakeholders but depends on strengthened collaboration, clearer governance, functional ICT support, and ongoing education.

Conclusion: The RMIC framework underscores that sustainable implementation requires not only clinical readiness but also shared values, supportive policies, and coordinated system design—insights relevant for other countries seeking to expand primary-care-based abortion services.

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ID 1188- Freedom, equality, contraception: a joyful revolution. Qualitative study on the barriers and motivations of testicular contraception users

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Context: Testicular contraception (TC) works, with an estimated Pearl Index (PI) of 2.34, calculated over a total of 512 months of pregnancy exposure. The PI is comparable to that of female oral contraceptives in common use.

Objectives: The primary objective was to explore users' expectations regarding TC devices. The secondary objectives were to understand the reasoning behind choosing a TC, gather TC users' experience, analyze their perceptions of the associated benefits and risks, and identify areas requiring improvement in medical supervision.

Methods: A qualitative study using semi-structured individual interviews was conducted with users of testicular contraception. The population surveyed consisted of adult men who had already used testicular contraception for more than 30 consecutive days, in conjunction with the Thomas Bouloù association (XXX)

Results: TC users perceived it as an act of activism and solidarity with their partner, but also as a means of empowerment. Despite social, personal, and practical obstacles, their paths were often similar: seeking information, meeting with the Thomas Bouloù association, medical consultation, and then a spermogram. This step was often negatively experienced.

Discussion: One of the major obstacles preventing users from initiating and continuing TC was the semen analysis. There are no recent studies on masturbation in laboratories, the quality of the erotic magazines and videos provided, or the reception or rendering of the sample, which appeared to be the obstacles identified during the study. No study has analysed the experience of spermograms in a contraceptive pathway. Future prospects include greater accessibility to spermograms, improved laboratory reception, and institutional recognition of TC.

Conclusion: Users of testicular contraction become information relays, carrying a feminist vision and strong societal expectations.

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ID 943- Predictors of early intrauterine device discontinuation among XXX women aged 18–50: a multicentre cross-sectional study

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Context: Unintended pregnancies remained common in Europe in 2023. IUDs (intrauterine devices) are a highly effective form of long-acting contraception that is widely used in XXX and around the world. They are over 99% effective, have low complication rates and are generally well tolerated. However, discontinuation still occurs; the main reasons for removal were bleeding and abdominal pain, alongside spotting, mood changes and the desire to become pregnant. Although several studies suggested that characteristics such as age, parity, BMI or STI history may influence early removal, the results were inconsistent. Therefore, understanding the determinants of early IUD discontinuation was essential to improve counselling and satisfaction, and to promote long-term contraceptive use.

Objectives: This study aimed to compare the characteristics of XXX women aged 18–50 who removed their IUD less than one year after insertion with those who retained it for over one year. A secondary objective was to explore discontinuation reasons by IUD type and duration of use.

Methods: An epidemiological, retrospective, analytical, cross-sectional multicentre study was conducted in XXX from February to June 2024. A 31-question survey was distributed in healthcare settings and via digital platforms. Socio-demographics, IUD insertion details, and self-reported reasons for discontinuation data were collected from women who had a copper or levonorgestrel IUD removed within the last 10 years.

Descriptive analyses, as well as univariate and adjusted multivariable logistic regressions, were performed.

Results: Of 380 respondents, 26% removed their IUD within a year. Having a body mass index ≥ 30, a history of miscarriage, and insertion by a non-gynaecologist were associated with early removal. Common reasons included pain, heavy or irregular bleeding, and mood changes. Women with copper IUDs often reported heavy bleeding, while those with levonorgestrel IUDs cited spotting or mood shifts.

Discussion: These findings suggest that BMI, prior miscarriage, and the healthcare provider's professional background may predict early IUD discontinuation. Nonetheless, most other characteristics were not associated with early removal, indicating that such factors need not deter IUD use.

Conclusion: Comprehensive counselling on potential side-effects and robust follow-up could enhance satisfaction and prolong IUD retention.

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ID 875- Variation of the Uterine Flexion Angle Before and After Voiding in Nulliparous Women with Anteverted Uterus: The FLEXIMIX Study

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Context: Insertion of an intrauterine device (IUD) is frequently painful and technically challenging, particularly in nulliparous women. Clinical experience suggests that bladder filling may reduce uterine anteflexion and thereby facilitate cervical–uterine alignment, yet evidence remains limited. The influence of bladder volume on uterine flexion has never been precisely quantified.

Objectives: To assess the variation in uterine flexion angle before and after voiding in nulliparous women with anteverted uteri. Secondary objectives were to determine: (1) the proportion of women whose uterine flexion angle changed from acute to obtuse with bladder filling; (2) the prevalence of uterine anteversion; and (3) the variation in the distance between the external cervical os and the flexion point.

Methods: This monocentric cross-sectional study included 250 healthy nulliparous women aged ≥18 years. Each participant underwent suprapubic pelvic ultrasound with a full bladder, followed by a second scan after voiding. Uterine version and flexion angles were measured using standardized anatomical axes; distances from the external os to the flexion point were recorded. Paired comparisons were performed using Wilcoxon signed-rank tests.

Results: Among 212 women with interpretable anteverted uteri post-void, the mean flexion angle increased significantly with bladder filling (130.9° vs. 83.0°, mean difference +47.9°, $p < 0.001$; Cohen's $d = 1.31$). Overall, 60.8% of participants shifted from an acute to an obtuse flexion angle, rising to 70.8% among women with anteverted uteri. The prevalence of uterine anteversion was 87.0%. The mean distance between the external os and the flexion point increased slightly with bladder filling (21.4 mm vs. 20.3 mm).

Discussion: Bladder filling induces a large and clinically meaningful straightening of the uterus in most nulliparous women, supporting the physiological rationale for improving IUD insertion conditions through simple pre-procedural bladder filling. Heterogeneity in bladder volumes and the use of suprapubic ultrasound may have influenced individual measurements, but the magnitude and consistency of the effect suggest robust findings.

Conclusion: A full bladder markedly reduces uterine anteflexion in nulliparous women. These data justify clinical trials evaluating bladder filling as a strategy to improve technical ease and comfort during IUD insertion.

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ID 603- Shifts in Family Medicine Provision of Contraception in the United States Following State Abortion Restrictions

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Context: Abortion and contraception are essential for reproductive autonomy and equity, and family physicians can provide both. However, xxx has imposed growing policy restrictions on abortion that will likely affect contraception.

Objectives: This study examines differences in family physician contraceptive service provision in abortion-restrictive regions compared to non-restrictive regions in xxx.

Methods: This cross-sectional, observational study used a national-level medical and prescription claims dataset (xxxx), which has detailed medical encounter information on xxx million patients in xxx. We analyzed contraceptive methods provided by family physicians in 2024: prescriptions (pill, patch, and/or ring), IUDs, implants, Depot Medroxyprogesterone Acetate (DMPA), tubal sterilizations, and vasectomies. Combining this data with xxx data, we calculated the regional ratio of family physicians to the population of reproductive age by policy category, as well as interquartile ranges to assess variation within categories. This abstract reports early findings from an ongoing study, with full results anticipated in early 2026.

Results: We enumerated family physicians providing implants (9,025), IUDs (7,707), DMPA (22,373), prescriptions (91,437), tubal sterilizations (809), and vasectomies (1,099). For abortion-restrictive regions, the ratios of family physicians providing implants, IUDs, and DMPA were 7.7 (interquartile range: 8.9), 5.6 (IQR: 14.3), and 21.3 (IQR: 24.1)/ 100,000 women of reproductive age, respectively. Non-restrictive regions had ratios of 14.2 (IQR: 15.7) for implants, 12.8 (IQR: 16.4) for IUDs, and 33.8 (IQR: 36.0) for DMPA. Prescriptions had relatively higher ratios of 110 (IQR: 61.3) in restrictive regions and 123 (IQR: 68.6) in non-restrictive regions. Tubal sterilization and vasectomy had low ratios overall.

Discussion: We found substantial region-level variation in the ratio of family physicians providing contraception. We found higher ratios of family physicians to population in regions with fewer abortion restrictions for methods implant, IUD, and DMPA; we found little or no difference for prescription methods pill, patch, and/ or ring, tubal sterilization, or vasectomy.

Conclusion: As abortion access has become substantially restricted across xxx, access to contraception is critical. Family physicians are access points, especially in rural areas but may face additional barriers to providing care in regions that restrict access to reproductive health.

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ID 103- Role of Family Structure in Family Planning Use in India: Evidence from Three Rounds of the National Family Health Survey

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Context: Industrialization and modernity have shifted India's joint families to nuclear ones, influencing family planning decisions. Family structure affects women's autonomy, fertility, and health service use. In nuclear families, women have greater reproductive freedom, while joint families—dominated by elders—often discourage contraception, limiting maternal health access and family planning adoption.

Objectives: To examine the relationship between family structure and family planning use in India using data from the third, fourth, and fifth rounds of the National Family Health Survey (NFHS), and to assess how household composition influences contraceptive adoption and reproductive health behavior.

Methods: The study used data from the NFHS (2005–06, 2015–16, 2019–21) conducted by IIPS, Mumbai, covering over 99% of India's population. The outcome variable was family planning use among married women (15–49 years), categorized as modern limiting, modern spacing, traditional, or non-use. The key explanatory variable was family structure (nuclear, joint, extended), along with

demographic and socioeconomic factors such as age, caste, education, residence, wealth, parity, and region.

Results: Results show that family structure significantly influences family planning use across NFHS rounds. Women in nuclear (51.7%) and joint families (40.3%) were more likely to use contraception than those in extended families. Modern limiting methods remained dominant, while traditional methods increased, reflecting social and access barriers. Family planning use was higher among older, educated, wealthier, and media-exposed women. Regional variation showed higher use in southern and northeastern states, and lower in northern and central zones. Logistic regression confirmed that nuclear and joint family women had higher odds of using family planning, even after controlling for socioeconomic and demographic factors.

Discussion: This study using NFHS-3, 4, and 5 data found that family structure significantly affects family planning use in India. Women in nuclear families use contraception more than those in joint or extended families. Modern limiting methods dominate, with education, wealth, media exposure, and regional differences strongly influencing contraceptive behavior.

Conclusion: The study concludes that family structure, education, wealth, parity, and media exposure strongly influence family planning use in India. Addressing unmet needs and promoting modern spacing methods, particularly in northern and northeastern regions, is essential to improve equitable and effective family planning outcomes.

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In another environment

ID 2254- Specific aspects of primary health care and the care process in the context of deprivation of liberty: an experience report from a visit to a penitentiary..

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Context: XXX has the XXX largest prison population worldwide. Although national legislation guarantees full access to health care through the XXX Unified Health System (XXX), equivalent to that offered to the general population, prison health care presents specific challenges, particularly regarding the use of soft technologies to support humanized care. In this context, an undergraduate research project provided a medical student with experiential exposure to primary health care delivery within a penitentiary setting.

Methods: This experience report reflects on a 2024 visit to a prison unit in XXX, XXX, conducted during an undergraduate research project.

Originality: The experience highlights the use of soft health technologies in a prison setting, emphasizing individualized health promotion strategies co-developed by health professionals and incarcerated individuals.

Lessons learned and future implication: In the visited penitentiary, the primary health care team, composed of a physician and nurses, is responsible for health promotion and disease prevention actions for the incarcerated population. Constant humidity and overcrowding in the cells influence fr

Discussion: The development of social technologies by the health team was evident in the waiting area, where inmates, required to sit facing the wall, observed their own illustrations displayed on a mural in front of the chairs. At the end of the visit, the prison newspaper was distributed - a monthly publication developed by incarcerated individuals and health staff - containing drawings, word searches, and handwritten texts. One highlighted headline read: “Using crack with steel wool: what are the health consequences?”, emphasizing the importance of individualized health promotion for effective outcomes. These practices demonstrate the potential of contextualized health education strategies within prison environments.

Conclusion: The visit provided essential insight into health care within the context of deprivation of

liberty, contributing to the student's academic training and reinforcing the importance of primary health care and individualized health promotion strategies in prison settings.

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ID 2245- A biopsychological health profile of incarcerated adults in Tunisia: Implications for primary healthcare physicians.

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Context: Incarceration and its underlying conditions expose individuals to discontinuity of care and unmet health needs. These experiences are strongly associated with mental health problems, sleep disorders, and health-risk behaviours. Despite these intersecting vulnerabilities, the incarcerated population remains underrepresented in the health literature.

Objectives: To describe the biopsychological health characteristics of incarcerated adults in Tunisia and to identify health inequities in order to support the role of general practitioners in delivering primary care to this underserved population.

Methods: We have conducted two cross-sectional studies among adult male (April 2023) and female prisoners (July 2024). Participants in this research voluntarily completed an anonymous questionnaire covering different factors using Arabic validated versions of the Rosenberg self-esteem scale, the Pittsburgh Sleep Quality Index, and the Hospital Anxiety and Depression Scale.

Results: A total of 568 prisoners answered our questionnaire. Among them, 403 were males, and 165 were females. In our sample, 53.5% of the research subjects were aged 30 and higher. The reported chronic conditions were diabetes (11.6%), hypertension (17.6%), coronary artery disease (7.0%), pulmonary disease (17.3%), liver disease (3.7%), kidney failure (9.0%), cancer (1.4%), immunodepression (15.7%), and HIV infection (2.3%). Additionally, 70.8% of the included inmates were smokers, 51.9% were alcohol consumers, 47.2% used other drugs, and 51.4% had sexual risk behaviors. Our results highlight that 37.9% of the sample had suicidal ideation, 44.7% were self-harming, 20.1% had low self-esteem and 84.5% suffer from sleep disturbance.

Discussion: Prison health is an integral component of primary healthcare systems. Our study highlights the high prevalence of chronic disease, mental health symptoms, sleep disturbances, and health-risk behaviors. These findings suggest that prison health services remain insufficient. Primary care physicians need to strengthen their person-centred approach to care by implementing systematic screening, early intervention, and continuity of care after discharge.

Conclusion: Incarcerated adults in Tunisia experience overlapping biopsychological health vulnerabilities. Expanding routine screening for chronic and mental health conditions, ensuring continuity of care, and reinforcing mental health and psychosocial support are essential to leveraging primary healthcare. Keywords: Prisoners, Primary Health Care, Mental Health, Chronic Disease

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ID 727- Regular medical humanitarian immersions in different foreign cultures : can it be an added value for our busy life?

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Context: Since 35 years every 2d year , I do a 6 weeks' mission abroad in areas where no doctors work.

Methods: Method: The NGO sends the doctors and local nurses work with us in remote areas. 2 nurses, 1 driver and the doctor are on "rolling clinics" and every day you join another village. Working some 8 hours and 10 days continuously

before 2 days break. Strengths: All conversation is in English (local languages translated) and 40 well chosen drugs are available; 40 to 70 patients consulted per day; food is supplied for malnourished children ; only basic equipment exists , but a mini-ultrasound helps for better accuracy. Limitations: no operations can be paid; for tuberculosis diagnostic, we "try" to convince the patients to go for further tests ; the psychological support can be offered, but living conditions can`t be improved; clinical exam in public areas is challenging and drugs "given free " for one family member is often used for all the children ….

Originality: We think : "when the patient cannot come to us, we have to encounter him in his area", and some patients make still a 2 hours walking trail to see us. Nowadays communication is easier for follow-ups, but you can all the time be

Lessons learned and future implication: Equity for treatment does NOT exist for these patients and we must accept such setbacks every day and our housing with the team is basic, so less is sometimes more!

Discussion: Being in contact with indigenous people , like the Mangyans , gives you a unique chance to immerse in a culture where oral transmission is still very lively and where strong family bonds exist .

Conclusion: These short "medical immersions" in different cultures allow GPs to slow down with paperwork and get so much back from these fraternal interactions. The people in poor living conditions give us an example of daily struggle with dignity and in every consultation, they show us their ecological working and share great feelings with us . mission immersion dignity

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ID 743- Humanist-existential themes in General Practice – a reflection on working with homeless people and other vulnerable groups

Christopher WURM

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Context: Salaried practice in a suburban setting in a city of about 1 million inhabitants in XXX.

Methods: This is a practice-based reflection in the form of a narrative review. The author reflects on how his identity as a GP has evolved since graduating in 1980 in XXX and completing GP training in 1987, ultimately becoming a Foundation Fellow of the XXX Chapter of Addiction Medicine, Royal XXX College of Physicians, and Life Member of the Royal XXX College of General Practitioners. The speaker was inspired as a medical undergraduate by the Existential Psychotherapy approach of Viktor E. Frankl. He chose to complete GP training rather than psychiatry. He now works as a government employee in a multidisciplinary outpatient service.

Originality: The presenter draws on the ideas of others, but synthesises their work in an original way, with references to acknowledge sources.

Lessons learned and future implication: Eventually I graduated and wanted to apply the existential counselling I had learned. I was offered a position in psychiatry training but opted to stay with General Practice. I found opportunities to use that knowledge to assist patients with adjustment d

Discussion: Although my initial post-graduate training was as a GP, I found work in two different university teaching hospitals in the state capital and was eventually given an academic title by the Discipline of Psychiatry at the local university, and institutes in XXX and XXX.

Conclusion: Humanist-Existential approaches fit well in General Practice and can be applied to a range of conditions, including substance use and homelessness.

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ID 232- Providing Primary Care in a Correctional Rehabilitation Center: A

Practice-Based Reflection from Cardinal Tien Hospital, Taiwan

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Context: Individuals in correctional rehabilitation centers face barriers to healthcare access, discontinuous care, and substance-use–related challenges. Since 2012, Cardinal Tien Hospital has provided multiple National Health Insurance–covered on-site clinics, with family medicine delivering most services. Detainees may request evaluation as needed, and family physicians also conduct health assessments for new admissions. This practice-based reflection summarizes the main characteristics, challenges, and clinical insights from our hospital's experience.

Methods: Data were drawn from the hospital's most recent correctional healthcare plan and the clinical experience of participating family physicians. Sources included on-site observations, service records, and referral procedures. These materials were synthesized into a reflective analysis to identify key themes and insights.

Originality: Our hospital has long collaborated with the local correctional rehabilitation institution. Yet literature describing correctional healthcare from a family medicine perspective in Asia remains limited. By integrating the official healthcare framework with

Lessons learned and future implication: On-site clinics improved healthcare accessibility and enabled earlier detection of acute conditions, while also reducing the need for escorted outside medical visits. A consistent physician enhanced trust and continuity of care; however, this is feasible

Discussion: Providing healthcare in correctional settings requires balancing security with the pursuit of health equity. Although on-site clinics are challenging to maintain, they remain essential for safeguarding detainees' right to equitable care. As a Catholic hospital, our participation reflects a commitment to compassion and fraternity, highlighting our responsibility to serve marginalized populations.

Conclusion: With support from Taiwan's National Health Insurance system and family medicine principles, primary care in correctional rehabilitation centers remains both feasible and essential. Ongoing cross-system collaboration and expansion of preventive services are key to promoting liberty, equality, and fraternity in the care of incarcerated populations.

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In the field: GPs and primary care worldwide

ID 1964- Evaluation of a hybrid primary care payment model: the French "Médecin Traitant Renforcé" experiment

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Context: Primary care systems are facing increasing patient complexity, workforce shortages, and growing needs for prevention and care coordination. In France, the predominantly fee-for-service payment model insufficiently values non–face-to-face clinical work, preventive care, and team-based practice. The experimental "Médecin Traitant Renforcé" (MTR) programme, implemented in four primary care centers in Paris, introduced a voluntary hybrid payment model combining a monthly per-patient capitation fee with fee-for-service payments, centered on the general practitioner and structured multidisciplinary teams.

Objectives: To assess the impact of the MTR programme on preventive care practices, healthcare utilization, and health expenditures, compared with conventional fee-for-service primary care.

Methods: An observational medico-economic case–control study was conducted by an independent evaluator using linked data from the French National Health Data System (SNDS) from 2020 to 2023. A total of 13,156 patients enrolled in the MTR programme were matched to 39,548 control patients based on age, sex, socioeconomic indicators, clinical complexity, and prior healthcare expenditures. A difference-in-differences approach

was used to compare outcomes one year before and one year after programme entry.

Results: Patients enrolled in the MTR programme showed higher preventive care uptake, with increased screening rates for breast cancer (+4.3 percentage points), cervical cancer (+17.2), and colorectal cancer (+14.7), as well as higher influenza vaccination coverage (+9.8), compared with controls. The model was associated with organizational changes, including three times fewer changes of designated general practitioner, a higher annual number of general practice consultations (5.6 vs 3.8), and a significant reduction in full hospital admissions (7.2% vs 9.2%). Despite higher primary care expenditures, total reimbursed healthcare costs were 9% lower per patient (−€249), mainly driven by a 29% reduction in costs related to full hospitalizations.

Discussion: These findings suggest that a hybrid payment model may strengthen prevention, continuity of care, and reduce full hospital admissions, while lowering overall per-patient expenditures. However, results should be interpreted cautiously given the limited follow-up period and the specific experimental context.

Conclusion: The "Médecin Traitant Renforcé" programme appears to be a credible option for transforming primary care delivery, combining quality and efficiency, provided that capitation levels are appropriately calibrated and teams have sufficient organizational maturity.

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ID 1544- Primary care in the state of Saxony, Germany: results of the 6th Saxon Epidemiological Study in General Practice (SESAM-6)

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Context: In Germany, general practitioners (GP) are often the first point of contact for patients of all age groups and with different health problems. To date, there are only a few epidemiological overview studies that describe GP consultations on the basis of the reasons for and results of consultations as opposed to billing data. The 6th Saxon Epidemiological Study in General Practice (SESAM-6) systematically recorded the everyday work of GPs in consultations over the course of a year.

Objectives: The aim of SESAM-6 is to investigate the frequency of consultations, the prevalence of known long-term diagnoses and diagnostic and therapeutic decisions in GP practices.

Methods: The data collection of the cross-sectional study was conducted from October 2023 to September 2024 in GP practices in the state of Saxony, Germany. The participating doctors were randomly assigned one week per quarter (over a survey period of 12 months). Every fifth doctor-patient contact was recorded anonymously by the GPs by means of a questionnaire for half a day (morning or afternoon). Following data collection, the consultation occasions were coded according to the ICPC-2 classification system, while the permanent and new diagnoses were coded using ICD-10.

Results: N=109 GPs (59.8% women, mean age 47.2 years, 78.5% office-based) participated in the study, of which 21.5% worked in a rural area, 25.2% in a small town, 19.6% in a medium-sized town and 33.6% in a large city. N=7746 patients (53.7% women, average age 53.5 years) were documented, of which N=5340 (68.9%) had at least one chronic disease. The average consultation duration was 10.8 minutes (SD=6.8). The ten most common reasons for consultations were common cold (9.9%), medication/prescription (5.6%), cough (4.0%). The ten most common known long-term diagnoses were

Hypertension (41.7%), dyslipidemia (19.5%), diabetes mellitus type 2 (17.1%). The ten most common new diagnoses were upper respiratory tract infection (10.0%), back pain (4.3%), infectious gastroenteritis (2.3%).

Discussion: The data obtained can be used to develop evidence-based strategies for improving GP care. They will also be incorporated into the training and further education of GPs.

Conclusion: Based on the data, it is necessary to discuss which activities should be delegated to other occupational groups.

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ID 1381- Assessment of the morbidity of patients enrolled in primary care models in Ontario, Canada

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Context: It has been previously shown that the patients in different primary care physician payment models vary by level of morbidity. There are two different approaches for measuring morbidity or case-mix that are in common use in XXX: YYY and ZZZ. The YYY have been used extensively in research applications in XXX, while the ZZZ has been used more commonly for administrative and governmental applications including adjustment of capitation payments. Little is known about how the measures from these two methodologies compare with one another.

Objectives: To evaluate the morbidity, characteristics, and service utilization of patients who are enrolled in different primary care payment models, and to compare the two approaches for classifying patient case-mix.

Methods: In this cross-sectional study the morbidity, resource use, and health conditions of patients in each of the primary care payment models are compared using both approaches. The study includes all residents of XXX on March 31, 2023, classified as those who were formally or virtually enrolled in a primary care enrolment model (capitation, enhanced FFS, or other), virtually enrolled to a FFS physician, or not having a regular source of care. Patient characteristics include age, sex, income quintile, and geographic location.

Results: According to morbidity measures from the YYY, patients enrolled to physicians in enhanced FFS models had the highest level of morbidity while the ZZZ indicated that patients who were virtually enrolled to a FFS physician had the highest. Both approaches showed patients who did not have a regular provider had the lowest level of morbidity.

Discussion: Some of the observed differences in morbidity may be related to the specific data sources used by each approach or their underlying algorithms. Further analysis of these factors will be carried out along with an assessment

of their ability to explain actual service utilization.

Conclusion: The increasing use of the ZZZ in XXX necessitates a more integrated use of this approach in primary care research and evaluation. This study provides guidance on which aspects of the ZZZ are best suited to be reported on and used on a routine basis.

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ID 1126- Implementing Universal Health Care in Underserved Communities thru WHO Health Systems Strengthening Framework

Katerina ABIERTAS

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Context: Universal Health Care is about accessing quality health care at the time of need without financial hardship but access to health facilities and services remain a big challenge especially in the rural communities where transportation is limited. Konsulta is a program for health in the Philippines by Philhealth, a local health insurance provider, giving free outpatient services like medical consultations, essential laboratories and medicines to its members and dependents thru capitation payment to its accredited health facilities. The World Health Organization (WHO) health systems strengthening (HSS) framework analyzes health systems in terms of six core components or building blocks (service delivery, health workforce, health information systems, medical products, vaccines and technologies, health financing and leadership and governance).

Methods: Reaching To Care for UHC was established in Municipal Health Office of Motiong in 2023 utilizing WHO HSS Framework to assess the problems and to provide interventions to the identified gaps.

Originality: Linking Health Information System (HIS) and capacitating health human resource (HR) on its use with enabling support for provision of health services like transportation, incentives and medicines and technologies resulted to an almost P9,000,000 or 155,00

Lessons learned and future implication: With the use of WHO HSS Framework, Motiong was able to localize implementation of UHC by generating income thru capitation from Philhealth and utilizing this to provide more health services in communities closer to where people were residing.

Discussion: More defined problems lead to better suited plans and more focused results. By using the WHO HSS Framework in understanding problems and crafting solutions, led to more appropriate interventions and eventually better health outcomes.

Conclusion: Use of WHO Six Major Building Blocks as a health system strengthening tool and maximizing partnership with Philhealth through the use of validated Electronic Medical Record and enabling support to health workers, helped a small town in the Philippines to deliver more health services to people living in the grassroots.

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ID 467- A Contract-Based Training System for Rural Physicians: Follow-Up of Jichi Medical University Graduates (1978-2021)

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Context: The shortage of physicians in rural areas is a persistent problem. Policymakers and educators continue to seek effective strategies to increase and retain rural physicians. However, evidence on the long-term impact of rural medical education program remains limited.

Objectives: We aimed to assess the long-term outcomes of Jichi Medical University (JMU) in Japan, which provides tuition-free medical education in return for a 9-year rural service obligation and whose mission is to train and deploy physicians to rural communities.

Methods: This is a cross-sectional study of JMU graduates from 1978 to 2021. Follow-up rate was 97.0%. We excluded graduates who had died. The primary outcome was the retention rate of home-region. Secondary outcomes were the proportions practicing in medically underserved area and in primary care specialties. Medically underserved areas were defined as municipalities in physician-shortage areas/spots officially designated in 2021 under national criteria. Primary care specialties were defined as internal medicine, surgery, pediatrics, community/rural/general medicine based on self-declared specialties according to the previous study. Outcomes were reported separately for during-obligation and post-obligation periods; for secondary outcomes, the during-obligation period was defined excluding residency.

Results: Of 4610 JMU graduates, we analyzed 4534 for analysis; 19.0% were female. The retention rate of home-region during obligation was 98.0% over up to 9 years after graduation. After obligation, the retention rate of home-region was 71.0% up to 35 years. The proportions of JMU graduates practiced in medically underserved area were 24.8% during obligation and 12.1% after obligation. The proportions of primary care specialties were 78.5% during obligation and 62.0% after obligation. In medically underserved areas, 79.8% during obligation and 75.6% after obligation worked as primary care specialties.

Discussion: This study demonstrated JMU graduates maintained a high rate of rural practice even after completing their obligation. This was comparable to the 40–70% short-term regional retention reported in European rural programs. A limitation of this study was that we did not investigate determinants of retention.

Conclusion: Over approximately 45 years, JMU achieved sustained retention of home-region. Additionally, JMU graduates deployed to medically underserved area and to primary care specialties. These long-term results may serve as a reference for similar initiatives in Europe.

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ID 98- Collaboration with Other Healthcare Professionals is Pivotal to Establish an Emergency Medical System in a Rural Private Hospital

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Context: Establishment of a community-based emergency medical system is important in a rural private hospital to address the aging rural population and decreasing human medical resources. Here I introduce my efforts to establish a functional medical care system under collaboration with other healthcare professionals, such as paramedics, pharmacists, dietitians, and medical social workers.

Methods: In my hospital, I simplified emergency medicine into 4 categories; trauma, hemorrhage, infection, failure of major organs. My hospital acted as a first responder for critical patients. I built a roof heliport, as capital investment, for air transportation. I contracted medical cooperation with Okayama University Hospital in order to transfer the patients with time-sensitive severe diseases. Once transferred patients recovered from most critical phases, they were readmitted to my hospital to have rehabilitation for going home. I shared the progress of patients with neighboring GPs and MSWs. Multi-disciplinary interactive meetings were regularly held in my hospital. As education for my employees, I invited special practitioners from Okayama University Hospital as lecturers about non-communicable diseases 3 times a year.

Originality: I have established a really functional medical system by collaborating with other healthcare professionals. As a result, the scale of my hospital has expanded and the hospital is now designated as a disaster base hospital in East Okayama Health and Medica

Lessons learned and future implication: The number of emergency patients accepted in my hospital was 441 cases in 2011 and increased 1653 cases in 2016. The emergency acceptance number has changed with around 1,600 afterwards until 2025. Priority of providable medical services, continued education

Discussion: My approach has improved the medical efficiency in rural health care settings. Under my instruction, neighboring GPs and healthcare professionals have taken unified action at disaster prevention trainings. Satisfaction and trust of rural residents to my hospital have increased and hospital management has been successfully maintained.

Conclusion: The establishment of multidisciplinary teamwork and interprofessional partnerships is indeed pivotal for addressing the complex, multifaceted medical needs of the aging population in rural healthcare settings.

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Inequities

ID 2000- Community-based interventions to manage the frailty needs of people experiencing homelessness – a systematic review.

Natasha PALIPANE [(1)] , Ev CALLAHAN [(1)], Briony HUDSON [(2)], Caroline SHULMAN [(3)], Rafi ROGANS-WATSON [(3)], Joanna DAWES [(1)], Megan ARMSTRONG [(1)], Julie BRODERICK [(4)], Kate WALTERS [(1)], Cini BHANU [(1)]

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Context: People experiencing homelessness (PEH) have higher rates and more severe forms of frailty than the general population. Frailty also manifests earlier with 40–50-year-olds experiencing frailty scores equivalent to 70–80-year-olds who are housed. Early detection and management of frailty can halt progression and reverse its trajectory. In the elderly population, management centres on integrated care models of screening and holistic assessments, and interventions targeting exercise, nutrition, medication optimisation and reablement. The applicability of these models to frail PEH remains unclear. With growing evidence for frailty affecting younger populations, more proactive, tailored strategies are needed to meet the unique needs of PEH.

Objectives: Explore the evidence for frailty management in PEH in community settings.

Methods: A search strategy using terms for 'homelessness', 'frailty' and 'community care' was conducted on 7 databases. Following deduplication, screening and full text review was carried out by three reviewers based on predetermined eligibility criteria (PROSPERO CRD420251143337). Data extraction, quality assessment using the Mixed Methods Appraisal Tool, and a narrative synthesis approach was undertaken. People with lived experience of homelessness were involved from conception of the research question through to results synthesis.

Results: Three studies were reviewed. Interventions consisted of a frailty health promotion education programme coupled with nurse case management, a drop-in exercise programme with nutritional supplementation, and a geriatric care model within a respite service. No significant effects on frailty were observed however the geriatric care model observed decreases in A&E visits, hospital admission and length of stay, cost of care and successful transition into permanent housing.

Discussion: This review highlights the dearth of frailty intervention research amongst PEH despite a high prevalence of frailty, further exacerbating health inequalities. Effectiveness of tested interventions may be limited by low intensity programmes, poor retention rates due to competing priorities (e.g. addiction), and lack of self-identification with 'frailty' as a diagnosis

Conclusion: Future interventions should be delivered at the "right time, in the right place, and by the right person" to maximise effectiveness. Service design needs to account for the specific drivers of frailty in PEH, a phenomenon still poorly understood, and should no longer discriminate based on age criteria.

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ID 1542- Beyond Clinical Management: The Impact of Homelessness and Absence of Guardianship on Discharge Planning in a Palliative Care Setting

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Context: Palliative care units increasingly admit patients whose primary needs are social rather than medical, particularly in countries with limited long-term care, guardianship, and community-based support systems. Individuals experiencing homelessness with alcohol-related neurocognitive disorders represent a highly vulnerable population.This case highlights the challenges of managing a case with suspected Wernicke–Korsakoff syndrome who remained hospitalized for weeks due to the absence of family support, legal guardianship mechanisms, and feasible discharge options.This situation illustrates a profound

structural inequity in access to basic living conditions, raising concerns regarding justice, dignity-centered care, freedom of vulnerable individuals to access safety and appropriate services.

Methods: A 59-year-old homeless man with a history of long-term alcohol use was brought to the emergency department with transient unresponsiveness and impaired speech. Initial evaluation revealed hyponatremia, elevated CRP, leukopenia, and bilateral lower-lobe pneumonia. After treatment for pneumonia, patient was transferred to palliative care because he lacked a caregiver, safe housing, or cognitive capacity for self-care. Neurological examination demonstrated findings were consistent with Wernicke encephalopathy, and high-dose thiamine therapy was initiated, alongside nutritional support. Psychiatry noted fluctuating orientation, episodic hallucinations, and suspected alcohol-related neurocognitive disorder but no indication for inpatient psychiatric admission. Social services indicated that institutional placement required a medical board report and that Turkey lacks a structured, rapidly functioning adult guardianship system. Despite medical stabilization, the patient's prolonged hospitalization solely due to lack of social support represents a violation of principles of equity and fair access to healthcare.

Discussion: This case demonstrates how homelessness, cognitive impairment, and fragmented social support structures can transform medical problems into prolonged and preventable hospitalizations. International guidelines emphasize that palliative care addresses psychosocial and social suffering alongside physical distress. However Turkey lacks an efficient mechanism for placing non-terminal adults who require protective and custodial social care. In this context, the palliative care team became a “last safety net,” underscoring the ethical responsibility and solidarity shown by healthcare professionals.

Conclusion: Strengthening community-based services, developing adult guardianship mechanisms, and ensuring that vulnerable individuals have the freedom and opportunity to access safe housing and long-term care are essential for humanistic and to uphold dignity in primary care.

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ID 1076- Health and illness on the streets: navigating between formal healthcare and personal survival strategies

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Context: People experiencing homelessness often face substantial barriers to accessing formal healthcare. Mistrust, previous negative encounters, and daily survival demands shape how they perceive and use medical care. Many alternate between the official health system and personal strategies—such as traditional remedies or spiritual resources—to manage physical and mental health.

Objectives: To explore how people living on the streets understand health and illness, how they relate to formal healthcare, and what alternative strategies they use to cope with symptoms. A secondary objective is to compare the experiences of those who trust and regularly use medical services with those who avoid or reject them.

Methods: This qualitative study forms part of a broader mixed-methods project on homelessness trajectories. We are conducting semi-structured interviews with adults currently experiencing homelessness or recently living on the streets. Data are being analysed thematically using inductive coding. Special attention is paid to narratives about healthcare interactions—such as perceptions of overmedication or lack of understanding—and to descriptions of personal survival strategies (traditional remedies, spiritual support, peer networks). Ethical approval was granted by the Comité de Ética de la Investigación de Aragón (CEICA).

Results: Preliminary analysis reveals two contrasting patterns: (1) Participants who trust the medical system report relief in receiving structured care, while also noting fragmented follow-up and challenges adhering to treatment in unstable living conditions. (2) Participants who avoid formal care express stigma, fear of not being understood, and preference for culturally familiar practices or peer-supported strategies. Across both groups, ambivalence, emotional strain, and the need to prioritise daily survival strongly influence health behaviours. Full thematic findings will be presented at the conference.

Discussion: Early findings indicate that healthcare avoidance is not merely a personal choice but is shaped by traumatic past interactions, structural obstacles, and efforts to maintain autonomy. Understanding these perspectives is key for designing accessible, non-stigmatising, and flexible interventions tailored to people living on the streets.

Conclusion: This study highlights the coexistence of formal healthcare use and alternative survival strategies among people experiencing homelessness. These insights can inform community health programmes and support more inclusive, person-centred physical and mental healthcare.

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ID 1074- Barriers and facilitators in healthcare accessibility for street medicine patients in the Netherlands: a mixed-methods approach exploring professionals

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Context: The homeless population in the Netherlands is growing. Homeless people experience more health problems and have a lower life expectancy compared to the general population. However, they encounter barriers in accessing healthcare services. Consequently, they make use of street medicine initiatives, rather than visiting a general practitioner.

Objectives: This study aims to gain insight into healthcare accessibility for the street medicine population in the Netherlands, with a focus on barriers and facilitators.

Methods: This study used a mixed-method explanatory sequential design, combining an online survey among Dutch street medicine professionals (N=33) with semi-structured interviews (N=6). Descriptive statistical analysis was conducted in SPSS; thematic analysis in ATLAS.ti.

Results: Most survey respondents perceived patient-related barriers (patients' behaviour (perceived by 91%), lack of health insurance (91%) and stable housing (85%)), as well as provider-related barriers (lack of knowledge (82%) and cooperation (76%)). Qualitative findings were structured around three barriers in (1) Person-centred care, (2) Competencies of care providers, and (3) Healthcare organisation. Low-threshold services, aligned with patients' contexts was identified as a key facilitator. Professionals' knowledge, attitudes, and skills could be enhanced through training. Professional networks and collaboration were also essential facilitators.

Discussion: The need for training for providers was emphasized. Regional variations in the provision and organisation of street medicine emerged, and literature supports these findings by advocating tailored approaches of care. Findings highlight the importance of equity-oriented policies and professional collaboration. Future research should include street medicine patient perspectives.

Conclusion: Healthcare accessibility for patients engaged in street medicine in the Netherlands is hindered by both patient- and provider-level barriers. Therefore, person-centred care, improvement of care providers' competencies, and stronger networks and collaboration are needed.

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ID 586- "Salut Sense Barreres: Evaluation of a Community Project for integrating

Homeless individuals into Public Health Care

Mariona ISBERT PRADES, Laura OLIVA VIDAL, Ana RIU LLENA, Angela BLASI MARTINEZ, Maria Paz LOSCERTALES DE LA PUEBLA, Marcelo COVELO CURRAS, Agustin GARRIDO GORRIA, Irene MATEOS CONDE, Marina FAUQUED BAUSELLS, Sergi MORENO LARA

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Context: People experiencing homelessness face major obstacles to healthcare access, often relying on emergency services instead of primary care and resulting in poorer health outcomes. The community project “Salut Sense Barreres” (Health without Barriers) was launched by a primary care centre located on a catalan neighbourhood with high deprivation rates in coordination with a Social Gym acting as a reference community agent for homeless people. This project established a weekly administrative and health care point in the social Gym to bring this population closer to the public health care system.

Objectives: To evaluate the impact of the project "Salut Sense Barreres" in reducing barriers to health care access for homeless individuals in a deprivated district of a big city.

Methods: A descriptive study was conducted from February 2024 to January 2025, using weekly registers and health records for all homeless individuals attended during this period at the community point, with local ethics committee approval.

Results: A total of 322 users registered for the weekly advice point, of whom 266 people were included in the primary care electronic health record. At the end of the period, 10.53% obtained a definitive sanitary identification number. Primary care linkage with a doctor and nurse assigned was achieved for 18.42% in the intervention primary care centre and 28% to other primary care centers. Of the visits they made to the reference centre, 9.04% were to emergencies. This population accounted for 0.27% of total emergency visits. When a health professional was assigned, 64.19% of appointments were with them. The sociodemographic profile shows a male population (95.34%), with a mean age of 32.37 years, and mainly from Algeria (31.70) and Morocco (27.60%). Administratively, passport possession represents 53.40%.

Discussion: The outcomes are consistent with other studies showing that having health coverage diminishes emergency use.

Conclusion: This study shows that flexible, community-based healthcare delivered in trusted community spaces can reduce access barriers for people systematically excluded from the health system. This project proves to be a promising approach to strengthen engagement with primary care and promote more equitable access to essential health services.

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ID 281- Impact of Directly Observed Treatment on Tuberculosis Case Outcomes: A Comparative Analysis Between the Homeless Population and the General Population

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Context: Tuberculosis (TB) is a bacterial infectious disease that remains a major public health challenge in XXX due to its high incidence. The homeless population (HP) is approximately 56 times more likely to contract TB than the general population, indicating an association between social vulnerability and disease transmission. Directly Observed Therapy (DOT) is a strategy in which patients take their prescribed medication under the supervision of a health care professional. This approach aims to improve treatment adherence and reduce treatment default rates, particularly among vulnerable populations.

Objectives: This study aimed to comparatively assess the impact of DOT on disease outcomes among HP and the general population.

Methods: This is a quantitative, descriptive study, that used TB case notification data from XXX between 2015 and 2024, recorded in the National Disease Notification System (SINAN).The outcomes analyzed were treatment default, death due to TB, and drug-resistant TB (DR-TB) — collectively defined as unfavorable outcomes — and cure, defined as the favorable outcome. The comparison of DOT impacts on TB outcomes between HP and the general population was performed using the Mantel–Haenszel chi-square test.

Results: During the study period, 612,577 new TB cases with defined outcomes were reported nationwide, of which 11,621 were among HP; 5,614 of these individuals received DOT. After adjusting for differences in DOT implementation between HP and the general population, individuals who received DOT had 2.37-fold higher odds of cure compared with those who did not (Mantel–Haenszel Odds Ratio [ORMH] = 2.37; CI95% [ORMH] = [2.26–2.48]; $p < 0.001$). When analyzed separately, DOT was associated with 2.31-fold higher odds of cure in the general population, whereas among HP this effect was even greater, with 3.62-fold higher odds, indicating that the beneficial impact of the strategy is particularly pronounced in this vulnerable group.

Discussion: These findings corroborate existing evidence linking DOT to improved TB treatment outcomes, as the strategy enhances adherence to appropriate therapy.

Conclusion: Therefore, implementing DOT within Primary Health Care strengthens patient engagement with the health system and should be encouraged by public health authorities as an effective means of controlling TB progression.

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ID 2300- Factors Influencing Late Diagnosis in People Living with HIV in Oman: An Ambidirectional Cohort Study, 1992–2024

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Context: Despite advancements in the management of Human Immunodeficiency Virus (HIV), challenges remain in achieving early diagnosis, particularly in contexts with sociocultural and structural barriers.

Methods: This study examined factors associated with late diagnosis (LD) among people living with HIV (PLWH) in Oman from 1992 to 2024.

Originality: An ambidirectional cohort study was conducted at the National Referral HIV Hospital in Muscat (Royal Hospital, Ministry of Health), including HIV-positive adults aged ≥18 years with complete baseline CD4 count, viral load, and haemoglobin data. Informatio

Lessons learned and future implication: Of the 549 patients studied, 30.1% had a late diagnosis for treatment. Among late diagnoses, 72.1% were infected via sexual transmission, 64.8% were asymptomatic, and 52.5% had no comorbidities. Younger age groups had significantly higher adjusted relative

Discussion: This study identifies key factors influencing the timing of HIV diagnosis in Oman from 1992 to 2024, providing critical evidence to support data-driven decision-making. Late diagnosis was more prevalent among younger patients, those with disease stages 1 and 3, and those with cardiovascular comorbidities.

Conclusion: However, those with low haemoglobin were diagnosed early. These findings emphasize the need for enhanced early testing strategies, tailored clinical care, stigma reduction, and timely psychosocial interventions to improve outcomes and support Oman's 95-95-95 targets.

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Integrated care

ID 1213- Why registration matters: general practitioners making a difference in healthcare for people with intellectual disabilities

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Context: A considerable proportion of the population (1-3%) lives with an intellectual disability (ID), based on their IQ (>70). In the Netherlands, the estimated prevalence is even higher, with around 1.1 million people (6.4% of the population) and includes borderline intellectual functioning (IQ 70-85) when combined with limitations in adaptive functioning. However, accurate numbers are lacking. General practitioners (GPs) provide important medical care for people with an ID, yet only about 20% of these patients are formally registered in GP records. No guidelines exist for this registration, although the International Classification of Primary Care (ICPC) code p85, 'mental retardation', is often used. While GPs are not required to register ID, doing so may facilitate better recognition of health needs and tailored care (longer consults, simplified communication). However, barriers exist: GPs may lack the knowledge to recognize ID, and stigma can discourage registration. Consequently, consultations may be too short or too complex, leaving patients without appropriate care. To develop recommendations for registration of ID in general practice, it is essential to understand perspectives and experiences of people with an ID and GPs on registration.

Objectives: To gain insight into the experiences and perceptions of GPs and people with an ID regarding the process of registering an ID in general practice.

Methods: A qualitative study explores perceptions and experiences of GPs and people with an ID on the process of registration an ID in general practice using focus groups. We aim to conduct three focus groups with GPs and five focus groups with people with a mild ID.

Results: At the time of the 30th WONCA Europe conference 2026 the focus groups will have ended and results will be presented. We will share the essential views of GPs and people with an ID on the registration of an ID in general practice.

Discussion: We will share and discuss obtained views of GPs and people with an ID on the registration of an ID in general practice.

Conclusion: Our insights will generate new knowledge and approaches to improve ID recognition and registration in primary care and contribute to improved health care and reduced health inequities for people with ID.

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ID 1149- Equity through cultural safety: Primary-care adaptations for a high-risk Ashura ritual in a minority community.

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Context: As a family physician serving a small Jaʿfari Shi'a minority community in Eastern Turkey, I work within a sociocultural setting where self-bloodletting during Ashura is a deeply meaningful expression of mourning, identity, and fraternity. Similar practices exist in other Shi'a populations globally. In our region, the ritual creates predictable periods of elevated exposure to blood-borne infections. In primary care—guided by principles of liberty, equity, and humanism—understanding such lived cultural realities is essential for equitable and culturally safe care.

Methods: During the ritual, I observed frequent sharing of blades, absence of sterilization, and rapid sequential blood contact—conditions forming a potential transmission chain for hepatitis B, hepatitis C, and HIV. Cultural norms of endurance, self-sacrifice, and lack of previous outbreaks appeared to normalize risk-taking and reduce preventive behavior. These sociocultural dynamics shaped engagement with health information and primary care services.

Originality: Although high-risk behaviors in minority groups have been studied, to our knowledge no work has examined this long-standing ritual specifically through a preventive primary-care perspective. Our ongoing research is one of the few field-based reflections f

Lessons learned and future implication: This experience prompted several practice adaptations: prioritizing hepatitis B vaccination and tetanus boosters; proactive screening of ritual participants, pregnant women, and newborns; pre-ritual counseling; and maintaining a non-judgmental environment

Discussion: Identifying this group as periodically high-risk supports more equitable preventive service allocation. Harm-reduction approaches proved more culturally aligned than prohibition-oriented messaging.

Conclusion: Our aim is not to restrict the ritual but to support safer participation by aligning cultural respect with evidence-based prevention, thereby strengthening trust, equity, and humanistic primary care.

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ID 1123- The Role of Primary Care Physicians in Preventing Obesity and Diabetes: Challenges and Opportunities

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Context: The escalating global epidemics of obesity and type 2 diabetes (T2DM) pose a severe threat to public health, with lower-middle-income countries like Kyrgyzstan facing a disproportionately high burden. Primary care is recognized as the crucial frontline for prevention, yet significant barriers often hinder its effectiveness in resource-limited settings.

Objectives: This study aimed to comprehensively assess the role, barriers, and opportunities related to obesity and diabetes prevention within the primary care system of Kyrgyzstan.

Methods: A qualitative, exploratory study based on grounded theory was conducted in 2025. Thirteen family physicians (12 female, 1 male) with a mix of urban and rural practices in Northern Kyrgyzstan were recruited. Data were collected via semi-structured interviews, which were transcribed, translated, and analyzed using axial coding to identify central categories and their relationships.

Results: The analysis identified a central issue: the ineffective prevention and management of obesity and diabetes. Several key themes emerged, including patient-related barriers, systemic obstacles, contextual challenges, a lack of institutional support, compensatory strategies, and negative consequences. This situation was primarily driven by several causal factors, including a critical shortage of specialists, such as endocrinologists and dietitians, financial barriers faced by patients, and low public awareness about these health issues. These challenges were further exacerbated by overwhelming physician workloads and deeply ingrained cultural dietary habits. In response to these pressures, physicians, constrained by a lack of government assistance and a patient mindset that often places health responsibility elsewhere, resorted to compensatory strategies. These included taking on extra duties and focusing health education efforts on younger, more receptive audiences. However, these measures ultimately resulted in late-stage diagnoses, physician burnout, and a continued failure of the preventive health system.

Discussion: Kyrgyzstan's primary care physicians are constrained by systemic and sociocultural barriers, resulting in a reactive care model unlike more integrated systems elsewhere.

Conclusion: There is an urgent need for systemic interventions to address specialist shortages, reduce physician workload by transferring competencies and involving other health specialists in primary health care, and implement supportive policies. Strengthening the primary care system is essential to unlock its preventive potential and curb the growing epidemic of obesity and diabetes in Kyrgyzstan.

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ID 1029- Meeting the needs of patients with complex health and welfare problems: a focus group and interview study.

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Context: Serious welfare problems can negatively impact health and create a complex mix of physical, mental and welfare problems. These problems are often persistent, and are associated with a lower quality of life and frequent healthcare utilisation. Policymakers and researchers are increasingly looking to integrated care as a solution for patients with problems on multiple life domains. However, there is little information on how these patients experience care and whether this meets their needs.

Objectives: To describe the characteristics, care experiences and views on optimal care among patients with multi-domain problems

Methods: Focus groups and individual (semi-structured) interviews were conducted with 'patients with multi-domain problems'. Participants had ≥1 chronic physical condition, ≥1 welfare issue, and frequent GP consultations.

Results: In total, 21 participated in the study. They described their situation as complex due to accumulating and interacting problems. Participants mentioned unmet basic needs, that they often felt were urgent. They mentioned trust issues, due to negative or traumatic experiences, and a tendency to withdraw from contact. They expressed that building a relationship with their care provider takes time, personal continuity and a supportive attitude. They underlined the need for coordinated and personalised care. Further issues were: need for assistance with practical issues and improving self-reliance.

Discussion: Participants' description of ideal care aligns with what patients in general value: relationship, continuity, feeling acknowledged and whole person care. Their trust issues trust may complicate building a trusting relationship. Feelings of urgency may not be shared by GP's and risk ad hoc consultations (hindering continuity). GP's should consider referring to case management for expertise on unmet basic needs and practical support, but steps are needed to prevent withdrawal from future care.

Conclusion: The care needs of patients with multi-domain problems are roughly similar to those of the general population. Fragile trust and feelings of urgency are distinctive characteristics that need attention of GPs.

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ID 725- Published in BMC Medicine

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Context: While patient-centered care and contextual adaptation are recognized as crucial for clinical practice, they are often overlooked in randomized controlled trials. Current personalized medicine studies focus almost exclusively on biological factors, mainly because precise markers describing patients' psychosocial and environmental factors are lacking.

Objectives: The objective of this study was to provide an initial set of psychosocial and contextual markers, derived from physicians' self-reported descriptions of real-world personalization situations.

Methods: An online questionnaire with one open-ended question, asking physicians to describe clinical situations in which they personalized care, was used. Physicians were recruited from March 31, 2023, to August 10, 2023, from three hospitals, five university departments of general practice and six physician organizations in France. Recruitment was

conducted through email invitations, with participants encouraged to invite their colleagues via a snowball sampling method. The analysis involved both manual and AI-assisted content analysis using GPT3.5-Turbo (OpenAI). Mathematical models to assess data saturation were used to ensure that a comprehensive list of markers was identified.

Results: In total, 1340 people connected to the survey platform and 1004 (75.0%) physicians were eligible for the study (median age 39 years old, IQR 34 to 50; 60.5% women; 67.0% working in outpatient settings; 65.2% were general practitioners), among whom 290 answered the open-ended question. The participants reported 317 clinical situations during which they personalized care. Personalization was based on the consideration of 40 markers: 27 were related to patients' psychosocial characteristics (e.g., patient capacity, psychological state, beliefs), and 13 were related to circumstances (e.g., competing activities, support network, living environment). The data saturation models showed that at least 97.0% of the potential markers were identified. Manual and AI-assisted content analysis using GPT3.5-Turbo were concordant for 89.9% of clinical situations.

Discussion: Afterwards, the effect of these markers on treatment engagement and effectiveness needs to be evaluated in clinical studies and integrated as tailoring variables in personalized interventions to build evidence-based personalization.

Conclusion: To our knowledge, this is the first list of fine-grained individuals' psychological, social, cultural, behavioral, and economic factors that may influence their response to treatment across a broad range of situations and diseases.

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ID 152- Dog Companionship and Loneliness in Older Adults: A Multicentre, Cross-Sectional Study in Primary Care and Hospital Care

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Context: Loneliness and social isolation are major public health concerns among older adults and are associated with depression, cognitive decline, frailty, and loss of independence. Companion animals (and dogs in particular) might mitigate these adverse outcomes by fostering emotional support, physical activity, and social interactions.

Objectives: The objective of the present study aimed to evaluate the association between dog ownership and loneliness in community-dwelling older adults.

Methods: C-KDOG is a multicentre, cross-sectional study conducted between September 2020 and April 2023 at seven investigating centres in France. The participants were aged 75 or over and were living at home. Loneliness was assessed on the 11-item De Jong Gierveld Loneliness Scale. The secondary outcomes included emotional and social loneliness subscores, social isolation (according to the Social Network Index), and the presence of falls and bites. Associations between dog ownership and loneliness were analyzed using multivariable linear regressions adjusted for sociodemographic, environmental and clinical characteristics.

Results: A total of 160 participants were included, of whom 47 were dog owners (mean age: 82 years; females: 116 (73%); living alone: 79 (49%)). The median overall loneliness scores did not differ significantly when comparing dog owners and non-owners. In adjusted models, however, dog ownership was independently associated with lower loneliness. This association was mainly driven by a lower emotional loneliness subscore. Living alone, frailty, depressive symptoms, and sleep problems were independently associated with a greater level of loneliness. Dog ownership was primarily motivated by companionship (81%). Adverse events (falls or bites) were rare (5%).

Discussion: This study had strengths: the analysis of the patients' clinical and sociodemographic characteristics in depth; the distinction between loneliness and social isolation and the characterization of respondents motivations for owning a dog or not. The limitations were a study design that prevents the assessment of causal

relationships; a relatively small sample size and the fact that the study was conducted during the COVID-19 pandemic, which may have altered how loneliness and social isolation were reported.

Conclusion: Dog ownership was associated with a lower level of emotional loneliness among community-dwelling older adults, independently of frailty and depression. Companion dogs might contribute to emotional well-being in older adults.

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ID 33- Helping Patients Think Critically: A Primary Care Approach to Assessing Health Claims

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Context: Family doctors are increasingly asked to comment on a wide range of treatments—prescription medications, supplements, and natural/alternative remedies. Patients want to know: Does it work? Is it safe? Should I try it? In an environment saturated with marketing, testimonials, and conflicting opinions, both patients and clinicians need a consistent, practical way to evaluate these claims together.

Methods: This presentation outlines a four-question framework developed from everyday clinical practice to guide evidence-informed, patient-centred decision-making. The framework can be applied to any health intervention—traditional or otherwise—by systematically asking: 1. What are the benefits? 2. What are the harms? 3. What are the costs? 4. How convenient is it? Each step will be further outlined and supported by examples drawn from real-world consultations. The process integrates shared decision-making, critical thinking, and basic principles of evidence evaluation to create a repeatable approach for clinical encounters.

Originality: This framework bridges the gap between scientific evidence and everyday practice. It emphasizes reasoning over reaction—helping both clinicians and patients move beyond emotion, anecdote, or marketing toward logic, context, and values. It is quick, conver

Lessons learned and future implication: Applying this model can lead to clearer patient understanding, greater confidence in clinical recommendations, and more collaborative decision-making. It helps clinicians do this process with confidence and clarity. Patients can then make their choice bas

Discussion: Given the myriad of decisions family physicans have to make alongside their patients, it is imperative that we have a structured and practical framework with which to have those discussions. The framework outlined provides that structure to handle any conversation around treatment and medication options.These discussions can strengthen trust, improve patient autonomy, and safeguard against misinformation—without requiring extra time or complex tools.

Conclusion: This practical four-question framework empowers clinicians and patients alike to evaluate any treatment - traditional or modern - using common sense, clarity, and compassion which are the core of family medicine.

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It takes a village: interprofessional community care

ID 1973- Ecology of medical and non-medical care: Model has changed!

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Context: In 1961, White described patterns of access to healthcare in the United States, showing that most health problems were managed in primary care, with fewer patients accessing secondary or tertiary services. Subsequent studies have demonstrated the stability and broad

applicability of this ecology of care model. The increasing complexity of health needs, and the demographic evolution of human resources have led to the evolution of care models. Collaborative health practices have been promoted and strengthened.

Objectives: The present study aims to extend this framework in France by incorporating reimbursed care delivered by non-physician professionals, in order to better reflect patients' contacts with health system.

Methods: We conducted a nationwide, population-based, cross-sectional study using data from the French National Health Data System (SNDS). The SNDS covers about 99% of the French population and contains longitudinal records of all primary and secondary care reimbursed health expenses. Following White's medical ecology framework, healthcare use was measured as the number of beneficiaries per 1,000 persons with at least one reimbursement ("contact") in a given month. All individuals covered by the database in 2018 were included.

Results: In 2018, the monthly number of contacts with ambulatory care were 231 per 1,000 persons with ambulatory general practitioners, 77 per 1,000 persons with other ambulatory specialists, 72 per 1,000 persons with dentists and 5 per 1,000 persons with midwives. The monthly numbers of other contacts in primary care were reprensented by: 61 per 1,000 persons with nurses, 56 per 1,000 persons with physiotherapists, 10 per 1,000 persons with speech therapists. The monthly number of hospital contacts per 1,000 persons was 36 with hospital specialists, and 11 for hospitalizations.

Discussion: Non-physician professionals contribute significantly to healthcare use in France. Their inclusion in the ecology of care framework provides a more comprehensive view of patient pathways and highlights the multidisciplinary nature of healthcare delivery. Ongoing analyses stratified by age and sex will provide additional insights on this model.

Conclusion: Integrating reimbursed care from non-physician professionals enhances the understanding of healthcare use in France. This expanded ecology of care underscores the importance of interprofessional primary care and offers relevant insights for health policy and planning.

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ID 2016- The value of casemanagement in the treatment of patients with post-COVID

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Context: Patients with complex post-COVID issues were referred by their general practitioner to a post-COVID carepath of 6 months in the Nijmegen region within the Netlherlands (2022-2024). The core component was a regionally operating casemanager. This individual: 1) provides recognition and explanation, 2) coordinates and organizes care, and 3) fosters interdisciplinary collaboration within the care network.

Objectives: This study evaluated the long-term impact of post-COVID carepath with the involvement of a casemanager.

Methods: This mixed-methods study evaluated quantitatively symptomatology, cognition, daily functioning, quality of life, and coping with symptoms at baseline and after 3 and 6 months for 193 patients. After 2 years (n=82 patients), we repeated questionnaires and added questions on post-exertional malaise (PEM), orthostatic intolerance (OI), healthcare utilization, and informal caregiving. We used the systematic and reflexive interviewing and reporting (SRIR) method for collecting, organizing, coding, and analyzing qualitative data. We interviewed 18 patients, 3 casemanagers, and 15 professionals.

Results: Casemanagers referred most often to two or three allied healthcare professionals, most often to occcupational therapy (85%) and physiotherapy (61%). The total time spent on 6 months casemanagement is 321 minutes per patient. Patient satisfaction was high with 8.3 (1-10). After 6 months, symptoms have decreased, functioning in household and social contacts has improved, and the denial, resistance, and sadness regarding the

illness have decreased. The 2-year follow-up measurement shows a mixed picture; some symptoms continue to decrease, while others remain stable or worsen. Patients with PEM (66%) and OI (36%) exhibit more severe symptomatology and worsen without care pathway guidance. The integrated thematic analyses of the interviews revealed four overarching domains: 1. Patient navigation and empowerment 2. Coordination and continuity of care within the care path 3. Communication and interprofessional collaboration 4. Core attributes and competencies of post-COVID case managers.

Discussion: Care for patients with PEM and OI requires a different approach than for patients without these conditions.

Conclusion: The patient group experiences severe health issues for which long-term recognition, acknowledgment, support, guidance, and treatment are necessary. The case manager relieves the general practitioner, medical specialists, and family by taking charge to ensure that the appropriate care is provided.

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ID 1690- Interprofessional Collaboration in Primary Health Care: Orientations of Co-operation and Perceived Development Needs among Primary Care Physicians in Finland

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Context: In Finland, primary care facilities typically host co-located multidisciplinary health professionals, enabling interprofessional collaboration (IPC) to support coordinated service delivery. More knowledge is needed on physicians' perspectives on its effectiveness and areas for improvement.

Objectives: This study aimed to explore primary care physicians' (PCPs) perceptions of current IPC practices and identify opportunities for improvement to advance collaborative care.

Methods: A qualitative descriptive approach was adopted, involving PCPs from both urban and rural primary health care (PHC) units across all Finnish wellbeing services counties. Data were gathered through a nationwide online survey. Responses to two open-ended questions were analyzed using inductive thematic analysis, guided by conceptual orientations of interprofessional work.

Results: A total of 270 PCPs participated. Two overarching themes derived regarding existing practices: (1) Factors sustaining chain-like IPC, marked by structural limitations and conventional role-based practices; and (2) Factors enabling shared knowledge creation, encompassing structural supports such as collaborative environments, model-based approaches, and team structures, alongside attitudes and values promoting communication and joint learning. Development needs highlighted by participants included stronger leadership for collaboration, improved work environments and culture, structured models, and communication strategies.

Discussion: The study identified two distinct orientations of IPC: a traditional model, shaped by structural constraints, and a shared-knowledge model, supported by collaborative environments.

Conclusion: Improved IPC requires stronger leadership, supportive work settings, and structured models. Future research should investigate IPC orientations in relation to patient experiences and roles, and interactions with other professionals.

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ID 937- Listening to the community: a qualitative study of health mediation needs to inform primary care programmes

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Context: Across Europe, social inequities in health continue to hinder access to care, particularly in socioeconomically deprived neighbourhoods. General practitioners (GPs) frequently encounter patients facing administrative hurdles, fragmented services and low health literacy. Health mediation and social prescribing are increasingly promoted as solutions to bridge medical and social needs and strengthen patient autonomy. However, programme design is often top-down, and little is known about what communities themselves identify as their most important needs. Despite the expansion of health mediation initiatives and additional roles in primary care such as link workers, few studies have explored these needs from the perspective of residents living in deprived neighbourhoods. To address this gap, a qualitative study was implemented in a priority urban neighbourhood.

Objectives: To explore, from a community perspective, the health mediation needs of residents in a French priority urban neighbourhood, with the aim of informing the design of primary care and social prescribing programmes.

Methods: We conducted a qualitative phenomenological study using semi-structured interviews with adult residents. Purposive sampling ensured diversity in language, social situation and healthcare use. Interviews explored lived experiences of accessing care, perceived obstacles, expectations of health mediation and preferred forms of support. Data were analysed thematically until saturation.

Results: Ten interviews were conducted, reflecting a wide range of social and linguistic backgrounds. Participants described significant difficulties with administrative procedures, care navigation and communication with healthcare services. Five community-defined priorities emerged: - simplifying administrative processes through a clear medico-social interface; - supporting navigation and understanding of care pathways; - increasing professionals' awareness of the impact of social vulnerability on care; - promoting empowerment by valuing patient experience and reducing stigma; - developing accessible health promotion activities, particularly for mental health.

Discussion: These findings highlight the importance of designing mediation and social prescribing programmes grounded in the lived experiences of the populations they serve, rather than solely on professional or institutional perspectives.

Conclusion: A community-driven approach is essential to improving access, autonomy and continuity of care in deprived areas. Integrating health mediators sustainably into primary care requires long-term funding and programmes that are shaped directly by residents' expressed needs.

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ID 267- Management Strategy for Statin Intolerance: Feasibility of N-of-1 tests in Primary Care Teams

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Context: Statin intolerance, whether real or perceived, is common in primary care practice. These patients face the choice of either discontinuing treatment and thereby increasing their cardiovascular risk, or taking a less effective substitute (fibrates or ezetimibe monotherapy) or a much more expensive alternative (anti-PCSK9 antibodies). Since they anticipate adverse effects when considering resuming statin therapy, rechallenging statin therapy is likely to fail. By contrast, a blinded N-of-1 test approach is likely to circumvent this cognitive bias. An N-of-1 test is a double-blinded multiple crossover clinical trial run in a single patient, in which random allocation determines sequences of active treatment and control periods.

Methods: Four patients at high cardiovascular risk who had discontinued their statin treatment were offered an N-of-1 test between 2021 and 2024 to compare the tolerability of a statin with either a placebo or an active comparator (ezetimibe or fenofibrate). Placebo was chosen in two patients not taking any lipid-lowering treatment before the

test. Each patient gave their consent for the test. The dispensing pharmacist, duly informed, prepared identical capsules containing either the statin or the comparator and randomly assigned treatment sequences in blocks of two. Each test consisted of six 21-day treatment periods alternating simvastatin and placebo, or 28-day treatment periods alternating simvastatin and the active comparator. Patients assessed their tolerance daily using visual analogue scales for muscle pain. At the end of the test, after unblinding, the results were graphed and analysed with the patients.

Originality: By combining treatment individualisation with patient engagement, the N-of-1 approach could transform primary care practice in situations of uncertainty.

Lessons learned and future implication: All four patients completed their tests, filling in 88% to 99% of the daily pain scales. After test completion, they all rated their pain as moderate and unrelated to statins, and subsequently resumed statin therapy, which they continue until now. Patient

Discussion: The same approach has been used successfully in the UK in two recent randomised placebo-controlled trials using an N-of-1 approach and designed to assess statin tolerance and nocebo effects.

Conclusion: Our experience proves that conducting N-of-1 tests is feasible in primary care teams.

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ID 303- Effectiveness of a multidisciplinary community intervention in patients with fibromyalgia: a quasi-experimental trial with pre and post-intervention evaluation.

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Context: In our primary care team,within the context of social and healthcare interventions in our health area,we have identified a need to improve care for our patients with fibromyalgia syndrome,and therefore we have decided to implement a multidisciplinary educational intervention.

Objectives: Main objetive:To evaluate the impact of a multidisciplinary educational intervention in fibromyalgia patients in a health district on their perception of quality of life and disease control, their symptoms of depression and anxiety, their perception of pain, and their use of healthcare resources. Specific

Objectives: -To analyze changes in patients' quality of life before and after the intervention using the FIQ-R questionnaire. -To evaluate the evolution of anxiety and depression symptoms using the HADS scale. -To measure changes in catastrophic thinking related to pain using the PCS scale. -To describe the change in the use of healthcare resources (number of medical and nursing visits) after the intervention. -To characterize the sociodemographic and clinical profile of the participants (age, sex, educational level, comorbidities, years since diagnosis, pharmacological treatment).

Methods: -Study Design:a prospective, longitudinal, quasi-experimental (before-after) analytical study. -Study Setting:urban Primary Care Health Center -Duration:eleven months. -Target Population:adults diagnosed with fibromyalgia and receiving routine follow-up in primary care. -Inclusion Criteria:oPatients diagnosed with fibromyalgia according to ACR criteria. oAge between 18 and 80 years and receiving routine follow-up at the Health Center. oSigned informed consent. -Exclusion Criteria:oSevere cognitive impairment. oUncontrolled psychiatric comorbidity. oSevere communication difficulties. -Sample size and power plan Given the project nature and the uncertainty regarding the achievable sample size (n), the study is planned with a minimum operational sample size of 30 participants as a pilot simple with confidence level α=0.05 and power 80–90% (bilateral),considering pre–post correlation. -

Intervention Description:The community education program for fibromyalgia consists of nine monthly group sessions,each lasting approximately two hours. It is designed using a multidisciplinary approach and includes the participation of healthcare and social work professionals,as well as the Afibrocar Association.

Results: We are currently performing the intervention, results discussion and conclusion will be able by the time of the conference

Discussion: Will be able by the time of the conference

Conclusion: Will be able by the time of the conference

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Lab tests

ID 2116- The Changing Correlation Between HbA1c and Fasting Plasma Glucose Across Stages of Chronic Kidney Disease in People with Type 2 Diabetes with and without Anemia

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Context: HbA1c is widely used to monitor long-term glycemic control and predict complications in patients with diabetes. However, its reliability is reduced in Chronic Kidney Disease (CKD), where factors such as anemia alter the relationship between glycation and actual glucose exposure. As CKD progresses, HbA1c levels may be falsely decreased, weakening their correlation with fasting glucose. Because clinical guidelines often rely on specific HbA1c thresholds, these inaccuracies may contribute to suboptimal medication management, treatment delays, and increased risk of complications.

Objectives: To characterize how the correlation between fasting plasma glucose and HbA1c changes across CKD stages in patients with and without anemia.

Methods: We conducted a cross-sectional study using medical records from a large health maintenance organization, including all adults with type 2 diabetes. CKD stage was defined by estimated glomerular filtration rate (eGFR). Anemia was defined as hemoglobin <12 g/dL in women and <13 g/dL in men. Linear regression models and Pearson correlation coefficients were used to assess the relationship between fasting glucose and HbA1c across CKD stages, stratified by anemia status.

Results: The study included 69,200 adults with diabetes, of whom 18.0% had eGFR <60 mL/min/1.73m². Among patients with eGFR ≥60 and no anemia, HbA1c increased by 0.023 percentage points for each 1 mg/dL increase in fasting glucose. This slope decreased to 0.020 for those with eGFR 45–59 without anemia, 0.018 for those with anemia, and 0.011 for patients with eGFR <15. Correlation between fasting glucose and HbA1c was high in patients with eGFR ≥60 (R=0.71, CI 0.70–0.71) and declined with worsening CKD and anemia: R=0.64 (CI 0.62–0.65) and R=0.57 (CI 0.24–0.60) for eGFR 45–59 without and with anemia, respectively, and R=0.54 (CI 0.47–0.61) for eGFR <15.

Discussion: The relationship between fasting glucose and HbA1c weakens progressively with declining kidney function, particularly in the presence of anemia. These findings reflect physiological changes in CKD, including shortened red-cell lifespan, that contribute to falsely low HbA1c values.

Conclusion: HbA1c is less reliable as kidney function declines, and anemia further reduces its accuracy. Clinicians should interpret HbA1c cautiously in CKD and consider complementary markers to avoid undertreatment and prevent complications.

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ID 1875- Infectious disease test regulation- Is it feasible? Is it effective?

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Context: There is a vast spectrum of tests for infectious diseases [ID]- sample cultures, sample PCR, PCR of blood and multiple seroloical tests. Today almost all ID testing can be performed in the community- blood samples, swabs for culture and PCR- then performed in community-, hospital- or specialist laboratories. The number of tests available requires a broad knowledge of ID to determine which tests to perform for a specific patient, and which results are prerequisites for advanced testing. There are various ways to improve the relevance of tests sent such as preauthorisation by electronic medical record [EMR] or by email or phone or authorisation after the sample arrives at the testing site. We have been authorising 31 ID tests for over 10 years, determined by cost of test and by overuse. We describe the results of this programme and the relevance for other primary care health systems

Methods: In 2015 we constructed a list of tests which were often found to be nonrelevant. As our EMR is not able to perform preauthorisation, we informed all physicians of the tests included and that a decision whether or not to perform the tests would made after the sample reached the laboratory. This was in order not to increase physician workload and to enable central control at the level of the district laboratory. In all cases of tests not performed, the sending physician was informed by email, together with the reasoning.

Originality: We are the only district in our HMO limiting tests in this way, the objective being not only to improve accuracy but also to educate community physicians.

Lessons learned and future implication: Over 2021-2024 around 42% of the ID tests sent were approved, with a saving of 60% in costs. Our rate of ID testing was merely a third of the country rate.

Discussion: Costs saved by direct regulation were only a quarter of all savings- the remainder stemmed fron the Hawthorne effect. The regulation required a single ID physician and two part time lab administrative staff. Annual savings amounted to $3 per patient for 500,000 patients.

Conclusion: ID testing can be made more focused, saving costs and improving physician capability

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ID 1694- Translating guidelines into practice: Implementation of NT-proBNP testing for early heart failure detection in diabetes

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Context: Diabetes is strongly correlated with heart failure (HF), and early identification of asymptomatic HF (Stage B) can improve outcomes. The American Diabetes Association (ADA) recommends measuring N-terminal pro B-type natriuretic peptide (NT-proBNP) for early diagnosis of HF in people with diabetes. However, achieving universal adoption remains a challenge in clinical practice.

Methods: A multinational group of primary care, cardiology and endocrinology experts convened to reflect on practical recommendations for implementing the ADA guidelines on a national level. Key parameters for implementation were considered: the patient pathway, resource availability, NT-proBNP thresholds, educational needs of clinicians, and cost implications. The primary finding was the necessity of local tailoring to manage the potential strain on general practitioners and specialist cardiology services. Proposed strategies included: prioritizing high-risk patient phenotypes as the target population (e.g., based on age and existing comorbidities), adopting risk-stratified NT-proBNP thresholds, leveraging digital tools and education led by specialists to

enable easier result interpretation and guidance on further actions.

Originality: This work is innovative as it synthesizes and compares diverse practical experiences from ten countries, showing how multiple nations adapted the ADA guideline to their unique local healthcare systems. It confirms that implementation of NT-proBNP testing

Lessons learned and future implication: The collective experience confirms that a multipronged approach is essential for sustainable early HF detection. Crucially, economic analyses consistently show that NT-proBNP-guided management is cost-effective globally, primarily driven by the reduction

Discussion: This collective reflection provides actionable models for general practitioners, supported by cardiologists and endocrinologists, to implement early HF detection programs in their local settings.

Conclusion: Effective integration of NT-proBNP testing relies on establishing clear, financially supported, multidisciplinary pathways that balance global guideline directives with national resource capacity and clinical complexity.

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ID 867- Implementation of C-reactive Protein Point-of-Care Testing in Primary Care

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Context: Inappropriate antibiotic prescribing for mild acute respiratory infections (ARIs) contributes to bacterial resistance. In Primary Care, clinical assessment alone often does not allow clinicians to differentiate reliably between viral and bacterial infections. C-reactive protein (CRP) point-of-care testing (POCT) provides rapid capillary blood analysis (under 10 minutes) and may support more accurate decision-making. The main public Primary Care provider in Catalonia implemented CRP POCT across selected adult and paediatric centres to improve ARI management.

Methods: A multidisciplinary steering group was established to plan the implementation and anticipate operational challenges. The strategy accounted for the seasonal increase in ARIs, aiming to guarantee full functionality before late autumn. Key actions included procurement of 110 CRP POCT devices, identification of territorial leads to support rollout, development of clinical algorithms incorporating CRP measurement when diagnostic uncertainty exists, distribution of devices to pilot centres, and structured training for local leads and healthcare teams. Following deployment, pilot centres began routine use of CRP POCT, with a final evaluation phase planned.

Originality: This initiative represents a large-scale, system-wide introduction of CRP POCT within a regional Primary Care network. Although CRP POCT is well established in other countries, its coordinated integration into clinical pathways, combined with organization

Lessons learned and future implication: Successful implementation required close collaboration across clinical, managerial and technical teams, highlighting the importance of structured change-management strategies. CRP POCT has the potential to enhance diagnostic accuracy, guide antibiotic pre

Discussion: Early implementation suggests that structured planning, territorial leadership and clear clinical pathways are essential for integrating POCT technologies into routine Primary Care workflows.

Conclusion: This project may become an effective and scalable model for improving ARI management, promoting rational antibiotic use, and strengthening resolution capacity in Primary Care.

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ID 610- Revisiting the Dexamethasone Suppression Test: A Stepwise Approach for Primary Care Assessment

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Context: The low-dose dexamethasone suppression test (DST) is widely used in primary care for screening endogenous Cushing's syndrome, yet interpretation in daily practice remains challenging. Acute illness, metabolic disturbances, and individual hypothalamic–pituitary–adrenal (HPA) variability may generate borderline or inconsistent cortisol levels, complicating clinical decision-making regarding further evaluation.

Methods: A 71-year-old woman with poorly controlled type 2 DM was hospitalized for urinary tract infection. Laboratory tests revealed markedly elevated ACTH (125 pg/mL) and cortisol (60 µg/dL) despite the absence of cushingoid appearance on physical examination. An in-hospital overnight low-dose DST showed absent suppression (33.2 µg/dL), and pituitary MRI revealed normal size without focal lesion. After clinical stabilization, a repeated DST demonstrated equivocal suppression (1.92 µg/dL). During follow-up, her metabolic profile remained variable, but no clear evidence of overt hypercortisolism emerged.

Originality: This case illustrates a diagnostic challenge in which repeated DSTs remained inconclusive despite the absence of a pituitary lesion. It highlights how borderline suppression patterns and the timing of testing can complicate interpretation.

Lessons learned and future implication: DST should ideally be performed when the clinical condition has stabilized to avoid misleading results. The equivocal suppression after recovery shows that abnormal findings obtained during acute illness might require confirmation rather than immediate in

Discussion: Equivocal DST results can create uncertainty in routine practice, especially when laboratory values are not clearly interpretable or change over time. Using longitudinal assessment and focused follow-up testing can help clinicians better understand these borderline findings and avoid unnecessary escalation of care.

Conclusion: A structured, context-based approach supports more reliable interpretation of DST results and promotes more efficient use of healthcare resources in primary care.

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ID 358- Implementation of glycated hemoglobin measurement through point of care as a parameter of glycemic control

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Context: Managing diabetes solely through blood glucose levels is insufficient to reduce morbidity and mortality caused by the disease. The Mexican Social Security Institute (IMSS) has 5.3 million people diagnosed with diabetes, and for years, Glycosylated hemoglobin (HbA1c) testing was not available at the primary care level. In recent years, the use of HbA1c has been promoted as part of the assessment of glycemic control in people living with diabetes.

Methods: In 2024, the IMSS conducted a pilot program to increase the use of Glycosylated hemoglobin testing at the primary care level. This program was implemented in 35 Family Medicine Units across three Mexican states (Coahuila, Jalisco, and Veracruz), which lack nearby access to laboratories. These units were provided with point-of-care equipment and cartridges for rapid HbA1c testing. Field visits were conducted (January-March), and training was provided to healthcare team personnel.

Originality: From January to June 2024, 19,783 rapid HbA1c tests were performed in the 35 medical units, with an initial average HbA1c of 8.1. Medical staff made therapeutic adjustments in cases where

patients were not within the target range. At the end of the pilot

Lessons learned and future implication: Laboratory tests are necessary for all individuals to accurately assess patients' metabolic control. Plans are underway to make portable equipment for rapid glycated hemoglobin testing available to healthcare providers and patients.

Discussion: Having rapid glycosylated hemoglobin tests would be beneficial for clinical decision-making to improve the management of diabetes in people living with the disease, specially en family medicine units far away or without laboratory

Conclusion: Given the lack of access to laboratory services and HbA1c testing in Family Medicine Units (UMF), having a point-of-care device for rapid HbA1c determination can facilitate therapeutic adjustments by physicians to improve diabetes control.

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ID 164- Is Erythrocyte Sedimentation Rate Still Relevant in General Practice? A Systematic Review of the Literature

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Context: In 2024, more than 15 million erythrocyte sedimentation rate (ESR) tests were performed in French primary care, despite the availability of more specific inflammatory markers such as C-reactive protein (CRP). Although ESR has been used in clinical practice for over a century, its diagnostic relevance in general practice remains uncertain.

Objectives: To determine the current, evidence-based indications for ESR testing in adult patients in general practice.

Methods: A systematic literature review was conducted between March 2020 and January 2022 across PubMed (Medline), Cochrane, Web of Science, Cairn, Lissa, Google Scholar, and La Revue Prescrire. The search combined MeSH terms and related keywords for “erythrocyte sedimentation rate” and “general practice” in English and French. Only studies focusing primarily on ESR testing in adult humans within a clinical context were included. Recent professional guidelines from relevant specialties were also analyzed to contextualize findings.

Results: The review identified nine original studies, seven literature reviews or expert opinions, and five clinical practice guidelines. Among them, 81% were published before 2000, highlighting a lack of recent research. Historically, ESR was used as a broad inflammatory screening test, including in asymptomatic patients and cancer screening—indications now considered obsolete. Current evidence supports ESR use only in specific inflammatory conditions: giant cell arteritis (Horton’s disease), rheumatoid arthritis, and Hodgkin lymphoma, often in association with CRP. For other diseases, CRP has replaced ESR due to its faster kinetics, better sensitivity, and higher diagnostic relevance.

Discussion: Despite its declining scientific value, ESR remains widely prescribed in French general practice. Its persistence likely reflects habit, simplicity, low cost, and slow diffusion of updated evidence. There are no formal national recommendations defining ESR use in primary care.

Conclusion: The ESR test appears largely obsolete in general practice, except in limited diagnostic contexts (Horton’s disease, rheumatoid arthritis, Hodgkin lymphoma). Physicians should be encouraged to use CRP alone as the preferred inflammatory marker. This work led to recommendations for best practice by the HAS on the use of sedimentation rate.

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Less is more

ID 2196- Polypharmacy in Older Adults: An Evidence Summary on Risks and Deprescribing Interventions

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Context: Polypharmacy, defined as the concurrent use of five or more medications, is a prevalent and growing global concern in geriatrics. While strongly linked to negative health outcomes, research is complicated by a lack of definitional standardization. Modern management focuses not simply on reducing pill counts, but on transitioning from problematic to appropriate polypharmacy through structured deprescribing.

Objectives: 1) Describe the risks and negative health outcomes associated with polypharmacy in older adults 2) Evaluate the role, effectiveness, and implementation of deprescribing as a key management strategy to mitigate these risks.

Methods: Key systematic reviews, meta-analyses, and randomized controlled trials (RCTs) on the subject were cited in the narrative review of the literature that served as the foundation for the synthesis. The STOPP/START criteria and the AGS Beers Criteria® are two evidence-based deprescribing guidelines that were emphasized. High-quality study designs were used to summarize established associations and intervention outcomes.

Results: Adverse drug reactions, falls, frailty, functional and cognitive decline, hospitalization, and increased mortality are just a few of the negative outcomes for which polypharmacy is an independent risk factor. A vicious cycle is produced by a reciprocal relationship with frailty. Strong evidence supports deprescribing interventions. RCTs and meta-analyses show that these interventions are useful, secure, and successful, dramatically lowering death and fall rates without raising adverse events . Medication review clinics and multidisciplinary team approaches are examples of successful models. The majority of older adults are willing to deprescribe if advised by their clinician.

Discussion: The findings underscore that polypharmacy is a major patient safety issue. The paradigm has shifted from indiscriminate medication reduction to optimized, evidence-based therapy. Deprescribing, facilitated by validated tools and a shared decision-making approach, is a core strategy to break the cycle of harm. Its effectiveness in diverse settings confirms its clinical utility. An acknowledged lack of a single, standardized definition for polypharmacy, complicates research and consistent application.

Conclusion: Polypharmacy in older adults is a high-risk, prevalent condition strongly associated with serious negative health outcomes. Structured deprescribing, guided by established criteria and patient-clinician collaboration, is an effective and safe intervention to reduce these risks, moving therapy from problematic to appropriate.

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ID 2141- Patients' perceptions of the carbon footprint of medicines in primary care: a qualitative study

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Context: Climate change is a major public health challenge, with direct and indirect impacts on population health. Healthcare systems themselves contribute significantly to greenhouse gas emissions, particularly through the life cycle of medicines, including production, distribution, use, and disposal. In primary care, discussions around appropriate prescribing, deprescribing, and "right care" are increasingly linked to environmental sustainability. However, patients' perceptions of the carbon footprint associated with medicines remain poorly explored.

Objectives: To explore patients' perceptions of the carbon footprint of their medication consumption in primary care, including their views on responsibilities and possible individual or collective actions.

Methods: A qualitative exploratory study was conducted using semi-structured interviews with adult patients receiving primary care. Participants were recruited through purposive sampling to ensure diversity of profiles. Interviews were audio-recorded, transcribed verbatim, and analysed using

thematic analysis. Data collection and analysis were performed iteratively. Data saturation was reached after the tenth interview, and the two subsequent interviews confirmed saturation. Triangulation between researchers was undertaken to enhance the credibility of the analysis.

Results: Patients demonstrated partial awareness of the carbon footprint of medicines, most often associating it with drug degradation and disposal rather than with manufacturing or distribution processes. Responsibility for medication overconsumption was mainly attributed to the healthcare system, including the state, pharmaceutical industry, and prescribing physicians. Patient education on the links between health and environmental sustainability was perceived as important but currently insufficient. Views on individual actions varied: some participants expressed a perceived necessity to act at a personal level, while others highlighted difficulties in changing behaviours or expressed feelings of powerlessness, sometimes accompanied by pessimistic views regarding the future of the planet.

Discussion: These findings reveal an emerging but fragmented understanding of the environmental impact of medicines among patients. Tensions between individual responsibility and systemic responsibility were prominent, as well as concerns about the effectiveness of individual-level actions.

Conclusion: Exploring patients' perceptions of the carbon footprint of medicines provides valuable insights for supporting discussions on appropriate prescribing and deprescribing in primary care. Integrating these representations into clinical practice may help foster more acceptable conversations around environmental sustainability, right care, and health promotion in primary care.

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ID 114- Deprescribing in practice a cross sectional study

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Context: Multiple potentially inappropriate drug prescriptions increase in older adults. There are many benefits to deprescribing, for patients and for One Health.

Objectives: The objective was to measure the acceptability and rate of deprescribing among seniors aged 75 and over, using deprescribing support tools, as REMEDI[e]S (REview of potentially inappropriate MEDIcation pr[e]scribing in Seniors). The secondary objective was to collect the reasons for deprescribing

Methods: Observational study in a multidisciplinary health center from October 2023 to May 2024. The study population consisted of patients aged 75 and older with at least five medications. The data collected were: age, sex, medical history, creatinine clearance. The data presented were in numbers, mean, standard deviation, median, interquartile range. Deprescribing was compared using Fisher's exact tests for age, gender, and number of medications. The effect of each variable was estimated using the adjusted odds ratio and its 95% confidence interval. All statistical tests were two-tailed and performed at a 5% risk of type I error by BiostaTGV. The South East CPP validated this study (2023/CE 26).

Results: Sixty-nine patients participated; average age 85.4 years and 68% women. The average number of drugs was 6.9. Deprescribing was accepted at 95.6%. Deprescribing carried out in 49% of prescriptions. Deprescribing was more performed when patients had seven or more medications ($p < 0.05$). PPIs accounted for 44% of deprescribed medications, followed by anxiolytics, antidiabetics, and antihypertensives. The main reason for deprescribing was "lack of indication" (49%), followed by "dose unsuitable for renal function" (22%), "unfavorable risk-benefit ratio" (16%), and "inappropriate prescription duration" (13%).

Discussion: Few studies focus on analyzing deprescribing in practice by general practitioners.Tools to assist with deprescribing exist in France. The application of REMEDI in everyday practice should enable the implementation of deprescribing, which is widely accepted by older people, while reducing the time doctors spend on this process. This study encourage general practitioners to implement deprescribing, given its feasibility and acceptability as highlighted in this study.

Conclusion: The rates of acceptability and implementation of deprescribing can encourage general practitioners to discuss the subject of deprescribing with their patients.

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ID 1784- I Have My Doubts About Stopping': Caregivers' Role in the Decision to Discontinue Antidepressants in Older Adults

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Context: Long-term use of antidepressants (ADs) is common, particularly among older adults who are at greater risk of adverse effects and drug interactions due to age and polypharmacy. Informal caregivers often play a role in managing care and medication, making their perspectives of the discontinuation of unnecessary long-term AD use in older adults relevant.

Objectives: This study examines caregivers' views on discontinuing long-term AD in older adults

Methods: Eleven semi-structured interviews were conducted with caregivers of individuals aged 75+ who had been using ADs for over a year for depression and clinically stable. Interviews were thematically analyzed.

Results: The 11 participants (9 females; 49–75 years) were all family members (e.g. partners, children). Caregivers identified several factors influencing their perspectives. Many were hesitant to discontinue ADs due to perceived benefits for the older adult's quality of life and fears of relapse, which they believed could negatively affect the older adult's well-being as well as increase their own caregiving burden. Limited knowledge about ADs, depression, and their side effects contributed to their preference for maintaining the status quo. Caregivers emphasized the importance of a stable social network and living conditions as facilitators of discontinuation but noted that these factors were often lacking in older adults. While some caregivers preferred leaving decisions to the GP and the older adult, others expressed a desire to be actively involved in the process. Moreover, they saw themselves as potential facilitators by monitoring mental health changes during discontinuation and providing support. GPs were viewed as central to initiating and guiding the discontinuation process.

Discussion: This is the first study exploring caregivers' perspectives on discontinuing long-term AD in older adults, highlighting their pivotal but underutilized role in this process. We purposely sampled 11 caregivers from different geographic regions in xx to ensure we fully captured a wide range of opinions and the data reached saturation.

Conclusion: Caregivers' perspectives on discontinuing long-term AD use are shaped by limited knowledge, concerns about relapse, and a strong desire to support the older adult. Caregiver education, improved communication, and active involvement of caregivers by the GP is recommneded to facilitate the discontinuation of long-term AD in older adults.

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ID 1446- Deprescribing long-term use of antidepressants: strategies for clinical practice

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Context: Long-term antidepressant use is high in high-income countries. Depression guidelines recommend that antidepressants should be taken up to 6-12months after remission and up to 2years after remission in those at high risk of relapse. However, an increasing number of patients who feel well continue to use antidepressants much longer than recommended, even for years, without clear indication. This long-term usage contributes to the

rising consumption of antidepressants. For health care professionals and patients, fear of relapse is a major reason for not initiating a discussion about discontinuing the antidepressant. The workshop integrates the latest research findings with clinical aspects and offers practical insights for safe and effective deprescribing long-term antidepressant use.

Objectives: Learning Objectives: Understanding the rationale, the pro and the cons of deprescribing long-term antidepressants, including the risks and benefits with long-term use • Insights into the pharmacological principles and the tapering schemes for deprescribing antidepressants • Recognize potential barriers to deprescribing antidepressants and explore strategies to overcome them. • Develop strategies for engaging patients in discussions about deprescribing antidepressants, and supporting them through the deprescribing process. • Collaborating with a multidisciplinary healthcare team in the deprescribing process.

Teaching method and workshop: This workshop stimulates intensive interaction with the participants by using clinical cases, poll votes, video fragments and discussions of participants' views and experiences.

Expected outcomes: dentify indications for deprescribing long-term antidepressant use based on current evidence and clinical guidelines. Develop individualized tapering plans applying pharmacological principles and considering withdrawal risks. Recognize common barriers to

Conclusion: This workshop aims to increase participants' confidence by providing practical tools, and to facilitate safe and effective deprescribing long-term antidepressants in clinical practice. In addition, the workshop encourages a dialogue between researchers, clinicians, and other stakeholders to address this deprescribing challenge.

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ID 596- Deprescribing in Context: a systems-oriented mixed-methods study of professional and patient perspectives (DEPREFLEX)

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Context: Deprescribing is often framed as a clinical decision, yet in everyday general practice it emerges from broader system dynamics: professional routines, organizational arrangements, medico-legal concerns, economic incentives, and the growing importance of environmental considerations. Understanding these interacting factors is essential for designing scalable deprescribing strategies. The DEPREFLEX study adopts a systems-oriented and action-research approach embedded within a network of GPs, specialists, pharmacists, nurses, patients, associations, and policy interlocutors.

Objectives: To examine how clinicians and patients perceive deprescribing, how different framings (clinical, economic, environmental) gain or lose legitimacy, and which organizational mechanisms in primary care enable or hinder deprescribing in practice. Findings will directly inform the co-construction of a discrete choice experiment (DCE) and practical tools for general practice.

Methods: This mixed-methods study combines qualitative interviews and subsequent quantitative stated-preference modeling. The qualitative phase (February–May 2026) includes ~30 purposively sampled participants across diverse practice settings (solo GPs, multidisciplinary centers, pharmacists, and patients). Interview guides explore perceived levers/barriers, coordination and documentation routines, medico-legal "cover", and interpretations of deprescribing framed through clinical priorities, cost considerations, or environmental sustainability. Interviews are recorded, transcribed, anonymized, and analyzed thematically through an abductive approach by a multidisciplinary team. Iterative member-checking with our actor network refines interpretations and supports the development of DCE attributes and levels.

Results: Data collection is underway. By July 2026, we expect to report clearly identified preliminary themes such as: dominant framings of deprescribing among different actors; the role of team routines and pharmacist collaboration; organizational

facilitators and bottlenecks; and areas of convergence/divergence between professionals and patients. These results will be presented as robust interim findings from the qualitative phase.

Discussion: Early insights indicate that deprescribing decisions cannot be separated from system Context: accountability distribution, documentation practices, perceived risks, and coordination mechanisms profoundly shape what GPs consider feasible or legitimate. Understanding these dynamics is essential for designing deprescribing policies and tools aligned with real-world primary care constraints.

Conclusion: DEPREFLEX provides system-aware evidence to inform policy-relevant, scalable deprescribing strategies. By integrating qualitative insights into a co-constructed DCE and practice tools, this study aims to support GPs in implementing deprescribing within realistic organizational conditions.

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ID 917- Deprescribing in an out patient medical clinic at a tertiary care hospital in Sri Lanka-A quality improvement project

Ushettige PERERA

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Context: Deprescribing is recommended especially in elderly population where polypharmacy would lead to many adverse effects. Previous studies have focused solely on disease specific or medication-specific deprescribing such as reducing potentially inappropriate (e.g., antipsychotics) or unnecessary (e.g., proton pump inhibitors) medications.One Australian study evaluated a hospital-based deprescribing intervention designed to reduce total drug burden . There were no such studies done in Sri Lanka.

Objectives: General Deprescribe the medications that are no longer required Specific To assess the prevalence of deprescribng medications To identify categories of deprescribing medications To assess patient and disease characteristics which are associated with deprescribing medications To identify reasons of deprescribing

Methods: Method It was a Randomized controlled study with sample size of 135. We used interview-based questionnaire to collect data from clinic patients. Study setting was medical clinic of National Hospital Kandy-Sri lanka Analyzing method used was SPSS-20.

Results: Results Prevalence of the long-term unnecessary drugs was 30.3%. Categories of unnecessary drug groups identified were antiplatelets, proton pump inhibitors, frusemide and drugs used for neuropathic pain such as amitriptyline. There were patients ranging from 30year to 87years. Most of the unnecessary drugs were found in patients treated for ischemic heart disease (44.4%), diabetes (34.1%), hypertension (52.6%) and strokes (13.3%). Two main reasons for deprescribing were, no indication to continue the drug and long duration. According to our study majority of deprescribing was due to no proper indication (68.1%)

Discussion: Rising costs attributed to unnecessary drugs represent a major threat to achieving sustainable health care [13]. By doing this study we found out the commonly encountered drugs which were continued unnecessarily.Sri Lanka is going through an economic crisis, this quality improvement project, will reduce medication burden and save a huge amount of money spent on these medications.

Conclusion: Conclusion Most of our patients with ischemic heart disease, stroke, hypertension, diabetes was started on drugs to be continued for long durations.We should deprescribe the unnecessary drugs according to guidelines. The drugs which were started for short lasting complaints should be stopped when the indication is over. There by we can reduce the cost spent on these medications.

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Lifestyle

ID 2151- A Digital Lifestyle Coaching Intervention Delivered by Trained Health

Coaches: Outcomes Across Diverse Primary Care Populations

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Context: Lifestyle-related factors such as obesity, inactivity, and poor diet contribute significantly to multimorbidity and primary care demand. Traditional lifestyle programmes often fail to engage working-age adults, underserved groups or people with language or cultural barriers. To address these issues we implemented a digital lifestyle coaching intervention delivered by trained health coaches to provide personalised behaviour-change support at scale.

Objectives: To assess the impact of digital lifestyle coaching on: 1. Weight, metabolic outcomes and HbA1c 2. A&E utilisation 3. Patient engagement and retention 4. Equity across diverse populations

Methods: A retrospective analysis was undertaken using operational data from NHS patients enrolled in the digital coaching service. The evaluation was conducted across multiple primary care sites serving approximately 500,000 patients Outcomes included weight change, HbA1c, medication use, A&E utilisation, and retention. Qualitative feedback was collected through user reports.

Results: Since implementation, more than 7,000 patients have participated in the intervention. Quantitative outcomes included: - Mean weight change −2.2 kg overall and −3.9 kg among 12-week completers - HbA1c reductions of −9.9 mmol/L in one cohort and −5.5 mmol/mol in another - 90% reduction in hypoglycaemia-related medication use in one region A&E utilisation 37.7% lower than system average in a high-need cohort Retention rates reached 80% where coaching was provided, compared with 15% in digital-only programmes. Patient feedback highlighted improved motivation, deeper understanding of nutrition and increased confidence in self-management. Cultural and multilingual adaptations supported strong engagement among ethnic minority and deprived populations. Engagement was particularly strong among underserved groups, indicating that culturally tailored coaching may help reduce health inequalities.

Discussion: Personalised digital coaching delivered by trained health coaches significantly improved metabolic outcomes and engagement in diverse communities. Combining behavioural science with cultural adaptation was essential for reaching underserved populations. These outcomes highlight the potential for scalable digital coaching models to support metabolic health at population level.

Conclusion: Digital coaching interventions can deliver measurable health improvements, reduce A&E utilisation and support primary care sustainability when integrated into population-health pathways. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

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ID 2149- A Digital Lifestyle Coaching Intervention to Support Behaviour Change in Primary Care

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Context: Lifestyle-related conditions such as type 2 diabetes, hypertension, obesity, and stress place increasing pressure on primary care. Traditional behavioural interventions often rely on structured education or group programmes that many patients find difficult to access. Demand for flexible, personalised support has grown as patients seek help managing long-term conditions and fluctuating symptoms alongside busy lifestyles. Primary care teams required an at-scale approach capable of providing sustained behaviour-change support without increasing clinician workload.

Methods: A digital lifestyle coaching intervention was implemented across an organisation serving 500,000 patients across multiple primary care sites, supporting more than 7,000 patients to date. Patients were invited through routine clinical pathways, targeted outreach and proactive

identification of at-risk/high need individuals. The innovative model combined one-to-one coaching with daily digital prompts, reflective check-ins and personalised behaviour-change plans. Coaches maintained regular asynchronous contact and scheduled calls, enabling continuity and accountability over several months. Scale was achieved by embedding the programme into existing long-term condition workflows, allowing large cohorts of patients to begin personalised coaching simultaneously. Strengths included the flexibility of remote engagement and the ability to support large numbers of patients in parallel. Safety checks were embedded at critical points and concerns about clinical safety addressed in DTAC, DPIA and DCB0129/0160-aligned safety assessment.

Originality: Unlike traditional lifestyle services, this intervention delivered personalised behavioural support at population scale. Its blend of digital tools and human coaching provided a continuous, adaptive model rather than isolated educational sessions, making

Lessons learned and future implication: Embedding the programme into routine pathways increased uptake and normalised lifestyle coaching as a core component of chronic disease management. Future development may include tighter integration with long-term condition recall, digital triage and soci

Discussion: The intervention demonstrated that large-scale personalised lifestyle support is feasible in primary care and can complement clinician-led care by improving self-management and reducing reliance on short, episodic consultations.

Conclusion: Mean weight change of -3.9kg, HbA1c reduction of -9.9mmol/mol and 37.7% reduction in A&E utilisation reflect significant population-health improvement. This scalable digital lifestyle coaching model enabled sustained behaviour change, enhanced patient confidence with retention rates of 80% in diverse primary care communities.

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ID 2104- A Digital Self-Management Tool to Improve Patient Wellbeing in Primary Care

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Context: Many patients present to primary care with concerns linked to anxiety, low mood, sleep difficulties, inactivity and long-term conditions that require sustained self-management support. Traditional primary care involves brief clinical consultations with limited opportunity for regular follow-up or coaching. This often leads to repeated appointments, increased demand and frustration for patients who struggle to maintain progress. Practices sought an at-scale solution to offer continuous, personalised wellbeing support without increasing clinician workload.

Methods: A digital self-management tool was introduced across practices serving 500,000 people to help patients build healthier routines through personalised support. This innovative programme was offered to individuals with frequent attendance patterns, multimorbidity, or persistent wellbeing challenges. Implementation followed a staged approach, beginning with small cohorts to understand adoption patterns and refine onboarding. Patients chose goals related to sleep, emotional wellbeing, physical activity or lifestyle behaviours. The tool provided daily nudges, behavioural prompts, reflective check-ins and progress was monitored through a structured wellbeing framework. Strengths included accessibility outside appointment hours and ability for patients to engage at their own pace. Safety checks were embedded at critical points and concerns about clinical safety addressed in DTAC, DPIA and DCB0129/0160-aligned safety assessment.

Originality: Unlike traditional self-help resources, the tool offered personalised, adaptive guidance tailored to individual behaviour patterns. Its design allowed for continuous micro-engagement rather than episodic clinical contact. This contrasted with existing wel

Lessons learned and future implication: Teams learned that identifying suitable patients early—such as frequent attenders or those managing multiple long-term conditions—enhanced impact. Future developments may include integration with social prescribing, group coaching or condition-specific pa

Discussion: The experience showed that digital self-management support can complement primary care by empowering patients, reducing administrative demand and offering continuity between clinical interactions. Engagement was strongest when practices introduced the tool as part of a broader personalised care approach.

Conclusion: 82% patients using the personalised digital self-management tool felt more in control of their health, 68% reported improved wellbeing and appointment utilisation decreased by 15% in frequent attenders. This solution represents a scalable, cost-effective and patient-centred approach to enhancing holistic care.

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ID 1649- Assessment of Behaviour Change Interventions using a Mixed-methods Approach in Primary Healthcare Centers

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Context: The Kosovo Non-Communicable Disease Cohort (KOSCO), a collaborative study between the Swiss TPH, NIPHK, and UP, has been implemented in Kosovo since 2019. The AQH project in collaboration with NIPHK are implementing behaviour change interventions to facilitate improvement in lifestyle behaviours.

Objectives: This study assesses the impact of behaviour change interventions on health behaviours, participants' stages of health behaviour change, as well as describes experiences and perceived benefits of motivational counselling.

Methods: Study participants (n=907) were recruited from 12 municipalities participating in the KOSCO study. For the quantitative study, data on lifestyle behaviours and stages for behavioural change were used. For the qualitative study, in-depth interviews were conducted with 26 cohort participants who had undergone motivational counselling.

Results: Quantitative study: 13% of study participants are smokers, 86% do not adhere to WHO recommendations for physical activity, 93% do not consume fruits and vegetables based on WHO recommendations, and 61% are obese. In all lifestyle behaviours: physical activity, nutrition, smoking, alcohol consumption participants were in precontemplation phase. Qualitative study: Participants who received motivational counselling describe positive experiences and willingness to start to change their health behaviors. Main barriers for physical activity behaviors are: lack of outdoor facilities for physical activity, weak health conditions, and insufficient knowledge on types of exercises.

Discussion: More tailored primary healthcare approaches in accordance with patients' views need to be considered for behaviour change interventions to efficiently facilitate lifestyle behaviour change.

Conclusion: To improve the health behaviours, the following tailored approaches are suggested: a) strengthened referral mechanism b) specialized services for smoking cessation; c) delivery of group physical activity sessions.

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ID 739- Enhancing Preventive care, Equity and Community-Oriented Primary Healthcare through Structured Lifestyle Intervention Pathways in Rural Practice

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Context: Lifestyle-related risk factors remain major contributors to cardiometabolic morbidity. Rural populations frequently face barriers to accessing preventive programmes, including transport challenges, limited local services and reduced health literacy. WONCA Europe emphasises equity, continuity, prevention and community orientation; Principles that can be operationalised through structured lifestyle interventions combining personalised support with accessible behaviour-change pathways. This project evaluated the delivery and impact of an integrated lifestyle referral model incorporating exercise, weight management support, smoking-cessation and alcohol reduction interventions.

Methods: A mixed-methods evaluation was undertaken. During routine consultations, clinicians conducted structured lifestyle assessments, using patient responses to guide referrals to one of four evidence-based pathways: supervised exercise programmes, weight management support, smoking cessation services or alcohol reduction programmes. Many participants enrolled in a 12-week combined intervention programme. Quantitative data captured referral volumes across programme types, while qualitative insights were obtained from patient feedback and discussions, analysed thematically to explore drivers of engagement, perceived benefits and barriers.

Originality: To assess the effectiveness, reach and community benefit of structured lifestyle intervention pathways within a rural primary care population. To explore how personalised referrals and supported behaviour change improve health outcomes, engagement and pat

Lessons learned and future implication: Between January-October 2025, 391 patients were referred. 64 accessed smoking cessation support, six participated in health-coach alcohol reduction sessions, 84 joined weight management programmes and 155 enrolled in supervised exercise interventions. 82

Discussion: Structured lifestyle pathways demonstrated strong engagement and patient benefit, particularly when referrals were personalised and accessible. Interventions that matched individual needs supported sustainable behaviour change, motivation, confidence and social connection, promoting equitable preventive care. Capacity limitations restricted access for some, highlighting the importance of expanding provision and maintaining ongoing follow-up to maximise long-term health impact.

Conclusion: Structured, personalised lifestyle intervention pathways enhances preventive care, empowers patients and strengthens community-oriented primary healthcare. Combining supervised exercise, behavioural weight management, targeted smoking and alcohol reduction support aligns with WONCA priorities and supports long-term population health. Expanding programme capacity will improve reach and outcomes in rural populations.

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ID 435- Physical Activity Levels Among General Practitioners: A Regional Survey in Northern France

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Context: Physical activity (PA) is a key component of chronic disease prevention and management, yet remains insufficiently promoted in routine primary care. General practitioners (GPs) play a central role in PA counselling, and evidence suggests that their personal activity levels may influence their clinical practice. Understanding PA habits among GPs is therefore essential for strengthening PA promotion in primary care settings.

Objectives: To assess PA levels among GPs in the Hauts-de-France region, and to explore associations

between PA levels, gender, working hours, and PA promotion practices during consultation.

Methods: A cross-sectional descriptive and analytical study was conducted between February and June 2025 among practising GPs in the Hauts-de-France region. An online questionnaire incorporating the validated short International Physical Activity Questionnaire (IPAQ) was distributed through professional networks and mailing lists. Collected variables included sociodemographics, weekly working hours, PA promotion habits, and use of adapted physical activity (APA) prescriptions. Data analysis included descriptive statistics and comparative tests, with statistical significance set at $p < 0.05$.

Results: Among 449 respondents, 268 complete responses were included in the analysis. Based on the IPAQ scoring system, 44%of GPs reported a high PA level, 40% a moderate level, and 16% a low level. Although 95.5% declared promoting PA in consultations, only 54% reported doing so systematically. APA prescription and follow-up were reported by 28% and 25% of respondents, respectively. No significant association was found between PA level and gender or weekly working hours. However, GPs with higher PA levels were significantly more likely to promote PA to all their patients ($p = 0.02$).

Discussion: While GPs demonstrate relatively high personal PA levels, this does not translate into systematic counselling or APA prescription practices. Barriers may include limited training, lack of practical tools, and insufficient integration of PA resources within primary care structures.

Conclusion: Despite satisfactory PA levels among GPs, PA promotion and APA prescription remain suboptimal. Enhancing GP training, developing user-friendly prescription tools, and strengthening links with community PA resources could improve the integration of physical activity into everyday primary care practice.

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ID 421- Impact of a Nationwide Incentive-Based Mobile Health Program on Physical Activity: Longitudinal Analysis of “Leumit FIT” Users

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Context: Physical inactivity is a leading risk factor for chronic diseases and mortality. Mobile health (mHealth) interventions with behavioral incentives may promote physical activity in real-world settings, but evidence on long-term effectiveness at the population scale remains limited. Leumit FIT is a digital program deployed nationwide within Leumit Health Services (LHS) that provides rewards, such as fitness products and healthy-lifestyle vouchers, to encourage higher daily step counts.

Objectives: To evaluate whether sustained engagement with an incentive-based step-tracking app is associated with a change in daily physical activity among the general population.

Methods: We conducted a longitudinal analysis of anonymized step-tracking data from 75,253 LHS members aged ≥14 years who used the Leumit FIT application for at least one month. Daily steps were recorded via smartphone accelerometers and aggregated at the participant-month level. A linear regression model was applied to estimate within-individual changes in physical activity associated with each month of app usage, adjusting for age, sex, ethnicity, BMI, calendar year, and seasonal variation.

Results: Participants used the app for a median of 16 months. The mean baseline physical activity was 4,799 steps/day. Each additional month of app usage was associated with a statistically significant increase of approximately 60 steps/day ($p < 0.05$). After 24 months of continuous engagement, users achieved an average increase of ~1,400 daily steps. The trend was sustained without a plateau across the observation period.

Discussion: A nationwide mHealth incentive program demonstrated durable improvements in physical activity over more than 2 years of follow-up.

Conclusion: Scalable digital interventions may contribute meaningfully to preventive health strategies by motivating clinically relevant behavioral improvements.

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Lifestyle

ID 392- Effectiveness of physical activity promotion interventions on patients' physical activity adherence in primary care. A systematic review

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Context: As stated byThe Worl Health Organization in 2020, physical activity is a huge health determinant. It contributes to prevent and to manage several non communicable diseased such as cardio-vascular diseases, diabetes or cancers that are responsible for more than hlaf of deaths in the world. Sustainable promotion of physical activity remains a major challenge for populations and health systems. Primary care is the first contact of health systems for most individuals and in charge of comprehensive and continuous care. Litterature is scarce on how much primary professionals may impact physical activity of their patients.

Objectives: Main : to systematically review litterature of the effectiveness of physical activity promotion interventions on patients' physical activity adherence in primary care. Secondary : to identify associated factors to effectiveness.

Methods: A systematic review is being conducted to analyse peer-reviewed articles on interventional comparative studies evaluating patients' adherence to physical activity after interventions in primary care. Pubmed, PsychInfo, Cochrane, EBSCO, Cairn and Web of science databases were explored from 2000 using research equations. Articles are being included if they report original studies focusing on physical activity promotion interventions for adult patients by primary care professionals in comparison to a control group and if they report outcomes related to patients' adherence. Selection of the articles is being made independently by two researchers, using Covidence. Included articles will be assesed for their methodological quality before extracting and synthesizing data. Effectiveness of interventions will be described, as well as clinicans-related, organizations-related and policy-related factors associated to effectiveness (micro, meso, and macro levels).

Results: In total, 1043 were identified by the litterature search. Selction of the article will be completed soon. Final results will be available before the WONCA congress.

Discussion: Results will be presented in regards to litterature including qualitative studies, and discussed with the congress audience including professionals, researchers and other stakeholders.

Conclusion: Deeper understanding on effectiveness of, and factors associated to, physical activity promotion interventions in primary care is needed to inform decision-making, and adapt clinical activities, profesionnal organizations and health policies, and finally improve population health.

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ID 1219- The Role of Lifestyle Modification in Reversing Type 2 Diabetes: An Evidence-Based Review

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Context: Type 2 diabetes (T2D) represents a major global public health challenge, traditionally regarded as a progressive condition requiring lifelong management. In recent years, however, a growing body of scientific literature has examined the possibility of achieving remission through intensive lifestyle modification. As interest in non-pharmacological strategies increases, synthesizing existing evidence is essential to understanding the potential and limitations of lifestyle-based diabetes reversal.

Objectives: This literature review aims to gather, analyze, and organize scientific evidence regarding the role of lifestyle interventions in achieving T2D remission. The review focuses on two core

components: (1) the effectiveness of dietary, physical activity, and behavioral interventions; and (2) the biological mechanisms underlying remission

Methods: A narrative approach was used to review peer-reviewed scientific literature, published clinical practice guidelines, and review articles across different databases.

Results: Across the literature, substantial evidence supports the potential of lifestyle interventions to induce remission in T2D. Studies evaluating very-low-calorie diets, low-carbohydrate or ketogenic diets, and whole-food plant-based eating patterns report remission rates ranging from 30% to over 60% in the first year. Weight loss, particularly reductions ≥10–15% of body weight, consistently emerges as the strongest predictor of remission, primarily through reductions in liver and pancreatic fat and improvements in insulin sensitivity. Physical activity is shown to enhance metabolic function and support weight maintenance, though it is rarely sufficient alone. Behavioral strategies such as ongoing coaching, structured follow-up, and group support are widely reported as essential components for adherence and sustained remission.

Discussion: Literature consistently demonstrates that T2D possesses metabolic reversibility when targeted with intensive, structured lifestyle intervention. However, gaps remain regarding long-term sustainability, heterogeneous remission definitions, and barriers related to socioeconomic and cultural contexts.

Conclusion: This review highlights strong evidence that lifestyle modification can achieve T2D remission. Integrating these findings into clinical practice and public health strategies may shift diabetes management toward a remission-oriented model, although further research is needed to strengthen long-term evidence and implementation strategies.

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ID 1199- Experiences of healthcare providers and patient with the LifestyleChecklist to support setting personalized lifestyle goals in primary care

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Context: Lifestyle-related conditions such as cardiovascular disease (CVD) and type 2 diabetes mellitus (T2DM) remain highly prevalent despite growing awareness of the importance of healthy behaviours. In Dutch primary care, lifestyle counselling is routinely embedded in cardiovascular risk management, yet healthcare professionals (HCPs) face increasing time pressure that limits opportunities for personalised lifestyle support. The LifestyleChecklist was developed to structure lifestyle conversations by exploring patients' experiences, motivations, and barriers to support the HCPs, but little is known about how the tool is perceived by both patients and HCPs.

Objectives: To explore how patients and HCPs perceive the LifestyleChecklist in the context of primary care management of CVD and/or T2DM, and to identify facilitators and barriers to its implementation for delivering tailored lifestyle support.

Methods: Semi-structured interviews were conducted with HCPs and patients Interviews guides were based on the Consolidated Framework of Implementation Research and interviews were analysed inductively following Braun and Clarke's principles for thematic analysis.

Results: Seven patients and nine HCPs were interviewed, three overarching themes emerged. First, the LifestyleChecklist shifted consultation dynamics by enabling more reflective, personalised, and context-driven lifestyle discussions, strengthening therapeutic relationships, enhancing patient insight, and promoting shared decision-making. Second, logistical challenges formed the main barriers: LifestyleChecklist was not consistently completed in advance and often requires additional explanation since misinterpretation could increase time pressure within already complex consultations. Third, the LifestyleChecklist supported professional development among HCPs by revealing knowledge

gaps and increasing awareness of the multidimensional aspects of lifestyle factors, thereby enhancing competence and confidence in lifestyle counselling.

Discussion: The LifestyleChecklist can enhance lifestyle consultations within the limited time available by fostering deeper contextual understanding, promoting patient engagement, and supporting HCP skill development. However, its added value depends on adequate explanation, sufficient consultation time, and thoughtful integration into existing workflows. Training may further facilitate successful implementation.

Conclusion: The LifestyleChecklist offers a promising means to strengthen personalised lifestyle counselling in primary care for patients with CVD and T2DM. Its effectiveness relies on careful integration and appropriate support for both patients and HCPs. Further research should examine its impact on long-term lifestyle outcomes.

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ID 1085- Income-related inequalities in lifestyle behaviours among European adults: cross-country evidence from 32 European countries using EHIS 2 and EHIS 3.

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Context: Unhealthy lifestyle behaviours—including physical inactivity, smoking and obesity—are major contributors to preventable morbidity and mortality across the world and in Europe. Socioeconomic inequalities strongly influence individual's ability to adopt healthy behaviours. Despite this, large-scale, harmonised cross-country comparisons covering a wide European region and multiple time points remain scarce. This study addresses this gap by analysing two waves of European health data across 32 countries.

Objectives: To quantify income-related inequalities in physical inactivity, smoking and obesity across European countries, and to assess whether these inequalities changed between waves of the European Health Interview Survey(EHIS).

Methods: We conducted a cross-sectional study using nationally representative data from 32 European countries participating in EHIS2 (2013–2015) and EHIS3 (2018–2020). Data from the United Kingdom, Switzerland and Turkey were incorporated following harmonisation procedures. Adults aged ≥15 years were included. Outcomes were physical inactivity (WHO-aligned indicators), current smoking, and obesity (BMI ≥30 kg/m²). Household equivalised-income (quintiles) was the exposure variable. Adjusted prevalence ratios and Relative Index of Inequality (RII) values were estimated using Poisson regression models adjusted for age and sex. Temporal stability was assessed by comparing RII patterns across survey waves.

Results: Clear income-related inequalities were observed for the three outcomes. Countries tended to maintain similar inequality patterns across EHIS2 and EHIS3, indicating limited change over time. Western and Northern European countries—including the United Kingdom, Belgium, France and the Netherlands—showed the largest inequalities, with several RII values frequently exceeding 2. In contrast, multiple Eastern and Southern European countries (e.g., Romania, Bulgaria, Slovakia) exhibited weaker or inconsistent gradients. Smoking and obesity systematically displayed the highest inequality levels across countries, with marked gradients that persisted in both survey waves. Country-level correlations of RII values between EHIS waves were high, suggesting stable and persistent inequality structures across Europe.

Discussion: Income-related inequalities in key lifestyle behaviours remain substantial across Europe. Smoking and obesity are consistently more prevalent among lower-income groups, and inequalities in physical inactivity persist despite ongoing public health efforts.

Conclusion: Income-related inequalities in lifestyle behaviours are pervasive across Europe and stable over time. Policies addressing the structural and contextual determinants of health are needed to reduce these gaps.

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ID 502- Combined effect of diet quality and physical activity on depressive symptom in Korean Adults: from the Korea National Health and Nutrition Examination Survery (KNHANES)

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Context: Diet quality and physical activity are modifiable lifestyle factors associated with depressive symptoms, yet their combined effects remain poorly understood.

Objectives: This study examined the joint association of diet quality, measured using the Korean Healthy Eating Index (KHEI), and total energy expenditure (EE) with depressive symptoms in adults.

Methods: We analyzed data from 18,807 adults aged ≥20 years from the the KNHANES. Diet quality (low vs. high KHEI) and total EE (low vs. high) were categorized. Depressive symptoms were defined as a PHQ-9 score ≥10. Logistic regression models estimated ORs adjusting for sociodemographic characteristics, health behaviors, and chronic disease status. Sex- and age-stratified analyses were conducted.

Results: Participants with both low KHEI and low EE had significantly higher odds of depressive symptoms compared with those with high KHEI and high EE. Elevated risks were also observed for the high KHEI/low EE and low KHEI/high EE groups. In sexstratified analyses, poor diet quality remained associated with depressive symptoms in women regardless of EE, whereas in men the association was evident primarily in the low KHEI/low EE group. Age-stratified analyses showed the strongest combined effect among middle-aged adults. Young adults demonstrated increased risk with low KHEI even at higher EE levels, while older adults were particularly sensitive to low EE.

Discussion: Our results align with previous national evidence showing that higher adherence to the KHEI is associated with a lower burden of depressive or psychological symptoms in adults, particularly among women. Age-related patterns also suggest that younger adults may require targeted support to improve fundamental dietary behaviors, while older adults may benefit more from interventions aimed at maintaining adequate physical activity. Incorporating such demographic nuances into public health strategies could enhance the effectiveness of lifestyle-based depression prevention efforts.

Conclusion: This study examined the joint association of diet quality, measured using the Korean Healthy Eating Index (KHEI), and total energy expenditure (EE) with depressive symptoms in adults.

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ID 812- Association between Subjective Visual Function and Physical Fitness Performance in Community-Dwelling Older Adults

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Lipids

ID 2077- Dictating diet or offering liberty? The Triglyceride-Glucose index as a practical tool for shared decision-making in primary care diabetes management

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Context: The principle of ‘‘Liberty’’ in family medicine implies respecting patients’ autonomy to make informed decisions about their own health. However, rigid and generic dietary restrictions often perceived as a loss of autonomy by patients with Type 2 Diabetes. To empower patients, clinicians need objective data to offer a ‘‘menu of effective options’’ rather than a single strict prescription.

Objectives: This study aims to evaluate how specific, patient-selected lifestyle modifications (e.g., choice of cooking fat, sugar restriction, exercise frequency) independently impact insulin resistance using the Triglyceride-Glucose index. The goal is to validate Triglyceride-Glucose index as a feedback tool that enables shared decision-making.

Methods: A cross-sectional study was conducted with 252 diabetic patients in a training hospital setting (Nov 2024–Apr 2025). Instead of a global compliance score alone, individual dietary habits of the patients regarding the Mediterranean diet and physical activity frequency were analyzed individually. Stepwise linear regression was used to quantify the "metabolic return" of each specific lifestyle choice on the Triglyceride-Glucose index.

Results: The analysis revealed that patients do not need to change everything at once to see results. The most potent ''options'' for lowering the Triglyceride-Glucose index were identified as: (1) Using olive oil as the primary fat source (β= -0.48), (2) Avoiding sugary beverages, and (3) Exercising ≥3 days/week. Patients adopting these specific choices achieved a Triglyceride-Glucose value significantly below the identified cut-off of 8.97, regardless of other factors.

Discussion: These findings challenge the traditional ''all-or-nothing'' approach to dietary compliance. The strong association between healthy habits and improved Triglyceride-Glucose index indicates that prioritization of high-yield changes such as olive oil consumption is clinically more effective than generic advice.

Conclusion: The Triglyceride-Glucose index allows family physicians to move from ''dictating restrictions'' to offering ''effective dietary habits''. By demonstrating that specific actions-like switching to olive oil or walking 3 days a week-can independently reset metabolic risk (Triglyceride-Glucose index: <8.97), we empower patients to exercise their liberty in choosing the lifestyle modifications they can sustain. This fosters a therapeutic alliance based on partnership rather than compliance.

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ID 1499- Cumulative effects of the components of dyslipidemia on Incidence of Cardiovascular Diseases in Korean Young Adults: A Nationwide Cohort Study

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Context: Lipid abnormalities act as independent risk factors for CVD in young adults remains a matter of debate.

Objectives: To study the cumulative effect of the components of dyslipidemia on incident cardiovascular diseases in young Korean adults.

Methods: Young adults (n =1,335,776; 20~39-years-old) who participated in the national health examinations for 4 consecutive years from 2009 to 2013 were identified in a nationwide population-based cohort in Korea. We calculated the cumulative exposure score (CES, range: 0–4) of dyslipidemia components from the four consecutive health examinations, based on the presence of high total cholesterol (TC ≥240 mg/dL), high triglycerides (TG ≥200 mg/dL), elevated low-density lipoprotein cholesterol (LDL-C ≥160 mg/dL), and reduced high-density lipoprotein cholesterol (HDL-C <40 mg/dL). Hazard ratio (HR) and 95% confidence interval (CI) for incident CVD, MI, and ischemic stroke were analyzed using the multivariable Cox proportional-hazards model according to the CES of the components of dyslipidemia.

Results: All four components of dyslipidemia showed a dose-response relationship with CES in both CVD and MI. MI was higher in patients with high TC CES4 (HR: 2.38); high LDL-C CES4 (HR: 2.39); high TG CES4 (HR: 1.50); and low HDL-C CES4 (HR: 1.35). CVD was higher in patients with high TC CES4 (HR:1.87); high LDL-C levels, CES 4 (HR: 1.85); high TG CES 4 (HR: 1.37); and low HDL-C CES 4 (HR:1.28). For ischemic stroke, the association was attenuated, but low HDL and high TG showed increased risks among men aged 30–39 years (high TG CES 2 and CES 3; low HDL-C CES 3). Increased risks were also found in women aged 30–39 years (high TG CES 4) and 20–29 years (TG CES 3).

Discussion: These findings suggest that the relationship between lipid composition and cardiovascular disease risk may vary by age and sex.However, high triglycerides and low HDL-C may deserve attention in women. These findings suggest that the relationship between lipid composition and cardiovascular disease risk may vary by age and sex.

Conclusion: In young adults, cumulative exposure to dyslipidemia is significantly associated with CVD risk in an age- and sex-specific manner.

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ID 1378- Impact of LDL-C point of care testing (POCT) on reaching the primary cardiovascular target and patient compliance in general practice

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Context: Low-Density Lipoprotein Cholesterol (LDL-C) hypercholesterolemia is a critical modifiable cardiovascular (CV) risk factor. European Society of Cardiology guidelines stress the importance of timely CV risk identification (ESC-SCORE2) and rapid achievement of the LDL-C therapeutic target, especially in apparently healthy individuals aged 40–69. However, therapeutic inertia and poor patient compliance remain major barriers in primary care.

Objectives: To evaluate the effectiveness of a proactive CV risk management protocol in general practice, integrating immediate LDL-C measurement via capillary POCT. The primary objective was to increase the percentage of at-risk patients (aged 50–69) achieving the ESC-SCORE2 LDL-C target. The secondary goal was to quantify the specific role of POCT in reducing physician inertia and optimizing patient adherence compared to conventional venous blood sampling.

Methods: 230 apparently healthy patients (50–69 years), identified from electronic records as not at target LDL-C level, were enrolled. After an initial counseling session on lifestyle, they were invited to monitor their lipid profile after 6 months.

Results: At follow-up, only 95 patients (41.3%, Group A) completed the standard central laboratory monitoring, which showed no statistically significant change in mean LDL-C. Non-compliant 135 patients (Group B) were recalled for immediate metabolic parameter reassessment using capillary POCT in the medical office. 105 (77.8%) adhered to this invitation. A significant increase in monitoring adherence was observed (POCT Adherence = 77.8% vs. Standard Adherence = 41.3%). The mean LDL-C levels in this group did not show a significant variation compared to baseline. However, following the immediate POCT feedback, 25% of these patients immediately started lipid-lowering therapy or intensified lifestyle counseling.

Discussion: CV risk management protocol integrating immediate POCT measurement significantly improved patient compliance with reassessment, nearly doubling adherence (77.8% vs. 41.3%) compared to the conventional monitoring pathway. This highlights POCT as a valuable proactive healthcare tool for reducing testing inertia and re-engaging non-compliant patients.

Conclusion: Nevertheless, the lack of statistically significant changes in mean LDL-C levels in both groups suggests that monitoring alone (standard or POCT), without immediate triage and initiation or intensification of pharmacological therapy, is insufficient for effectively and rapidly achieving the primary prevention ESC-SCORE2 targets.

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ID 1245- Familial Hypercholesterolaemia in a Young Female Presenting with Xanthelasma: Clinical Management, Family Screening, and Applicability of ESC Guidelines in Low-Resource Settings

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Context: Familial Hypercholesterolaemia (FH) is an autosomal dominant lipid disorder associated with lifelong elevated LDL cholesterol and premature atherosclerotic cardiovascular disease (ASCVD). Recognition remains low in South Asia despite high cardiovascular risk. A 29-year-old Sri Lankan garment-factory worker presented with bilateral xanthelasma and a markedly elevated LDL-cholesterol level, raising suspicion of FH. Her socioeconomic and occupational constraints highlighted the need for practical, personalised management within a lower-middle-income healthcare system

Methods: Diagnosis was guided by the ESC/EAS dyslipidaemia guidelines and Dutch Lipid Clinic Network criteria, consistent with probable FH. Given her reproductive age, a culturally sensitive sexual and contraceptive history was obtained prior to initiating high-intensity statin therapy, recognising taboos surrounding premarital sexual activity in the region. Cascade screening was arranged for her three younger sisters. A personalised lifestyle plan was developed to accommodate her 12-hour workdays, seven-day work weeks, and limited capacity for structured exercise. Recommendations included walking to work, carrying home-prepared meals for breakfast and lunch and avoiding workplace snacks.

Originality: Initiating high-dose statins in reproductive-age women, requiring sensitive counselling around contraception and sexual health in a culturally conservative setting. Applying ESC guideline-based treatment in a healthcare system where access to ezetimibe a

Lessons learned and future implication: Culturally sensitive reproductive counselling is essential before statin initiation. Personalised lifestyle plans must reflect real socioeconomic and occupational barriers. Strengthening cascade screening and improving access to second-line agents could e

Discussion: In resource-limited settings, high-intensity statins remain the most practical first-line therapy for FH. Recognising xanthelasma as a clinical marker facilitates early diagnosis. Creative lifestyle interventions aligned with patient realities can significantly complement pharmacotherapy

Conclusion: .This case illustrates effective, context-appropriate application of ESC FH guidelines through early clinical recognition, sensitive reproductive counselling, high-dose statin therapy, and family screening. It demonstrates how personalised care can meaningfully reduce long-term ASCVD risk even when advanced therapies are inaccessible.

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ID 749- Disparities in Lipid Lowering Therapy Uptake in High Risk Primary Prevention Patients vs Secondary Prevention Patients in Primary Care in the UK

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Context: Statin therapy remains a key intervention to reduce atherosclerotic cardiovascular disease (ASCVD) risk in both primary and secondary prevention patients.1 However, real-world initiation of lipid-lowering therapy (LLT) is lower in primary prevention populations, despite guideline recommendations.2 Moreover, adherence inequities exist by socioeconomic status, with evidence that individuals in deprived areas are particularly likely to have suboptimal statin use.1

Objectives: To compare LLT prescribing rates in high-risk primary prevention (no recorded cardiovascular disease, QRISK ≥ 10% (In the UK, high-risk primary prevention patients are defined as those with a QRISK3 score ≥10%, indicating a predicted 10-year cardiovascular risk ≥10% and representing the NICE-recommended threshold for offering statin therapy for primary prevention versus secondary prevention (recorded CVD) patients using data from the CVD Prevent audit.

Methods: Data was analysed from the CVD Prevent audit, defining two cohorts: (1) primary prevention: patients with QRISK ≥ 10% and no GP-recorded CVD; (2) secondary prevention: patients with GP-recorded CVD. Performance was evaluated using CVD PREVENT (June 2025), focusing on the proportion of patients in each cohort currently

prescribed LLT in our practice, across our Primary Care Network (PCN), and nationally.

Results: Primary prevention (QRISK ≥ 10%, no CVD): Our practice, 77.06%; PCN, 56.18%; national, 55.90%. Secondary prevention (GP-recorded CVD): Our practice, 94.99%; PCN, 86.08%; national, 85.41%.

Discussion: While our practice outperformed both local and national averages in both groups, there remains a substantial gap in LLT uptake between primary and secondary prevention.

Conclusion: These findings highlight a persistent treatment disparity: secondary prevention patients are considerably more likely to be prescribed LLT than high-risk primary prevention patients, even though guidelines support proactive initiation in both settings. Targeted efforts to bridge this gap could optimise ASCVD risk-reduction efforts and improve patient outcomes.

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ID 214- Evolution of Hypolipidemic Drug Consumption in France from 2012 to 2022: Impact of European Society of Cardiology Guidelines

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Context: The use of hypolipidemic drugs in cardiovascular prevention has evolved in France over the past decade. The European Society of Cardiology (ESC) issued updated guidelines on dyslipidaemia in 2019, introducing stricter LDL-cholesterol targets. This study assessed the impact of the 2019 ESC guidelines for the management of dyslipidaemias on hypolipidemic drugs sales.

Objectives: The objective is to understand the kinetics of hypolipidemic drug sales over the past decade in France and to identify the factors influencing these sales. More broadly, this study is part of a wider effort to understand the impact of clinical guidelines on drug sales. A secondary objective is to understand the public expenditure generated by hypolipidemic drug sales in order to better control public health spending.

Methods: This ecological study reviewed hypolipidemic drug sales in France from January 2012 to December 2022 using the Medic'AM database. For each class of hypolipidemic drugs, the monthly average of defined daily dose per thousand inhabitants per day (DDD/TID) was calculated. Autoregressive model analysed sales trends prior and after ESC guidelines publication date.

Results: Average monthly sale of hypolipidemic drugs decreased from 110.139 in 2012 to 97.297 DDD/TID in 2018. Following the publication of the 2019 ESC guidelines, a significant reversal of this trend was observed, reaching 123.506 DDD/TID in 2022, representing an excess of 788.823 DDD/TID sold. Yearly associated healthcare expenses decreased from 2012 to 2018, then increased from 699.739 million euros to 830.004 million euros in 2022.

Discussion: After the publication of the 2019 ESC guidelines for the management of hyperlipidaemias, an increase in hypolipidemic drug consumption was observed in France, particularly for atorvastatin and ezetimibe. This trend may have been driven by multiple factors, such as public health policies, practitioners' prescribing habits, patients' perceptions, or industrial lobbying. Healthcare costs have risen, particularly due to the increased sales of ezetimibe, which is more expensive third-line treatment.

Conclusion: The 2019 ESC guidelines for the management of hyperlipidaemias are associated with an increase in hypolipidemic drug consumption and related costs in France. Multiple co-factors could be contributing to this rise. Practice-based studies are needed to better understand the determinants of the increase in prescriptions.

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ID 31- STRIKE LDL : Systematic review Targeting Recommendation In young

adults for Knowledge on Early LDL screening

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Context: Cardiovascular diseases remain a leading cause of global mortality, largely driven by modifiable risk factors. Although prevention is central to primary care, most cardiovascular risk assessment tools, such as SCORE2, are not validated before 40 years, despite evidence that atherosclerosis begins much earlier. In clinical practice, lipid testing is frequently performed in young adults despite the absence of clear guidelines. This discrepancy raises key questions in general practice regarding screening relevance, clinical benefit, and quaternary prevention.

Objectives: To identify and synthesize international recommendations on LDL cholesterol testing for primary prevention in healthy adults aged 18 to 40 years.

Methods: A systematic literature review was conducted following PRISMA guidelines. International recommendations in English or French addressing dyslipidemia screening were included. Data extraction focused on target populations, screening criteria, risk factors, and assessment tools. The review protocol was registered on PROSPERO.

Results: Twenty-six recommendations published between 2008 and 2023 were analyzed. More than one quarter (26.9%) did not mention individuals under 40 years. Only 30.8% recommended LDL testing in individuals without risk factors, while 69.2% supported testing in the presence of risk factors or comorbidities, with considerable variability in criteria. Two recommendations, including that of the European Society of Cardiology, explicitly discouraged testing in the absence of identified risks. Only 7.7% defined a “healthy” population, and 34.6% proposed a risk score adapted to this age group.

Discussion: Strengths include rigorous methodology and international scope, while heterogeneity and variable guideline quality limit direct comparisons. Consistent with prior reviews, this heterogeneity reflects both limited evidence and uncertainty about long-term benefits of early screening in primary care.

Conclusion: Recommandations on LDL testing in young adults are fragmented and poorly adapted to general practice. This review supports a pragmatic, ethical, and targeted approach to LDL testing to strengthen early cardiovascular prevention among young adults.

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Medical education

ID 2286- EHR training for GP resident in Belgium

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Context: Since Lawrence Weed publications and trainings, maintaining a problem list is a goal for healthcare quality and a core competence of every physician, especially general practionners. It allows to manage multimorbidity and polymedication. This is also particularly important to ensure continuity of care in the current era of chronic disease and summary care record (called SumEHR in Belgium) sharing. But in routine practice, GPs face many pitfalls to obtain a usable problem list: no use of controlled vocabullary, absence of relevant value date, problem duplicates, management of differential diagnosis... In 2019 and 2020, regional reporting shows that SumEHR are not published for every patient and are of uneven quality.

Objectives: The aim of this work was to set up training to learn how to manage a problem list for GP during their first year of residency (postgraduate).

Methods: The quality of the training was assessed each year through quantitative questionnaires with likert scales and comments from trainers.The training is hosted by the Walloon e-health training platform, which is based on Moodle.

Results: In 2021, teachers responsibles for medical informatics in the three (and four since 2024) French-speaking belgian universities decide to set up a joint course. Currently, this annual online course provides training for 273 GP residents, with 15 GP trainers. The course is based on exercises in small groups according to the EHR software that residents use at their internship workplaces. The main aim of the training is to learn how to clean up problems list with their own EHR software in order to publish a SumEHR. Despite the different undergraduate curricula and software limitations, in 2025, 60.5 % are satisfied or very satisfied with the "clean-up exercise". 69,9% (2024) and 62.2% (2025) had not published any Sumehrs prior to the training.

Discussion: Satisfaction with this training can still be improved in terms of the fluidity of the exercises and consistency between groups. Although generative AI transcription features are becoming widely available in EHRs, maintaining an up-to-date list of issues remains a complex clinical skill that involves technical tasks and clinical reasoning.

Conclusion: Future developments towards a blended learning format are planned.

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ID 1375- Mapping of Family Medicine Postgraduate Training Across Europe: Preliminary Results

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Context: Postgraduate training for General Practice (GP) / Family Medicine (FM) is essential for strong primary care systems, yet its organisation varies widely across the WHO European Region. To support workforce development, comparability, and policy planning, a European collaborative project was launched to map and describe GP/FM postgraduate training.

Objectives: To systematically collect and compare national GP/FM postgraduate training programmes, focusing on training time, access requirements, governance, structure, rotation schemes, educational methods, and evaluation procedures.

Methods: A cross-sectional descriptive study was carried out. Family doctors and trainees were recruited through WONCA Europe networks and WHO Europe as key informants. Each country was asked to submit its official curriculum and a validated dataset prepared jointly by the key informants. Two members of the research team reviewed and verified the submitted information, contacting informants for clarification as required. At the time of interim analysis complete data were available from 23 countries, with 83 key informants from 41 countries confirmed to participate.

Results: Across the 23 countries analysed, the duration of GP/FM postgraduate training varied from two to six years, most commonly four. Governance differed considerably: national authorities managed training in 14 countries, universities in 10, and medical chambers or GP/FM associations in six, with shared responsibility in seven. Entry pathways also varied, involving national or university exams (10 countries), interviews (12 countries), curriculum vitae (11

countries), motivation letters (7 countries), and local language proficiency requirements between B1 and C1 level (6 countries). Training was predominantly practice-based, with an overall distribution of 85% practical and 15% theoretical learning. Fixed rotation schemes were used in 19 countries and consistently combined hospital-based rotations with a longer period in FM settings. Evaluation methods were diverse: 17 countries required a final exam, frequently including written, oral, and practical components. Scientific activities such as a thesis, research project, or publication were mandatory in 10 programmes.

Discussion: These preliminary findings highlight the need for improved comparability and shared frameworks to support high-quality GP/FM training and primary care strengthening across the region.

Conclusion: GP/FM postgraduate training is well established across Europe but highly heterogeneous in structure, access requirements, governance, and evaluation.

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ID 1082- Pilot Findings from a Needs Analysis Among Medical Students and Teachers in General Practice

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Context: Virtual Reality (VR) as an educational tool offers immersive, experiential learning that can strengthen clinical reasoning, patient-centered communication, and teamwork competencies central to general practice. However, evidence on how to integrate VR meaningfully into undergraduate family medicine curricula remains limited. Understanding learners' and teachers' expectations, perceived value, and practical needs is essential for effective curriculum integration.

Objectives: The primary objective is to identify students' and teachers' educational needs, attitudes, and anticipated benefits regarding VR-supported teaching in general practice. A secondary objective is to determine potential barriers and institutional prerequisites for successful implementation.

Methods: A pilot cross-sectional online survey will be conducted in January 2026 at three European medical faculties. Two structured, anonymous questionnaires—one for students and one for educators—will assess prior VR experience, preferred primary care learning scenarios, expected learning outcomes, usability and didactic requirements, and perceived implementation challenges. The instruments include Likert-scale, multiple-choice items, and open-ended questions. Quantitative data will be analyzed descriptively, while qualitative responses will be analyzed thematically to identify shared priorities across stakeholder groups. This mixed-methods approach ensures a comprehensive understanding of educational needs and feasibility.

Results: (anticipated): The pilot will establish the feasibility, reliability, and content validity of the survey instruments, assess response trends, and identify key thematic categories. Students and teachers are anticipated to value VR for enhancing clinical reasoning, patient-centered communication, and interprofessional collaboration. Participants will likely emphasize the need for realistic scenarios, structured guidance, and meaningful feedback. Barriers may include limited equipment access, motion sickness, technical challenges, and questions of feasibility within dense curricular.

Discussion: (anticipated): By systematically mapping how students and educators conceptualize VR in general practice education, this methodological phase will clarify the pedagogical expectations, perceived relevance, and logistical constraints of immersive technologies in undergraduate medical training. These insights will inform curriculum development and institutional planning, ensuring subsequent study phases are grounded in empirically derived stakeholder needs.

Conclusion: This methodological framework provides a structured approach to exploring how VR can address educational needs in general practice training. The results will guide evidence-based development of VR modules and define institutional

and pedagogical conditions necessary for sustainable integration of immersive learning into primary care education.

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ID 1050- Simulation Based Education and the discursive Demands of Assessment

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Context: Simulation-based education (SBE) is widely recognized as an effective method for training healthcare professionals, providing realistic scenarios supported by trained actors and authentic medical tools. However, despite this practical fidelity, the discursive demands placed on participants often diverge from everyday clinical practice. Participants must verbalise reasoning, explicitly introduce medical information that would normally arise naturally, and articulate thought processes that typically remain internal. These requirements may shape how competence is displayed and evaluated in ways not yet fully understood.

Methods: Data were collected during education of GP in training involving simulation encounters between general practice trainees and trained assessors. Using conversation analysis (CA), we recorded and analyzed the interactional practices through which participants introduced medical information, displayed clinical reasoning, and responded to prompts. Particular attention was given to moments where trainees needed to introduce “unassimilable” information, details not typically elicited by patients in real

Originality: This study aims to examine the discursive dynamics of simulation-based assessments in general practice training, focusing on how GP in training and assessors jointly construct simulation encounters and how these practices influence the visibility and inte

Lessons learned and future implication: Analysis revealed several strategies for introducing unassimilable medical information. When GPs in training independently introduced this information, assessors gained more complete access to their clinical reasoning, supporting more valid competence jud

Discussion: While previous research has examined fidelity and authenticity in SBE, little attention has been given to the discursive work required to sustain simulated interactions. This study identifies discursive load as an overlooked factor that directly shapes performance and assessment in simulation contexts.

Conclusion: Addressing the discursive features of SBE can strengthen educational value and validity, contributing to more meaningful and reliable evaluation practices in GP training.

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ID 553- Defying uncertainty: first-year medical residents´experience in the emergency department at a regional hospital.

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Context: Emergency departments are high-pressure settings with heavy workloads, shifts, and diverse case complexity. These factors impair cognitive performance, increase stress and fatigue, and amplify clinical uncertainty—particularly among first-year residents (R1s) who combine limited experience with demanding on-call duties. This study was conducted in a 265-bed hospital over two months to capture presentations and R1s’ self-reported uncertainty during shifts.

Objectives: Describe pathologies managed by R1s during emergency on-call shifts and quantify

perceived clinical uncertainty by presentation. Also, assess variation in uncertainty by patient age and sex, shift hour and day type, diagnostic category and severity, and between individual residents; identify implications for training, supervision, and organization.

Methods: Cross-sectional observational study (12 February–31 March 2025). Five R1s (four Family and Community Medicine, one Internal Medicine) prospectively recorded 555 consecutive emergency encounters across 58 days. For each case they logged demographics, triage complaint, final diagnosis, disposition, and a self-rated uncertainty score (0–10), categorized as low (≤3), moderate (4–6), or high (≥7). Diagnoses were grouped into nine clinical categories and stratified by severity. Descriptive statistics and crude odds ratios with 95% confidence intervals were calculated.

Results: Mean uncertainty was 5.4 (SD ±2.7); 46.1% of encounters were rated high (≥7). Digestive, respiratory, and musculoskeletal presentations were significantly associated with higher uncertainty ($p < 0.05$), with some crude ORs >2.4. Adults (14–75 years) had higher odds of high uncertainty than pediatric patients (OR 1.745; 95% CI 1.067–2.854). No significant differences by patient sex or weekday versus holiday shifts were found. Substantial interindividual variability existed among residents.

Discussion: Clinical uncertainty among R1s is common and largely subjective. Higher uncertainty in specific diagnostic groups likely reflects presentation heterogeneity and diagnostic complexity; greater uncertainty with adults may stem from broader differentials and fewer standardized protocols. Personal factors and prior experience influence variability. Limitations include single-center scope, timeframe, a non-validated uncertainty scale, and a small number of raters.

Conclusion: R1s frequently face high clinical uncertainty in emergency care. Programs should implement targeted diagnostic reasoning training, structured supervision, and organizational reforms to support residents and safeguard care quality. Future research should validate measurement tools and evaluate interventions longitudinally.

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ID 255- How to fulfil potential? A review of GP Trainee Leadership development in Wessex, UK

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Context: UK General Practice training takes 3 years, including a portfolio of Workplace Based Assessments. Trainees must complete a Leadership Activity and a Leadership Multi-Source Feedback in their final year. Recent government funding has lead to an increase in non-doctor staff in primary care. GPs immediately after qualification are expected to supervise those roles, and we wanted to explore how our trainees can be best supported to feel confident as new leaders.

Objectives: To answer the question “to what extent do trainees and trainers believe the current local and national leadership training curriculum helps trainees develop confidence and a clear sense of themselves as leaders?”.

Methods: A mixed-method approach including a survey to GPs, a review of local teaching and collation of 6 months of Leadership Activity assessments.

Results: Of the survey responses, the majority agreed that leadership skills are “important” or “very important”, but none felt the current portfolio requirements fully prepares trainees. All but one trainee did not think they had received any formal leadership training, despite confirming this was being provided. Only 24% were aware of leadership toolkits/resources, with only 35% of trainees having had opportunities to engage with leadership roles. 118 leadership activities were completed in 6 months. 51% had a clinical or teaching focus with relatively few focusing on non-clinical practice management.

Discussion: Despite recognition of the importance of leadership skills, trainees report feeling unprepared. They do not feel the current curriculum supports them to fulfil their leadership potential, and trainees/trainers either do not understand the current assessments or are not utilising them effectively. There is a lack of awareness of local

teaching, toolkits/resources and opportunities to engage with local leadership. We suggest improved signposting to existing resources, and facilitating trainees to access practical leadership experience.

Conclusion: There is a disconnect between the perceived importance of GP leadership skills, and the ability of the current training programme to develop these. Work needs to be done to make the assessments fit for purpose. We need to inspire our trainees to move beyond the "safe sphere" of clinical management and utilise existing resources to fulfil their individual leadership potential.

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ID 88- Experiences of General Practice Supervisors Facing Uncertain Validation of Residents: A Qualitative Study

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Context: During ambulatory general practice placements, clinical supervisors play a key role in identifying and supporting residents experiencing difficulties. When a resident's validation becomes uncertain, supervisors face tensions between their dual roles as mentors and evaluators, with limited literature exploring their lived experience in such situations.

Objectives: To explore the experiences of general practice supervisors facing residents in difficulty and uncertainty about stage validation, and to identify factors influencing their experience.

Methods: A qualitative study was conducted in XXX. Semi-structured face-to-face interviews were performed with general practice supervisors who had supervised at least one resident in difficulty. Interviews were transcribed verbatim and anonymised. Data were analysed using an interpretative phenomenological approach. Recruitment continued until data sufficiency.

Results: Eight interviews were analysed. Supervisors reported early intuitive detection of resident difficulties, often within the first weeks. Difficulties were multifactorial (clinical knowledge gaps, relational issues, professionalism concerns, psychological vulnerability). They first sought direct discussion with the resident, then collegial exchange within the supervisory team, and finally support from the university department when needed. Two profiles emerged. Empathic supervisors showed strong emotional involvement, greater stress and self-questioning, and a tendency to prioritise support over assessment. Protocol-oriented supervisors relied more on objective criteria, maintaining emotional distance and reporting less distress when issuing a negative evaluation. Positive resident progression and institutional support improved supervision experience, whereas lack of collaboration or institutional backing was associated with feelings of isolation or failure.

Discussion: Uncertain validation situations are emotionally demanding for general practice supervisors, particularly for those with strong relational investment. Collegial evaluation, supervisor support networks, and training in pedagogical decision-making and emotional regulation may help mitigate distress and promote fair, learner-centred evaluation. Single-region recruitment and a small sample limit transferability. Self-selection bias and absence of double coding may have influenced interpretation. Most cases involved first ambulatory placements, limiting insight into end-of-training contexts.

Conclusion: Supporting general practice supervisors in their evaluator role and addressing emotional challenges could enhance the evaluation process and contribute to safer, fairer medical training. Including hospital supervisors in future work would provide a broader perspective on supporting residents in difficulty.

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Medication

ID 1750- Systematic review of clinical trials on the efficacy of medical cannabis in the management of chronic pain

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Context: Chronic pain is a therapeutic challenge because of its complexity. Medical cannabis is amongst potential analgesic treatments.

Objectives: This systematic review aimed to study good-quality randomized controlled trials (RCT) on the effectiveness of medical cannabis in the management of chronic pain and observational studies to evaluate side effects.

Methods: The search for RCTs was carried out on Pubmed/Medline, Cochrane and Embase. Biases in the RCTs were assessed using RevMan5 software. Only RCTs with at least three low-risk criteria were included in the final qualitative analysis. Observational studies have been used to evaluate adverse effects (AEs) of medical cannabis.

Results: There were 24 RCTs and 13 observational studies included in this review. The effectiveness of medical cannabis was shown in 11/14 RCTs on neurological pain and in 3/7 RCTs for other pathologies. Pain was not reduced significantly in 2/3 RCTs on cancer pain. AEs were observed more frequently in the group treated with medical cannabis. The most common AEs included somnolence, dizziness, nausea, dry mouth.

Discussion: There was weak to moderate evidence for the effectiveness of cannabinoids in the treatment of chronic non-cancer pain, primarily for neurologic pain. There was a lack of evidence on the superiority of medical cannabis compared to placebo in the treatment of cancer pain. AEs occurred more frequently in the medical cannabis group. A standardized outcome measure was lacking to allow for a more effective evaluation.

Conclusion: More robust RCTs with longer follow-up will be required to clarify the effectiveness of medical cannabis in the management of chronic pain.

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ID 1572- Glucagon-like peptide-1 receptor agonists and liver-related outcomes in adults with viral hepatitis and type 2 diabetes: a real-world evidence study

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Context: Chronic viral hepatitis combined with type 2 diabetes substantially increases the risk of progressive liver disease, hepatic decompensation, and early mortality. Recent large-scale observational studies suggest that glucagon-like peptide-1 receptor agonists (GLP-1 RAs) may be associated with reduced serious liver events in metabolic liver disease, yet evidence specific to viral hepatitis remains limited. Understanding real-world outcome patterns may help inform therapeutic decisions in primary care.

Objectives: To evaluate associations between GLP-1 RA use and liver disease progression, all-cause mortality, and hospitalization in adults with viral hepatitis and type 2 diabetes, using dipeptidyl peptidase-4 inhibitors (DPP-4is) as an active comparator.

Methods: A retrospective active-comparator, new-user cohort study was conducted using the TriNetX Global Health Research Network. Adults ≥18 years with viral hepatitis and type 2 diabetes recorded between January 1, 2010, and December 31, 2024, were included. Individuals with prior advanced liver disease, including cirrhosis, hepatic decompensation, portal hypertension, or hepatocellular carcinoma were excluded. New users of GLP-1 RAs and dipeptidyl peptidase-4 inhibitors (DPP-4is) were matched 1:1 using propensity scores incorporating demographics, comorbidities, antiviral and metabolic medication exposures, and laboratory parameters. Outcomes were assessed up to 5 years after treatment initiation. The primary endpoint was a composite of advanced liver events;

secondary endpoints were all-cause mortality and inpatient or observation encounters. Cox proportional hazards models estimated associations.

Results: After matching, 8,384 patients were included per cohort. GLP-1 RA therapy was associated with a lower incidence of advanced liver events (hazard ratio [HR] 0.79; 95% confidence interval [CI] 0.74–0.84; p < 0.0001), all-cause mortality (HR 0.59; 95% CI 0.54–0.65; p < 0.0001), and hospital utilization (HR 0.75; 95% CI 0.71–0.79; p < 0.0001). Absolute risk differences were consistent across endpoints.

Discussion: Observed associations align with emerging evidence that GLP-1 RAs may exert hepatoprotective effects through metabolic, anti-inflammatory, and antifibrotic pathways, particularly in individuals with concurrent metabolic disease.

Conclusion: In adults with viral hepatitis and type 2 diabetes, GLP-1 RA use was statistically associated with fewer advanced liver events, lower mortality, and reduced hospitalization compared with a DPP-4i comparator, providing real-world insights relevant to primary care decision-making.

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ID 1480- Electric Silence, Genetic Noise: The Critical Role of Preconception Consultation – A Case Report

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Context: Epilepsy affects 0.3–0.5% of women of reproductive age. While sodium valproate (VPA) and topiramate are effective for seizure control, they pose significant teratogenic risks. Safer alternatives exist for women planning pregnancy, making preconception consultation essential to optimize therapy, promote healthy habits, and ensure timely referral, reducing adverse obstetric outcomes.

Methods: This case report was developed through a retrospective review of clinical records and patient interviews. The timeline of events, therapeutic interventions, and outcomes were analyzed to identify critical points in care delivery. Literature on epilepsy management during pregnancy and preconception counseling was consulted to contextualize findings.

Originality: The case illustrates the intersection of pharmacological risk, systemic delays, and the family physician's role in mitigating adverse outcomes. It emphasizes how failure to meet guaranteed response times (TMRG) and lack of preconception planning can lead

Lessons learned and future implication: Early Identification: Family physicians must proactively address teratogenic risks in women of reproductive age. Referral Pathways: Strengthening triage systems and ensuring compliance with TMRG is essential to avoid delays. Patient Education: Preconcepti

Discussion: We report the case of a 31-year-old hospital support worker, smoker (20 pack-years), G4P1A3, with idiopathic epilepsy treated with VPA and topiramate. In August 2022, she presented with a desired but unplanned pregnancy (4–5 weeks) while on teratogenic therapy. Despite urgent referrals and medication adjustment to lamotrigine, specialist follow-up was delayed beyond TMRG. The pregnancy was complicated by gestational diabetes, high-risk screening for trisomy 18, and fetal cardiac anomalies, culminating in intrauterine fetal demise at 17 weeks. In 2023, after appropriate preconception counseling, she conceived again, with an uneventful pregnancy and delivery.

Conclusion: This case highlights the intersection of pharmacological risk, systemic delays, and the FP's pivotal role in mitigating adverse outcomes. Preconception consultation is a cornerstone of safe maternal care in women with epilepsy. Embedding this practice in primary care and improving referral systems are critical to achieving favorable outcomes in high-risk pregnancies.

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ID 1322- Impact of tramadol and codeine secured prescriptions on national analgesic dispensing in France

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Context: Analgesics are among the most widely used medications in France, and their prescription is closely monitored by national health authorities. In recent years, the marked increase in tramadol and codeine use has raised concerns within addiction and pharmacovigilance networks due to their documented potential for misuse, dependance, and adverse effects. In response, new national regulations now require these medications to be prescribed on secured prescription forms. We hypothesize that this reform will have far-reaching repercussions on overall analgesics use in France.

Objectives: The primary objective of this ongoing study is to assess the impact of secured prescription requirements on tramadol, codeine, and dihydrocodeine dispensing. Secondary objectives are to evaluate potential shifts in the prescribing of other analgesics and to estimate the resulting impact on healthcare expenditures.

Methods: This ongoing descriptive and retrospective study uses the French national health insurance open database Médic'AM to conduct an epidemiological analysis of nationwide monthly dispensing in pharmacies. The analysis includes reimbursed medications recommended by the Haute Autorité de Santé (HAS) for acute, chronic and neuropathic pain. Data are converted into Defined Daily Dose and analyzed using a segmented regression model to compare trends before, during, and after the implementation period, from January 2023 to December 2025.

Results: Our preliminary findings suggest substantial changes in prescribing practices, including an early decrease in tramadol, codeine and dihydrocodeine dispensing. In reaction, a compensatory increase in other analgesic dispensing is expected. Final results and statistical analysis will be conducted once all 2025 data are available.

Discussion: Our study highlights the impact of national regulatory reforms on analgesic prescribing. This impact should be interpreted in light of each drug's clinical indications. Only limited effects are expected on antidepressant and antiepileptic dispensing, as tramadol is a second-line option for neuropathic pain. Likewise, changes in strong opioid prescribing are expected to be minimal, as these medications were already subject to secure-prescriptionrequirements.

Conclusion: This study will help assess the effectiveness and economic implications of a nationwide reform based on prescribing restrictions, therefore guiding future public health policy. Our results will also pave the way for further studies on misuse and medication safety.

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ID 938- Improving serum magnesium monitoring in patients prescribed high-dose proton pump inhibitors in primary care: a two-cycle quality improvement project

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Context: High-dose proton pump inhibitors (PPIs) are associated with hypomagnesaemia, which can lead to complications such as arrhythmias, seizures and hospitalisation. Despite recommendations from NICE guidelines to monitor magnesium in these patients, baseline auditing within a large primary care practice in the UK (October 2023-October 2024) demonstrated suboptimal compliance, with only 78.9% of patients on high-dose PPIs having serum magnesium measured, with no identification of higher-risk individuals. This prompted recommendations for clinician education and implementing a recall system.

Objectives: To evaluate whether serum magnesium monitoring improved one year after the initial audit and to assess whether higher-risk patients (on diuretics, digoxin, or with high alcohol intake) were being identified on SystmOne. The primary objective was to assess improvement towards the 100% annual monitoring standard.

Methods: A re-audit was conducted using SystmOne (November 2024-November 2025). All patients prescribed high-dose omeprazole or esomeprazole (40mg daily) were included. Data collected included PPI compliance, serum magnesium measurement within 12 months, presence of higher-risk factors and evidence of a recall system. Descriptive statistics were utilised and findings were compared with baseline results.

Results: 302 patients were prescribed high-dose PPIs (Cycle 1: 298). Of these, 235 had a serum magnesium measured within the last year (77.8%), showing no improvement from Cycle 1 (78.9%). 67 patients lacked a magnesium measurement, 54/67 were compliant with treatment. 13 compliant patients were higher-risk, 12/13 (92.3%) had undergone other blood tests in the last year - indicating missed opportunities to add magnesium. No recall system had been implemented, and higher-risk identification remained 0%.

Discussion: The lack of improvement highlights the challenges of translating findings into clinical change, and importantly the value of student-led audits. While they successfully identify gaps in care, meaningful change often requires system-level changes beyond the original audit. This provides a valuable opportunity to reflect on the real-world impact and limitations of student audit work within primary care.

Conclusion: Magnesium monitoring in high-dose PPI patients did not improve, underscoring the need for automated prompts or recall systems. The findings also highlight that even when change is not achieved, student audits can generate important insights to guide improvements. Further re-audit is recommended following implementation.

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ID 54- A Feasibility Randomized Controlled Superiority Trial of Fluticasone-Vilanterol Once Daily Use for the Treatment of Mild Asthma in Adults

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Context: Based on recent evidence, international guidance recommends using Long-Acting Beta-Agonists and Inhaled Corticosteroids (LABA-ICS) therapy for symptomatic mild asthma however this change has not been widely implemented. Prior to initiating a larger trial, the objective of this study was to investigate the superiority of fluticasone-vilanterol in stabilizing mild asthma in adults versus usual care.

Objectives: To investigate the superiority of effectiveness of fluticasone-vilanterol (ICS+LABA) in stabilizing mild-asthma in adults versus usual care.

Methods: We randomly assigned 18 patients with mild asthma in a 1:1 ratio to a treatment (n=10) or usual care (n=8). The treatment group was given daily LABA-ICS treatment while the usual care group continued their treatment (as required short-acting beta agonists (SABA) or SABA and ICS combination and no other asthma medications). Our primary clinical outcome was the asthma control score and the overall quality of life experienced by the patients enrolled in the study under both regimens.

Results: A total of 18 patients were recruited from a primary health care centre and randomized. The mean (SD) age was 40.40 (17.32) years old among the intervention group and 54.88 (17.92) in the control group. Fifty per cent of participants were male in the intervention arm and 75% in the control arm. The baseline mean asthma control score was 2.91 among intervention and 3.26 among control group and the baseline mean quality of life score was 4.56 among the intervention group, and 5.08 among the control group. We found no significant differences at baseline between the intervention and control groups. No serious adverse events or changes in quality of life were reported.

Discussion: Our results are consistent with the START (Beasley et al., 2019), PRACTICAL (Hardy et al., 2019) and SMART trials (Bell & McIvor, 2007) and support the international move to ICS±LABAs for the treatment of mild asthma as a more effective intervention than SABAs alone. Our study encountered challenges in recruitment due to the recent SARS-CoV-2 pandemic.

Conclusion: Although additional data with larger sample size is urgently required, this interim evidence suggests that it is time to shift asthma management away from as needed SABAs for patients with mild asthma.

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Melanoma

ID 2121- Knowledge, attitudes and practices regarding solar risk among photo-exposed workers or leisure and sport pratitioners in XXX during the 2023–2024 period

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Context: Sun exposure is a major risk factor for skin cancers and eye diseases. XXX are undergoing extreme levels of ultraviolet radiation.

Objectives: The aim of this study was to describe the knowledge, attitude and practices of outdoor workers or leisure and sport practitioners regarding the risks associated with sun exposure.

Methods: The cross-sectional, descriptive, multicenter study focused on volunteers' workers more than 2 hours per day outdoors or leisure and sports participants practicing more than 4 hours per week. They answered a questionnaire.

Results: A total of 529 workers (W) and 532 leisure and sports participants (SP) were included between 2023 and 2024. Most were men (73.3%), with a mean age of 39 years. The II and III phototype were dominant in XXX and V and VI in XXX. The mean knowledge score was 16.2/20 (± 3.87), with more than half scoring > 15/20 for SP. Concerning W, a difference of knowledge score were observed between XXX and XXX. The mean behavior score was between 9,17/20 +/- 3,83 in XXX and 11.0/20 ± 4.4 in XXX. Half of the respondents reported not using sunscreen. Only trousers exceeded 50% in systematic use for workers on both XXX, and glasses in XXX. The average number of hours spent at work or for leisure in the sun in our study is between 7.0 h +/- 8.3 and 8.26 h +/- 2.59. They reported sunburn affecting more than a third of sports and leisure participants and up to 50% of workers in XXX.

Discussion: The recruitment method without random selection from the general population is the main selection bias. Collecting data via self-administered questionnaires exposes respondents to reporting bias, particularly social desirability bias. The study is based on a large sample size, the knowledge assessment questionnaire had already been used in 4 previous studies proving its reliability and feasibility.

Conclusion: Although overall knowledge levels were good, photoprotection behaviors remained inadequate among sun-exposed workers or leisure and sport pratitioners in XXX. Disparities by education level and occupational sector emphasize the need for strengthened, targeted prevention strategies, engaging general practitioners, occupational health services and sport leagues in promoting effective photoprotection practices.

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ID 1619- Health Literacy and Sun Protection Behaviours in Parents of Young Children: A Primary Care Based Study

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Context: According to GLOBOCAN 2022 data, the fifth most common cancer type worldwide is non-melanoma skin cancer, while melanoma ranks 17th. Exposure to the sun during childhood is also a factor that significantly increases the risk of skin cancer in adulthood. Parents' health literacy plays a crucial role in adopting and developing protective health behaviors. In family medicine, assessing this relationship in primary care is essential for strengthening preventive practices and developing effective risk reduction strategies.

Objectives: The objective of this study is to determine the relationship between the health literacy levels of parents with children aged 0-10 years and their sun protection behaviors, and to identify the sociodemographic factors that influence this relationship.

Methods: This quantitative study was designed as a descriptive cross-sectional correlational study. It was approved by the Local Ethics Committee of Selçuk University Faculty of Medicine (Decision No: 2025/531, Date: 09.09.2025). The study population consists of parents with children aged 0–10 years who visited the family medicine outpatient clinic of a university hospital in Konya, Turkey. The sample size was calculated to be at least 139 participants. Data collection tools included a sociodemographic information form prepared by the researcher, a sun protection behavior scale, a Fitzpatrick skin type scale, and a health literacy scale-short form. All data will be evaluated using the SPSS version 21.0.

Results: Data collection phase is currently ongoing. The direction and magnitude of the relationship between health literacy and sun protection behaviours will be analysed. Results will be presented by the time of the conference.

Discussion: Data collection phase is currently ongoing. Discussion will be presented by the time of the conference.

Conclusion: This study is expected to provide important evidence regarding the effect of parents health literacy levels on sun protection behaviors. The results are expected to contribute to the planning of sun protection education in family medicine practices and the development of methods to increase health literacy. At the same time, it will enhance awareness on this issue and increase the attention and sensitivity of primary care physicians in accordance with the first contact principle.

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ID 1462- Artificial Intelligence-Assisted Dermoscopy for Melanoma Diagnosis in Primary Care: An Evidence-Based Review

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Context: Dermoscopy is an essential tool for melanoma detection, and recent progress in artificial intelligence has led to the development of automated diagnostic systems that may complement or even substitute traditional evaluations by dermatologists. In Primary Care, Family Physicians are often the first professionals to assess patients with atypical nevi or suspicious skin changes, placing them in a central role for early detection and prevention.

Objectives: To assess the evidence on the use of AI-based dermoscopy for melanoma screening and diagnosis compared with dermatologists.

Methods: Evidence-based databases—PubMed, BMJ Evidence-Based Medicine, Laurier and Omni Library, NICE, and The Cochrane Library—were searched for systematic reviews, meta-analyses, randomized controlled trials, case-control studies, and comparative studies published from 2015 to 2025 in English or Portuguese. The MeSH terms dermoscopy, artificial intelligence, and melanoma were used. Exclusion criteria were duplicate articles, inaccessible full texts, absence of comparison with dermatologists, lack of melanoma assessment, and non-original content such as editorials, letters, or opinion pieces.

Results: Among the 61 records screened, studies consistently reported high concordance rates between AI-assisted dermoscopy and dermatologist diagnoses, with some evidence indicating comparable or even superior sensitivity and specificity. AI tools demonstrated potential to improve diagnostic efficiency and support clinical decision-making, particularly in resource-limited settings. However, variability in algorithms and study designs highlights the need for standardized evaluation frameworks

Discussion: Most studies report high concordance rates between AI-assisted tools and dermatologist diagnoses, with some algorithms demonstrating comparable or superior sensitivity and specificity. These findings suggest that AI may enhance early

melanoma detection and support Family Physicians in managing skin lesions at the point of care. Nonetheless, limitations persist, including heterogeneity in algorithm performance, differences in study designs, and concerns regarding external validity. Further research is required to clarify reliability across diverse populations and clinical settings.

Conclusion: AI-based dermoscopy shows high accuracy for melanoma detection, offering Family Physicians improved diagnostic capabilities, greater accessibility, and potential cost savings by reducing unnecessary referrals and optimizing resource use in primary care.

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ID 684- Dermoscopy Accuracy in Family Medicine: Comparison With Dermatology and Histopathology

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Context: Accurate diagnosis of skin lesions is vital for effective patient management. Integrating clinical evaluation, dermoscopy, and histopathology improves diagnostic precision. This study evaluates the concordance between these modalities in a cohort presenting multiple concurrent skin lesions at 84 patients during 2 year period.

Methods: From September 2023 to August 2025, 84 patients underwent dermoscopic evaluation. Lesions were assessed under polarized and non-polarized light using pattern analysis and the 7-point checklist. Excision was performed for lesions with malignant dermoscopic criteria. Clinical and\or dermoscopic uncertain diagnoses were confirmed by histopathological examination, the gold standard. Data cleaning standardized terminology, and lesion combinations per patient were assessed.

Originality: This study underscores the real-world complexity of multiple lesion coexistence and validates the necessity of histology to confirm unsure clinical and dermoscopic assessments. Studies consistently show high concordance rates of 70–90% between clinical di

Lessons learned and future implication: Histological confirmation remains essential, especially in ambiguous or coexisting lesions, ensuring accurate malignancy detection and appropriate management. Combined dermoscopic and histological approaches reduce diagnostic errors.

Discussion: The findings support existing literature reporting strong diagnostic concordance, emphasizing histopathology's pivotal role (Ziajka et al., 2018; Lee et al., 2022). The study also highlights the prevalence of multiple lesion types per patient, necessitating comprehensive diagnostic evaluation for high clinical trustworthiness.

Conclusion: Confirming dermatological diagnoses through histopathology alongside dermoscopy enhances diagnostic confidence and patient outcomes. This integrative approach should be standard in dermatology practice and research to ensure precise disease classification and guide treatment effectively. Dermoscopy achieved high diagnostic concordance with histopathology and effectively guided lesion management. Integration of dermoscopy with selective excision and follow-up enhances diagnostic accuracy and patient safety in routine family medicine practice.

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ID 486- A 4-point checklist for skin cancer screening: the new, changing, different, sore (NCDS) tool

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Context: Non-Melanoma Skin Cancers (NMSCs) and amelanotic melanomas contribute substantially to morbidity and mortality. However, existing screening methods, ABCDE and the Mackie 7-point check list, over-emphasise pigmented lesions and are often complex, making them unsuitable for the general public and potentially missing most NMSCs

and amelanotic melanomas. General Practitioners (GPs) face high diagnostic uncertainty, leading to excessive referrals. We propose and validate the simplified Buckley 4-point NCDS checklist—New, Changing, Different, Sore (a simple mnemonic is "New Cancers Do Show") designed to help detect all skin cancers and precancers.

Objectives: The primary objective of this study was to prospectively validate the NCDS checklist for its diagnostic accuracy (sensitivity and specificity) and utility in (positive and negative predictive value). detecting malignant invasive, suspicious, and premalignant skin lesions in a primary care setting.

Methods: This prospective diagnostic validation pilot study took place in a specialist-led primary care dermatology clinic in Ireland. We assessed 190 lesions against NCDS criteria, followed by clinical assessment, dermoscopy, and histopathology. Performance was evaluated using standard diagnostic metrics, with inverse probability weighting correcting for selection bias..

Results: The Area Under the ROC Curve (AUC) for the NCDS score was 0.729 (95% CI 0.657–0.801) after adjustment for verification bias, indicating acceptable discrimination. Using a cut-point of Score ≥1 yielded a high Negative Predictive Value (NPV) of 87.5%. Conversely, a cut-point of Score ≥3 provided a high Positive Predictive Value (PPV) of 72.5% and high specificity (93.8%)

Discussion: The NCDS tool's utility varies by cut-point. A score of ≥1 is ideal for public self-screening, acting as a rule-out strategy due to its high NPV. This offers high assurance to negative respondents. A score of ≥3 prioritizes high-risk lesions for professional evaluation (high PPV), streamlining referrals. This dual approach maintains high sensitivity (minimizing missed cancers) while ensuring adequate specificity (minimizing unnecessary biopsies

Conclusion: The NCDS checklist is a simple, easy-to-remember educational tool that comprehensively screens for all skin cancers and precancers. By differentiating between low-risk (Score 0) and high-risk (Score≥3) lesions, the NCDS tool has the potential to aid early diagnosis, optimise specialist resource use, and streamline referral pathways in the primary care setting.

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ID 393- Cutaneous Melanoma Trends 2020–2025: Global Evidence and Mediterranean Challenges

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Context: Background: Cutaneous melanoma continues to show a rising global incidence, particularly in fair-skinned populations and Southern European countries. Recent epidemiological reports highlight increasing trends in XXX and France, with shifts toward older age groups and greater diagnostic variability between rural and urban settings. Understanding regional patterns is essential for developing targeted prevention and early-detection strategies.

Objectives: To review recent evidence (2020–2025) on global and Southern European melanoma incidence, mortality, and stage at diagnosis, and to identify knowledge gaps relevant to rural Mediterranean regions such as the XXXXXX

Methods: A narrative literature review was conducted using PubMed, Scopus and Web of Science (January 2020–May 2025). Search terms included "cutaneous melanoma", "incidence", "mortality" Eligible studies included epidemiological analyses, registry-based studies, and major reviews published in English, Spanish or French. Data were synthesised qualitatively.

Results: Global melanoma incidence continues to rise, while mortality stabilises or declines in many high-income countries. Southern Europe shows a persistent upward trend, with higher incidence in coastal and highly sun-exposed populations. Several studies report delayed diagnosis and thicker tumours in rural settings, partly related to reduced access to dermatology and variable use of dermatoscopy in primary care. Evidence linking photoprotection habits, occupational sun exposure and melanoma risk in Mediterranean rural regions remains limited.

Discussion: The findings of this review confirm that cutaneous melanoma remains a growing public health challenge, particularly in Southern European regions with intense UV exposure and ageing populations. Although global mortality has stabilised due to earlier detection and improved therapies, the persistent rise in incidence highlights gaps in both primary prevention and diagnostic pathways. . Furthermore, few studies integrate behavioural and environmental determinants such as occupational sun exposure, photoprotection habits, or cultural attitudes toward tanning, despite their clear relevance in Mediterranean settings. These gaps justify the need for analytical research

Conclusion: Recent literature underscores the growing melanoma burden in Spain and France and highlights persistent inequalities in early detection. Further region-specific research is needed to clarify how sun-exposure patterns, photoprotection behaviours and healthcare accessibility influence melanoma risk in rural Mediterranean populations. Keywords: melanoma, incidence, epidemiology

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ID 390- Analysis of risk factors associated with the diagnosis of cutaneous melanoma between 2010 and 2020 in our territory: retrospective observational study of a 1:2 matched case-control type.

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Context: Introduction: Skin melanoma is a cutaneous neoplasm with significant impact due to its high metastatic potential. In our Autonomous Community, its incidence has increased by 3.5% annually since 2008, particularly among individuals over 60 years old. Our region experiences high sun exposure, an agricultural economy, and low population density, factors that may affect access to early diagnosis.

Objectives: population density, factors that may affect access to early diagnosis. Objectives: Hypothesis: The combination of high sun exposure, outdoor occupations, and poor prevention leads to the diagnosis of melanoma at more advanced stages compared to the rest of the Autonomous Community. General Objective: To characterize the incidence, clinical features, and factors associated with skin melanoma. Specific Objectives: Quantify the annual incidence (2010-2020) per 100,000 inhabitants. Describe subtype, location, Breslow index, and TNM stage. Analyze the association between sociodemographic characteristics and advanced melanoma. Estimate the impact of recreational and occupational sun exposure. Compare the diagnostic stage with data from our Autonomous Community.

Methods: Retrospective analysis of melanoma incidence and characteristics (2010-2020) and a 1:2 matched case-control study. T Variables include: age, sex, municipality, profession, melanoma types, Breslow index, ulceration, TNM stage, family history, photoprotection habits, occupational sun exposure (>20 hours/week), sunburns before age 20, diagnostic time, and access to primary care. include descriptive statistics, chi-squared tests, t-tests or Mann-Whitney tests, multivariate logistic regression, and conditional logistic regression by pair. Temporal trends will be analyzed using Poisson regression. Software: R 4.3.2 or STATA.

Results: Now we are working with de results

Discussion: Prevention and Public Health Promotion: Identifying risk behaviors to improve community awareness strategies. Development of Photoprotection Campaigns: For school programs, workshops for the general population, and training for local healthcare professionals. Contribution to Epidemiological Research in Rural Areas: Providing new data on a population that has been under-studied, supporting future regional or multicenter research.

Conclusion: The conclusion of this study is that, based on the results obtained, we expect to identify the specific risk factors present in our region and to implement preventive and educational interventions for the population, as well as to better prepare our healthcare professionals. Melanoma, Risk Factors, Primary Care

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Mental health

ID 2172- Psychosocial Skills and Patients with Suicide Attempts or Suicidal Risk : Assessment and Comparison with no risk Patients

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Context: Suicide is a major cause of death worldwide. Psychosocial skills (PSS) are defined along three axes: emotional (self-esteem, coping), cognitive (impulsivity, critical thinking, and constructive decision-making), and social (empathy, communication). Studies have already shown that poor adaptation and low self-esteem are linked to an increased risk of suicidal events in young people. The assessment of PSS in the adult population is understudied.

Objectives: To evaluate and compare PSS between three groups: patients with history of suicide attempt (SA), with suicidal risk (SR), and no risk of suicide (NR).

Methods: Multicenter cross-sectional comparative study. We used a validated score that explored four dimensions: emotional, cognitive, social, and assertiveness. To achieve sufficient statistical power, 150 interviews (50 per group) were required. All results were derived from univariate, multivariate, and factorial analyses, using Stata® software (version 15, StataCorp, College Station, USA).

Results: Patients of SA and SR groups had lower emotional skills score than patients without sucidal risk suicide (respectively 3.9 ± 1.2, et 3.6 ± 1.5 vs 5.3 ± 0.9), ($p<0.01$). We compared skills by gender men had better emotional skills (4.7±1.2 vs 4±1,4, p= 0.008) and women better social skills (6±0.9 vs 5,6±1, p= 0.001), with no difference in cognitive skills or assertiveness. More precarious living conditions, depression, anxiety, and low self-esteem were observed in the SA and SR groups than in patients with no risk. Through the various analyses, we therefore highlighted that the profiles of suicidal and suicidal patients were quite comparable and distinct from the profile of patients without a history of suicidality.

Discussion: The study's strengths lie in the absence of missing data, as each included patient completed the entire questionnaire, and in the method of assessing cognitive behavioral skills (CPS) using a standardized and validated questionnaire. The study's weaknesses may include reporting bias, recall bias, and self-assessment bias.

Conclusion: The prospects for this study are to promote the screening of dysfunctions in PSS among at-risk patients: the most vulnerable among the vulnerable. Causality will need to be studied, but programs to strengthen emotional skills could mitigate the risk of suicide.

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ID 1820- Personal and family factors associated with depressive symptoms among the XXX elderly in the community after the COVID-19 pandemic

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Context: Globally and locally in the XXXXX, there is a growing geriatric population with numerous health problems. Depressive symptoms are common health issues among older adults, but are often underdiagnosed and undertreated. Suicidality is tied to depressive symptoms and its factors overlapping with one another. Past pandemics have demonstrated negative effects on mental health, with the COVID-19 pandemic severely affecting the elderly who are most vulnerable and may persist after the pandemic.

Objectives: This study aims to determine the personal and family characteristics that contribute to the development of depressive symptoms and suicidality among the XXXXX geriatric population in the community setting after the COVID-19 pandemic.

Methods: A cross-sectional study was done, where 160 participants were interviewed and screened for depressive symptoms and suicidality using the Patient Health Questionnaire-9 (PHQ-9) and Colombia-Suicide Severity Rating Scale (CSSR-S), while factors for these were analyzed through simple and multiple logistic regression analysis.

Results: Results showed nearly half of participants had depressive symptoms (45.63%), which were frequently documented as minimal (38.13%) and mild (6.25%). Only 3.75% were found to have some risk for suicidality. Higher educational attainment [OR 0.54, CI 0.34-0.88, p-value 0.013] and higher Family APGAR scores [OR 0.60, CI 0.46-0.79, p-value 0.0] were found to decrease the likelihood of depressive symptoms, while certain comorbid illnesses [OR 3.48, CI 1.57-7.75, p-value 0.002] increased it. Higher Family APGAR Scores [OR 0.66, CI 0.52-0.83, p-value 0.0] and higher functionality in ADLs [OR 0.07, CI 0.006-0.81, p-value 0.033] decreased likelihood for suicidality.

Discussion: This study showed that minimal and depressive symptoms are commonly encountered, but studies showed that subsyndromal depression can have negative implications to health in older adults. Suicidality, despite only a small number identified, is important to be assessed alongside depressive symptoms. Several factors can contribute to the likelihood of developing depressive symptoms and suicidality, with higher family functionality emphasized as a consistent factor that reduces these.

Conclusion: Depressive symptoms and suicidality are health problems that are essential to examine by clinicians in older adults, where primary care is best positioned to detect and intervene these early, as well as the personal and family factors that can influence them.

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ID 1537- How can primary care professionals talk about addiction? A Top 3 questions selected by patients

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Context: Despite recommendations encouraging SBIRT (Screening, Brief Intervention, and Referral to Treatment) in primary care, initiating a discussion about addictive disorders remains challenging. Current guidelines do not specify how to deal with addictive disorders, even though patients expect them to do so

Objectives: The aim of this study is to explore the acceptability to patients of fifteen questions asked by their primary care professionals to address addictive disorders.

Methods: Cross-sectional quantitative study conducted among patients addicted or not, from waiting rooms at GPs' offices or peer support group meetings as Alcoholics Anonymous, between January and May 2025. Fifteen questions selected from validated tests, translated and reformulated according to health literacy principles, were distributed via an online questionnaire (EVALandGo®). Each participant rated the level of acceptability in receiving them on a Likert scale (1 to 4). Participants were invited to choose their preferred question. A bonified means, incorporating the frequency of preferences, was used to establish the final ranking.

Results: A total of 131 patients responded and identified the following as the most appropriate questions: “Have you ever tried unsuccessfully to reduce or stop a consumption or a behavior? “ (bonified mean = 4,73), “Have you ever had an irresistible craving to consume or do something?” (4,43) and “Do you need a substance or behavior to relax, feel better, or cope?" (4,40). The less popular question was "Do your relatives have a problem with your relationships?" (2,91).

Discussion: Knowing the formulations that are acceptable to patients could empower caregivers to initiate discussions. But the test-retest reliability and the impact on the frequency of start talking about addiction in consultation by primary care professionnals helped by these questions have to be evaluate.

Conclusion: By comparing the results of the same study conducted among primary care professionals,

the top-2 best questions identified as most suitable to help primary care professionals address addictive disorders are: “Have you ever tried unsuccessfully to reduce or stop a consumption or a behavior? “and “Do you need a substance or behavior to relax, feel better, or cope?”

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ID 1270- Associations of practice- and patient-characteristics in patients with depression in primary care: Cross-sectional analysis from the practice-based research-network FoPraNet-BW

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Context: Patients with depressive symptoms consult the general practitioner’s (GP) office often primarily. we performed an observational study on diagnosis and treatment of depression in primary care (BEBOP Depression) as one of four use-cases testing the new infrastructure of the German general practice–based research network Forschungspraxennetz Baden-Württemberg (FoPraNet-BW).

Objectives: To describe diagnostic and treatment patterns for patients with depression in primary care using the quality indicators (DMP-QI) of the upcoming national disease-management-program for depression and to examine associations between practice- and patient-characteristics and three indicator areas.

Methods: This exploratory cross-sectional-analysis used data from patients in participating GP-practices. Eligible patients had depression (ICD-10 F32, F33) and at least four GP-consultations for depression within the previous two years. Patients who declined research-data-processing were excluded. Potential participants were contacted by trained GP-practice-staff (research team) according to a randomized presentation sequence. After informed consent, the research team entered the data into the electronic case-report-form. Practice characteristics stemmed from basic questionnaires answered by all FoPraNet-BW-practices. Statistical analyses covered binary logistic regressions to examine the associations between the outcomes therapy according to severity, improvement of symptoms and documentation of suicidality with practice- and patient-characteristics. Missing data were addressed using multiple imputation in R Version 4.4.2.

Results: 420 datasets out of 55 practices were included. 30 (54.5%) solo and 25 (46.4%) group practices from urban and rural sites participated. Patients’ mean age was 54.3 (SD 16.19) years, 285 (67.9%) patients were female, and 194 (46.2%) patients did not consult a psychiatrist. Significant associations were found between therapy according to severity and psychiatric co-care (odds ratio (OR) 5.37,95%-CI1.97-14.67,p-value0.001) and a practice’s patient volume of 1,500-2,500 compared to 500-1,000 patients per practice (OR 0.28,95%-CI0.09-0.92,p-value0.035). Improvement of symptoms was associated with the number of antidepressants (OR 0.76,95%-CI 0.59-0.97,p-value0.028) and waiting time for further therapy (OR 0.38,95%-CI0.21-0.67,p-value < 0.001). Documentation of suicidality was associated with being widowed (OR 2.74,95%-CI1.23-6.08,p-value0.014), the number of antidepressants (OR 1.27,95%-CI1.02-1.58,p-value0.036) and psychotherapeutic co-treatment (OR2.13,95%-CI1.35-3.35,p-value 0.001).

Discussion: Results highlight everyday-care. DMP-QI can only partly be fulfilled and are associated with practice- and patient-characteristics.

Conclusion: Further research into relevant and feasible quality improvements in depression care is required.

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ID 775- Social Anxiety Disorder Associated with Substance Use Disorder : Characteristics from a Literature Review to Optimize Screening in General Practice.

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Context: Social Anxiety Disorder (SAD) and Substance Use Disorder (SUD) frequently coincide, tend to reinforce each other, and their co-occurrence therefore requires a specific management approach. Indeed, a treatment that addresses one disorder without taking the other into account can lead to treatment failures and complicates the patient's care pathway. It therefore appears important to identify early and within the scope of what primary care can realistically provide, the co-occurence of a SAD and a SUD.

Objectives: This literature review aims to identify the characteristics of the presence of SAD, associated with SUD, to improve detection in primary care.

Methods: A systematic literature review was conducted using PubMed, PsycINFO, Science Direct, and Google Scholar databases, leading to the selection of 26 articles. This study follows the recommendations of the PRISMA guidelines.

Results: SAD precedes SUD in most cases, with a peak onset during adolescence. In adulthood however, SUD takes precedence. Two subtypes of SAD are distinguished : the avoidant or generalized subtype, predominantly female, is associated with substance use to reduce negative emotions (coping). The performance-only or "motivated approach" subtype, more common in men, uses substances for social conformity reasons and increase positive affect. Anticipatory anxiety, the use of "false safety behaviors" and the context of consumption appears as important indicators to detect as well as the failure of a treatment targeting only one of the disorders.

Discussion: The characteristics identified are heterogeneous in nature. To make them usable for detection in primary-care medicine, we propose two optimized algorithms allowing a faster first-line screening. Although the predictive values of the highlighted characteristics are unknown and the studies do not cover all the types of populations, this work is the first to synthesize screening elements for SAD co-occurring with a SUD for use in primary care practice.

Conclusion: These findings suggest the possibility of targeted detection in primary care according to age, based on the context of consumption, specific motivations, and behaviors. Integrating a sequence of simple questions during clinical interviews could enable more efficient detection, thus adapting primary care to facilitate referral to integrated treatment (SAD and SUD), offering a better functional and somatic prognosis.

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ID 690- Exploring the determinants of Non-Suicidal Self-Injury among university students in Jordan: A cross-sectional study

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Context: Based on litereture, social anxiety is the most significant predictor of deliberate self-harm, with depression and general anxiety having lower associations.

Objectives: Deliberate bodily harm without suicidal intent, has become a growing concern among young adults and adolescents. This study aims to explore the determinants of non-suicidal self-injury ((NSSI) and its correlation with psychological distress and mobile phone addiction (MPA) among university students in Jordan.

Methods: A quantitative cross-sectional study targeting university students in Jordan. The data was collected using a semi-structured online questionnaire that assessed sociodemographic characteristics, mobile phone addiction, depression, anxiety, suicidal thoughts and NSSI. SPSS 30 was used for descriptive and multivariate analysis. Spearman's correlation, Chi-square, Kruskal- Wallis and Man-Whitney U were applied. Binary logistic regression was conducted to identify the predictors of significant NSSI.

Results: Out of 394 students, 63.2% reported at least one self-harm behavior, while the remaining students scored zero on the Self Harm Inventory (SHI). Significant self-harm, defined as SHI > 5, was reported by 20.56% of participants. Higher levels of anxiety and depression were strongly associated with increased NSSI severity ($p < .001$). Depression was a strong predictor of significant self-harm ($p < .001$, OR = 1.209). Participants who reported experiencing negative or traumatic events during childhood, or having a family member with a psychological disorder, were significantly more likely to fall into the higher-risk NSSI category ($p < .001$).

Discussion: Self-injury serves as an emotion-regulation strategy that temporarily alleviates negative affect in students with high internal distress. Our results aligns with prior evidence that individuals with depressive symptoms often use self-injury to relieve psychological pain.

Conclusion: This study demonstrated a high prevalence of NSSI among the study participants that was strongly associated with psychological distress and dysfunctional family environment, which may provide insight into its etiology and has implications for early identification and intervention.

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ID 585- It's Just Stress or Is It? Rethinking Diagnostic Bias in young adults

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Context: Family physicians frequently encounter transient symptoms embedded in psychosocial stressors, making early diagnostic decisions particularly challenging. A 31-year-old man presented with brief neurological complaints during a period of major life changes (fatherhood), illustrating the tension between person-centred interpretation and vigilance for organic disease in young adults.

Methods: the patient with no vascular risk factors presented to his family physician in a community clinic after experiencing brief neurological symptoms earlier that morning. The symptoms had largely resolved by time of assessment and the initial working hypothesis was stress-related. a focused neurological examination revealed mild cranial-nerve asymmetry. This unexpected finding prompted immediate referral to the emergency department. In the ED, initial workup and evaluation were inconclusive. Brain MRI later demonstrated a subacute infarction in the left middle cerebral artery territory. Major etiologies were excluded, and extended testing is ongoing. The patient was started on a secondary prevention regimen and returned to primary care for ongoing management which includes coordination of investigations, lifestyle counseling, and psychosocial support as the patient processes the diagnosis.

Originality: This case illustrates how cognitive and contextual biases particularly anchoring and premature closure may obscure serious diagnosis in primary care. Stroke in young adults is uncommon and can easily overlooked. This case highlights the risk of anchoring

Lessons learned and future implication: Maintaining an open diagnostic mindset and revisiting assumptions are essential in ambiguous presentations. Family physicians are uniquely positioned to identify subtle warning signs and communicate diagnostic uncertainty. Reflection on cognitive bias and

Discussion: The case illustrates a common cognitive trap in family medicine: bias influenced by psychosocial context. Recognizing and naming these biases can improve diagnostic accuracy and patient safety. Integrating cognitive-bias reflection into medical education may strengthen diagnostic reasoning skills across primary care.

Conclusion: Even in young, healthy patients with plausible psychosocial explanations, vigilance for neurological red flags remains essential. Reflective practice around diagnostic reasoning can transform such cases into powerful learning experiences for clinicians.

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Mental health

ID 1758- Randomised controlled trial evidence on medicinal cannabis for mental health conditions: implications for real-world evidence generation

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Context: Prescribing of medicinal cannabis (MC) for mental health conditions has expanded rapidly in primary care, often in the absence of regulatory approval or established clinical guidance. Although randomised controlled trials (RCTs) remain the cornerstone of therapeutic evaluation, their feasibility and applicability in this context are constrained by ethical, regulatory, and methodological factors. Clarifying the strengths and limitations of existing RCT evidence is therefore essential to informing complementary real-world evidence approaches relevant to primary care.

Objectives: To synthesise and characterise RCT evidence on medicinal cannabis for mental health and substance use disorders, and to examine its implications for generating real-world evidence to support primary care practice.

Methods: A scoping review using a systematic approach was conducted. PubMed, Web of Science, and PsycINFO were searched for RCTs published between 1980 and 2024 investigating MC-based products for DSM-5 mental health or substance use disorders. Data were extracted on study design, populations, interventions, outcomes, and adverse events. Findings were synthesised descriptively due to substantial clinical and methodological heterogeneity.

Results: Twenty-eight RCTs were identified across 12 DSM-5 conditions. Trials were predominantly small (median sample size 42), short in duration (median follow-up six weeks), and highly heterogeneous in cannabinoid composition, dosing, and outcomes. Evidence of benefit was inconsistent and largely limited to short-term symptom outcomes in selected conditions, including cannabis use disorder, autism spectrum disorder, and schizophrenia. No trial demonstrated sustained long-term effectiveness, and reporting of adverse events and treatment discontinuation was variable. Overall, the RCT evidence was insufficient to inform real-world prescribing decisions regarding long-term safety, dose optimisation, or interactions with commonly prescribed psychotropic medicines.

Discussion: The RCT evidence base highlights a structural mismatch between trial methodologies and contemporary prescribing of MC. Trials were conducted under highly controlled conditions with narrow eligibility criteria and short follow-up, whereas real-world prescribing commonly involves long-term use, multimorbidity, polypharmacy, and heterogeneous patient populations.

Conclusion: While RCTs provide important foundational evidence, they are insufficient to address many clinically relevant questions related to MC use in mental health. High-quality real-world evidence, using longitudinal electronic medical record data, is urgently needed to monitor outcomes, detect harms, and inform safe, evidence-based policy and practice in primary care.

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ID 1789- Identifying suicide risk in bipolar patients: key warning signs for family physicians

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Context: Suicide is a significant cause of premature death in patients with bipolar disorder. Family physicians are usually the first to see these patients, and it is critical for them to identify patients at risk of suicide.

Objectives: This study aimed to estimate the prevalence of suicide attempts among patients with bipolar disorder and to identify associated risk factors relevant to primary care practice.

Methods: We performed a cross-sectional analytic study of 281 patients with bipolar disorder (types I and II) treated for four years in a psychiatric hospital. Sociodemographic, clinical, psychosocial and treatment information were also obtained. Patients were divided into two groups according to the presence or absence of a history of suicide attempts. Univariate and multivariate logistic regression analyses were performed to identify factors associated with suicide attempts.

Results: The prevalence of suicide attempts was 22.8%. Among patients with a previous attempt, 71.4% had experienced recurrence. Multivariate analysis identified depressive polarity of bipolar disorder (OR = 19.23), family history of suicide attempts (OR = 6.00), and poor insight (OR = 7.01) as independent risk factors. Older age at disease onset and treatment with atypical antipsychotics were found to be protective factors. Sociodemographic characteristics showed weak or no significant association with suicide attempts.

Discussion: Several determinants of suicide risk identified in this study are accessible to family physicians during routine consultations, including family history, illness trajectory, and current mood polarity. The high recurrence rate highlights the importance of systematic risk assessment even outside psychiatric settings.

Conclusion: Family physicians play a role in early detection of suicide risk among bipolar patients. Integrating structured screening of psychiatric history into primary care may improve prevention and timely referral.

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ID 1777- Understanding Youth Mental Health: A Multi-Country Qualitative Study (The EARLY Study)

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Context: Recent estimates suggest that 10–20% of adolescents globally experience mental health conditions (MHCs), with many cases going undiagnosed and untreated. Youth MHCs are associated with long-term personal and financial challenges, not only for the young person, but also for their family and friends. Youth mental health is influenced by complex and interconnected factors at multiple levels, yet few studies have explored these influences systematically across contexts.

Objectives: This qualitative study aimed to identify perceived risk and protective factors for youth mental health from the perspectives of youth, parents, and stakeholders in five European countries, using the Social Ecological Model as an analytical framework.

Methods: Focus group discussions were conducted with youth (ages 15–24), parents, and stakeholders working with youth in Belgium, Germany, Israel, Poland, and Serbia. A grounded theory approach was used to analyze the data, and findings were categorized across five levels: individual, interpersonal, organizational, community, and societal.

Results: Participants described a range of factors affecting youth mental health. At the individual level, identity development, emotional regulation, and coping behaviors were central. The interpersonal level highlighted the importance of family dynamics, generational gaps, peer support, and school-based relationships. Organizational contexts such as schools, workplace, youth movements and informal education were seen as both stressors and sources of support. Community-

level influences included social norms, and exposure to community-stressors. Societal-level concerns included the influence of social media and geopolitical instabilities.

Discussion: The study highlights that youth perceive peer relationships and social media as the most influential factors on their mental health, while parents and stakeholders place greater emphasis on family influence. It reveals that youth across countries are deeply affected by geopolitical concerns—such as war, political instability, and climate change—which are often underrecognized by adults.

Conclusion: This study highlights the importance of multi-level, context-sensitive approaches to youth mental health promotion. Findings can inform the development of interventions that strengthen protective factors and address structural challenges in diverse settings.

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ID 1698- Primary healthcare doctors' views on optimal consultation length for patients with mental health issues

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Context: Mental health services have been integrated into primary health care (PHC) in Ukraine since 2022. However, despite the specific communication needs of patients with mental disorders, the standard allocated consultation time in many facilities remains unchanged, potentially compromising care quality.

Objectives: To determine PHC doctors' opinions regarding the optimal consultation duration for patients with mental health issues.

Methods: A cross-sectional study using a mixed-methods approach was conducted from March to April 2025 at City Polyclinic No. 1 in Chernivtsi, Ukraine. The quantitative component involved an anonymous online survey of 41 doctors (representing 82% of the PHC doctors). The qualitative component included semi-structured interviews with 5 doctors. Quantitative data were analyzed using IBM SPSS Statistics.

Results: Currently, the maximum allocated time for a consultation is 20 minutes. Only 9.8% of respondents consider this sufficient for mental health cases. Meanwhile, 36.6% deemed it insufficient, and 53.7% stated sufficiency depends on the clinical case. Regarding optimal duration: 46.3% of doctors suggested 30 minutes, while 29.3% and 17.1% advocated for 40 minutes and 50-60 minutes, respectively. Qualitative data reinforced these findings, with respondents emphasizing that empathy, psychoeducation, and active listening require time beyond the standard slot: "Patients require detailed explanations, empathy, and reassurance to ensure treatment adherence; this process is inherently time-consuming" (Respondent 1). "Patients need to be heard. When the next patient is knocking, it is ethically difficult to interrupt a distressing consultation and ask them to return later" (Respondent 3).

Discussion: The majority of respondents (46.3%) identified 30 minutes as the optimal balance for gathering information, to provide psychoeducation, and to support the patient. This suggests a need for flexible scheduling mechanisms.

Conclusion: The findings highlight a conflict between the administrative standardization of consultation slots and the clinical reality of mental health care. The discrepancy between allocated and necessary time requires management interventions, such as introducing double booking slots for primary mental health consultations to ensure quality of care.

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ID 985- Prescription of anxiolytics, hypnotics and antidepressants by general practitioners: a regional study of reimbursement data from 2016 to 2023.

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Context: Anxiolytics, hypnotics, and antidepressants are overused drugs in some European countries. They cause numerous adverse effects and are often used in ways that do not comply with their marketing authorization. Various measures have been implemented by XXXX health authorities to regulate their use, but little data has been published recently to assess their impact. The specifics of their prescription by general practitioners (GP) are also poorly documented, as is the existence of possible regional disparities in their consumption.

Objectives: To quantify the annual deliveries of anxiolytics, hypnotics and antidepressants prescribed by GPs in the XXXX region for patients who consulted them at least once during the year between 2016 and 2023, and characterise these prescriptions.

Methods: Cross-sectional study of reimbursement data from XXXX health database, analysed sequentially by year and by GPs practising in outpatient settings in XXXX between 2016 and 2023. All XXXX GPs with a predefined minimum activity during the period were included. The data analysis was purely descriptive.

Results: Prescriptions issued by 2,779 GPs were analysed for 3,601,397 different patients seen (year 2023). On average, hypnotic deliveries decreased from 22 +/- 16 to 12 +/- 10 dispenses per 100 patients seen per GP per year between 2016 and 2023. More antidepressants were introduced during the period (2.05% +/- 1.22% of patients in 2023 vs. 1.67% +/- 1.24% in 2016). Anxiolytic prescriptions remained stable. Benzodiazepines were prescribed for a duration in line with guidelines for 77.5% +/- 17.9% of hypnotics and 90.2% +/- 7.8% of anxiolytics in 2023.

Discussion: Compared to recent national data on mental health, the increase in antidepressant prescriptions seems consistent, while the stability of anxiolytic consumption in XXXX is a new finding, suggesting regional specificities. The reduction in hypnotic prescriptions suggests that health authorities' efforts in this area have been effective. This study is based on a large volume of objective data but is limited by the approximations required to convert reimbursements into prescription data.

Conclusion: This study has provided a better understanding of GP practices and their determinants, paving the way for effective measures to combat the overuse of psychotropic drugs.

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ID 1068- Calliope study: Profile Comparison of Women with Substance Use Disorders in Specialized Addiction Centers versus Primary Care Microstructures

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Context: Despite presenting greater medical and social vulnerabilities than men with substance use disorders (SUD), women with SUD remain underrepresented in addiction care structures in France. They account for only 20–30% of patients in specialized addiction centers (Centres de Soins, d'Accompagnement et de Prévention en Addictologie – CSAPA) and up to 50% in primary care "microstructures" offering multidisciplinary and coordinated medical, psychological, and social support.

Objectives: The Calliope study aims to explore and compare healthcare needs and satisfaction with healthcare among women with SUD according to the type of healthcare structure they attend (CSAPA vs microstructures).

Methods: Calliope is a prospective, multicenter, mixed-methods study combining quantitative and qualitative approaches. Participants were women aged ≥18 years, receiving medical follow-up for at

least six months for SUD in an addiction care structure, and living in one of four French regions (Occitanie, Grand Est, Île-de-France, Provence-Alpes-Côte-d'Azur).

Results: Between November 2024 and June 2025, 120 women were included in the quantitative phase: 85 in CSAPA (71%) and 35 in microstructures (29%). Compared with those in CSAPA, women in microstructures were older (median age 51 vs 43 years; p=0.01), more frequently single (71% vs 45%; p<0.001), and more often lived in personal housing (94% vs 66%; p<0.001). Women in CSAPA reported higher use of opioids (39% vs 20%; p=0.047), opioid antagonists (44% vs 21%; p=0.034), and cannabis (38% vs 17%; p=0.028), and tended to use more benzodiazepines (49% vs 31%). Satisfaction with care did not differ significantly between groups (CSQ-8 median score: 26 [24–26] in CSAPA vs 26 [25–27] in microstructures; p=0.2). Lifetime sexual violence was more frequent among women in CSAPA (72% vs 50%; p=0.024).

Discussion: These preliminary quantitative findings provide new insights into the profiles and care experiences of women with SUD in France, particularly those followed in microstructures, for whom few data were previously available. While satisfaction with care was high across all settings, differences in profiles and care pathways emerged.

Conclusion: The ongoing qualitative phase will further explore these findings and will shed light on women's lived experiences and on the perspectives of healthcare teams.

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ID 595- Community health centers as a lever for integrating mental and primary care in France: insights from a Paris case study

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Context: General practitioners in France face growing demands in mental health care despite limited access to psychologists, long psychiatric waiting times, and fragmented coordination between professionals. Community health centers (centres de santé, CDS) employ salaried multidisciplinary teams and may represent an underused tool to address these structural barriers, yet their contribution to mental health integration remains insufficiently documented.

Methods: We describe the Centre de Santé de Belleville (CSB), a CDS in Paris bringing together GPs, psychologists, and a psychiatrist within the same organization. Using internal activity data (2023–2025), annual reports, and national policy documents, we examined how the CSB organizes mental health access, referral pathways, and coordination. A structured SWOT reflection was used to identify system-level strengths and limitations. This single-case analysis is illustrative rather than generalizable.

Originality: While CDS exist nationwide, few incorporate substantial mental health capacity. The CSB's configuration—five psychologists, one psychiatrist, and eleven GPs serving a socially vulnerable population—offers an example of how CDS can position themselves betw

Lessons learned and future implication: For general practice, the CSB illustrates how multidisciplinary structures can facilitate access and organizational coordination for patients whose care pathways are often fragmented. The case also shows the constraints faced by centers relying on short-t

Discussion: This experience underscores the tension between the policy goals repeatedly expressed at national level—equity, coordination, integration—and the structural features of the French system that limit the diffusion of salaried, team-based primary care. The CSB case suggests that CDS can operationalize aspects of integrated care, but their contribution is shaped less by clinical performance than by institutional factors: financing models, professional power dynamics, and the historical weight of "liberal medicine." Scaling similar models would require clearer national frameworks, dedicated funding, and recognition of CDS as legitimate actors in mental health pathways.

Conclusion: Community health centers can serve as platforms for integrating mental and primary care

within primary care settings, but their broader role depends on supportive policies and sustained investment.

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Mental Health

ID 2259- How to address stress-related problems in General Practice

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Context: Chronic stress has a far-reaching impact on health, behavior, and patient–provider interaction. In general practice, many patients present with complaints in which chronic, often hidden, stress plays an important role. Chronic stress is also a major driver of health inequalities, disproportionately affecting people in socially and economically vulnerable circumstances and contributing to persistent poorer health outcomes. Altough chronic stress is common, It is often difficult to recognize, explain clearly, and address effectively. To support general practitioners and practice nurses, the Dutch Centre for Health Disparities (Pharos) developed a training programme with conversation charts and animated videos. These materials were co-created with people with lived experience and public health experts to ensure accessibility and relevance for diverse patient populations.

Objectives: Recognize and interpret signs of stress during consultations Discuss causes of stress in a non-stigmatizing way Explain stress and its effects on body and behavior in understandable language, using visual tools Collaborate with patients on solutions, self-care, and referral when needed

Teaching method and workshop: The workshop uses case-based discussions, role-play consultations, conversation charts, and action-planning exercises to translate insights into daily practice. Schedule 0–10m Introduction Overview of workshop goals, relevance to general practice, an

Expected outcomes: Participants gain practical language and tools to address chronic stress directly in the consultation. Stress-sensitive working supports shared understanding, patient self-care, appropriate referral, and more person-centred, equitable, and integrated prim

Conclusion: Stress-sensitive working equips professionals with practical knowledge, shared language, and accessible tools to recognize and address chronic stress in everyday care. By combining theory, case-based learning, and experiential practice, this workshop supports more person-centred, equitable, and integrated care.

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ID 2037- Moderate-to-high fatigue severity as an independent correlate of muscle strength and endurance among hospital employees

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Context: Fatigue is highly prevalent among healthcare workers and is associated with impaired health, reduced productivity, and increased occupational risk. Fatigue assessment using standardized scales may provide a practical approach for identifying workers at risk of functional decline and guiding workplace health promotion strategies. However, its association with objectively measured physical fitness remains unclear in occupational healthcare settings.

Objectives: This study aimed to examine whether moderate-to-severe personal or work-related fatigue, assessed using validated fatigue scales, is independently associated with physical fitness performance, such as muscle strength, muscle

endurance, flexibility, cardiorespiratory fitness, and grip strength among hospital employees.

Methods: In this multicenter, cross-sectional study, personal and work-related fatigue were assessed using validated scales, and participants were categorized into mild or moderate-to-severe fatigue groups. Independent t-tests were conducted to compare demographic characteristics and physical fitness parameters between fatigue groups. Multivariate linear regression analyses were performed to examine associations between fatigue severity and physical fitness outcomes, particularly muscle strength and muscle endurance, adjusting for potential confounders.

Results: A total of 365 hospital employees were enrolled, with a mean age of approximately 45 years. Compared with employees reporting mild fatigue, those in the moderate-to-severe fatigue group were significantly younger (43.2 vs. 46.1 years, $p < 0.05$), exhibited poorer muscle strength and endurance as measured by sit-up normative scores (3.54 vs. 3.94, $p < 0.05$), and had lower overall physical fitness scores (11.8 vs. 12.7, $p < 0.05$). After multivariable adjustment, moderate-to-severe fatigue remained independently associated with lower muscle strength and endurance ($\beta = -0.10$; 95% CI: −0.19 to −0.01; $p = 0.026$). Compared with employees reporting mild fatigue, those with moderate-to-severe fatigue demonstrated an approximately 0.1-point reduction in muscle strength and endurance performance.

Discussion: Fatigue severity, assessed using standardized scales, was independently associated with poorer muscle strength and endurance, suggesting that fatigue may capture aspects of functional health status not fully reflected by traditional cardiometabolic or anthropometric indicators.

Conclusion: Fatigue assessment may serve as a scalable and actionable tool for healthcare employers to identify workers at risk of functional decline and to guide targeted workplace health promotion and fatigue management strategies. Keywords (MeSH Terms) Fatigue; Physical Fitness; Workplace Health Promotion

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ID 1922- The Science of Forgiveness: Implications for Primary Care Providers

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Context: Scientific research on extending forgiveness to others is roughly 40 years old. Since its inception there have been thousands of articles written on the topic showing that extending forgiveness to others is good for one's personal physical and emotional health. Benefits include decreases in stomachaches, headaches, anxiety, depression, heart disease, diabetes, and more.

Objectives: 1) Review the important scientific literature on extending forgiveness. 2) Relate our experience of applying this information to incarcerated individuals.

Methods: Material in books, journal articles, and from the internet were reviewed. Important principles of extending forgiveness were collated. Focus was placed on health benefits of forgiveness and on the steps required to extend forgiveness to others.

Results: We identified skills that can help a person extend forgiveness and become a more forgiving person. Results of the research were written up into a course curriculum designed to be taught in 1-hour weekly group meetings over a 3-month period. This curriculum was integrated into Religious Services at the Utah State Correctional Facility, USA (UDC). Two cohorts completed the curriculum- one group of incarcerated men and one group of incarcerated women.

Discussion: The health benefits to the individual extending forgiveness are many. More importantly, the ability to extend forgiveness can be taught and can be learned. Our implementation of these principles at UDC exceeded our expectations. Women and men in our course were less angry and more accepting of the humanity of others after taking the course. Our experience parallelled those of inmates elsewhere who have learned how to forgive. Similar results exist with refugees, trauma victims, war survivors, and others.

Conclusion: Learning how to and the practice of extending forgiveness is a well-established means to improve the quality of life for those who have been injured. With the turmoil in today's world, these results are relevant to all of our patients. We suggest that information on forgiveness be readily available to PCPs to distribute to patients who express interest in such.

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ID 1471- The psychotropics 10days: a National Awareness Campaign Promoting Rational Use of Antidepressants and Benzodiazepines in Belgium.

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Context: In Belgium, about one in ten people use an antidepressant (AD) and almost one in five use benzodiazepines or Z-drugs (BZRA), often for much longer than recommended. In 2025, the Psychotropics: 10 Days (Psychofarmaca 10-daagse / Psychotropes : 10 jours de sensibilisation) national campaign was launched for the first time from 1–10 October 25, during the 10 Days of Mental Health. The campaign promotes the appropriate use of ADs and BZRA, focusing not only on less initiation but also on more reviewing long-term use and discontinuing when appropriate.

Objectives: Increase awareness among healthcare professionals such as clinicians, pharmacists, and psychotherapists and patients about the risks of long-term AD and BZRA use. Facilitate communication between healthcare providers and patients regarding AD and BZRA.

Methods: Inspired by the Choosing Wisely movement, the campaign is clinician-led, evidence-based, and multidisciplinary, supported by professional associations of general practitioners, pharmacists, and psychologists, the Belgian Centre for Pharmacotherapeutic Information, the Belgian Psychotropics Expert Platform, and Ghent University. The four key calls to action were: (1) for sleep problems, start with non-pharmacological advice; (2) for depressive symptoms, start with dialogue before prescribing; (3) for long-term BZRA use, plan gradual tapering; and (4) for long-term AD use, review regularly. Campaign materials included a bilingual website (psychofarmaca10daagse.be / psychotropes10jours.be), visuals, downloadable posters ("Sleeping pills and antidepressants: start? forever?"), podcasts with Belgian experts on depression, sleep, and tapering, and videos.

Results: The campaign reached a broad audience of primary care professionals. Dissemination through newsletters of the professional organizations and social media increased visibility. The campaign website received over 3,500 visitors, and engagement with podcasts and videos was positive.

Discussion: The campaign raised awareness among healthcare professionals and encouraged dialogue about rational AD and BZRA use; however, yearly initiatives will be necessary, involving more partners across both regions of the country to ensure broader reach and sustained impact.

Conclusion: The Psychotropics: 10 Days campaign raises awareness and empowers healthcare professionals and patients to initiate and maintain open conversations about ADs and BZRA use. By fostering dialogue and providing evidence-based resources, the campaign contributes to promoting more appropriate use of ADs and BZRA in Belgium.

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ID 1132- The impact of religiosity on the stigma of mental disorders among primary care nurses

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Context: Stigma of mental disorders (SMD) can negatively affect interactions with patients and the quality of care (Al-Natour A, 2021). Religiosity is believed to increase stigma because religionists interpret mental health problems as a punishment or test from God (alHarbi H, 2023). Islam is

perceived by the Kazakh population as part of their ethnic identity, although it does not have a dominant influence on people's behavior (Sultangaliyeva A., 1998).

Objectives: The aim of the study was to compare the SMD among nurses according to attitudes towards religion.

Methods: A survey study was conducted among 214 nurses in Western Kazakhstan. The average age was 36.8 (SD 11.3) years. 150 respondents considered themselves deeply religious, 36 did not profess any religion, the rest found it difficult to answer. SMD was measured in 14 statements on a Likert scale from “completely disagree” to “completely agree”. The questionnaire was created considering the cultural specificities of the country and meet high requirements for factor validation and reliability.

Results: We found no statistically significant differences between the responses of religious and non-religious nurses. Stigma in both groups regarding depression and suicide is higher than in European countries, but comparable to Asian indicators. Nurses in both groups equally believed that depression is a sign of weakness, on the one hand, but disagreed with their condemnation, on the other. Paradoxically, religious nurses were less likely to agree with the statement “Religion has condemned suicide in the harshest way for centuries, therefore, this is the right message for our time” than atheists (9.3% (95% CI 5-15.6%) vs 27.8% (95% CI 14.2-45.2%), RR 0.504 (95% CI 0.261-0.975), which, probably due to the peculiarities of Islam in Kazakhstan.

Discussion: Our study did not reveal a risk of discrimination against patients with mental disorders by nurses related to religiosity, but monitoring and preventive interventions in nursing education are needed.

Conclusion: SMD among nurses is widespread, but their religiosity does not worsen their attitude towards patients with mental illness. Further research in this area is needed to develop interventio ns to reduce SMD.

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ID 685- Social workers’ perceptions about domestic violence against women during the Covid- 19 pandemic: A qualitative study from Jordan

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Context: Jordan is a lower-middle-income country with a population of 11.5 million (49% females). Eight out of ten (83%) live in cities and the rest in rural areas and desert. This study was conducted in Amman, the capital of Jordan that demonstrates the Jordanian's society sociocultural texture.

Objectives: Domestic violence affected women globally during the covid-19 crisis that changed the social and economic aspects of many humans’ lives. This study aimed to explore the perceptions of social workers about the effects of covid-19 pandemic and its restrictions on domestic violence in Jordan.

Methods: Qualitative study conducted from February to July 2022 in Amman, Jordan. The data were collected through individual in-depth interviews with 20 social workers who worked in different Family and Juvenile Protection centers throughout Amman city, to explore their perceptions about the status of violence against women during the coronavirus pandemic. The data was analyzed using latent content analysis.

Results: We were able to recognize two themes from the narratives; The First Theme was: Covid- 19 fear and restrictions aggravated the barriers and impacted reaching out and access to social services. This theme was built on two categories: Prevailing socio-cultural hushing especially among less privileged women; the victim’s ambivalence between the risk of exposure to the virus versus her fear from the perpetrator. The Second Theme was: COVID-19 pandemic and restrictions generated tremendous stress for victims, perpetrators, and social workers. This theme was constructed on four categories: the increase in the incidence of domestic abuse during the pandemic; the increase of socio-economic hardships; the increase in alcohol and drug abuse by victims and their abusers; and the social workers’ concern about the accessibility to ask for help during the quarantine.

Discussion: There has been a noticeable increase in domestic violence in Jordan during covid-19 crisis attributed to many factors such as spending a lot of time with the abusers and tremendous difficulty to access family protection departments.

Conclusion: Empowering women and providing psychosocial support to both victims and perpetrators can prevent and decrease the hazardous impact of domestic violence. This is crucial to protect vulnerable women and save their lives during crisis.

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Migrants' health

ID 2003- Collaboration between family physicians and community structures to promote equity in disadvantaged and migrant populations

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Context: Socioeconomic deprivation and migration are major determinants of health inequalities. Populations living in economically disadvantaged areas, particularly migrants from African countries, often face significant barriers to healthcare access, including language difficulties, cultural differences, low health literacy and social vulnerability. In this context, family physicians working in primary care are uniquely positioned to promote health equity through coordination of care and collaboration with community structures.

Methods: This practice-based case is based on a descriptive and reflective analysis of clinical practice in a primary care center located in an economically deprived area with a high proportion of patients of low socioeconomic status and migrants from African countries. Collaborative practices with community structures were analyzed, including social services, local authorities, schools, non-governmental organizations and community mediators. A narrative review of the literature on community-oriented primary care and social determinants of health supported the analysis.

Originality: Rather than focusing on a single intervention, this case highlights how structured and sustained collaboration between family physicians and community resources can be integrated into routine primary care. It illustrates the role of family medicine as a b

Lessons learned and future implication: Collaboration with community structures enables earlier identification of social vulnerability, improves access to healthcare and increases adherence to care plans. Cultural mediators play a key role in improving communication and health literacy. Strengt

Discussion: The findings reinforce the relevance of a community-oriented primary care model in socially and culturally complex contexts. Family physicians are well placed to identify social determinants of health and mobilize community resources accordingly. However, effective intersectoral collaboration depends on cultural competence, mutual trust and regular communication between healthcare professionals and community partners.

Conclusion: Effective collaboration between family physicians and community structures is essential to address health inequalities in socioeconomically disadvantaged and migrant populations. Strengthening community partnerships promotes equity, improves health outcomes and supports sustainable, person-centered primary care.

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ID 1849- Primary Health Care and Migrants: Barriers, Potentialities, and the Challenge of Equity – An Integrative Review

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Context: International migration, often involuntary, has a profound impact on the social determinants of health and presents significant challenges to health systems. Primary Health Care (PHC), as outlined in the Alma-Ata Declaration, plays a central role by providing essential, accessible care that encourages community participation. The quality of PHC depends on four core attributes — first-contact access, longitudinal comprehensiveness, and care coordination — and three derived attributes — family orientation, community orientation, and cultural competence — all crucial to meeting the needs of migrant populations.

Objectives: Conduct an integrative literature review on migrations and principles of Primary Health Care.

Methods: An integrative literature review was conducted to explore how PHC attributes influence care for migrants, identifying challenges and potentialities. The six classical methodological steps were followed: question formulation, search, categorisation, appraisal, interpretation, and synthesis. Searches were performed in BVS, LILACS, and SciELO using five strategies with DeCS descriptors in English and Portuguese. Full-text, open-access studies published between 2019 and April 2024 were included. Of 380 articles identified, 34 were analysed in full. The findings were interpreted in according to PHC attributes. As the study did not involve human participants, ethical approval was not required.

Results: Migrants and refugees face persistent barriers to accessing PHC, including communication difficulties, lack of knowledge about services, stigma, discrimination, cultural differences, absence of documentation, costs, transportation challenges, and healthcare workforce overload. Female migrants face specific challenges in sexual, reproductive, and mental health. Potentialities identified include culturally sensitive practices, continuing education, cultural competence, community support, care facilitators, and strengthened links between health services and social organisations. Universal access depends on addressing inequalities, implementing specific public policies, and reinforcing PHC as the entry point, with strategies that promote active listening, continuity, and comprehensive care aligned with principles of equity.

Discussion: Access is the most frequently studied PHC attribute, representing the first contact with services. However, access alone does not ensure quality care; an integrated approach considering all PHC attributes is necessary to enhance care for migrants and strengthen primary health care.

Conclusion: The study points to the need for research that delves into comprehensive care for migrants and primary care beyond access.

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ID 1243- Primary care and community-based interventions to enhance migrant health screening: An international evidence map of current practice

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Context: Migrants have been acknowledged to face a 'triple-burden' of infectious diseases, non-communicable diseases and mental health conditions. However, screening coverage across migrant populations in many high-income migrant-receiving countries remains low. This evidence map aims to identify the current state of research concerning migrant health screening in community and primary care settings.

Objectives: - To map evidence on current practice in screening migrant populations in high income migrant-receiving countries - To identify which diseases are included, which migrant groups are being screened, and which interventions are

involved in reported screening models - To understand changes in approach to screening of migrant groups over the last decade

Methods: A comprehensive literature search of MEDLINE, Embase, Global Health, PsycINFO and Cochrane was conducted on 12th July 2024, supplemented by handsearching relevant systematic reviews and key conference proceedings in migrant health in the last decade. Identified papers were mapped according to migrant group, country, disease and type of intervention, and trends over time were assessed.

Results: Of 17,324 unique records, 607 primary studies met our inclusion criteria, of which 52.06% (307) screened for an infectious disease, 37.07% (225) screened for non-communicable disease and 18.29% (111) screened for a mental health conditions. 79.90% (485) screened only for one condition. The majority aimed to enhance access or used promotion techniques, but the use of community health workers and point-of-care testing has risen across the last decade.

Discussion: Most published screening programmes for migrants addressed infectious diseases, however, participatory research has shown that mental health and non-communicable diseases are considered of equal or greater importance to migrant groups. In common with other screening programmes, most studies screened for a single condition. However, combining screening for multiple diseases in migrant groups has been promoted in recent professional guidance. Existing literature demonstrates an increasing interest in the use of point-of-care testing for marginalised groups, but in migrants there are few studies seeking to evaluate effectiveness in linkage to care or longer-term health outcomes.

Conclusion: This evidence map identifies the need for future large-scale studies in primary care and community settings that report on multi-disease screening interventions, linkage to care, and impact on health outcomes.

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ID 1392- How are migrants involved in health decision-making in Italy? A narrative review to inform primary care governance

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Context: In Italy, people with migrant backgrounds face significant health and access inequities, while their involvement in decisions about services, research and policies remains under-explored. Health strategies increasingly mention participation and co-production, but the actual levels and scenarios of migrant influence are unclear. Within the RADICE participatory action-research project we conducted a narrative review to inform local primary care processes

Objectives: To map how migrants in Italy have been involved in health-related decision-making at micro and macro levels; to describe participation mechanisms and outcomes; and to identify gaps and promising practices for equity-oriented primary care governance.

Methods: We conducted a narrative review of peer-reviewed primary studies on migrant participation in health decision-making in Italy. We included empirical studies reporting any involvement of migrants or migrant-led organisations in decisions on health policies, service design, priority-setting, research agendas or governance. Two reviewers screened sources from biomedical and social science databases and extracted data on context, actors, decision-making arena, participation modalities and level of influence for narrative synthesis.

Results: Preliminary analysis suggests that documented experiences are concentrated at micro and project level, focusing on consultation or involvement in time-limited initiatives, often mediated by NGOs or cultural mediators. Migrants

seldom participate in formal governance structures or in decisions on resource allocation, and their role in research priority-setting appears almost absent. Evidence from primary and community care is limited and geographically uneven, with few long-term initiatives explicitly addressing power-sharing, accountability or structural racism.

Discussion: The review underscores a gap between policy rhetoric on participation and the marginal, often tokenistic role assigned to migrants in actual decision-making. A small set of more transformative experiences, where migrants contribute to agenda-setting or co-design, offers concrete lessons for redesigning participatory spaces within primary care and local health systems.

Conclusion: By the conference, we expect to present the full synthesis of this review and apply its findings to the first participatory cycles of the RADICE project in Reggio Emilia. The work supports primary care teams in moving from ad hoc consultation to structurally embedded, equity-oriented migrant participation in health governance.

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ID 1056- Health status of residents in two migrant worker hostels, descriptive study based on the X project conducted in primary care in Paris area

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Context: Migrant worker hostels (MWHs) were created in the 1960's in France to accommodate workers of foreign origin. Their residents accumulate risk factors for their health, and their state of health has been never studied.

Objectives: Describe the health status of MWHs residents at the time of inclusion in the X project. Investigate socio-economic factors associated with their health status.

Methods: Project X is an outreach study conducted in primary care among residents of two MWHs in Paris area. The aim of this study is to conduct workshops on the theme of health in the two MWHs over a period of one year and to evaluate this intervention. A cross-sectional, quantitative study was conducted to collect baseline data from volunteer residents (adults sleeping at least 4 nights in the MWHs) at inclusion. Data collection was carried out by a multidisciplinary primary care team (general practitioners, nurses, social worker, advances practice nurses) in French, Arabic and Soninke. The primary endpoint was health status, measured using the European mini-module. Health literacy was assessed using the HLS-EU-Q16. Descriptive, comparative (Chi2) and multivariate (logistic regression) analyses were performed using R software. The study received GIRCI funding and approval from the ethics committee.

Results: Among the 107 residents included, the average age was 47. 70% had a general practitioner, and 45% reported poor health. In multivariate analysis, poor health was significantly associated with low health literacy, advanced age, isolation, and time spent in France.

Discussion: The use of validated tools and the presence of multilingual professionals are strengths of the study. The recruitment methods (languages, schedules) may have led to selection bias and limited the inclusion of supernumerary residents.

Conclusion: This study provides a better understanding of the health determinants of MWHs residents. Improving their health literacy could enhance their ability to navigate a complex healthcare system in order to improve their health. This hypothesis is the subject of the second part of the project: an outreach intervention to promote health literacy.

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ID 909- Pictogram-based health education to improve health literacy among migrant women in rural primary care

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Context: A primary care team identified a group of migrant women living in a rural environment who faced communication barriers, limited familiarity with the health system and frequent use of emergency services for non-urgent symptoms. Many had difficulty understanding verbal explanations, navigating appointments and following preventive advice. These challenges highlighted a need for accessible, culturally sensitive health education adapted to low-literacy contexts.

Methods: A monthly sociosanitary education programme was implemented using pictograms as the principal communication tool. Participants represented a wide range of ages, languages and cultural backgrounds. The sessions addressed chronic disease management, hypertension, obesity, contraception, fever management, child care, emotional wellbeing, diet, physical activity and appropriate use of emergency services. Pictograms were used to illustrate symptoms, alarm signs, medication instructions and lifestyle recommendations. The programme was facilitated by a multidisciplinary team including family medicine, nursing, social work, psychology and speech therapy. Attendance was voluntary, and participants were encouraged to share doubts about previous healthcare encounters or difficulties understanding medical guidance. The visual format allowed immediate clarification of misunderstandings and enabled women with limited literacy to participate actively.

Originality: Although pictograms are commonly used in paediatric and disability settings, their systematic application for adult migrant health education in primary care is uncommon. This experience showed that visual communication can effectively bridge linguistic an

Lessons learned and future implication: The group format fostered mutual support, empowerment and increased confidence in interacting with healthcare professionals. Several participants reported improved understanding of when to seek primary care instead of emergency services and expressed grea

Discussion: This experience highlighted structural barriers affecting migrant women and demonstrated how primary care can promote equity through accessible, humanistic communication strategies.

Conclusion: This experience demonstrates how adapted communication tools can reduce barriers and improve engagement in primary care for migrant women.

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ID 29- Needs and expectations among migrant patients suffering from sexual, psychological, and physical violence from two health centres in Paris.

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Context: The international flow of migration from Africa and the Middle East to Europe has risen due to war, religious, and ethnic conflicts. As a result, the prevalence of violence is high, with terrible consequences on the health of the migrant population. Above all, these consequences are worsened by inequality and difficulties in accessing the healthcare system in France.

Objectives: Improving the structuring of care in two medico-social dispensaries among migrant populations suffering from violence, by identifying their medical, psychological, and social needs and expectations.

Methods: Twelve patients were interviewed (phenomenological qualitative method).

Results: Patients did not systematically recognize the impact of violence on their health or the connection between their health concerns and their experience of violence. Additionally, their

experience of violence and the screening process were perceived differently by patients, ranging from rejection to acceptance. Furthermore, their understanding of health varied over time and improved with the advancement of care. Having received care from the centres, patients had better access to physicians in both primary and secondary care sectors, although significant ongoing difficulties remained. Patients expressed a desire to be seen directly by more specialists at the centre, such as infectiologists, and to receive more information about sexual health and LGBTQIA+ rights. Most of the patients were socially isolated despite having access to various non-profit and charitable organisations. When they arrived in France, the patients needed to maintain ties with their cultures by continuing to use their native languages. Their cultural integration in France was primarily achieved through learning French.

Discussion: This study proposes a fresh consideration of structured care through the induction of a health mediator during the first consultation so as to ascertain patient vulnerabilities. The patient is systematically seen by a general practitioner, social worker, and psychologist. A pluridisciplinary staff organises the specific medical, psychological, and social care.

Conclusion: Access to migrant patient needs and expectations in view of their medical, psychological, and social care was granted. A new structured care paradigm for migrant patients experiencing violence has been established.

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Mind over meds

ID 2195- Use of bibliotherapy in general medicine. Opinion survey among general practitioners.

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Context: Bibliotherapy refers to the use of written materials for therapeutic purposes. The curative effect of books, mentioned as early as antiquity, has been objectified by several studies. It is widely used in England in primary care whereas in France it appears to be used to a limited extent. The main objective of the study was to assess the state of knowledge and the use of bibliotherapy by general practitioners.

Methods: An opinion survey was conducted with a digital questionnaire. The target population included all liberal generalists in Reunion Island. A sample was collected using records of email addresses. The data collection was anonymous

Originality: One of the strengths of our work has been to raise awareness among some practitioners about this little-known practice.

Lessons learned and future implication: 68 responses were collected. The sample seemed representative of the target population in terms of sex and age. 43 doctors (63%) had already used books in consultation, especially for patients with psychological disorders. The main obstacles which could b

Discussion: The term bibliotherapy is not widely known; many doctors had already used books during consultations. This approach seems to be well received by patients. The HAS (French National Authority for Health) mentions bibliotherapy among the treatments for anxiety disorders. Books are a valuable tool for accessing conventional therapies, given the difficulties they face, and for promoting therapeutic education based on books.

Conclusion: Our study made it possible to draw up an unprecedented inventory of this practice.. The majority of the doctors who were surveyed had already used it in cases of psychological disorders. In order to develop this practice, a reference frame of books should be created to guide general practitioners and patients in their choice. Keywords Bibliotherapy, media-assisted therapy, primary care

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ID 1449- Spiritual Health Awareness and Recommendations in Primary care- The SHARP training. A co-designed

intervention to promote liberty, equity and fraternity in spiritual health

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Context: Spiritual health is recognised as a core component of whole-person care, and is associated with positive outcomes when addressed and negative consequences when overlooked. Despite this, primary-care clinicians often report low confidence, uncertainty, and stigma when discussing spiritual health in consultations. This hesitation is reinforced by pluralistic ignorance: clinicians privately value spiritual health but feel unsure how to raise the topic professionally. Evidence highlights a training gap within primary care.

Objectives: To co-design an evidence-based, pragmatic training that addresses learning needs around spiritual health. The intervention aims to promote liberty of belief and practice, equity of access to spiritual-health support, and fraternity through shared learning and mutual respect.

Methods: We used the Person-Based Approach (PBA), informed by Normalisation Process Theory (NPT), to co-design a practical and implementable training package: the SHARP (Spiritual Health Awareness and Recommendations in Primary care) Training. Five workshops were delivered online and in-person at Newcastle University, UK, involving GPs, social prescribers, patients, and community stakeholders. Workshops followed a structured agenda and used persona-based discussion and narrative pedagogy to explore the best ways for spiritual health training to be delivered, and identify "norm brokers" to embed good practice. Iterative prototyping combined stakeholder insights with evidence-based content.

Results: Co-design produced a usable, scalable training aligned with real life practice. Participants reported that the structured yet flexible approach reduced stigma, normalised discussion of spiritual health, and enhanced conceptual clarity. Integrating NPT ensured the intervention addressed coherence, cognitive participation, collective action, and reflexive monitoring. SHARP offers evidence-based content, practical communication strategies, and implementation supports to enhance acceptability and normalisation. Dissemination through an international CPD provider is planned.

Discussion: SHARP shows that sensitive and contested topics can be addressed constructively when liberty, equity and fraternity guide the process. SHARP enables clinicians to explore diverse beliefs safely (liberty), supports fair and consistent spiritual health care awareness (equity), and develops shared understanding and collaboration within primary care (fraternity). These principles help shift a stigmatised topic into a legitimate and relational component of holistic care.

Conclusion: The SHARP training is being piloted and evaluated to support equitable access to spiritual-health education and strengthen whole-person care in primary care settings.

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ID 999- Prescriptions of anxiolytics, hypnotics and antidepressants by general practitioners practising hypnotherapy: a cross-sectional study of reimbursement data.

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Context: Anxiolytics, hypnotics and antidepressants are prescribed mainly by general practitioners (GPs). They cause numerous adverse effects and represent a burden on public health and healthcare budgets, especially as they are often overused in comparison with guidelines. The use of non-pharmacological interventions is recommended as a first-line treatment in most non-severe situations where these substances are prescribed, but they remain significantly underused. XXXX hypnotherapy is a formally described hypnosis method used in primary care that could represent a new and serious therapeutic alternative in this context.

Objectives: To compare the characteristics of prescriptions for anxiolytics, hypnotics and antidepressants issued by GPs who practise XXXX hypnotherapy (HGPs) in the YYYY region with those issued by untrained GPs, as well as those issued before and after their training.

Methods: Cross-sectional study of reimbursement data from YYYY health database for these treatments in 2023. Prescriptions from all the 22 YYYY HGPs were compared with those of 88 other matched GPs, and one year before versus two years after training in a second longitudinal study.

Results: In 2023, HGPs were involved in 15.42 [12.19-19.31] deliveries of anxiolytic benzodiazepines and 4.47 [3.30-6.02] deliveries of hypnotics on average for every 100 different patients seen, versus 20.64 [17.18-24.58] and 7.63 [6.44-9.02] for others (p=0.475 and p=0.0016, respectively). The treatment duration for benzodiazepine anxiolytics was in line with guidelines for 92.12% [89.15%-94.33%] of HGPs versus 87.79% [85.14%-90.03%] of others (p=0.0252). No difference was observed in antidepressants nor in HGPs' prescriptions before and after training.

Discussion: To our knowledge, the characteristics of prescriptions issued by GPs practising hypnotherapy had never been objectively evaluated until now. Despite its small sample size, this study represents an exhaustive survey of YYYY GPs using this hypnosis method and reveals that these physicians have a specific profile of psychotropic drug prescriptions. However, no causality can be established here between the practice of hypnotherapy and changes in physicians' drug prescribing habits, and results cannot be extrapolated to other hypnosis methods.

Conclusion: Hypnosis might be a complementary therapy that reduces the need for psychotropic drugs, especially when performed directly by GPs, but its impact on practices needs to be studied further.

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ID 1169- Integration of Ayurvedic Lifestyle (Dinacharya) in Primary Care for Stress and Sleep Disorders: A Mixed-Methods Evaluation

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Context: Stress-related conditions and sleep disturbances are highly prevalent in primary care and are major contributors to reduced well-being and increased healthcare use. Standard treatments often alleviate symptoms but may not sufficiently address underlying lifestyle factors. Ayurvedic lifestyle guidelines (dinacharya) emphasize circadian alignment, behavioral regulation, and preventive self-care, offering a potentially feasible, low-cost adjunct for primary care.

Objectives: To assess the effectiveness and acceptability of a structured ayurvedic lifestyle intervention in reducing stress and improving sleep quality among adults presenting to primary care.

Methods: A mixed-methods study was conducted in an urban primary care setting. Adults aged 20–50 years with moderate stress (Perceived Stress Scale [PSS] >18) and sleep disturbance (Pittsburgh Sleep Quality Index [PSQI] >5) were recruited. Participants received individualized lifestyle recommendations grounded in ayurvedic principles, including sleep hygiene strategies, circadian routine alignment, dietary regulation, guided breathing practices, and structured digital-detox routines for 6 weeks. Quantitative outcomes included PSS, PSQI, and a 10-point subjective sleep satisfaction rating. Pre- and post-intervention changes were analyzed using descriptive statistics and paired t-tests. Semi-structured interviews explored perceived acceptability and implementation experiences, analyzed using thematic content analysis.

Results: Among 52 enrolled participants, 48 completed follow-up. Mean PSS scores decreased significantly from 22.4 to 14.8 ($p < 0.001$). Mean PSQI scores improved from 9.1 to 5.3 ($p < 0.001$). Eighty-five percent of participants reported better daytime functioning and improved sleep satisfaction. Qualitative analysis identified high acceptability, increased perceived self-efficacy, and the practicality of adopting structured lifestyle routines as key facilitators.

Discussion: The intervention demonstrated clinically meaningful improvements in stress and sleep quality, with strong participant endorsement and alignment with core principles of person-centred primary care. The mixed-methods design strengthened understanding of both effectiveness and implementation feasibility.

Conclusion: A dinacharya-based lifestyle intervention appears feasible, acceptable, and effective as a low-resource adjunct for managing stress and sleep disorders in primary care. Controlled comparative studies are warranted to confirm efficacy and support broader integration into routine practice.

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ID 854- Dancing One Health: transdisciplinary reflections from the confluence of expanded dance practices, somatic approaches and ancestral indigenous knowledge

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Context: The present study reflects on the transdisciplinarity between Dance and Health, from the research experience on expanded dance practices developed by XXX, a gathering of artists, scholars, researchers and students from Dance, Psychology, Public Health and Biological Sciences, in partnership with XXX, a pluriethnic indigenous community and university located in urban context, in XXX. Our research considers Dance under the paradigm of One Health, recognizing the symbiotic interconnection between humans, other living beings and environmental elements of the planet.

Methods: The study consisted of a cartographic research into the creation and exercise of contrachoreographic practices in dance, called practices of “beingwith”, which are grounded in the politics of encounter, with horizontal relationships in networks of affection and care between people, living beings, and physical elements of their territories.

Originality: The practices of “beingwith” were originally elaborated in the indigenous university, integrating somatic and relational exercises (somaffective experiences) with ancestral knowledge, attentively investigating the interconnections between body, territory

Lessons learned and future implication: Our investigation focuses on the movements, gestures, sensations, and perceptions arising from shared experiences of care that emerge within communal activities that are closely integrated with the environment. Such praxis is inspired by the indigenous no

Discussion: Based on the transdisciplinarity between Dance and Health, our research proposes to add somaffective, cartographic, and artistic experiences to care practices that develop in the strengthening of collective networks and in the deepening of community integration with inhabited territories and spaces of coexistence.

Conclusion: We propose that the practices of "beingwith" expand the perception of the modes and meanings of transpersonal relationships that make up planetary life, fostering integration and belonging, creating a regenerative potential for global health.

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ID 148- Effect of Music-Based Intervention on Distress in Cancer Patients Undergoing External Beam Radiation Treatment at a Radiation Oncology Center in a Tertiary Hospital: A Randomized Controlled Trial

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Context: Distress is common among cancer patients receiving external beam radiation therapy (EBRT), yet evidence for music-based interventions in this setting is limited.

Objectives: To evaluate the effect of a music-based intervention on distress levels in adult cancer patients undergoing EBRT. Secondary objectives were to describe patient clinical and sociodemographic profiles, assess distress using the NCCN- Distress Thermometer before CT simulation and planning and after the 10th radiotherapy fraction, and explore correlates of change in distress.

Methods: This was a randomized, controlled open label clinical superiority trial with two parallel arms and a pre-post assessment. Adult cancer patients (18–60 years) receiving first-time EBRT were recruited from May 2025 to September 2025. Eligible participants were randomized using a computer-generated sequence. The primary outcome was the change in distress score (NCCN-DT) from pre- to post-intervention.

Results: Forty-six patients were randomized to a music-based intervention (n = 23) or non-music based intervention (n = 23) group, with well-matched baseline characteristics. The attrition rate was 13% in the music-based intervention (3/23), 4% in non-music-based intervention (1/23), and 8% overall (4/46). The music-based intervention group showed a significantly greater reduction in distress scores compared to control in both per-protocol (mean difference = 2.63, p=0.0008) and ITT analyses (mean difference = 2.67, p=0.0010). Depression rates did not differ between groups. Patients in the music-based intervention group were significantly more likely to show improvement in distress (per-protocol RR=4.13, p=0.0005; ITT RR=3.75, p=0.0023). Multivariable analysis identified music-based intervention as the sole significant predictor of improvement (OR=19.03, p=0.006).

Discussion: Listening to Bach's BWV1049 reduced heart rate and reduced the sympathetic nervous activity, as indicated by a lower Low Frequency/High Frequency ratio, suggesting suppression of the "fight or flight" response and induction of relaxation via central autonomic pathways. The main strength of this study is its well-structured randomized controlled trial design with well-matched groups, validated outcome measures, robust statistical analyses, and low attrition, all of which enhance the credibility and generalizability of the findings.

Conclusion: Music-based intervention is a simple and effective strategy for alleviating distress in adult cancer patients undergoing radiotherapy and should be considered in the patient-centered oncologic standard of care.

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ID 113- Perceptions and Attitudes of Patients and Family Physicians Toward Background Music During the Medical Encounter

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Context: Music is an integral part of human life and has been increasingly incorporated into healthcare due to its documented benefits for both patients and professionals. Studies indicate that background music in clinical environments can reduce anxiety, improve mood, relieve pain, and enhance overall well-being. In family medicine, where consultations are often personal and continuous, background music may help reduce stress for both patients and physicians, foster empathy, and enhance communication. Despite the growing recognition of its therapeutic potential, little research has examined the perspectives of both patients and family physicians in ambulatory settings.

Objectives: To explore the attitudes, perceptions, and preferences of patients and family physicians toward the use of background music during medical consultations.

Methods: This descriptive, questionnaire-based study will recruit approximately 300 patients and 15 family physicians from Maccabi Health Services clinics. Participating physicians will conduct a series of consultations accompanied by standardized

background music. After each visit, patients will complete an anonymous questionnaire assessing satisfaction, comfort, and attitudes toward the use of music. Physicians will complete a separate questionnaire at the end of the study period. Quantitative data will be analyzed using descriptive statistics, chi-square tests, t-tests or Mann–Whitney tests, and multivariate logistic regression to identify factors associated with satisfaction.

Results: Data collection and analysis are ongoing. Preliminary findings are expected to show that most patients and physicians express positive attitudes toward background music, linking it to reduced anxiety, improved mood, and a more pleasant clinical environment.

Discussion: Preliminary insights suggest that background music may serve as a simple, low-cost, and non-invasive method to enhance the therapeutic atmosphere and patient–physician interaction in family medicine. It could reduce stress, increase empathy, and improve satisfaction for both patients and doctors. These results align with previous research emphasizing the psychological and physiological benefits of music in hospital settings, yet highlight its underexplored value in primary care.

Conclusion: Background music in family physicians' offices appears to be a promising intervention to humanize medical encounters, promote comfort, and strengthen communication. Future studies should further define optimal music characteristics—such as genre, volume, and cultural suitability—to guide evidence-based implementation of music in everyday clinical practice.

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No drugs prescription

ID 2268- LIDIAS: A personalized smartphone lifestyle application for depression symptomatology in general practice

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Context: Research indicates that lifestyle interventions can be effective for individuals experiencing symptoms of depression in primary care, with some demonstrating effects comparable to medication and cognitive behavioral therapy. However, a structured approach to providing lifestyle advice and evaluating its effects remains lacking.

Objectives: To investigate whether a personalized lifestyle intervention (PLI) delivered via a smartphone application is a (cost-)effective addition to current depression treatment in general practice.

Methods: First, through a qualitative study with both interviews and focus groups, we developed the smartphone application in collaboration with patient representatives, general practitioners (GPs), GP mental health practice nurses (GP-MHNs) and a software developer. Second, a short pilot was performed to test its feasibility. Finally, the PLI will be tested in a cluster randomized controlled multicenter clinical trial (RCT), in which we will compare usual care with usual care plus the PLI. The PLI includes: 1) a short lifestyle questionnaire based on six pillars (mental wellbeing, harmful substances, social relationships, eating, sleep and physical activity), 2) a visualization of the results of the questionnaire, leading to formulation of two personal lifestyle goals 3), information and advices on these personal goals and 4) integration of depression symptomatology measurements over time. GPs and GP-MHNs can track the progress of the patient through their own account. Adults with mild to severe depression symptomatology are being included. The primary study parameter is change in severity of depression symptoms, assessed by the PHQ-9. Secondary outcome measures include cost-effectiveness, quality of life, functioning, relationship with the healthcare provider, and patient satisfaction.

Results: During the interviews and focusgroups, three main topics were found: 1) perspectives on lifestyle, 2) recovery process, 3) practical usability and app implementation. For the RCT, we have

currently included 53 patients, and are able to present the first results during WONCA Paris.

Discussion: Our results thus far identified obstacles and facilitators for the effective use and implementation of a personalized lifestyle intervention aimed at reducing depressive symptoms in patients in general practice.

Conclusion: Overall, we hypothesize that in patients with depression symptomatology, the PLI as addition to usual care will help reduce symptoms in a (cost-)effective way.

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ID 2109- A Personalised Digital Self-Management Tool to Improve Wellbeing and Reduce Primary Care Demand

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Context: Homeopathy is currently widely used in general practice worldwide, notably in Brazil, India, and Switzerland, despite the lack of evidence demonstrating efficacy beyond placebo. However, from its very inception in early nineteenth-century Germany, homeopathy was met with substantial skepticism, and as early as 1835 it was subjected to a rigorous evaluation in what is now recognized as the first randomized, double-blind, controlled trial in the history of medicine. Unfortunately, the original report of this experiment, published in a German newspaper, has never been fully translated, and is only briefly mentioned in a small number of secondary sources. As a result, this foundational event in the history of medical science remains largely unknown to contemporary clinicians and researchers.

Objectives: This work aims to translate and analyze this historical trial through the modern lens of general practice, with methodological, historical, and clinical perspectives.

Methods: The complete text, "Die homöopathischen Kochsalzversuche zu Nürnberg", was fully translated, first using a literal approach supported by historical dictionaries, followed by a fluent translation into contemporary French. Specific translation challenges were identified and discussed. The methodological aspects of the experiment were analyzed in relation to current gold standards in general practice research.

Results: Remarkably, the Nuremberg homeopathic table salt experiment aligns closely with these standards, demonstrating careful attention to randomization and blinding, overseen by independent supervisory bodies. Measurement procedures are precisely described, and results are reported accurately and neutrally. The primary methodological limitation identified is participant self-selection through voluntary enrollment.

Discussion: This document constitutes the earliest known report of a randomized, double-blind, controlled trial, conducted at a time when scientific methodology was still in its infancy. Making this text accessible through translation allows this pivotal moment in medical history to be reconsidered and contextualized, and provides valuable perspective on the subsequent body of research failing to demonstrate the clinical efficacy of homeopathy.

Conclusion: Homeopathy was subjected to rigorous evaluation as early as 1835 in a randomized, double-blind, controlled trial of remarkable methodological quality for its time, closely anticipating modern standards of clinical research. The findings demonstrate the absence of any specific effect of homeopathic dilutions, through a good level of scientific rigor.

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ID 1628- "The homeopathic salt trial in Nuremberg" of 1835 : French translation and analysis of the first randomised double-blind trial

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Context: Health systems are increasingly strained by ageing populations and rising chronic disease. At the same time, older patients now purchase commercial smartwatches and present their data to their GPs, who often face these requests without clear guidance on how such metrics should be interpreted or used. Although smartwatches hold real potential for monitoring and self-management, their value in primary care for older adults remains uncertain, leaving clinicians to navigate growing patient expectations with limited evidence.

Objectives: 1) Synthesize findings about commercial Smartwatch applications in outpatient setting 2) Map the health outcomes associated with Smartwatch use in this population 3) Identify facilitators, barriers, and contextual factors that shape adoption and implementation of Smartwatches into clinical practice.

Methods: A scoping review was conducted following established guidelines. Comprehensive searches of PubMed, Embase, and CINAHL (2013–2024) identified over five thousand records, of which forty-four met inclusion criteria. Data were extracted on device types, health metrics, populations, study designs, clinical applications, outcomes, and barriers and facilitators. Title/abstract and full-text screening were performed independently and in a blinded manner by two reviewers, with duplicate data extraction to minimize bias. Disagreements were resolved by a third reviewer.

Results: Among 44 studies, cardiology led (14), then primary care (8) and pulmonology (7), with smaller numbers elsewhere. Sixteen smartwatch brands were used, mainly Fitbit (17) and Apple (11). Devices mostly captured steps/activity and heart rate or ECG, often combined. Applications spanned feasibility monitoring, correlation with clinical tests, active interventions for rehabilitation, chronic disease self-management and behavior change, and diagnostic AF screening. Barriers included comfort/usability, accuracy, interoperability, and low digital literacy; facilitators were motivating feedback, perceived value, and social support.

Discussion: Commercial smartwatches hold promise for enhancing outpatient care for older adults, but their success depends on inclusive design, meaningful integration into primary care, and strategies that address global health equity. Evidence for long-term impacts on morbidity, mortality, or implementation into healthcare utilization remained limited.

Conclusion: By mapping the understanding of current evidence of Smartwatch use in outpatient setting, this study lies the groundwork for a follow up qualitative study on the integration of Smartwatch use into primary care consultations.

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ID 1327- Clinical Use of Commercial Smartwatches in Older Adults: A Scoping Review

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Context: General practitioners play a central role in managing chronic insomnia, yet many patients experience long and complex therapeutic pathways. Light therapy is increasingly promoted as a non-pharmacological option. The INSOLUX randomized controlled trial assessed its efficacy in 239 primary care patients with insomnia, though its practical implementation in clinical settings remains to be clarified.

Objectives: This qualitative study was embedded within the INSOLUX trial. Its primary objective was to explore how patients with chronic insomnia experienced light therapy during their participation. A secondary aim was to identify factors influencing adherence, expectations, and perceived benefits.

Methods: Forty-two adults with chronic insomnia were interviewed after completing either active or placebo light therapy. Semi-structured interviews were conducted in person or by telephone, recorded and transcribed verbatim. An inductive thematic analysis was performed by multiple researchers, with regular meetings to reach consensus. The COREQ criteria guided the conduct and reporting of the study.

Results: Most participants were particularly motivated by the non-pharmacological aspect of the study, having previously tried several treatments. Light therapy was well tolerated and easily integrated into daily routines. Reported effects varied widely, independent of whether patients received active or placebo light therapy: some described easier sleep onset or fewer night awakenings, while others saw little change. Expectations, emotions, and personal beliefs played a key role in perceived effectiveness. Many participants felt improvement related to the study context itself—feeling listened to, increased attention to sleep habits, and dedicated time to discuss insomnia. Some wanted clearer information about their sleep disorder and wished for more personalized guidance.

Discussion: Only a subset of participants were interviewed, but sampling ensured maximal diversity of age, gender, and prior treatments. Patient accounts suggest that light therapy offers modest subjective benefits, yet is valued for being non-drug based. The interplay of emotions, expectation, and contextual factors underscores the complexity of evaluating treatments for chronic insomnia. The noted improvements also point to a Hawthorne effect. Overall, these results highlight the importance of individualized, holistic management for insomnia.

Conclusion: This study offers practitioners insights on using light therapy in patients with chronic insomnia, emphasizing both practical challenges and its integration alongside other recommended treatments.

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ID 763- Patients' experiences with light therapy for chronic insomnia: a qualitative ancillary study of the Insolux trial

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Context: Chronic obstructive pulmonary disease (COPD) increasingly burdens European healthcare systems due to aging populations and rising prevalence, causing significant morbidity, mortality, and economic costs. Digital health interventions (DHIs) can improve self-management and reduce hospitalizations. However, adoption among older adults remains limited.

Objectives: This study aims to identify distinct clusters of COPD patients based on their intention to use DHIs.

Methods: A cross-sectional survey of 232 adults with COPD (mean age 64.87 ± 11.39, 61.21% female) was conducted across seven European countries (July 2024–February 2025). Data included sociodemographic, UTAUT constructs, digital literacy, prior DHI experience, and intention to use DHIs. Cluster analysis using Gower's dissimilarity and Partitioning Around Medoids identified two clusters.

Results: Cluster 1 (n=104, "hesitant") exhibited lower education, limited computer use, and balanced intention distribution (38.5% positive, 40.4% neutral, 21.2% negative), with intention associated with social influence, performance expectancy, and digital literacy. Cluster 2 (n=128, "enthusiastic") featured higher education, prior positive DHI experience, and 83.6% positive intention, driven by lower effort expectancy, prior experience, and lower disease complexity. Significant cross-country variations were noted.

Discussion: Two distinct participant clusters emerged, reflecting different psychosocial and behavioral patterns toward digital health adoption. While cluster 1 showed a balanced-hesitant stance toward digital health, cluster 2 demonstrated strong enthusiasm and readiness to engage. Digital health adoption varies by psychosocial and skill profiles. Targeted literacy training and improved usability may enhance engagement.

Conclusion: Digital health adoption among patients with COPD and related chronic respiratory diseases is influenced more by psychosocial factors and digital skills than by demographic characteristics alone. Modifiable factors such as digital literacy, effort expectancy, performance expectancy, and social support can be leveraged to design targeted interventions for hesitant users. Although adoption patterns were broadly consistent across countries, subtle differences suggest that local context and healthcare system factors should be considered when implementing interventions, ensuring they are culturally and operationally appropriate. We highlighted the need for tailored strategies: interventions that build digital skills and social support for hesitant users, and usability-focused enhancements for motivated adopters. Applying cluster-informed approaches can improve engagement, promote equity, and maximize the effectiveness of digital health programs for older adults across diverse healthcare settings.

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ID 336- Factors influencing appropriate vestibular care: an interview study with general practitioners and patients

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Context: Primary care faces high demand from patients with long-term conditions, anxiety, insomnia, low mood and lifestyle-related concerns. These issues often require sustained support beyond routine clinical contacts. To address these issues we implemented a personalised digital self-management tool to support wellbeing, reduce avoidable appointments, and empower patient self-care.

Objectives: To evaluate the impact of digital self-management support on: 1. Wellbeing and self-efficacy 2. Lifestyle behaviours 3. Appointment utilisation 4. Suitability for patients with multimorbidity or mental health needs

Methods: The retrospective evaluation covered multiple primary care sites serving approximately 500,000 patients. Eligible patients included frequent attenders, individuals with multimorbidity, and those reporting low wellbeing. Uptake, wellbeing scores, behavioural indicators and appointment utilisation were monitored using real-world operational data. Patient feedback was analysed qualitatively.

Results: Among 25,000 invited patients, uptake was high across diverse demographic groups, including older adults and people with low digital confidence. Users reported substantial improvements in wellbeing: - 82% felt more in control of their health - 68% reported improved mental wellbeing - Significant improvement in ONS-4 wellbeing scores Behavioural outcomes included improved sleep, increased activity levels and sustained motivation. Users tracking health indicators reported a mean 4.7 kg weight reduction over eight weeks. Appointment utilisation decreased by 15% among the highest-need frequent attenders, releasing capacity for complex care and urgent demand. No additional clinical or administrative workload was generated. Patient feedback highlighted reduced anxiety, improved symptom management and enhanced confidence in self-care.

Discussion: A personalised digital self-management tool significantly improved wellbeing and supported behaviour change while reducing non-urgent appointment demand. Simplicity of access, personalised nudges and non-clinical guidance were key to equitable engagement. Importantly, the model required no additional clinical or administrative workload, enhancing its scalability.

Conclusion: Digital self-management tools can strengthen prevention, reduce pressure on primary care and improve patient outcomes when delivered with strong governance and behavioural design. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

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Pain

ID 2193- The Impact of Mindfulness-Based Therapies on Pain Severity in Office

Workers with Non-Specific Chronic Low Back Pain: A Randomised Controlled Trial

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Context: Non-specific chronic low back pain is a common and multifactorial condition among office workers in primary care, and non-pharmacological approaches such as mindfulness-based therapies remain underexplored in this population.

Objectives: The primary objective of this study was to investigate the effects of mindfulness-based therapies on pain severity in office workers with non-specific chronic low back pain. We hypothesized that mindfulness-based interventions would reduce pain severity and improve psychological and functional outcomes compared to standard care.

Methods: This parallel-group, open-label, randomized controlled trial was conducted among employees of Dokuz Eylül University. A total of 104 office workers diagnosed with non-specific chronic low back pain were randomly assigned in a 1:1 ratio to either a mindfulness-based therapy intervention or a standard care control group. The intervention consisted of a structured mindfulness-based therapy program, while the control group received usual care. Pain severity, assessed using the Visual Analogue Scale (VAS), was defined as the primary outcome. Secondary outcomes included functional disability (Roland Morris Disability Questionnaire), physical activity levels (International Physical Activity Questionnaire), anxiety (Beck Anxiety Inventory), quality of life (SF-36 Health Survey), and mindfulness levels (Five Facet Mindfulness Questionnaire). Outcome measures were collected at baseline, immediately after the intervention, and at a 3-month follow-up.

Results: The intervention group showed a statistically significant reduction in pain severity compared to the control group (VAS, $p<0.05$), which was maintained immediately post-intervention and at the 3-month follow-up. Functional disability improved initially but was not sustained, while significant improvements were observed in anxiety, quality of life, and mindfulness levels in the intervention group.

Discussion: These findings suggest that mindfulness-based therapies may reduce pain severity in office workers with chronic low back pain, likely through psychological and cognitive mechanisms reflected by improvements in anxiety, quality of life, and mindfulness rather than sustained functional changes.

Conclusion: Mindfulness-based therapies may represent a promising non-pharmacological approach for the management of non-specific chronic low back pain, with beneficial effects on pain severity, anxiety, quality of life, and mindfulness. Their low-cost, feasible, and adaptable nature supports their potential integration into primary care and workplace-based health programs to enhance accessibility in chronic pain management.

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ID 1715- Opioid use and quality of life after accidental injuries; a pragmatic randomised controlled trial

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Context: Patients experiencing serious accidental injuries are at risk of developing long-term opioid use. Many are discharged without a clear opioid-management or follow-up plan. General practitioners (GPs) frequently report poor communication from hospitals about post-discharge opioid tapering and expected pain trajectories. These gaps in information and coordination may contribute to prolonged opioid prescribing.

Objectives: To evaluate whether a Pain and Coordination Plan (PAC-plan) for patients after accidental injury reduces opioid use and improves health-related quality of life (HRQoL), pain, and other patient-reported outcomes six weeks post-discharge.

Methods: This pragmatic unblinded randomised controlled trial enrolled 270 patients from the Division of Orthopaedic Surgery, XXX University Hospital, XXX between September 2023 and April 2025. The trial was prospectively registered on ClinicalTrials.gov (NCTXXX). Adults (≥18 years) undergoing acute orthopaedic surgery after accidental injury and discharged home with opioid medication, were eligible. Participants were assigned 1:1 to PAC-plan or usual care by randomising at the GP (cluster) level. The PAC-plan comprised (a) an opioid management plan at discharge, (b) a scheduled GP visit, with the consultation to occur within 2–4 weeks after discharge, and (c) facilitated GP–hospital collaboration. The primary outcome was self-reported oral morphine equivalent (OMEQ) consumption at six weeks post-discharge; secondary outcomes at six weeks included HRQoL, pain, sleep, mood and other patient-reported measures. The primary analysis will compare mean OMEQ at six weeks between groups using a linear mixed model with a random effect for GP (cluster) and adjustment for prespecified baseline covariates.

Results: Data collection is complete and statistical analyses are currently in progress. Final results will be presented at the conference.

Discussion: If proven effective, there is potential for the implementation of the PAC-plan in clinical practice, which could reduce problematic opioid use within society and improve patient-reported outcomes.

Conclusion: Final conclusions regarding the effectiveness of the PAC-plan will be presented at the conference. Keywords: Opioid Analgesics, Physical Trauma, Continuity of Care

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ID 1507- Psychosocial skills and chronic pain: how are they associated? A systematic review.

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Context: Chronic pain is a major global health issue and one of the leading causes of disability worldwide. Despite increasing recognition of its biopsychosocial nature, management in primary care remains challenging. Psychosocial skills (PSS) are defined by the World Health Organization as cognitive, emotional, and social capacities enabling adaptive and effective responses to life challenges. They may play a key role in how individuals perceive and manage pain. However, the relationship between PSS and chronic pain outcomes remains an insufficiently explored area.

Objectives: This systematic review aims to (i) examine associations between PSS and chronic pain outcomes, including pain intensity, disability, and quality of life; (ii) identify the most frequently studied skills; and (iii) describe the tools used to assess them.

Methods: Following PRISMA 2020 guidelines, a systematic search was conducted in PubMed, Embase, and PsycINFO for studies published between January 2015 and March 2025 from North America, Europe, or Australia. Eligible studies included original quantitative research on adults aged over 18 years old suffering from chronic non-cancer pain for more than 3 months.

Results: Of the 6,899 articles initially identified, 67 studies were included. The most frequently examined skills predominantly involved cognitive and emotional domains, particularly self-efficacy, coping, psychological flexibility, resilience, and self-esteem. Higher levels of these skills were consistently associated with reduced pain intensity, lower pain interference, and better quality of life. Coping emerged as a central psychosocial skill, encompassing cognitive, emotional, and social components essential to chronic pain adaptation. Social skills, which are less frequently studied, appeared to contribute to overall well-being and social participation.

Discussion: Despite heterogeneity, all studies converge in showing psychosocial skills modulate pain impact through emotional and cognitive pathways.

Conclusion: Psychosocial skills emerge as key determinants of disability, pain interference, and quality of life in chronic pain. These findings support a biopsychosocial perspective and highlight the importance, for general practitioners, of integrating psychosocial assessment and skills-based interventions such as cognitive-behavioral approaches into routine care. Strengthening these skills may offer a promising and sustainable approach to improving outcomes for individuals living with chronic pain.

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ID 1457- Efficacy of Aspirin for Pain Management in Shoulder, Hip and Knee Osteoarthritis: A Systematic Review and Assessment Using the Rebuild the Evidence Base Method

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Context: Aspirin is the oldest analgesic treatment. Today, its use for pain relief has been largely supplanted by non-steroidal anti-inflammatory drugs (NSAIDs) in the management of osteoarthritis-related pain. Nevertheless, aspirin remains widely used, particularly for self-medication, facilitated by its over-the-counter availability. The benefit–risk balance of aspirin for this indication remains unclear.

Objectives: The primary objective of this study was to analyse the efficacy data of aspirin in the treatment of shoulder, hip, and knee osteoarthritis pain.

Methods: A systematic review of randomised controlled trials (RCTs) comparing aspirin with placebo or other NSAIDs was conducted in major databases (Cochrane, PubMed, Embase), following PRISMA criteria. The primary outcome was pain relief. Risk of bias was assessed using the ROB2 (Risk of Bias 2) tool. Level of evidence was graded using the REB (Rebuild the Evidence Base) method.

Results: Among 2,990 identified citations, eight studies met the inclusion criteria, all rated as having a high risk of bias. According to the REB method, there is an lack of evidence supporting the efficacy of aspirin for osteoarthritis pain. Five included studies reported that aspirin was significantly more effective than placebo. No statistically significant difference was observed between NSAIDs and aspirin, except for a single study reporting superiority of etodolac.

Discussion: This review's main strength lies in its comprehensive, librarian-assisted search strategy and its use of the REB method to focus on clinically relevant outcomes. However, the evidence base is outdated and of poor quality, consistent with recent literature.

Conclusion: Mainly due to the age of available trials, the overall quality of the evidence is insufficient to attribute a satisfactory level of evidence regarding the analgesic effect of aspirin in shoulder, hip, and knee osteoarthritis pain.

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ID 1452- Assessment of Acute Low Back Pain in Primary Care

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Context: Acute low back pain (LBP) is one of the most frequent reasons for consultation in primary care and a major contributor to disability worldwide. Although most episodes are non-specific and self-limiting, a small proportion may reflect serious underlying pathology. Early differentiation between benign and high-risk presentations relies on the clinical skills of the primary care physician. A structured approach, centred on focused history taking, thorough physical

examination, and systematic identification of red flags, is essential to ensure patient safety while avoiding unnecessary investigations.

Objectives: This review aimed to summarise best practices for assessing acute LBP in primary care, with emphasis on key components of the physical examination and the recognition of red flags that may indicate serious conditions. A secondary objective was to clarify which clinical findings should trigger imaging, additional investigation, or urgent referral.

Methods: A narrative literature review was undertaken using current evidence-based guidelines and major scientific sources on acute LBP in primary care. The synthesis focused on effective physical examination strategies, diagnostic accuracy of red-flag indicators, and established decision-making algorithms guiding investigation and referral.

Results: The evidence shows that routine imaging in acute LBP offers minimal clinical value and may lead to overdiagnosis. A comprehensive physical examination should include inspection, palpation, spinal mobility assessment, neurological testing of the lower limbs, straight-leg-raise testing, and gait evaluation. Red flags requiring urgent consideration include age >50 or <20 years, trauma, history of cancer, unexplained weight loss, immunosuppression, fever, intravenous drug use, night pain, progressive neurological deficit, saddle anaesthesia, and bowel or bladder dysfunction. These findings may indicate vertebral fracture, malignancy, infection, cauda equina syndrome, or significant neurological compromise, and warrant prompt investigation.

Discussion: A structured clinical assessment improves diagnostic accuracy and reduces unnecessary imaging. Red flags should not be interpreted in isolation; their combined presence increases the likelihood of serious disease and strengthens clinical decision-making.

Conclusion: Primary care clinicians should prioritise thorough physical examination and consistent screening for red flags in acute LBP. This approach enhances patient safety, reduces inappropriate investigations, and supports evidence-based management. Keywords (MeSH Terms): Low Back Pain; Primary Health Care; Physical Examination; Red Flags; Spine.

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ID 1109- The Relationship between Treatment Methods and Depressive Mood in Patients with Low Back Pain

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Context: Low back pain is a common health problem that affects physical and psychological well-being. Understanding the relationship between depressive symptoms and treatment methods may help improve patient outcomes.

Objectives: This study aims to compare the pharmacological and nonpharmacological treatment methods used by patients presenting with low back pain and to investigate the relationship between depressive symptoms and the effectiveness of treatments.

Methods: This is a prospective, cross-sectional, and descriptive study. The study included 233 individuals aged 18-65 with low back pain who visited the Family Medicine or Traditional and Complementary Medicine (TCM) outpatient clinics at XXX Hospital. The researchers administered a questionnaire form containing sociodemographic characteristics, visual analog scale scores, and treatments applied for back pain to the patients through face-to-face interviews. The emotional state of the patients was evaluated with Beck depression inventory. The data collected throughout the research were analyzed using IBM SPSS 25.0 with a significance level set at $p<0.05$.

Results: A total of 233 individuals participated in the study, comprising 143 women (61.4%) and 90 men (38.6%), with a mean age of 46.16±13.99 years. For the treatment of low back pain, 45.1% (n=105) of patients reported receiving pharmacological treatment, 32.6% (n=76) reported receiving TCM treatment, and 21% (n=49) reported receiving physical therapy. 51.9% of the patients (n=121) had symptoms of depression. No significant association

was found between depression symptoms and TCM treatments (p=0,83), exercise (p=0,27), massage (p=0,56), heat application (p=0,78), balneotherapy (p=0,32), kinesiology tape (p=0,67), and physical therapy (p=0,10), while a significant difference was found with the use of pharmacological treatment in the last 3 months (p=0,006).

Discussion: In our study, the rate of depression among those using pharmacological treatment for low back pain was observed to be elevated, consistent with findings from recent studies. Therefore, depression should be considered in patients with excessive drug use related to back pain.

Conclusion: Assessing depressive symptoms in patients with low back pain may help clinicians develop more personalized and effective treatment strategies. It is recommended to screen for depression and initiate treatment if necessary, especially in patients experiencing severe low back pain and receiving drug therapy.

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ID 286- effectiveness of systemic corticotherapy in back pain, with or without radiculopathy

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Context: In France, back pain accounts for approximately 6 million consultations each year and represents a major public health issue due to the functional disability it causes. Systemic corticosteroids are frequently used in routine practice for the treatment of back pain. Their therapeutic impact has been evaluated by several clinical trials and meta-analyses, without demonstrating a clear benefit.

Objectives: Our work aims to perform a meta-analysis using recent literature and the latest bias assessment tools (RoB2) to evaluate the interest of systemic corticosteroids in back pain, with or without radiculopathy, according to the REB (Rebuild Evidence-Based Medicine) method.

Methods: A literature review was conducted to identify published trials up to 04/01/2024. The risk of bias in the trials was assessed using the RoB2 tool. The criteria for judgment include: reduction of pain in the short and medium term, disappearance of pain in the short and medium term, improvement in function, adverse effects, and use of analgesics. The overall level of evidence was graded according to the REB method.

Results: A total of 14 randomized clinical trials involving 1,099 patients were included. According to the REB method, our study concludes that there is a “lack of evidence” for all judgment criteria, except for the improvement in function, which shows a “signal.”

Discussion: This study shows a lack of solid evidence for the effectiveness of systemic corticosteroids in back pain or radiculalgia for almost all evaluated judgment criteria.

Conclusion: The “signal” regarding functional improvement does not constitute sufficient justification for routine use but may encourage further research.

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Palliative care

ID 2165- Autonomy in adolescents in palliative care and its biopsychosocial impact: a systematic review

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Context: Adolescence is a period of significant physical, psychological, and social changes, which can be intensified by the diagnosis of serious or chronic illnesses. This makes promoting autonomy in palliative care particularly challenging.

Objectives: The present review aimed to identify factors and strategies that promote the autonomy of adolescents in palliative care.

Methods: We conducted a systematic review following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, searching PubMed, Web of Science, and Scopus. This systematic review synthesized existing literature and evidence regarding communication, involvement, and psychosocial support strategies in adolescent palliative care. The study examined various tools and models, including Voicing My Choices, Building Our Solutions Together for Pediatric Advance Care Planning (BOOST-pACP), and the Family-Centered Advance Care Planning (FACE) model, to evaluate their effectiveness in facilitating communication, family support, and decision-making.

Results: Six studies were included. Adolescent autonomy in palliative care is affected by social, emotional, and clinical factors and varies throughout the disease course. Open communication, psychosocial support, and active involvement in decision-making are linked to increased autonomy and well-being. Family-centered advance care planning models and structured tools improve communication and alignment between adolescents' and families' preferences, although family dynamics and disease progression can still limit autonomy

Discussion: Effective communication tools and family-centered approaches are crucial for promoting adolescent autonomy. Strategies focused on open communication, psychosocial support, and active adolescent involvement in decisions can enhance autonomy, although further research is needed to assess their effectiveness.

Conclusion: Implementing communication facilitation, psychosocial support, and adolescent involvement strategies is essential. Despite the need for more evidence, the review offers a set of recommendations to support the autonomy of adolescents in palliative care.

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ID 1494- Long-term Qualitative Evaluation of Simulation-Based End-of-Life Communication Training for Primary Care Teams

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Context: Primary-care teams are central to providing end-of-life (EoL) care in the community, yet many clinicians feel underprepared for complex EoL conversations. Simulation-based training with professional actors may enhance communication skills, but evidence on long-term impact in community-based interdisciplinary teams is limited.

Methods: We adapted a hospital-based EoL communication workshop to primary care using literature and stakeholder input. Eight clinics (8 interdisciplinary teams; 42 participants) attended a one-day workshop combining actor-led simulations, feedback and group discussions. Pre/post questionnaires, debriefs and 6- and 30-month interviews/focus groups were thematically analysed.

Originality: Interdisciplinary primary-care team participants

Lessons learned and future implication: Simulation with actors legitimised talking openly about death and dying. However, A single workshop can catalyse change but is not enough on its own; continuity and follow-up spaces are needed.

Discussion: Despite being a single-day intervention, the workshop appeared to shift how participants viewed and approached EoL conversations, increasing legitimacy and confidence while also surfacing feelings of isolation around EoL care. These findings support the idea that carefully designed, simulation-based training can influence both communication behaviour and the emotional climate around palliative care in the community. At the same time, the strong call for continuity suggests that workshops should be embedded within broader organisational support for primary-care palliative care.

Conclusion: Simulation-based EoL communication training for interdisciplinary primary-care teams is feasible, acceptable and perceived as helpful in legitimising and improving difficult conversations. When paired with ongoing reflective spaces, it may strengthen person-centred palliative care in the community

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ID 1356- From legal concept to clinical meaning: how do general practitioners interpret "unreasonable obstinacy

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Context: Introduction: The Léonetti Law of April 22, 2005 defines unreasonable obstinacy as any treatment that is useless, disproportionate, or has no other effect than the artificial maintenance of life. Its qualification, left to the physician's judgment, allows for wide interpretation. At the same time, 80% of patients express the wish to die at home, where the general practitioner plays a central role in care. Decisions to discontinue treatment, both frequent and complex, represent a major challenge. This study explores how general practitioners interpret unreasonable obstinacy and how they integrate it into their practice.

Objectives: To collect and compare general practitioners' definitions with that set out in law, to analyze the distinction with the term "therapeutic obstinacy," and to understand its clinical application as well as the factors influencing it.

Methods: Qualitative study based on semi-structured interviews with general practitioners in private practice. Sampling was purposive, taking into account experience, practice setting, and palliative care training. Analysis was inspired by interpretative phenomenological analysis.

Results: Participants' personal definitions were heterogeneous yet coherent, centered on the meaning of life, dignity, and the patient's wishes, within a dynamic approach. The legal definition was little known and reflected an ambivalent relationship to the law, perceived more as a symbolic framework than a decision-making tool. Interpretation resulted from the interaction between the physician—through both professional stance and personal background—the patient, family members, and the broader healthcare system.

Discussion: The qualification of unreasonable obstinacy is evolving and cannot be confined to a fixed norm. Doubt permeates decision-making, and the guiding intention is decisive. Collegial deliberation and communication emerge as essential tools. The law, though broad in scope, provides protection when respected.

Conclusion: Doubt runs through the entire process, and the physician's intention plays a key role. The law provides a general framework that legitimizes and protects uncertain decisions. The physician's position evolves with experience and professional role, while the patient and family express their expectations and fears. Legal constraints and pressures within the healthcare system also influence decisions. Interpreting unreasonable obstinacy emerges from a shared reflection seeking balance between life, dignity, and individual freedom.

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ID 676- Experiences with medication reviews for patients with limited life expectancy in general practice: A qualitative interview study of patients, relatives and clinicians

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Context: Palliative care patients frequently use potentially inappropriate medications (PIMs), leading to negative health outcomes. Deprescribing remains poorly enacted in primary care. In the [XX] project, structured medication reviews were implemented in general practice clinics aimed at improving appropriate prescribing.

Objectives: To explore the experiences of palliative care patients, their relatives and primary healthcare practitioners (HCPs) regarding participation and engagement in medication reviews in general practice, and to understand their perceived impacts.

Methods: Semi-structured interviews were conducted underpinned by a hermeneutic phenomenological approach. Participants were purposively recruited from five [XX] general practices and comprised community-dwelling older patients (³65 years) with advanced disease and a life expectancy <1 year who received a medication review within the [XX] project, their relatives, and primary HCPs. Data were analysed using inductive thematic analysis.

Results: Eight participants have been interviewed to date (1 pharmacist, 3 general practitioners (GPs), 2 patients, and 2 relatives), with interviews expected to be completed by February 2026. Four themes characterised participants' experiences: (1) Value and timing: conversations were perceived as valuable, occasionally linked to improvements in physical symptoms, yet outcome and perceived benefit varied according to palliative stage and was constrained by prognostic uncertainty; (2) Affective reluctance: perceptions towards (de)prescribing were shaped by prior experiences, emotional concerns, or limited knowledge, prompting patient and HCP caution; (3) Shared decision-making: decision-making was collaborative and case-specific, often led by patient wishes. Sufficient time, clear explanations, and involvement of relatives enabled meaningful discussions; (4) Interprofessional collaboration: trusted, low-threshold collaboration between the executing HCP and GP was regarded beneficial, supported by clear considerations and minimal additional GP workload.

Conclusion: Medication reviews in community primary palliative care were viewed as valuable and may enhance appropriate prescribing and person-centred care. Reluctance to deprescribing appeared to arise from prognostic uncertainty and negative perceptions, alongside a desire to avoid harm, which led to HCPs acceding to patient wishes. Acceptance may be improved through person-centred dialogue, trusted interprofessional collaboration, and attention to emotional concerns and gaps in knowledge and communication skills. Future research should focus on reducing prognostic uncertainty and integrating implementation science to improve sustainable deprescribing, appropriate medication use, and quality of life.

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ID 450- Quality Improvement Project in a North East London GP Practice: Proactive Identification of Palliative Patients Using the Gold Standards Framework (GSF)

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Context: An ageing population and rising multimorbidity are increasing demand for palliative and end-of-life care. Despite its proven benefits in improving quality of life, over 100,000 people in the UK die each year without adequate palliative care. This Quality Improvement Project (QIP) was conducted in an east London practice with a predominantly ethnic minority population, where barriers and facilitators to accessing care vary. Early identification of palliative needs is therefore essential. Use of the Gold Standards Framework (GSF) has been shown to achieve identification of 75-90% of palliative care patients on GP registers (GSF Centre in End of Life, 2016).

Objectives: To investigate whether application of the GSF improves identification of patients with palliative care needs.

Methods: This QIP focused on patients with heart failure and dementia selected from the Quality and Outcomes Framework (QOF) registers. Records were reviewed using the GSF Proactive Identification Guidance (PIG, 7th Edition, 2022), applying the "surprise question" ("Would you be surprised if the patient were to die in next year, months, weeks or days?") alongside general and disease-specific indicators of decline.

Results: The initial palliative care register included 26 patients. Of 166 records reviewed, (heart failure 130; dementia 36),13 were excluded (duplicates 6, death 1, already registered 6). Of 153 remaining, the surprise question identified 12; GSF criteria applied to the rest identified 16 more as potentially suitable for palliative care (28 in total).

Discussion: Applying GSF criteria to chronic disease registers can identify patients who may benefit from palliative care, and extending GSF to other disease-specific indicators may identify more suitable patients. Earlier recognition supports proactive advance care planning, reduces crisis admissions, and enables personalised, patient-centred care. The next step is to invite identified patients for discussion to assess needs and suitability for advance care planning. Subsequent follow-up would enable assessment of feasibility, acceptability, and impact, providing a stronger basis for evaluating whether wider implementation of the GSF tool is justified.

Conclusion: The GSF PIG tool shows promise as a proactive, systematic method for identifying palliative care needs in primary care, with further evaluation required to determine its feasibility and value for wider implementation.

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ID 487- Incidences of antithrombotic therapy discontinuation, bleeding and thromboembolic events in patients with cancer during their last phase of life: insights from primary care consultations records

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Context: Given the lack of high-quality studies, it remains uncertain whether patients with cancer still benefit from antithrombotic therapy (ATT) in their last phase of life.

Objectives: We aimed to estimate incidences of ATT discontinuation, bleeding, venous thromboembolic (VTE), and arterial thromboembolic events (ATE) in patients with cancer during their last phase of life.

Methods: We included patients ≥18 years with cancer at first reimbursement claim for general practitioner (GP) palliative care between 2018 and 2022 in the Netherlands. From this first claim onwards, we manually identified outcomes in free-text reports of routine primary care consultations. Patients were followed until death or loss to follow-up.

Results: Among 2860 included patients, 32.5% used ATT at the index date. The median age was 77 years (IQR 70-84) for ATT users and 73 years (IQR 64-82) for non-users. The median follow-up was 43

days (IQR 14-190) for ATT users and 42 days (IQR 13-149) for non-users. During follow-up, 22.6% of ATT users discontinued ATT, with a median of 8 (IQR 3-28) days before death. Bleeding occurred in 28.5% of ATT users and 22.0% of non-users. VTE occurred in 3.1% of ATT users and 3.0% of non-users and ATE in 2.5% of ATT users and 1.9% non-users.

Discussion: We manually coded all outcome events from free-text GP consultation reports, in contrast to most other studies in this field that rely on diagnosis codes and/or hospital data while end-of-life patients are often no longer referred to the hospital. Although we still had to rely on what GPs wrote down in the medical file, this approach created a very unique and rich dataset.

Conclusion: One third of patients used ATT, and the minority discontinued treatment, usually shortly before death. We found high bleeding incidences in patients with cancer during the last weeks of life, especially among ATT users. Bleeding events largely outnumbered thromboembolic events, showing that the burden of "minor" bleeding events, including hematomas and urogenital bleedings, should not be underestimated. These findings provide new insights into ATT management and inform future research on optimizing ATT use in patients with cancer during their last phase of life.

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ID 220- Providing early interventions for end-of-life patients through monitoring unplanned admissions

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Context: Many patients receiving palliative care experience emergency admissions at the end of life (Pring et al., 2024; Mason et al., 2016). We started an initiative at our rural GP practice to identify patients requiring palliative care who present as unplanned admissions to A&E.

Objectives: We hypothesised that this would effectively identify these patients given the high rates of admission at the end of life. We aimed to facilitate early intervention by being aware of A&E admissions as opposed to hospital discharges.

Methods: We systematically searched SystmOne twice weekly to capture all patients presenting to A&E. The data was reviewed each week and notes reviews were conducted, identifying patients with new or existing cancer diagnoses. We assessed palliative care needs and discussed these patients in our monthly multidisciplinary Gold Standard Framework meetings. In September 2025, we conducted a retrospective notes review of palliative patients identified through their unplanned admission between January and July 2025 and assessed how this had affected their end-of-life care.

Results: 43 out of 218 A&E attendances (20%) related to 12 patients with a known or new palliative diagnosis. Of these 12 patients, 5 (42%) required further input from the surgery including end-of-life charts and replacing RESPECT forms lost during their A&E visits. 4 (33%) patients died in hospital or within 48 hours of discharge. 3 (25%) patients had hospital-initiated palliative care and we remained aware of their progress without needing to intervene.

Discussion: Monitoring our unplanned admissions ensures we are aware of our end-of-life patients. In 42% of cases we find that we need to intervene, allowing us to be proactive with care we provide to patients and their families. Acting quickly is essential, as illustrated by our patients who passed away very soon after discharge.

Conclusion: Monitoring unplanned admissions helps us to identify our end-of-life patients early and provide timely interventions. References: Pring, A., Westwood, J., Bowtell, N. and Verne, J. (2024). 51 Emergency hospital admissions near the end of life. [online] doi:https://doi.org/10.1136/spcare-2024-mcr.47. Mason, E., Jenkins, D., Williams, M. and Davies, J. (2016). Unscheduled care admissions at end-of-life – what are the patient characteristics? Acute Medicine Journal, 15(2), pp.68–72. doi:https://doi.org/10.52964/amja.0609.

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Patient-centered care

ID 2103- The Turkish Validity and Reliability Study of the Chronic Conditions

Physician–Patient Relationship Scale in Family Medicine Practice

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Context: Strong physician–patient relationships are essential for effective chronic disease management in family medicine. However, the lack of a validated Turkish instrument limits the evaluation of these relationships from the patient's perspective in primary care. Adapting the Chronic Conditions Physician–Patient Relationship Scale (CC-PPR) into Turkish is therefore necessary to support patient-centered care, assess communication quality, and strengthen research and quality improvement efforts in family medicine practice.

Objectives: This study aimed to adapt the Chronic Conditions Physician–Patient Relationship Scale (CC-PPR) into Turkish and to examine its validity and reliability among patients with chronic diseases receiving care from family physicians.

Methods: A methodological study was conducted with 254 adult patients attending the Family Medicine Centers between May 01, 2025, and October 01, 2025. The adaptation process followed World Health Organization guidelines. Construct validity was examined using confirmatory factor analysis (CFA), and reliability was assessed through internal consistency (Cronbach's α, McDonald's ω) and item–total correlations. Group comparisons were performed across sociodemographic and healthcare-related variables.

Results: The CFA supported the original one-factor, 22-item structure with an excellent model fit ($\chi^2[209] = 59.847$, $p = 1.000$; CFI = 1.000; TLI = 1.016; RMSEA = 0.000; SRMR = 0.048). Sampling adequacy was superb (KMO = 0.970; Bartlett's $\chi^2[231] = 5934.429$, $p < 0.001$). All standardized factor loadings were high (0.63–0.81, $p < 0.001$). Internal consistency was excellent (Cronbach's α = 0.977; McDonald's ω = 0.976), and corrected item–total correlations ranged from 0.74 to 0.86. Marital status, employment status, and type of health institution were significantly associated with relationship scores ($p < 0.05$).

Discussion: It can be used to assess communication and relational competencies of family physicians, support patient-centered care initiatives, and guide interventions aimed at improving continuity and satisfaction in chronic disease management.

Conclusion: The Turkish version of the CC-PPR can be used to assess communication and relational competencies of family physicians, support patient-centered care initiatives, and guide interventions aimed at improving continuity and satisfaction in chronic disease management.

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ID 1605- The Consequences of Announcing a Cancer Diagnosis for the Doctor-patient Relationship. A Qualitative Survey Among Adult Patients in Remission

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Context: Delivering bad news to a patient is difficult for any doctor. A patient's reception of such news generally evolves over time and is influenced by various factors.

Objectives: The main objective of this study is to describe the consequences of announcing a cancer diagnosis for the doctor-patient relationship, from the patient's perspective

Methods: This is a qualitative study based on semi-structured individual interviews conducted with adult patients suffering from cancer that has stabilized or is in remission. Verbatim extracts from the interviews were analyzed using inductive thematic analysis.

Results: Fifteen patients were interviewed between April 2024 and January 2025. The study's findings indicate that the doctor-patient

relationship is a continuum in the patient's life and is built up over the course of life events, including cancer. Cancer has varying consequences on the doctor-patient relationship, whether positive or negative. This unique relationship is put to the test by the expectations, demands and emotions of the cancer patient, who the doctor must accomodate.

Discussion: The announcement of a cancer diagnosis is difficult for the patient but constitutes only one moment within a continuum of announcements. During the oncological journey, the specialist acts as the technical advisor, while the general practitioner acts as a more humain point of contact. He or she is available, depending on the patient's needs, to support them, coordinate their care and monitor their case remotely. Finally, cancer can lead patients to change their lifestyle and pay more attention to their health.For the patient, there is a “before” and an “after” the announcement of a cancer diagnosis, but also for the doctor-patient relationship. This relationship evolves throughout the patient's life, with cancer being a defining moment. However, the patient can count on the general practitioner who was, is and will be there after their cancer diagnosis.

Conclusion: For the patient, there is a “before” and an “after” the announcement of a cancer diagnosis, but also for the doctor-patient relationship. This relationship evolves throughout the patient's life, with cancer being a defining moment. However, the patient can count on the general practitioner who was, is and will be there after their cancer diagnosis.

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ID 1487- Exploring the feasibility of implementing shared decision making in Korean primary care: A policy proposal

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Context: Shared Decision Making (SDM) is a cornerstone of patient-centered care. While established globally, SDM implementation in Korean primary care is hindered by a volume-based reimbursement system and short consultation times

Objectives: To analyze barriers to SDM in the Korean clinical context and propose practical strategies for its establishment, focusing on the pivotal role of family medicine specialists.

Methods: We conducted a comparative analysis of SDM policies and clinical models in the US, UK, Germany, and Canada. We evaluated these against the Korean primary care environment, specifically examining legal frameworks, reimbursement systems, and the continuity of care provided by family medicine specialists.

Results: Key barriers identified include the lack of financial incentives and standardized decision aids. We propose three strategic pillars: 1) Clinical Tools: Adopting the "Three Talk Model" and developing standardized Patient Decision Aids (PDAs). 2) Policy Reform: Introducing a specific "SDM Counseling Fee" within the National Health Insurance to compensate for extended consultations. 3) Education: Mandating SDM training in family medicine residency and continuing medical education (CME).

Discussion: Family medicine specialists are uniquely positioned to lead SDM due to their comprehensive and continuous patient relationships. However, sustainable implementation requires shifting from individual effort to structural support through policy and reimbursement reforms.

Conclusion: Establishing SDM in Korea requires a multi-faceted approach involving tool development, policy reform, and education. These strategies will enhance patient autonomy and align Korean primary care with global standards of humanistic medicine.

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ID 490- Understanding barriers to implement shared decision making in cystitis treatment with women with limited health literacy: a qualitative study

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Context: Our national urinary tract infection guideline recommends shared decision making (SDM) for otherwise healthy, non-pregnant women presenting with cystitis. Three options should be discussed: immediate antibiotics, delayed antibiotic prescribing, or 'watchful waiting'. In practice, this guideline recommendation is rarely implemented. GP practice staff report particular challenges when applying SDM in women with limited health literacy (LHL).

Objectives: As SDM improves patient involvement, understanding, and personalized care, we aim to explore factors influencing SDM implementation for women with and without LHL presenting with suspected cystitis in general practice.

Methods: We conducted a qualitative study with three focus groups, two with GP practice staff and one with women with LHL and difficulty with reading and writing. Topic lists were based on the Consolidated Framework for Implementation Research (CFIR). Transcripts were analysed using reflective thematic and framework analysis.

Results: Preliminary analyses indicate that GPs and GP assistants often conceptualized SDM as achieving patient agreement to avoid antibiotics rather than facilitating informed choice. Women with LHL described needing clearer explanations of cystitis and treatment options. While all groups valued the patient-healthcare provider relationship, trust between GP assistants and women with LHL appeared fragile. Key barriers included organisational constraints, lack of accessible patient information, safety concerns, and anticipated patient expectations for antibiotics.

Discussion: These findings inform development of an implementation strategy, co-created with GPs, GP assistants and women with and without LHL to enhance SDM for all women presenting with suspected cystitis.

Conclusion: Meaningful SDM implementation requires reframing it as facilitating informed choice rather than achieving treatment outcomes, strengthening trust with women with LHL, and creating accessible information within workable practice structures.

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ID 1060- Enhancing Understanding of Interventions to Increase Relational Continuity in Primary Care: A Realist Review of Context, Mechanisms, and Outcomes

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Context: Relational continuity of care (RCC), which is characterised by an ongoing therapeutic relationship between patients and their primary care providers, is critical for ensuring high-quality care in general practice. Despite its importance, challenges such as staffing shortages, policy shifts, and evolving patient needs often impede its consistent delivery (1, 2). A number of strategies have been implemented to improve relational continuity, but there is a limited understanding of how these strategies work, for whom, and in which contexts they are most effective (3)

Objectives: This realist review aims to investigate how, why, and under what circumstances relational continuity of care (RCC) is achieved in general practice, and to explore the outcomes it produces for patients, healthcare providers and the wider healthcare system.

Methods: A realist review is a theory-driven method of evidence synthesis that incorporates qualitative, quantitative, mixed-methods research, and grey literature. This review will focus on the UK and countries with similar primary care systems, featuring multidisciplinary teams, general practice leadership, group practices, and autonomy over practice organization with defined patient lists. It

will use Pawson's five steps for realist reviews to examine the contexts, mechanisms, and outcomes (CMOs) of delivering RCC in general practice: (1) identifying theories, (2) gathering evidence, (3) selecting articles, (4) extracting data, and (5) synthesizing findings. The review will adhere to RAMESES quality standards for realist synthesis.

Results: We will present the final programme theory and results of literature searches as well as stakeholder consensus, which is still underway but will be completed by the spring on 2026..

Discussion: Ultimately, the review will conclude with recommendations for practice and policy, offering actionable insights on how to design, implement, and adapt RCC interventions to improve relational continuity in general practice. The refined programme theory will guide these recommendations, and it will be shared with healthcare practitioners, policymakers, and researchers to enhance the sustainability and effectiveness of RCC interventions in primary care.

Conclusion: The findings will provide data to inform future research and refine strategies and policies that support the effective delivery of relational continuity, which in turn may lead to improved patient outcomes and enhanced care experiences.

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ID 545- Bridging Law and Humanity: The Role of Family Physicians in Implementing the Patient Right to Autonomy Act in a Family-Centered Culture

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Context: Taiwan has entered a super-aged society with growing needs for end-of-life and chronic care. Although Taiwan ranks among the highest worldwide in hospice quality, cultural barriers remain. In a family-centered society shaped by Confucian values, older patients often avoid discussing death, and families may resist advance decisions (AD) or advance care planning (ACP), fearing it signals abandonment. Some patients misunderstand the Patient Right to Autonomy Act (PRAA), believing an AD means refusing all life-sustaining treatment. These encounters highlight the gap between legal protection and cultural perception in primary care.

Methods: This reflection is based on ACP discussions introduced during chronic disease management. Family physicians used familiar language, simple metaphors, and real-life examples to explain the PRAA and correct misconceptions. Instead of starting with documents, physicians first built trust and gradually shifted from disease-focused conversations to discussions about values, goals, and preferences for future care. Longitudinal relationships made these conversations more open and meaningful. Physicians also strengthened their legal literacy through workshops and self-study to better guide patients and families.

Originality: Despite Taiwan's leadership in hospice and palliative care, few reports describe how family physicians apply the PRAA within a collectivist culture. This reflection shows how primary care connects legal principles with culturally sensitive, relationship-b

Lessons learned and future implication: Legal rights alone cannot ensure meaningful ACP conversations. Trust, continuity, and culturally respectful dialogue are essential. Earlier ACP integration, enhanced clinician training on the PRAA, and community education may help families make value-base

Discussion: Promoting autonomy in East Asian contexts requires empathy, patience, and cultural awareness. Family physicians, who accompany patients across life stages, are well positioned to balance family values with individual wishes. These encounters reveal tension between filial expectations and self-determination. When grounded in patient-centered dialogue, ACP becomes not a refusal of care but a shared process of understanding within families.

Conclusion: Integrating ethical reflection, cultural sensitivity, and legal knowledge into family medicine strengthens decision-making and humanistic care. By bridging law and humanity, family physicians help

patients and families navigate choices with dignity and mutual respect.

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Patients and diabetes

ID 2181- The Relationship Between Self-Care Management and Treatment Adherence in Individuals Diagnosed with Type 2 Diabetes Applying to Family Medicine Outpatient Clinics

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Context: To prevent complications of diabetes and maintain optimal health, it is essential to enhance patients' knowledge about diabetes, ensure their active participation in treatment, and promote effective self-care management.

Objectives: This study aimed to examine the relationship between self-care management and treatment adherence in individuals diagnosed with Type 2 Diabetes Mellitus (T2DM) who visited the Family Medicine outpatient clinics of XXX Hospital.

Methods: This cross-sectional study was conducted between February 17, 2025, and May 20, 2025. A total of 201 patients diagnosed with T2DM participated. Self-care management was assessed using the "Chronic Disease Self-Management Scale," and treatment adherence was measured with the "Medication Adherence Reporting Scale."

Results: Of the participants, 52.2% were women, with a mean age of 58.08±12.39 years. Comorbid chronic conditions were identified in 60% of participants, and diabetes-related complications were found in 13.4%, with retinopathy being the most common. Participants who regularly attended check-ups, engaged in physical activity, and adopted dietary changes showed higher self-care and medication adherence scores. A strong positive correlation was found between self-protection behaviors and treatment adherence. Those who received diabetes education had significantly higher scores in both scales. However, no significant difference was observed in social protection levels in certain comparisons.

Discussion: Higher levels of self-care management were associated with better treatment adherence. These findings emphasize the vital importance of structured diabetes education and supportive care practices in improving treatment adherence and health outcomes among individuals with diabetes.

Conclusion: Strengthening self-care abilities and promoting lifestyle changes should be prioritized in diabetes care to achieve better clinical results.

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ID 1472- Today's topic... diabetes – an experience report

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Context: Diabetes is a leading cause of morbimortality worldwide, with substantial socioeconomical impact. Health literacy supports informed decisions, appropriate behaviours, and effective self-management. Evidence shows that interventions designed to strengthen health literacy can improve disease-related knowledge and promote healthier practices.

Methods: This pilot project aimed to enhance diabetes-related literacy, encourage healthier behaviours, and reinforce patients, caregivers, and primary care team connections. It targeted adults with any type of diabetes and their caregivers followed at the Areeiro Family Health Unit. Conducted between 19th September and 17th October 2025, it consisted of five weekly sessions, one introductory and four structured and educational sessions. These covered basic concepts of diabetes pathophysiology, complications, and

management principles; nutrition guidance; diabetic foot care; and the role of physical activity, concluding with an outdoor educational walk. Strengths included multidisciplinary involvement, small-group dynamics, and high participant engagement. A limitation was the absence of formal outcome measurement, preventing objective evaluation of effectiveness.

Originality: This was the first community-based diabetes literacy intervention implemented in our health unit. While previous studies show benefits of literacy-based education in improving diabetes knowledge and self-management, this project distinguishes itself by be

Lessons learned and future implication: Engagement was strong and sustained, with positive feedback throughout. The small-group format and interaction with the healthcare team appeared to strengthen motivation and adherence. It emphasised the importance of tailoring content to community needs.

Discussion: This project proved feasible and well-received, highlighting the value of primary care-based, interactive education. Even though there was no formal evaluation of outcomes, participants described the sessions as informative, reported increased motivation to implement healthier lifestyle measures, and appreciated the connections created between themselves and the health professionals. Multidisciplinary collaboration and proximity of care may strengthen long-term self-management and adherence.

Conclusion: This intervention highlights the value of structured, community-oriented health-literacy programmes within primary care suggesting meaningful benefits for patient empowerment, therapeutic relationships and adherence. Expanding similar initiatives could contribute to better chronic disease control and populational health.

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ID 1444- Management and Treatment of Diabetes Mellitus at End of Life

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Context: Diabetes mellitus (DM) is a prevalent chronic condition, affecting 13.3% of the Portuguese population aged 20 to 79 years. In end-of-life care, the goals of diabetes management differ substantially from those applied in earlier disease stages. The clinical emphasis shifts away from strict glycaemic control towards prioritising patient comfort, minimising treatment burden, and preventing acute metabolic complications such as hypoglycaemia and dehydration. Conventional long-term markers, including glycated haemoglobin (HbA1c), become less clinically relevant as therapeutic decisions rely mainly on short-term symptom control and patient-centred goals.

Objectives: The objective of this review was to summarise best practices for the management of DM at the end of life, with particular focus on therapeutic simplification, prevention of acute glycaemic events, and alignment of treatment with palliative-care principles.

Methods: A narrative review was conducted drawing on current clinical guidelines—particularly those of the American Diabetes Association—and relevant scientific literature addressing diabetes management in palliative-care contexts. Sources were analysed to identify recommended treatment targets, pharmacological strategies, and approaches that minimise discomfort and optimise quality of life.

Results: Across the literature, glycaemic targets are consistently relaxed in end-of-life settings, with acceptable capillary glucose values generally ranging between 180 and 360 mg/dL, provided they do not cause symptoms. Measurement of HbA1c is deprioritised due to its limited applicability in short prognostic horizons. Simplifying therapy is central: in type 2 DM, gradual discontinuation of oral antidiabetic agents is often appropriate; in type 1 DM, low-dose basal insulin may be continued to prevent ketoacidosis. A palliative approach emphasises comfort, vigilance for hypoglycaemia, symptom relief, and ongoing adaptation of treatment based on clinical status and patient preferences.

Discussion: Evidence indicates that metabolic control at the end of life should focus on avoiding symptomatic extremes rather than achieving strict targets. Diet can be liberalised, and treatment intensity reduced. Nevertheless, further research is needed to strengthen evidence-based recommendations in this field.

Conclusion: Therapeutic simplification and symptom-focused management represent best practice for DM at the end of life. Aligning treatment with palliative-care principles improves comfort and reduces the risk of metabolic complications. Continued investigation is required to support consistent clinical decision-making. Keywords: Diabetes Mellitus; Palliative Care; Hypoglycemia; Insulin

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ID 910- Strengthening Primary Care Quality, Prevention and Workforce Capability Through Structured Education on Diabetic Foot Assessment and Complication Prevention

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Context: Diabetic foot complications contribute substantially to morbidity, hospitalisation and lower-limb amputation worldwide. Early detection of neuropathy, peripheral arterial disease and structural abnormalities is central to effective prevention. WONCA Europe highlights the importance of prevention, continuity, quality improvement and workforce development in primary care. Despite clear guidelines, variability in assessment technique and clinical confidence persists across healthcare teams, underscoring the need for structured, evidence-based training.

Methods: A multidisciplinary education programme was developed incorporating guideline-based teaching, pathophysiology, risk classification frameworks and practical demonstrations. Training covered anatomy of the diabetic foot, mechanisms of neuropathy and vascular disease, monofilament testing, pulse palpation, visual inspection techniques, assessment of footwear and early identification of high-risk findings. Participants engaged in supervised hands-on practice. Evaluation included pre- and post-training knowledge assessments, direct skills observation and structured staff feedback to assess confidence, perceived relevance and areas for ongoing support.

Originality: To design, deliver and evaluate a structured educational programme aimed at improving healthcare staff knowledge, competence and confidence in performing guideline-concordant diabetic foot assessments, while strengthening understanding of the principles u

Lessons learned and future implication: Challenges may include limited time for training, variability in prior experience and the need for ongoing competency refreshers to ensure sustainability.

Discussion: Providing structured education is expected to improve standardisation of diabetic foot assessment across primary care, enhance early detection of risk factors and strengthen staff communication with patients regarding self-care and prevention. Increased confidence in assessment technique supports more proactive management and consistent delivery of preventative advice.

Conclusion: A structured diabetic foot assessment education programme can strengthen quality of care, improve workforce capability and reduce the risk of preventable foot complications. Embedding such training within primary care aligns with WONCA principles by enhancing prevention, continuity, professional development and patient safety, ultimately supporting better long-term outcomes for individuals living with diabetes.

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ID 906- Strengthening Patient Empowerment, Prevention and Community-Oriented Primary Care Through a Structured Diabetes Complications Education Programme

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Context: Diabetes mellitus (DM) is a major contributor to global morbidity, mortality and healthcare burden. Cardiovascular complications—including stroke and myocardial infarction—and microvascular complications such as chronic kidney disease, retinopathy and neuropathy significantly reduce quality of life and increase long-term care needs. WONCA Europe emphasises prevention, patient empowerment, health literacy and continuity of care as core principles of family medicine. Structured diabetes education supports these goals by improving understanding of disease mechanisms, risk factors and early symptom recognition, enabling patients to participate actively in self-management.

Methods: A patient-centred education programme was developed using interactive teaching methods, visual resources and practical demonstrations. Content included mechanisms and risk factors for major complications, warning signs, preventive strategies, lifestyle modification, medication adherence and glucose monitoring. Participants engaged in complication-specific self-care discussions. Evaluation measures included pre- and post-session knowledge assessments, feedback questionnaires and indicators of behavioural change such as adherence to monitoring or attendance of screening. Qualitative feedback was analysed thematically to explore confidence, perceived understanding and barriers to effective self-management.

Originality: To develop, deliver and evaluate a structured diabetes education programme designed to improve patient awareness of key diabetes-related complications—stroke (HEAD), myocardial infarction (HEART), kidney disease (KIDNEY), retinopathy (EYES) and neuropathy

Lessons learned and future implication: Challenges include engagement, tailoring materials to diverse learning needs and ensuring continuity of education beyond the initial sessions. Strengthening communication between clinicians and patients was identified as a key facilitator of effective beh

Discussion: Improved awareness of complications is anticipated to support earlier recognition of symptoms, enhance engagement with treatment and increase uptake of preventive interventions. Interactive, visual and accessible education improves comprehension and address varying levels of health literacy.

Conclusion: A structured diabetes complications education programme has the potential to significantly improve patient knowledge, encourage proactive self-management and reduce the incidence and progression of diabetes-related complications. Integrating such programmes within routine primary care aligns with WONCA principles by enhancing prevention, continuity and patient empowerment, ultimately improving long-term outcomes and quality of life.

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ID 848- Therapeutic Inertia in Prediabetes Management Among General Practitioners in Poland

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Context: Therapeutic inertia remains a major barrier to effective chronic disease management. In type 2 diabetes mellitus (T2DM), this phenomenon is well documented and contributes to delays in achieving glycaemic targets and increased risk of complications. Prediabetes, a clinical state preceding T2DM, is equally important: cardiometabolic risk increase, and microvascular complications may develop. Despite its significance, prediabetes frequently receives insufficient attention in primary care, creating a potential area for therapeutic inertia among general practitioners (GPs).

Objectives: The aim of this study was to assess the 1) knowledge, 2) attitudes, 3) clinical practice of family physicians in Polan in relation to prediabetes management. We tested the hypothesis that the actual knowledge of physicians is lower than

declared, which translates into attitudes and clinical practice.

Methods: A cross-sectional online survey (Computer-Assisted Web Interviewing, CAWI) was developed and distributed to family physicians/general practitioners in Poland via professional mailing lists, social media channels, and communication platforms of the Polish Society of Family Medicine (PTMR). The questionnaire consisted of 20 items across the following domains: (1) knowledge of prediabetes diagnostic criteria; (2) attitudes toward preventive screening; (3) clinical practices related to lifestyle counselling and pharmacologic management; and (4) perceived clinical relevance of prediabetes. Participation was voluntary and anonymous.

Results: The survey is expected to provide detailed insights into current knowledge, screening behaviours, and management approaches applied by Polish GPs. Anticipated findings include identifying gaps consistent with therapeutic inertia observed in T2DM management, such as underuse of recommended diagnostic tests, delayed initiation of interventions, and low prioritization of prediabetes in clinical workflows. These results may reveal discrepancies between guideline recommendations and real-world practice.

Discussion: Based on other research conducted by the PTMR, we observe therapeutic inertia in various areas (e.g. pain management) resulting from a false assessment of GPs of their own high level of knowledge combined with suboptimal clinical practice and false beliefs.

Conclusion: The expected outcomes will support the identification of specific educational needs among GPs in Poland. Based on these findings, the PTMR plans to design targeted educational interventions aimed at reducing therapeutic inertia, strengthening early detection, and improving the overall quality of prediabetes management in primary care.

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Pediatrics

ID 2088- Evaluation of a parental education intervention on childhood fever during general practice home visits by SOS Médecins Lyon

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Context: Childhood fever is a common reason for medical consultation and a major contributor to healthcare use. Inappropriate consultations, driven by fever phobia and insufficient parental knowledge, contribute to healthcare system overload. Although fever phobia is culturally rooted, multimodal parental education can improve knowledge and promote more appropriate healthcare-seeking behavior, particularly in primary care.

Objectives: To evaluate the effectiveness of a multimodal parental education intervention on childhood fever. The primary outcome was improvement in parental knowledge of fever-related warning signs. Secondary outcomes included overall fever knowledge and parental confidence.

Methods: This study comprised a descriptive analysis followed by a matched pre–post comparative analysis of parents' knowledge after an educational intervention among those contacting SOS Médecins for childhood fever. Data were collected within the SOS Médecins Lyon population between February and June 2024, with baseline assessment during home visits and follow-up five days later. The intervention combined quizzes, patient information leaflets, general practitioner-delivered advice, and a video.

Results: Overall, 142 parents completed the first quiz and 96 the second, yielding a response rate of 67.6%. Parents were predominantly aged ≥35 years (58.5%), living alone (19.7%), unemployed (28.2%), and receiving social assistance benefits (33.1%). Pre–post analysis showed significant improvements in general knowledge, understanding of severity criteria, and confidence in managing a febrile episode (all $p < 10^{-4}$). Similar improvements were observed among parents receiving social assistance.

Discussion: Parents consulting SOS Médecins for childhood fever showed baseline characteristics similar to emergency department populations but with greater socioeconomic vulnerability. A home-based, multimodal parental education intervention significantly improved knowledge of fever severity criteria and parental confidence, particularly among disadvantaged parents. These findings support integrating parental education into out-of-hours primary care to improve healthcare-seeking behavior.

Conclusion: In a socioeconomically vulnerable population managed by SOS Médecins, a home-based multimodal parental education intervention significantly improved parental knowledge and confidence. These findings support parental education as a key primary care strategy and warrant evaluation of its long-term impact on reducing unnecessary consultations. MeSH : Fever; Child; Patient Education as Topic; Primary Health Care; General Practice; Socioeconomic Factors; Home Care Services

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ID 1595- Association Between Overweight and Obesity and the Frequency of General Practice Consultations among Children Aged 2–17 Years: A French Retrospective Cohort Study

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Context: Childhood obesity and overweight are increasing, with short-, medium- and long-term consequences for children and for healthcare systems. Data on how a child's Body Mass Index (BMI) category affects primary healthcare use in children remain limited, especially in France.

Objectives: This study assessed the association between overweight and obesity and general practice (GP) consultation rate in children aged 2–17 years.

Methods: A retrospective cohort study (2012–2022) from the PRIMEGE health data warehouse was established. International Obesity Task Force (IOTF) criteria were used to define BMI categories (underweight, normal BMI, overweight and obesity). The primary outcome was to estimate the change in consultation rates after transitions from normal BMI to overweight and overweight to obesity. An interrupted time-series analysis was conducted with a negative binomial and zero-inflated mixed model.

Results: A total of 1,321 children were included in the analysis, accounting for 43,069 consultations. The transition from normal BMI to overweight was concerning 1,126 children and was associated with an increase in consultation rates of 42.4% [33.4%; 52.1%]. The transition from overweight to obesity concerned 195 children with an increase of 61.6% [35.2%; 93.4%].

Discussion: The results of this study regarding the role of obesity in increased general practice consultations are consistent with the existing literature, whereas the pattern observed among children with overweight has not, to our knowledge, been previously reported. Owing to the self-controlled design, this study accounts for numerous confounding factors, including unmeasured ones, thereby strengthening the findings, although the real-world nature of the data may introduce bias, particularly selection bias.

Conclusion: This study shows that increases in BMI categories are associated with higher GP consultation rates among French children. These findings underscore the need for preventive strategies and to consider the specific healthcare needs of children with excess weight.

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ID 397- Modalities of Proton Pump Inhibitor Prescription in Infants Under One Year of Age for Gastroesophageal Reflux

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Context: Infant regurgitation is a physiological phenomenon affecting 50–70% of infants. Gastroesophageal reflux disease (GERD) is less common (12.6%) in infants. According to French guidelines, when the GERD is confirmed by pH-metry, it may justify proton pump inhibitor (PPI) treatment, prescribed off-label before the age of one (<1Y). However, PPI prescriptions for infants <1Y in primary care continue to rise in France.

Objectives: The objective of this study was to describe the proportion of GPs who had prescribed a PPI for GERD in infants <1Y and the conditions surrounding these prescriptions.

Methods: A quantitative, observational, descriptive, and cross-sectional study was conducted between 12/2024 and 06/2025 through an online questionnaire distributed to general practitioners. Bivariate analyses were performed to explore potential associations between the collected variables. The p-value was set at <0.05 for statistical significance. Logistic regression was conducted to identify factors independently associated with specific prescribing practices

Results: A total of 204 questionnaires were analysed. Overall, 55.7% of GPs had prescribed a PPI to an infant <1Y, most often after specialist advice (23%) or pH monitoring (7.1%). Only 9% of the respondents mentioned the term “off-label” on the prescription. Fifty-one percent had prescribed a CMPA formula, with 25% doing so after PPIs. GPs who prescribed a CMPA formula were 7.6 times more likely to request a CMPA blood test ($p < 0.001$).

Discussion: Most GPs did not follow the 2024 French guidelines and prescribed PPIs without prior diagnostic testing, seemingly relying on international recommendations (NASPGHAN/ESPGHAN). The difficulties resulted from the diagnostic complexity of GERD in infants, parental pressure, and limited access to specialists. The prescription of CMPA formula sometimes after PPI failure seems to reflect a reversal of the recommended algorithm. These findings highlight the need to strengthen continuing medical education. The mention "off-label" is required by law, the lack of disclosure exposes practitioners to medico-legal risk.

Conclusion: It is probably necessary to review the guidelines and the marketing authorization under one year old. Further research, including a study on parental perceptions of PPI effectiveness and, afterwards a pragmatic randomized trial in primary care, is needed to evaluate their real-world effectiveness in outpatient settings.

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ID 742- The influence of childcare on high antibiotic use in a multicultural, lower socioeconomic community.

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Context: Childcare workers and carers using childcare in a multilingual, lower socioeconomic, culturally diverse local population in XXX. The population sampled has the second highest use of antibiotics amongst children in XXX, a country with very high antibiotic use. Childcare has been identified internationally as a possible driver of antibiotic use in children.

Objectives: The aim of this study was to investigate the knowledge, attitudes and behaviours of childcare workers and parents/care givers regarding antibiotic use in children attending childcare in a culturally and linguistically diverse community.

Methods: In this qualitative study parents and childcare workers from a large, culturally diverse, lower socioeconomic, multilingual local government area were purposively sampled to maximise diversity, including English speakers and those preferring other languages. Recruitment was hampered by the COVID-19 epidemic. Semi-structured telephone interview transcripts were thematically analysed using methodology proposed by Braun and Clark.

Results: Eighteen childcare staff and 20 parents were interviewed, drawn from 7 participating

services. Interview findings were grouped under two major themes: the culture regarding antibiotic use and the regulatory and administrative environment of childcare centres. Interview responses demonstrated interaction between themes and provided insights into the knowledge, attitudes, and behaviours of staff and parents/carers in relation to antibiotic use.

Discussion: The study did not find evidence of explicit pressure to obtain antibiotics for children. The themes appeared to work together to increase antibiotic prescriptions. Parents and care providers expressed beliefs in antibiotic efficacy for numerous conditions, contrary to scientific knowledge and public health messaging. Respondents were unaware that antibiotic use in the region is unusually high. The regulatory and administrative context governing attendance during illness does not seem to overtly drive antibiotic seeking behaviour. However, parents expressed an imperative to work which appeared to drive adoption of strategies perceived to shorten illness, including using antibiotics. These factors may also increase doctor attendance seeking certificates to facilitate early return to childcare. Doctor attendance may increase antibiotic prescriptions. These issues deserve further investigation which should also include doctors' perspectives.

Conclusion: Cultural factors and the regulatory/administrative environment of childcare may increase pressure for antibiotic use in the absence of explicit advice to parents to obtain antibiotics

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ID 950- Fever Without Source in a Yung Patient: A Diagnostic Challenge in Family Practice

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Context: Fever without source (FWS) in adolescents remains a diagnostic challenge in primary care, where clinicians must differentiate between common self-limiting viral processes and less frequent but potentially serious bacterial, inflammatory, or malignant conditions. A structured approach, an understanding of red flags, and timely referral pathways are essential to ensure both patient safety and the avoidance of unnecessary investigations.

Methods: A 16-year-old male presented to primary care with a 10-day history of vespertine fever up to 39°C, chills, diffuse abdominal pain migrating to the right iliac fossa, vomiting, and diarrhoea. Physical examination showed abdominal tenderness without peritoneal signs. Initial laboratory tests revealed markedly elevated inflammatory markers and mild cytopenias. Due to persistent fever and new abdominal focality, the patient was referred to the emergency department to rule out acute appendicitis. Further evaluation included blood cultures, viral PCR, extended serologies, autoimmune testing, hematologic assessment, abdominal CT, PET-CT, transthoracic echocardiography, and endoscopic ultrasound-guided lymph node biopsy. Imaging demonstrated a splenic infarction and multiple infradiaphragmatic lymphadenopathies. All infectious, autoimmune, and hematologic studies were negative. Histopathology confirmed reactive lymphadenitis. The patient improved spontaneously with supportive care and a brief course of empirical antibiotics, remaining afebrile before discharge.

Originality: This case is particularly relevant to primary care because it represents an uncommon presentation of FWS in an adolescent, with imaging and laboratory findings that initially suggested serious pathology. It highlights the crucial role of primary care clin

Lessons learned and future implication: This case underscores the importance of monitoring cytopenia recovery, ensuring resolution of systemic symptoms, and maintaining vigilance for late lymphoproliferative manifestations. Coordinated diagnostic pathways between primary and secondary care prev

Discussion: Despite alarming imaging findings, the final diagnosis was a benign reactive process. This case illustrates the importance of structured assessment in primary care, early identification of red flags, and thoughtful escalation.

Conclusion: Significant radiological abnormalities in FWS may still correspond to self-limited disease, emphasising the value of continuity and clinical judgement in primary care

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ID 881- Determinants of General Practitioners' Initiation of Conversations about Childhood Overweight: A mixed-methods study

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Context: Childhood overweight is a major health concern with long-term consequences. Dutch guidelines recommend that general practitioners (GPs) screen for overweight in children at every visit, yet GPs infrequently initiate weight-related conversations, citing limited time and concerns about parental reactions as barriers.

Objectives: We aimed to (1) explore barriers and facilitators influencing GPs' initiation of conversations about childhood overweight, identifying determinants with highest potential for change, and (2) examine the role of equanimity, an accepting and non-reactive mindset, and emotional responses in initiating conversations.

Methods: A cross-sectional survey was distributed to GPs (in training) in the Netherlands between March-May 2025. Measures included the Determinants of Implementation Behaviour Questionnaire (based on the Theoretical Domains Framework), validated emotional valence and arousal assessments, Equanimity Scale-16, and single items on self-reported intention to initiate conversations and implementation success. Descriptive and correlational analyses assessed determinants' potential for change, and associations between emotion, equanimity, and intention to initiate were calculated. Open-ended responses were analyzed using content analysis.

Results: A total of 57 GPs completed the survey; 25 were in training and 46 were women. Most reported adequate skills (66%), knowledge (61%), and motivation(74%); yet 25% reported high implementation success. Highest potential for change was found for making initiation a habitual action. Other high-potential determinants included beliefs that raising the topic prompts reflection and action, ease of recalling appropriate action, adequate organizational arrangements, and expected conversation initiation from colleagues. Emotional responses to initiating conversation were evident, with a subset (10–15%) reporting strong reactions in valence and arousal. Valence, in contrast with arousal, was positively associated with initiation ($r=0.45$, $p = <0.001$). Equanimity scores were high but not significantly associated with intention to initiate conversations.

Discussion: More research is needed to explore if the strong emotional charge of these conversations may constitute a barrier, which equanimity could help to overcome.

Conclusion: While GPs express strong intentions to initiate conversations about childhood overweight, actual implementation remains limited. Strengthening habit formation, fostering positive affect, and managing expectations about parental and child responses may stimulate the initiation of weight-related conversations.

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Pelvic Pain

ID 1862- The hypnotherapy and acupuncture care pathways of endometriosis patients: an exploratory qualitative study.

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Context: Endometriosis is a chronic disease frequently encountered in primary care, affecting 5 to 10% of women. Its management is multidisciplinary, with a central role for the general practitioner, who coordinates the care pathway. In 2022 in XXXX, 52% of patients reportedly had recourse to complementary therapy at least once

for this indication, including hypnotherapy and acupuncture. These therapies, both recognised by the WHO, have demonstrated benefits in this indication. Nevertheless, there are concerns in XXXX about certain practices considered deviant and the risk of patients abandoning conventional care. However, the care pathways of these women remain largely unexplored.

Objectives: To explore the characteristics and determinants of the care pathway of patients using hypnotherapy and/or acupuncture for endometriosis in XXXX.

Methods: Qualitative study based on grounded theory using semi-structured interviews with endometriosis patients who had undergone hypnotherapy or acupuncture, until theoretical saturation. A purposive sample was drawn from patient associations and practitioners of each therapy and extended using snowball sampling. Verbatim transcripts were analysed using double coding, leading to the development of an explanatory model.

Results: These therapies are used at various stages of patients' pathways as an auxiliary treatment, for different purposes depending on the therapy: diagnosis acceptance, preparation for surgery, pain, emotional and psychological management, etc. Trust in the healthcare professional and the characteristics of the complementary care setting are important determinants of the patient experience, among others. Patients are looking for better coordination of this care pathway by healthcare professionals.

Discussion: This innovative study provides a better understanding of the experiences of women who use hypnotherapy and acupuncture to treat endometriosis in XXXX, helping to identify the factors that influence their decision to use these therapies and how they use them. Uncertainties remain about the actual importance of some characteristics of the care pathway.

Conclusion: This study paves the way for a more efficient and coordinated structure for patient care pathways in XXXX, although further studies are needed.

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ID 1803- Strengthening interprofessional collaboration in primary care for women's pelvic pain through action research

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Context: In general practice, women's pelvic pain represents a frequent, multifactorial and complex issue, often leading to significant diagnostic delays and a major impact on quality of life. Its management requires a global and coordinated approach, involving interprofessional collaboration. In the XXX XX XXX area, this issue is part of a dynamic local context, with a diverse healthcare offer and professionals committed to women's health, driven by a desire to strengthen interprofessionnal collaboration.

Objectives: To explore the perceptions, experiences and needs of healthcare professionals in the XXX XX XXX area regarding the management of women's pelvic pain in order to implement a territorial action promoting interprofessional coordination.

Methods: A qualitative grounded theory study was conducted with 17 healthcare professionals practicing in the XXX XX XXX area, based on semi-structured interviews. The collected data were then integrated into an action-research process, which led to the organization of a multidisciplinary networking event bringing together local healthcare stakeholders.

Results: Analysis of the interviews, conducted using cross-coding, revealed three main findings : a lack of specific training of primary care practitioners on women's pelvic pain; an effective informal network of existing local resources, sometimes still unknown to professionals; a need for direct communication and physical networking between practitioners to improve patient pathways. Professionals expressed feelings of helplessness regarding certain situations and difficulties coordinating care, but above all, a strong motivation to collaborate and to improve the care pathway. The interprofessional event generated genuine enthusiasm : 53 attendees, including heads of OB-GYN departments of two hospitals nearby, and an

overall satisfaction in the post-event survey. This confirms the value of creating tangible spaces for meetings and exchanges within the territory.

Discussion: This study highlights that interprofessional cooperation is an appropriate response to the challenges posed by pelvic pain in women. Strengthening training, developing secure communication tools and providing institutional support for local initiatives appear as key levers for sustainably embedding multiprofessional collaboration in primary care.

Conclusion: By combining qualitative and action research, this study translated field needs into collective action. Interprofessional collaboration stands out as an adaptative, formative, innovative response to women's pelvic pain, transforming professional challenges into drivers of change.

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ID 1028- Chronic Abdominal Pain: The Key Was in the Abdominal Wall

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Context: Chronic abdominal pain is a frequent and challenging complaint in Family Medicine, often leading to extensive diagnostic testing, repeated specialist referrals, and significant patient distress. Among its under-recognized etiologies is Anterior Cutaneous Nerve Entrapment Syndrome (ACNES), frequently misinterpreted as visceral pathology. Early recognition in Primary Care is essential to prevent unnecessary interventions and to improve patient outcomes.

Methods: We describe a clinical case assessed in a Primary Care setting. The diagnostic process included a comprehensive history, focused abdominal examination, and evaluation with Carnett's sign to distinguish abdominal wall pain from visceral pain. The patient underwent multiple imaging studies (CT, PET-CT, MRI) and several specialist evaluations without achieving a definitive diagnosis. A diagnostic-therapeutic local anesthetic and corticosteroid infiltration was subsequently performed. Clinical evolution and symptom response were monitored during follow-up visits in Family Medicine.

Originality: This case illustrates the delayed identification of ACNES despite exhaustive diagnostic investigations. A simple bedside maneuver—Carnett's sign—ultimately revealed the correct etiology when advanced imaging and specialist referrals were inconclusive. The

Lessons learned and future implication: Abdominal wall pain should be consistently included in the differential diagnosis of chronic abdominal pain. - Training in Carnett's sign and focused abdominal examination should be strengthened within Family Medicine. - Early suspicion of ACNES reduces

Discussion: ACNES remains frequently missed because its diagnosis relies primarily on clinical assessment rather than imaging. This case highlights how thorough physical examination can outperform extensive diagnostic testing when abdominal wall etiologies are considered.

Conclusion: Routine consideration of ACNES and the use of simple clinical tools can enhance diagnostic accuracy, reduce unnecessary interventions, and significantly improve patient care in Primary Care settings.

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ID 1022- A co-design approach to inform the development of an Endometriosis Management Plan in Australian primary care

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Context: Endometriosis is a common chronic condition affecting 10% of women of reproductive age worldwide and is a leading cause of chronic pelvic pain (CPP). In Australia, approximately 14% of women are diagnosed with endometriosis by age 44–49, and women can experience delays in diagnosis of 8 years. General Practitioners (GPs), as the first point of contact in the healthcare system, are seeing increased numbers of patients with endometriosis. GPs may face challenges in

diagnosing and managing endometriosis and CPP due to the varied symptom presentation in patients and limited support resources. In response, the Australian Government funded the development of an Endometriosis Management Plan (EMP) to support the diagnosis and management of endometriosis and CPP in primary care settings.

Objectives: To identify: (i) the key components for developing and implementing an EMP to support GPs and patients in the diagnosis and management of endometriosis and CPP; and (ii) the outcomes the EMP should aim to achieve.

Methods: A co-design workshop was conducted online in October 2023, using the Experience Based Co-design methodology to bring together patients with lived experience of endometriosis or CPP, GPs, and representatives from endometriosis and CPP stakeholder organisations. Participants were recruited through convenience, purposive, and snowball sampling. The workshop was audio-recorded and transcribed verbatim. Data were analysed inductively using reflexive thematic analysis.

Results: Forty-three participants across Australia attended the half-day workshop, including patients, GPs, representatives from endometriosis and pelvic pain organisations and project governance members. Four themes and nine subthemes were generated which broadly highlighted the EMP's potential to support GPs in making a preliminary diagnosis, enabling a holistic and patient-centred approach to symptom management, promoting multidisciplinary collaboration by streamlining referral pathways, supporting capacity building among GPs and enhancing patient self-management through improved knowledge and awareness.

Discussion: The co-design process enabled meaningful stakeholder engagement and collaboration, guiding the development of a context-specific, evidence-based EMP, that integrates the latest endometriosis clinical guidelines in an online tool.

Conclusion: The EMP is designed to support GPs and patients experiencing endometriosis and CPP symptoms, and enhance endometriosis and CPP healthcare in Australian primary care settings. The EMP will be released nationally in May 2026.

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ID 843- Multidimensional management of endometriosis in primary care: impact on quality of life

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Context: Endometriosis is a chronic inflammatory disease that affects one in ten women of reproductive age and directly impacts the daily lives of those who suffer from it.

Objectives: The aim of this study was to determine the positive impact of multidimensional care - including the physical, psychological, socioeconomic, sexual and family dimensions - on quality of life.

Methods: This is a cross-sectional study done with women who suffer from endometriosis thanks to a form that was sent to general practitioners, for them to display it in the waiting area of their office, to pharmacies located in the XXX and to online patients associations. Inclusion criteria were women aged over 18 years with a diagnosis of endometriosis (superficial or deep) confirmed by a healthcare professional. A descriptive univariate analysis was first conducted, followed by a multivariate analysis using statistical tests including ANOVA, Student's t-test, Pearson's correlation, and Chi-square tests. Results were considered statistically significant when the p-value was less than 0.05. The study was approved by an ethics committee.

Results: One hundred and fifty-two women were included. Endometriosis had an impact on social, professional and family life for respectively, 90,1%, 88,8% and 53,9% of the surveyed women. For half of them, the financial cost impeded access to adequate medical care. The patients, who received comprehensive care from their general practitioners, showed a significant improvement in quality of life, despite the low referral rates: 39.1% for pain management, 21.7% for financial support, 19.7% for work-related healthcare, and 16.4% for support networks.

Discussion: This study is original due to its quantitative approach, larger sample size, and focus on multidimensional management of endometriosis. Limitations include voluntary participation, online questionnaires, and self-reported data, which may introduce selection and reporting biases. Nevertheless, the study reinforces the importance of comprehensive care.

Conclusion: A global approach including a psychological, socioeconomic and professional support appears essential to improve the patients' quality of life. To achieve this, it may be useful to create a directory gathering all the associations, the regional care sectors and the referring specialists to improve the orientation of the patients.

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ID 773- The New Guideline on Dysmenorrhea for General Practitioners

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Context: In recent years, societal and medical awareness of female-specific conditions has increased across Europe. In the Netherlands, media and patient advocacy groups have called for improved recognition and diagnostic accuracy for conditions such as endometriosis. Dysmenorrhea, one of the most common gynaecological complaints, remains underdiagnosed and undertreated in primary care, resulting in reduced quality of life and considerable societal costs. This guideline represents the first national initiative to provide evidence-based recommendations for diagnosing and managing of dysmenorrhea in general practice. As part of its implementation, an NHG option grid is being developed to enhance shared decision-making for women with dysmenorrhea.

Objectives: To develop and present a comprehensive, evidence-based guideline for general practitioners addressing both primary and secondary dysmenorrhea, focusing on improving diagnostic processes, treatment options, and patient involvement in care decisions.

Methods: A multidisciplinary team of general practitioners, a guideline epidemiologist and a gynaecologist developed the guideline through systematic literature review, expert consensus, and alignment with existing European guidelines on endometriosis (ESHRE 2022, NICE 2024), covering both primary and secondary dysmenorrhea. Key diagnostic and therapeutic challenges in primary care were addressed. For the option grid, mixed-method research with two surveys and two focus groups is conducted to ensure usability and patient-centred design.

Results: The guideline provides: - Enhanced focus on secondary dysmenorrhea causes, particularly endometriosis and adenomyosis. - Recommendations on transvaginal ultrasound: while limited for ruling out endometriosis or adenomyosis, it may aid in diagnosing other causes such as fibroids. - Clarification that imaging is not required before initiating empirical treatment. - Treatment options for both primary and secondary dysmenorrhea, emphasizing shared decision-making. No first-line preference is given between analgesics and hormonal contraception; patient values and preferences guide the choice. An option grid is under development to facilitate this process.

Discussion: This guideline addresses a critical gap in Dutch primary care and is aligned with broader public health efforts to advance women's health. It promotes earlier recognition and management of dysmenorrhea, potentially reducing diagnostic delay and improving outcomes.

Conclusion: The NHG Guideline on Dysmenorrhea offers practical, patient-centred recommendations for general practitioners. Its implementation may enhance care quality and contribute to better health outcomes for women.

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ID 432- The efficacy of long-acting reversible contraception as treatment for endometriosis: a systematic review and meta-analysis.

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Context: XXX guidelines recommend progestin-releasing long-acting reversible contraception (LARC), including levonorgestrel-releasing intrauterine devices (LNG-IUS) and etonogestrel implants, as first-line treatments for endometriosis in primary care.

Objectives: This systematic review and meta-analysis aimed to determine the efficacy of LARC as a treatment for endometriosis, and investigate differences by sub-populations with endometriosis.

Methods: The study was registered prospectively. Medline, Embase and CENTRAL databases were searched from January 1990 to January 8 2025. Eligible studies were published randomised and clinical controlled trials (RCTs and CCTs) comparing progestin-releasing LARC (with or without laparoscopy) with pharmacological, surgical, placebo or expectant management treatments for endometriosis. Studies rated as 'high-risk' of bias for random sequence generation were excluded. Two reviewers independently screened the studies, extracted outcome data and assessed the quality of included studies using the Cochrane Risk of Bias 2 tool. Data was synthesised using fixed-effects model meta-analyses and narrative syntheses. Certainty of the evidence was assessed using GRADE.

Results: Of the 770 studies identified, ten RCTs were included, with 499 participants. Sample sizes ranged from 22 to 103 participants. Eight studies had 'high-risk' of bias. The treatment benefit of LNG-IUS with laparoscopy was greater than expectant management post-laparoscopy for dysmenorrhoea (MD -2.07 [95%CI -3.29, -0.85]; very-low certainty evidence), dyspareunia (MD -1.39 [95%CI -3.22, 0.45]; very-low certainty evidence) and noncyclic pelvic pain at 12 months (two trials), and less than leuprolide acetate for endometriosis-related pain at 6 months when used without laparoscopy (MD 0.17 [95% CI -0.4, 0.74]; moderate certainty evidence, two trials). LARC offered comparable quality of life benefits, safety, treatment satisfaction and efficacy for dysmenorrhoea and persistent pelvic pain to other hormonal treatments for endometriosis; very-low to moderate certainty evidence. The data was unsuitable for investigating sub-population differences.

Discussion: The efficacy of LNG-IUS with laparoscopy was superior to laparoscopy alone, and the efficacy of progestin-releasing LARC was comparable to other hormonal treatments for endometriosis. However, the certainty of evidence was reduced by the imprecision and quality of included studies.

Conclusion: There is a need for robust, well-powered RCTs for LARC treatment for endometriosis. These findings validate LARC's use as efficacious, safe and acceptable hormonal treatments for endometriosis in primary care.

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People at heart: cardiovascular risk

ID 483- Assessing cardiovascular risk in primary care patients: comparison of four validated scores for primary prevention

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Context: Cardioneurovascular diseases remain the leading cause of mortality in high-income countries and are projected to become the primary global cause of death by 2030. Accurate cardiovascular risk (CVR) assessment is essential for effective primary prevention. While current guidelines emphasize using risk scores to guide treatment, few studies have compared the different validated scores within a real-world primary care population.

Objectives: The objective was to describe CVR levels in primary prévention using four validated scores and to analyze patients' characteristics according to risk level.

Methods: We conducted an observational, cross-sectional multicenter study from January to

February 2022 in two French primary care centers of XXX region. Adults aged 40–69 years without a history of cardiovascular disease were included. CVR was assessed using ESC-SCORE2, Framingham Risk Scale [FRS], CUORE, and Globorisk based on patient's medical records. Médical, biological and treatments date were collected. Patients were categorized as low, moderate, high CVR. Associations between CVR level, patients' characteristics were analyzed using chi-squared tests for categorical variables and t-tests for continuous variables.

Results: A total of 478 patients were included, including 86 (18%) patients without a calculable CV score due to missing data. Patients were classified as high CVR for : 8.2% with ESC-SCORE2, 21.5% with FRS, 2.9% with CUORE, and 2.3% with Globorisk. Overall, 24.2% of evaluable patients were classified at a high risk by at least one score. Among them, 47.4% were receiving statin therapy.

Discussion: This study highlights major discrepancies in CVR stratification depending on the tool used. The large sample, and the simultaneous use of several scores strengthen the validity of this original study. FRS appears to overestimate risk in the French population compared to ESC-SCORE2. Furthermore, the inability to calculate scores for a portion of patients underscores the practical challenges of implementing these tools systematically in routine primary care.

Conclusion: There is substantial heterogeneity in CVR stratification depending on the score applied. These findings highlight the need for risk prediction tools specifically developed for primary care to optimize cardiovascular primary prevention strategies.

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ID 1821- Lifestyle Medicine Assessment and Vascular Age: opportunities for cardiovascular prevention in 17,283 Adults.

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Context: Cardiovascular disease remains the leading cause of morbidity and mortality worldwide and is strongly influenced by lifestyle. Vascular Age (VA) reflects the age of an individual's blood vessels compared with those of a healthy person and translates cardiovascular risk into an intuitive metric that facilitates risk communication in clinical practice. The Lifestyle Medicine Assessment (LMA) questionnaire, developed by the American Academy of Family Physicians, evaluates five key lifestyle domains using a concise 21-item tool. In Spain, a nationwide health campaign with the participation of primary care, "The Time Machine: Get Ahead of the Future and Gain Years of Life", integrated LMA and VA to promote cardiovascular prevention across 39 cities, involving 17,283 participants between 2022 and 2025.

Objectives: To describe lifestyle habits, clinical parameters and Vascular Age, and to explore their relevance for cardiovascular prevention

Methods: A cross-sectional descriptive study was conducted using anonymized data from 17,283 adults aged ≤85 years. Lifestyle habits were assessed using the LMA total score (0–50) and five lifestyle domains (0–10). Clinical parameters included body mass index (BMI), blood pressure, total cholesterol, smoking status and diabetes. Vascular Age was calculated using standard cardiovascular risk algorithms.

Results: The mean LMA score was 34.2 (SD 6.1), with 41% of participants scoring below 35 points. The most compromised lifestyle domains were physical activity (42% scoring <7 points) and nutrition (38% scoring <7 points). Mean BMI was 27.6 kg/m², and obesity affected 21% of participants. Mean systolic blood pressure was 132 mmHg and mean total cholesterol was 198 mg/dL. Smoking prevalence was 18% and diabetes 9%. Vascular Age exceeded chronological age by a mean of +4.8 years (median +5; interquartile range +2 to +8).

Discussion: These findings show room for improvement in lifestyle behaviours and cardiovascular risk profiles among adults reached through a real-world intervention linked to primary care. The excess in Vascular Age highlights the cumulative impact of modifiable lifestyle factors globally.

Conclusion: The LMA questionnaire combined with Vascular Age identifies priority targets for lifestyle intervention, particularly physical activity and nutrition, offering a scalable and clinically meaningful strategy for strengthening cardiovascular prevention in primary care and community settings.

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ID 1547- The DECADE study on patient-centered cardiovascular prevention: Goal achievement and satisfaction

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Context: Cardiovascular diseases are the leading cause of death worldwide and prevention is difficult to implement. Self-assessment of goal attainment using Goal Attainment Scaling (GAS) offers a structured method for assessing individual goal attainment and satisfaction.

Objectives: Analysis examined the frequency, achievement and satisfaction with self-set health goals of patients with at least one lifestyle-related cardiovascular risk factor within the context of GP practice.

Methods: DECADE is a cluster-randomised controlled study with four study arms. Intervention groups received patient materials (IG1 and IG3) and/or additional structured patient-centered consultations with their general practitioner (IG2 and IG3). The patients (n=712) completed questionnaires at the start of the study (t0), after 6 months (t1) and after 12 months (t2). At t1 and t2, health goals, goal attainment (6-point Likert scale) and satisfaction (5-point Likert scale) were assessed. Analyses were performed using medians and group differences using Kruskal-Wallis tests.

Results: At t1 and t2, participants reported a median of six health goals. The most frequently reported goals were healthy eating, regular physical activity and weight loss. Although the patients had largely achieved their goals (Mt1=2.74 [0.33-5.00]; Mt2=2.71 [0.00-5.00]), they were only partially satisfied with achieving the goals (Mt1=2.80 [1.00-5.00]; Mt2=2.75 [1.00-5.00]). Patients who received additional consultations (IG2 and IG3) showed significantly higher GAS scores at t2 than those in groups without consultations (Controll Group and IG1) (M=2.80; M=2.86 vs. M=2.50; M=2.58, p=0.004).

Discussion: The most frequently mentioned goals were lifestyle-oriented. The DECADE intervention supports patients in achieving their health goals. Regular consultations with GPs showed to be helpful.

Conclusion: Structured, patient-centered consultations are beneficial for achieving health goals for patients with cardiovascular risk.

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ID 1127- Equity in cardiovascular prevention: socioeconomic variation in SCORE2/SCORE2-OP risk categories in a primary care population

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Context: Socioeconomic inequalities are a structural determinant of cardiovascular disease. Although robust evidence demonstrates a persistent social gradient in cardiovascular morbidity and mortality, it is unclear whether this gradient is still detectable once risk is operationalised through standardized biomedical algorithms in real-world primary care. Assessing whether socioeconomic status (SES) influences SCORE2/SCORE2-OP classification is essential for advancing equity-oriented prevention—an objective inherent to primary care's commitment to equitable and solidaristic health systems.

Objectives: To determine whether SES indicators are associated with global cardiovascular risk categories, estimated using SCORE2/SCORE2-OP, in a primary care population undergoing ambulatory blood pressure monitoring (ABPM).

Methods: We conducted a cross-sectional study (2011–2022) in rural Burgundy, France. Consecutive adults referred for 24-hour ABPM were included irrespective of indication. Cardiovascular risk was stratified according to ESC guidelines. SES was operationalised using professional qualification and use of means-tested complementary health coverage. Multivariable logistic regression models evaluated associations between SES and risk strata, following WONCA methodological requirements for quantitative original studies

Results: Among 1,408 participants (mean age 62.6 ± 13.9 years; 53.3% women), 30.9% were classified as low-to-moderate risk, 50.5% as high risk, and 18.5% as very high risk. Office blood pressure was above guideline thresholds in 76.7%. After adjustment for demographic and clinical covariates, low-to-moderate professional qualification was associated with reduced odds of very high risk (OR 0.60; 95% CI 0.37–0.99). No other SES indicator exhibited a stable or clinically meaningful association with SCORE2/SCORE2-OP categories.

Discussion: In contrast with the well-established population-level social gradient, SCORE2/SCORE2-OP displayed low sensitivity to SES variation within this primary care cohort. Several mechanisms may explain this attenuation: constrained granularity of routinely available SES indicators; selection effects introduced by referral for ABPM; and partial homogenisation of cardiovascular profiles among individuals already engaged in risk evaluation. These findings resonate with conceptual framework showing that biomedical quantification may under-represent socially patterned vulnerability in primary care populations, which challenges the discipline's capacity to act upon inequities.

Conclusion: Global cardiovascular risk estimated through SCORE2/SCORE2-OP showed limited socioeconomic stratification in this primary care context. Refining risk assessment tools to better capture social vulnerability appears necessary to support primary care's role in promoting equity in prevention.

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ID 1103- Advancing Gender Equity in Cardiovascular Care: Primary Care Professionals' Perspectives on Female ASCVD Risk in Rural England

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Context: Cardiovascular disease (CVD) is the leading cause of death in women globally, yet persistent inequities remain across diagnosis, treatment and outcomes. Women continue to experience delayed recognition of symptoms, lower treatment intensity and poorer prognosis. WONCA Europe emphasises equity, person-centredness and community orientation, while the World Health Organization (WHO) highlights gender disparities as a major obstacle to cardiovascular prevention. Rural primary care settings face additional barriers linked to access, workforce pressures and sociocultural factors. Understanding how primary-care clinicians perceive female ASCVD risk is essential for addressing inequalities in frontline care.

Objectives: To examine primary-care healthcare professionals' (HCPs) perceptions of female ASCVD

risk, identify barriers to equitable care, and explore opportunities to strengthen gender-sensitive cardiovascular management in rural settings.

Methods: A cross-sectional mixed-methods survey was conducted across two rural English counties (September–October 2025). A total of 107 HCPs completed an anonymous questionnaire. Quantitative items were analysed using frequency distributions and weighted averages. Qualitative free-text responses were examined using Braun and Clarke's thematic analysis. Findings were mapped to WONCA and WHO frameworks to assess alignment with international priorities.

Results: Most respondents (60.2%) agreed that gender influences CVD presentation, yet only 40.9% believed it influenced management, highlighting a discrepancy between diagnostic awareness and therapeutic action. Confidence in identifying female-specific risk factors was moderate (56.7%). A majority (76.6%) felt existing guidelines inadequately address women's CVD risk. Barriers included limited consultation time, under-recognition of atypical symptoms, sociocultural influences on women's help-seeking, insufficient training, and restricted access to diagnostics—issues particularly prominent in rural practice. Participants recommended integrating CVD risk assessment into women's health reviews, enhancing multidisciplinary collaboration, embedding gender-equity audit cycles, and improving public education. Qualitative themes reinforced the need for culturally sensitive communication and stronger organisational support.

Discussion: Findings reveal that although clinicians recognise gendered patterns in CVD, systemic and educational constraints undermine equitable management. These challenges mirror WHO concerns and reflect departures from WONCA's equity-driven principles.

Conclusion: Strengthening gender-sensitive cardiovascular care in rural primary care requires improved training, adapted guidelines, enhanced diagnostic access and equity-focused audit structures. Community-based health literacy initiatives and integrated multidisciplinary approaches are essential to improving early recognition and long-term outcomes for women.

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ID 497- Intersecting Hearts: Social Patterns of Cardiovascular Disease Across Europe

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Context: Cardiovascular disease (CVD) remains the leading cause of morbidity and mortality in Europe, with persistent disparities across sociodemographic groups. Socioeconomic inequalities, migration, and urbanization have intensified concerns about how intersecting social determinants—such as sex, income, country of birth, and area of residence—shape CVD risk. Traditional analyses often overlook the compounded effects of these factors, necessitating intersectional approaches to inform equitable public health strategies.

Objectives: This study aimed to analyze intersectional patterns in major CVD prevalence (myocardial infarction, coronary heart disease, and stroke) using data from the European Health Interview Survey (EHIS) 3. Objectives included quantifying CVD prevalence across key sociodemographic factors, estimating independent and joint effects using logistic regression and interaction models, and identifying high-risk subgroups through odds ratios and average marginal effects.

Methods: A cross-sectional analysis was conducted using EHIS 3 data from 248,908 adults across 30 European countries. CVD prevalence was based on self-reported diagnoses. Multivariable logistic regression models estimated odds ratios (ORs), adjusting for age and covariates. Interaction terms assessed intersectional effects, and average marginal effects (AMEs) quantified predicted probabilities. Sensitivity analyses tested robustness.

Results: Women had lower odds of CVD than men (OR: 0.744; AME: –2.1%). Low-income individuals had higher odds than those with medium-high income (OR: 1.761; AME: +4.1%). Compared to native-born individuals, those born in EU and non-EU countries had lower odds (ORs: 0.784 and 0.600). Rural residence had minimal effect (OR: 1.020). Intersectional disparities emerged: men with low income, born in the EU, and living in urban areas had the highest odds (OR: 2.08), followed by native-born men (OR: 1.82). Women with low income and native-born status also had elevated odds (ORs: 1.41 and 1.35), while women with medium-high income born outside the EU had lower odds (OR: 0.35).

Discussion: Findings reveal compounded disadvantage among low-income and migrant populations, especially women. The results emphasize the need for intersectional frameworks to identify and address structural inequities in cardiovascular health.

Conclusion: The results underscore the limitations of one-dimensional analyses and the necessity of intersectional frameworks to identify high-risk groups.

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ID 445- Cardiovascular risk management after hypertensive disorders of pregnancy and gestational diabetes: a narrative review

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Context: Women who experience hypertensive disorder of pregnancy (HDP) and/or gestational diabetes (GD) face an increased risk of cardiovascular disease (CVD). To reduce this risk, cardiovascular risk management (CVRM) in primary care is essential, yet guidelines and implementations vary.

Objectives: This review offers an overview on CVRM for women after HDP and/or GD. First, we compare recommendations for CVRM in (inter)national guidelines. Second, we evaluate the effect of lifestyle interventions in these women. Third, we identify barriers and facilitators for implementation of CVRM on the level of women, social context and healthcare professionals

Methods: A narrative review was done. PubMed was systematically searched from start to September 2025 for published clinical guidelines on CVRM after HDP/GD beyond the immediate postpartum period, studies on lifestyle interventions after HDP/GD and barriers and facilitators for implementing CVRM for this population. Studies limited to postpartum care (≤ 6 weeks postpartum) were excluded. Two researchers independently performed abstract screening, full text screening, and data extraction.

Results: Guidelines on CVRM after HDP generally recommend informing women of their increased CVD risk and blood pressure measurement, with most guidelines additionally recommending comprehensive cardiovascular risk assessment (i.e. weight, glucose, lipids, proteinuria). Guidelines for follow-up after GD typically recommend a glucose test every 1-3 years. Screening for cardiovascular risk after GD is recommended in few guidelines. Although multiple studies indicate that lifestyle counselling is effective for long-term cardiovascular risk reduction, the evidence for this intervention remains inconclusive. Finally, barriers to CVRM implementation include lack of knowledge, self-scheduling, and limited time for women, while facilitators include receiving reminders, involvement of family for women and structured guidelines for healthcare professionals.

Discussion: The clinical guidelines differ in their recommendations. Also, studies on lifestyle interventions differ in their clinical effectiveness, mainly due to a lack of comparable lifestyle interventions with uniform outcomes. Future research should focus on long-term, cardiovascular outcomes, as well as on the experiences and preferences of CVRM in different social contexts to facilitate implementation.

Conclusion: Substantial variation exists in guidelines' recommendations on CVRM after HDP/GD. Standardized, integrated guidelines combined with feasible implementation strategies are essential to improve cardiovascular prevention in this high-risk population.

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Planetary health

ID 1894- Development and evaluation of an information resource on sustainable eating for patients

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Context: Diet is a key factor in human health and has a significant impact on our environment. Promoting sustainable diets generates co-benefits for both health and the environment. General practitioners, who play a key role in prevention, could use an educational tool to help patients make more sustainable food choices.

Objectives: Creation and qualitative evaluation of an information resource on sustainable eating for patients

Methods: The content of the resource is based on a review of the literature on the co-benefits of a sustainable diet for health and the environment, as well as on recommendations from various official bodies. It was validated using a Delphi method, in accordance with guidelines and Campbell criteria. The readability and acceptability of the booklet were assessed through semi-structured interviews with patients.

Results: The resource presents 50 recommendations for a sustainable diet, validated by 12 experts through three rounds of a Delphi process conducted in 2024. The interviews revealed that its acceptability depended on factors such as participants' knowledge, individual perceptions, and socio-demographic profile. The "traditional" diet was perceived as balanced and was often associated with a rural identity and local terroir products. The notion of "appropriate consumption" of animal-based products was rarely questioned; it remained abstract and closely linked to individual representations. The detrimental effects of meat consumption on health and the environment were poorly understood. Sustainable diets were perceived as restrictive and complex, requiring a long and difficult process of change and more specific knowledge.

Discussion: Recent research shows that patients recognize the impact of climate change on their health, but do not fully appreciate the impact of diet on the environment. Although the resource sometimes lacked clarity on certain concepts, it helped enhance participants' knowledge and initiated reflection on their dietary practices.

Conclusion: This study led to the development of an initial informational booklet, which appears to be a relevant tool for facilitating discussions with patients about the links between diet, health, and environmental impacts. This work suggests that tailoring messages to different individual representations would maximize adherence to the topics addressed. Future interventional studies would be needed to test and refine these adaptations in real-world conditions.

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ID 1509- Integrating planetary health into consultations: a practical guide

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Context: The crossing of planetary boundaries linked to human activities represents an increasingly serious threat to the health of populations and individuals. It is necessary to address the issue of the impact of healthcare on the environment, which is a pressing concern in the profession. The planetary health working group of XXX is working to develop tools to facilitate the integration of planetary health into the daily practice of general

practitioners. The aim of this work was to draft a practical guide bringing together the different aspects of planetary health in general medical practice and the tools already available.

Methods: This is a qualitative collective work based on a narrative review of the literature. A specific working group was set up to work on the issue and validate relevant information by consensus, based on the most recent scientific evidence.

Originality: The originality of this work lies in the integration of planetary health into all aspects of professional practice, through the lens of general medical consultation. The co-benefits described allow the subject to be approached in different ways, and then

Lessons learned and future implication: At first glance, it may seem difficult to add yet another element – planetary health – to everything that general practitioners already have to do within the limited time available for a consultation. That is precisely the purpose of this practical guide:

Discussion: General practitioners are recognised as role models at both the community and individual levels. Professional organisational choices and healthcare practices have an impact on the environment and send a potential message of commitment to planetary health. This practical guide is useful because it provides a roadmap for integrating planetary health into consultations. It encourages reflection on all areas of our practices that are relevant to planetary health.

Conclusion: Integrating planetary health into consultations is one of the solutions for limiting the impact of the healthcare system while improving individual and collective health through co-benefits.

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ID 1687- Survey on Sustainability in Primary Healthcare Practice - A Collaborative Study

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Context: In response to the growing urgency for sustainable practices in primary healthcare (PHC), a collaborative initiative among European general practitioners (GPs) has been launched. Climate change is increasingly impacting global health, while healthcare itself contributes 4-6% of global CO2 emissions, of which general practice is a notable contributor. To address this issue, a European collaborative study on sustainability in PHC was initiated with support of EGPRN. The study considers various dimensions of sustainability including energy conservation, eco-friendly medical devices, reduction of disposable materials, and the promotion of alternative transportation methods such as cycling for home visits.

Objectives: To explore the current opinions and ongoing interventions related to environmental sustainability among European GPs.

Methods: This mixed-methods project includes two phases. First a cross-sectional survey is being conducted among GPs from European countries, to provide an overview of sustainability practice and attitudes. In the second phase qualitative interviews with GPs in selected countries will explore priorities, relevant experiences and feasible implementation strategies for environmental sustainability.

Results: Surveys are distributed in 10 countries. Preliminary analysis of 1214 responses, shows that 77 % strongly agree, and 19 % agree to some extent that sustainability in PHC is important. However, only 26% reported the existence of a national sustainability policy for PHC in their country. The highest rated and most feasible actions include reducing electricity consumption, longer use of medical equipment and reducing waste. In contrast, reducing medical consumables, reducing staff mobility and decreasing reliance on internal/external laboratory analyses are considered less important and more difficult to

implement. 87% of the respondents gave one or more examples of actions in their practice.

Discussion: Results of this survey clarify GPs' perspectives across countries and show a high attention to sustainability and actions already taken up.

Conclusion: The findings will help identify gaps and define objectives for future research.

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ID 597- Eco-prescription in primary care: quantitative principles to reduce the carbon footprint of medicines without compromising quality of care

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Context: Healthcare accounts for about 8% of France's greenhouse gas (GHG) emissions, with medicines representing the largest share (9.1 Mt CO_2eq annually). For general practitioners, prescribing is a daily core activity and a major lever for reducing environmental impact. Yet actionable, quantifiable prescribing principles remain scarce. This study aims to identify simple, reproducible eco-prescription principles that maintain the quality of care while lowering the carbon footprint of commonly used medicines.

Objectives: To quantify the environmental impact of therapeutic choices within and across drug classes and to derive practical eco-prescription principles applicable in general practice.

Methods: We conducted (1) a review of existing recommendations from national/international institutions and scientific societies, and (2) a quantitative analysis of the Ecovamed® database, which provides life-cycle–based carbon footprints for 12,316 oral medicines, extended to selected parenteral forms. Nine commonly prescribed therapeutic classes were analyzed using the Defined Daily Dose (DDD) as functional unit, standardized on a one-month treatment package. Additional analyses explored combined formulations and dosing schemes. The proposed principles were then validated by a multidisciplinary working group of over 100 professionals (physicians, pharmacists, nurses, academics, patient associations).

Results: Five quantitative principles emerged: 1- Prefer dry oral forms over liquid or parenteral formulations (GHG reductions ×2 to ×130). 2- Avoid pressurized inhalers when clinically appropriate (reduction ×10 to ×20 compared with dry-powder devices). 3- Within each therapeutic class, choose the molecule with the lowest DDD (average reduction 29%; up to 48% in some classes). 4- Prefer combined formulations over separate active substances (average reduction 27%). 5- Favor regimens minimizing the number of units administered (mean reduction 37%). These principles showed no increase in reimbursement cost in the comparative example.

Discussion: Eco-prescription offers high-impact, low-cost opportunities for reducing practice-related emissions. Its implementation must remain consistent with clinical guidelines, patient-specific factors (e.g., age, swallowing capacity, inspiratory flow), and safety considerations. Organizational constraints may limit some substitutions in hospital settings, but application in ambulatory care is broad.

Conclusion: Quantified eco-prescription principles can guide GPs toward lower-carbon therapeutic choices without altering care quality. They form a pragmatic foundation for integrating environmental sustainability into everyday prescribing. Submitted on behalf of the full eco-prescription working group.

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ID 1112- The climate impact of common hospital discharge medications over the last 10 years

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Context: Hospital admissions increase the number of patients' medications. Medications cause a significant amount of the carbon footprint from healthcare. General Practitioners provide continuity of therapeutic care after discharge including re-prescribing, in their role as the major prescribers of medications

Objectives: Evaluate the climate impact of common cardiovascular, antimicrobial, and antidepressant drugs prescribed at discharge from a large hospital over 10 years, as well as changes over time Discover the usefulness of the Yewmaker website for prescribing decisions Balance clinical efficacy with environmental impact when choosing equivalent drug options with lower carbon footprint.

Methods: Ten years of discharge prescriptions data from a large hospital for the commonest antidepressants, cardiovascular and antimicrobial drugs, and detected trends, will be assessed. The planetary impact will be assessed using the YewMaker Medication Carbon Footprint (MCF) Changing high-MCF medications to lower-impact MCF will be explored in Yewmaker

Results: The anticipated climate impact of discharge medications is expected to show an increase. Data analysis will be in early 2026 to identify which drugs are the greatest contributors. Most discharge medications have high MCF ratings. Resources show lower MCF equivalents are available. Many antidepressants and antibiotics have high MCF ratings, conversely many cardiovascular drugs have lower MCF ratings, but with little variation amongst equivalents. Yewmaker is an easy-to-use resource with a focus on MCF rating only.

Discussion: Reducing the environmental footprint of discharge medications and medications in general needs a multifaceted approach. The assessment of MCF rating is made far easier by the use of Yewmaker, but additional resources are needed to guide lower MCF choice of clinical equivalence. The expertise and patient centred position of the General practitioner is a critical part of this process and likely to be pivotal to the introduction of bioequivalent lower MCF medications.

Conclusion: Information about trends in discharge medications and the resulting carbon footprint is important to understand. This informs drug changes based on MCF ratings, to reduce the harms to the environment from healthcare. Patient preferences, rational prescribing and deprescribing are important additional factors to use in addition.

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ID 698- Clinical Levers for Reducing the Carbon Footprint of Primary Care: Insights from an International Review

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Context: Health systems generate 4–5% of global greenhouse gas (GHG) emissions, and in France, community-based primary care accounts for nearly one quarter of the national health-sector footprint. Yet the environmental impact of primary care remains insufficiently characterised and seldom examined from the perspective of everyday clinical practice. As ecological transition becomes a strategic priority it is essential to clarify the most significant sources of emissions in order to identify levers that are both clinically relevant and territorially adapted.

Objectives: To synthesise convergent findings from the international literature on the carbon footprint of primary care and to highlight the clinical and organisational levers most pertinent to ecological transition in general practice.

Methods: Systematic review registered in PROSPERO (International Prospective Register of Systematic Reviews).Searches were conducted in MEDLINE, EMBASE, Web of Science and grey literature. We included quantitative studies reporting GHG emissions in primary care settings. Data extraction and quality assessment were performed independently by two reviewers. Nine

quantitative studies were included in the final synthesis.

Results: Across these nine studies, a coherent picture emerges. Medicines consistently appear as the dominant source of emissions, with Scope 3 activities those indirect emissions linked to care pathways accounting for at least seventy percent of the overall footprint. The choice of inhaler proves to be a particularly powerful clinical lever. The carbon impact of a consultation ranges from 4.8 to 10.5 $kgCO_2e$, while emissions attributable to buildings remain modest. Patient travel constitutes a second, but context-dependent, contribution: it becomes particularly significant in rural areas where long distances and car dependency amplify the environmental burden. Teleconsultation, finally, offers environmental benefits only when it replaces a real and substantial journey.

Discussion: Despite marked heterogeneity in methodology and scope across studies, these convergences are robust and align with international calls to address the ecological impact of healthcare by focusing not on technology or infrastructure but on clinical decision-making and the organisation of care. Evidence remains especially scarce for nursing, physiotherapy and other allied health professions.

Conclusion: Ecological transition in primary care depends chiefly on clinical practice and territorial organisation. This synthesis offers a practical and operational framework to guide the decarbonisation of general practice.

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ID 688- Environmental sobriety in primary care: perceptions and action levers among healthcare professionals

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Context: The ecological transition challenges current definitions of care quality in a context where healthcare systems themselves contribute to environmental pressures. Primary care, situated at the intersection of individual needs and collective responsibilities, provides a unique setting to explore the conditions for “sober care”.

Objectives: To explore how primary care professionals working in multidisciplinary primary care centres (maisons de santé pluriprofessionnelles, MSPs) perceive, experience, and anticipate the implementation of environmentally sober care.

Methods: A qualitative study based on a grounded theory approach was conducted. Six focus groups were organised across six MSPs located in six different departments, reflecting diverse territorial contexts. Thirty-eight professionals from multiple disciplines participated. All interviews were audio-recorded, transcribed verbatim, independently double-coded by two researchers, and triangulated. Thematic saturation was reached during the fifth focus group and confirmed by the sixth.

Results: Three categories emerged from the analysis. First, environmental sobriety appears as an emerging yet imprecise concept. Although associated with reduction or simplification, participants found it difficult to translate into practice due to the absence of reliable indicators. They consistently expressed a need for data, scales, and evidence to guide and legitimise decisions. Second, implementing sober care generates tensions within clinical activity. Professionals described navigating between their intention to reduce environmental impacts, perceived patient expectations, and their responsibility to maintain care quality and preserve the therapeutic relationship. Third, territorial context strongly shapes what sober care can realistically become. Local infrastructure, transport conditions, organisational cultures, and care pathways create both constraints and opportunities.

Discussion: Professionals described how the absence of ecological indicators in primary care leaves them without the evidence they consider necessary to guide or justify environmentally oriented decisions. Their narratives reveal a subtle negotiation between personal ecological aspirations and the clinical, relational, and organisational responsibilities that structure everyday practice. Beyond these tensions, sobriety gradually emerges as a renewed conception of care quality, emphasising relevance, appropriateness, and thoughtful adaptation to local contexts over restriction.

Conclusion: Environmental sobriety emerges as a new dimension of care quality in primary care. Developing ecological indicators, supporting professional training, and incorporating environmental reasoning into routine practice may facilitate a transition toward sustainable models of care.

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Point of care

ID 2217- Recognising underestimated symptoms in red eye: a lesson in patient safety

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Context: Complaints of “red eye” are common in primary health care. When associated with the absence of conjunctival hyperemia, there is a risk of clinical underestimation, potentially delaying the diagnosis of serious corneal disease. This case highlights the role of focused history-taking as a patient-safety measure.

Methods: A 33-year-old woman with no relevant medical history presented to a basic emergency unit with a five-day history of “ocular redness” without discharge (Manchester triage: green; afebrile). She had self-medicated with topical chloramphenicol without improvement. During history-taking, the patient reported photophobia, mild ocular pain, and tearing, symptoms she initially did not value. She denied contact lens use, pruritus, trauma, visual impairment, or foreign body sensation, although she reported recent exposure to dust during house cleaning. Physical examination revealed no palpebral skin changes or edema, conjunctival papillae, discharge or hypopyon. Ocular motility and visual fields were preserved, and pupils were reactive and regular. A small inferonasal corneal opacity was noted on close observation under light exposure. Ocular irrigation and topical anesthetic provided partial symptomatic relief. After consultation with the on-call ophthalmologist, intensive topical antibiotic therapy was initiated, and the patient was referred for urgent ophthalmology assessment where a small superficial corneal ulcer of the left eye was confirmed. The ulcer was nearly healed, with focal fluorescein uptake and no anterior chamber reaction. Topical therapy was maintained for 15 days.

Originality: The absence of visible hyperemia at initial assessment could have induced anchoring bias, compromising patient safety.

Lessons learned and future implication: In ophthalmological complaints, systematic assessment of red-flag symptoms—such as pain and photophobia—should prevail over initial appearance or the patient’s presenting complaint. Focused clinical history and clear referral criteria may reduce avoidable

Discussion: This case highlights corneal pathology presenting without typical ocular redness, illustrating the limitations of appearance-based assessment. In complaints such as red eye, what is not immediately visible may be more clinically relevant than what is.

Conclusion: A directed clinical history centered on associated symptoms allows recognition of relevant corneal pathology even in the absence of apparent hyperemia, strengthening patient safety in first-line care.

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ID 1418- Diagnostic accuracy of history taking and physical examination for suspected benign paroxysmal positional

vertigo in primary care: a diagnostic systematic review

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Context: Vertigo is a prevalent condition in general practice and is highly burdensome for patients. Although general practitioners manage the large majority of patients with vertigo, their 'diagnostic toolkit' has serious limitations. Evidence supporting diagnostic tests is largely received from patients in a secondary or tertiary care setting. Benign paroxysmal positional vertigo (BPPV), the most common peripheral cause of vertigo, has not been systematically reviewed for diagnostic tests suitable for primary care.

Objectives: To assess the empirical evidence on diagnostic tests for patients with suspected BPPV in primary care.

Methods: A systematic search was performed in PubMed, Embase.com, and Web of Science from 1 January 2010 up to 3 June 2024. Studies are included if they evaluate diagnostic tests in adults with vestibular symptoms, and the target condition is suspected BPPV. The tests must be feasible in primary care. Two reviewers will independently assess the methodological quality of the included studies using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2). The full-text screening and methodological assessments are currently ongoing.

Results: Preliminary screening identified studies evaluating diagnostic tests in adults with vertigo suspected or diagnosed with BPPV. These studies assess a range of diagnostic tests, such as history taking, physical examination, positional assessments and questionnaires feasible in primary care. Although full-text screening and independent methodological QUADAS-2 are ongoing, the exact number of studies eligible for data extraction and the diagnostic accuracy outcomes are not yet available.

Discussion: Our preliminary findings illustrate that there is a range of diagnostic tests for BPPV that may be feasible in primary care. A systematic appraisal of these tests is needed to determine which elements of history taking, physical examination, and positional assessment can reliably support the diagnosis.

Conclusion: This ongoing systematic review aims to identify evidence gaps and inform which diagnostic tests or test combinations may be most suitable for diagnosing BPPV in primary care. This will guide future research and support more efficient, targeted diagnosis.

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ID 1185- Blepharitis in general practice: two-thirds of patients are prescribed medication

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Context: The Dutch GP guidelines advise eyelid margin hygiene as initial treatment for blepharitis. For symptoms lasting longer than one month, topical antibiotics are recommended. Motives for prescribing and treatment choices GPs make are unknown. Also, experiences of patients are unknown.

Objectives: What is the epidemiology of blepharitis in general practice? How often, and what medication is prescribed? How often do recurrences occur? How often is referral to ophthalmology made? What factors play a role in deciding on treatment? How do patients experience these treatments?

Methods: We used data from 2023 from the Nivel Primary Care Database. To calculate incidence and prevalence, we included all patients with ICPC F72 (blepharitis/hordeolum/chalazion). For prescriptions and referrals, we looked at ICPC F72.01 (ICPC subcode blepharitis). A recurrence was defined as a new contact after a contact-free period of at least eight weeks. A contact within eight weeks was considered part of the same episode. We looked at prescribed medications and referrals. Also, we conducted a brief questionnaire survey about treatment choices, motives and experiences among GPs and patients, in which we differentiated between new and a follow-up contacts.

Results: We included 17,973 patients with F72, of whom 5,817 had F72.01. The incidence of F72 was 13.8 per 1,000 people and the prevalence was 15.3. Recurrence occurred in 8% of patients that were certain to have blepharitis (F72.01). 66% of F72.01 patients were prescribed medication for blepharitis (artificial tears, antibiotics, corticosteroids). Fusidic acid was prescribed most frequently (39.7% of all patients with blepharitis, of which 85% at the first contact). 3% of patients with blepharitis (F72.01) were referred to an ophthalmologist. 222 GP and 16 patient questionnaires were filled in. Outcomes of the survey-analysis are pending and expected to be finalized by the time of the conference.

Discussion: By the time of the conference, we expect to have more insights on the found discrepancies between guideline recommendations and our real-world GP data, by adding the results of our GP and patient questionnaires.

Conclusion: Our study shows that GPs prescribe antibiotics for a large proportion of blepharitis patients. The majority is prescribed during the first contact, despite the opposing guideline recommendation.

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ID 632- Predicting deep venous thrombosis and pulmonary embolism in community patients with superficial venous thrombosis: a model development study

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Context: In general practice, superficial venous thrombosis (SVT) is considered a benign condition, not requiring anticoagulant treatment. However, a small but not insignificant subgroup of patients will develop serious thrombotic complications: deep venous thrombosis (DVT) and/or pulmonary embolism (PE). Tailored anticoagulant treatment in high-risk patients might prevent these complications, yet tools for clinical decision-making are currently lacking.

Objectives: To develop a prediction model to predict DVT and/or PE risk in SVT patients for clinical use in general practice.

Methods: Retrospective data from general practices participating in the longitudinal routine care UK CPRD Aurum database were used, covering a period between 2000 and 2021. A multivariable prediction model was developed in adult SVT patients, predicting the outcome of DVT and/or PE within 90 days after the first consultation for SVT. Prespecified predictors were biological sex, age, (history of) cancer, history of DVT/PE, and absence of varicose veins. The performance was evaluated using bootstrapping and internal-external cross-validation.

Results: Of all identified patients with SVT (n = 293,166, median age 61 [IQR 46 to 73] years, 33% male), 10,301 (3.5%) developed DVT or PE within 90 days. The risk was highest in the first days after SVT consultation: 51% of DVTs/PEs were diagnosed within one week, and 77% within 30 days. The c-statistic of the model was 0.66 (95%CI 0.66 to 0.67), and the model showed good calibration (intercept 0.04, slope 1.01). High-risk patients with a predicted

risk of >5% (9.7% of the total population) had (i) a history of DVT/PE or were (ii) male with (a history of) cancer.

Discussion: The prediction model showed good performance predicting the short-term risk of DVT/PE and identified high-risk SVT patients. Future impact studies should confirm whether this high-risk strategy is better than routine everyday care.

Conclusion: In community SVT patients, the average risk of DVT/PE development within 90 days of follow-up is 3.5%. This simple prediction model could be used to target anticoagulant treatment in high-risk SVT patients.

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ID 472- Characteristics of patients with ruptured abdominal aortic aneurysm who contacted out-of-hours primary care: a case-control study

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Context: Ruptured abdominal aortic aneurysm (rAAA) is rare but it is the second most frequently missed diagnosis reported as sentinel adverse event ('calamity') at out-of-hours services in primary care (OHS-PC).

Objectives: We aimed to identify characteristics that could be useful for telephone triage of suspected rAAA at the OHS-PC.

Methods: In a matched case-control study (1:4 ratio), we compared patients with a missed rAAA (cases) to patients with the same age and sex, and with similar entrance complaint (controls). Data were collected from OHS-PC triage call recordings that were re-assessed by researchers blinded to the case-control status. Patient and call characteristics were univariably assessed with conditional logistic regression analysis.

Results: Twenty cases of missed rAAA between 2013 and 2023 were matched to 80 controls. 40% of the cases presented with abdominal pain, and 35% with back pain. Cases compared to controls more often had a pain onset < 12 h (odds ratio (OR) 15.2; 95%CI 1.9-123.8), reported more sweating (OR 10.1; 95% CI 1.2–86.9, p = 0.035), more often verbally expressed their concern (OR 13.6; 95%CI 3.0-61.3, p = 0.001), and more often called during the night (OR 3.8; 95% CI 1.1–12.7, p = 0.029).

Discussion: This is the first study that assessed determinants related to missed rAAA diagnosis in the OHS-PC setting. The original triage call recordings offered a unique data source and the case-control design avoided hindsight bias in contrast to root-cause analyses that are usually done in case of sentinel events.

Conclusion: Triage, with recognition of and adequate urgency allocation in rAAA patients calling the OHS-PC, remains challenging given its rare occurrence and lack of disease specific symptoms. Nevertheless, this case-control study identified factors that could be useful in triage of patients calling the OHS-PC with symptoms possibly indicating rAAA.

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Pregnancy

ID 2277- Pregnancy in Girls Under 14 as a Sentinel Event of Sexual Violence: Implications for Primary Health Care in XXX (2010–2017)

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Context: Pregnancy in girls under 14 years is a sentinel event of sexual violence, as XXX law defines any sexual act in this age group as statutory rape. Primary health care is often the first point of contact, playing a strategic role in identifying

violence, ensuring compulsory notification, and activating protection and care pathways.

Objectives: To analyze how violence involving pregnant girls aged ≤14 years is documented and managed within XXX health services, identifying gaps relevant to primary care and child protection.

Methods: A descriptive ecological study used national data from the XXX Notifiable Diseases Information System (SINAN) from 2010 to 2017. All notifications involving pregnant girls aged ≤14 years were included. Live Birth Information System (SINASC) data contextualized under-recognition. Analysis focused on notification completeness, recurrence, care procedures, referrals, and access to legally guaranteed interventions.

Results: Between 2010 and 2017, 10,864 cases of violence against pregnant girls ≤14 years were recorded, compared to over 212,000 live births in the same age group. Despite legal presumption of sexual violence, documentation was often incomplete, particularly regarding referrals and follow-up. Nearly half of the cases involved recurrent violence, mostly occurring in households and perpetrated by known individuals. Essential primary care interventions - post-exposure prophylaxis for STIs, emergency contraception, referral for legal abortion, and psychosocial support - were rarely documented, indicating limited activation of protection pathways.

Discussion: Pregnancy in young girls is frequently treated as an obstetric or social issue rather than as evidence of sexual violence. This highlights gaps in professional training, normalization of child pregnancy, and weak coordination between primary care, health surveillance, and child protection services, resulting in missed opportunities for early intervention.

Conclusion: Recognizing pregnancy in girls under 14 as a sentinel event of sexual violence is essential to strengthen primary care responses. Empowering family physicians and primary care teams to identify violence, ensure notification, and coordinate rights-based intersectoral care is critical to prevent recurrent abuse and protect children's sexual and reproductive rights.

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ID 1733- Proactive Referral in Pregnancy: Pathway to Better Maternal Outcomes

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Context: Progress in reducing infant mortality in England has stalled, with widening inequalities driven by socioeconomic deprivation. Infants and pregnant people living in the most deprived areas experience substantially poorer outcomes, including preterm birth, stillbirth, and maternal mortality. Pregnancy represents a critical opportunity for community interventions addressing the wider determinants of health, including social prescribing and Family Hubs.

Objectives: To evaluate a proactive approach aimed at improving access to community-based support services for pregnant people in socioeconomically disadvantaged communities, focusing on implementation, engagement, health outcomes, and transferable learning for reducing inequalities.

Methods: A one-year mixed-methods service evaluation was conducted using a structure–process–outcome framework. Pregnant people living in the two most deprived neighbourhood quintiles were identified using maternity booking data. The intervention involved proactive outreach, with trained call handlers identifying non-clinical needs and facilitating referral to community support services, including Family Hubs, welfare advice, and social prescribing. Quantitative data included programme activity, referral uptake, and maternity indicators, with pre- and post-pilot comparisons. Qualitative data were collected through Ripple Effects Mapping workshops with multi-agency stakeholders and maternity service user representatives and analysed thematically.

Results: A total of 1,239 pregnant people were identified and contacted; 355 (29%) onward referrals were completed to community support services including Family Hubs and social prescribing. Engagement with family support services increased substantially compared with the pre-intervention period. There was a marked rise in uptake of the offer among pregnant people from the 20% most deprived areas, rising from 28% to 95%. Common reasons for referral included infant

feeding, parenting groups, housing, finances, and mental health. Case examples demonstrate improvements in financial stability, housing safety, and overall wellbeing. Qualitative analysis highlighted strengthened cross-sector collaboration, enhanced understanding of social determinants, and earlier identification of needs.

Discussion: Challenges included individuals who were unreachable and the associated unknown and unmet needs of those not referred or contacted. Strengths included a data-driven population health management approach to proactively identify unmet support needs.

Conclusion: This pilot demonstrates that targeted, proactive outreach can boost engagement with community support services in deprived communities, creating opportunities to address social needs and improve maternal and infant health outcomes.

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ID 2107- The mediating role of social support in the relationship between perceived stress and pregnancy distress with self-care among pregnant women

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Social Determinants Ofhealth Research Center, Health Researchinstitute, Babol University Of Medicalsciences, Babol, Iran.email: Shomidvar@yahoo.comabstractbackground And Aims: Pregnancy Is A Stressful Experience, Which Can Affectdifferent Aspects Of A Woman's Life. Yet, Women With A Supportive Netwo, Babol, Iran, République Islamique d'

Context: Pregnancy is a stressful experience, which can affect different aspects of a woman's life. Yet, women with a supportive network of friends and family may experience lower stress and improved self-care behavior.

Objectives: The study aimed to investigate the relationship between perceived stress and pregnancy distress with the self-care of pregnant women, as well as the mediating role of social support.

Methods: This cross-sectional study was conducted from February to May 2022 in Babol, Iran. A total of 157 pregnant women participated in the study. The participants completed five questionnaires, including a demographic and obstetric questionnaire, a Self-care questionnaire, Perceived Social support (PSS), Perceived Stress Inventory (PSI), and Pregnancy Specific Distress. Structural equation modeling was used to test the hypothesis relationships among the variables.

Results: We found that Perceived stress ($\beta = -0.221$, $p = 0.012\beta$) and pregnancy distress ($\beta = -0.203$, $p = 0.002\beta$) had a negative and significant effect on the self-care of pregnant women. Also, perceived stress ($\beta = -0.429$, $p < 0.001\beta$) and pregnancy distress ($\beta = -0.381$, $p < 0.001\beta$) had a negative and significant effect on the social support of pregnant women. The results exhibited a significant specific indirect effect between pregnancy distress, perceived stress, and pregnancy self-care, with social support as the mediator: standardized indirect effect = −0.068, −0.076, respectively.

Discussion: The results of this study showed that perceived stress, pregnancy distress, and impaired social support have a negative and significant effect on pregnant women's self-care, while social support played a mediating role

Conclusion: Therefore, providing strategies and measures to improve perceived social support by maternal health professionals may be expected to reduce the impact of stress on pregnant women's self-care. The implementation of policies and social interventions to improve the social support of pregnant women can be one of the applications of the findings.

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ID 1380- Large scale implementation of a Decision Aid on Prenatal Screening: a stepped wedge cluster randomized controlled trial

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Context: Decision aids (DA) are effective for engaging pregnant women in decisions about prenatal screening yet not implemented at scale.

Objectives: We evaluated the impact of scaling a DA about prenatal screening on the extent to which pregnant women were involved in the decision-making process.

Methods: We completed a pragmatic stepped-wedge cluster randomized controlled trial in the province of Quebec. We randomly assigned 32 clinics to four clusters of eight units. Eligible participants were all women in early pregnancy receiving prenatal care. Clinics changed practice from usual care (control period) to scaling of a DA (intervention period): delivering of paper based DA every 10 weeks, digital version of the DA, online training module for clinicians and monthly reminders. The primary outcome was the extent to which pregnant women were involved in the decision-making process about prenatal screening using SDM-Q9. We performed intention-to-treat. We used a linear mixed-effects model with clustering at the clinic level and adjusted for time. This trial is registered with ClinicalTrials.gov, NCT05859139.

Results: From July 2022 to January 2024, with follow up until July 2024, we enrolled 32 clinics with 886 pregnant women of whom 673 (76.0%) were included in the primary analysis (333 in the intervention group and 340 in the control group). Participants had a mean age of 31.5 years (SD 4.5), 70.3 % reported white ethnicity, 61.4 % university-educated and 86.3 % were Canadian citizen by birth. The adjusted mean difference in SDM-Q9 scores between the intervention and control groups was 4.22 (95% CI: -1.67 to 10.10).

Discussion: In clinical settings exposed to scaling of a DA compared to clinical settings not exposed to scaling of a DA, pregnant women were more involved in the decision-making process about prenatal screening but this was not statistically significant.

Conclusion: Scaling of a DA about prenatal screening showed a non-statistically significant increase in the extent to which pregnant women were involved in the decision-making process. Further research should identify what may cause a reduction of a DA effectiveness and effect size at the population-level during its scaling across multiple clinics.

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ID 885- Impact of a Video-Based Lifestyle Modification Intervention on Quality of Life in Pregnancy: Results from a Randomized Controlled Trial

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Context: Pregnancy is a critical life stage in which healthy lifestyle behaviors strongly influence maternal and fetal outcomes. Many pregnant women experience challenges such as low physical activity, suboptimal nutrition, and increased stress. Primary care offers the most accessible setting for lifestyle counseling; however, routine visits may provide limited time for comprehensive education. Video-based digital interventions offer a scalable, low-cost approach to support behavior change during pregnancy.

Objectives: The primary objective was to evaluate the effect of a video-based lifestyle modification intervention on pregnant women's quality of life. Secondary objectives were to assess its impact on healthy lifestyle behaviors and depressive symptoms.

Methods: This open-label, parallel-group randomized controlled trial enrolled pregnant women receiving routine antenatal care in primary care. Participants were randomly assigned (1:1) to intervention or control groups. The intervention group received a structured 12-week video-based lifestyle program beginning between gestational weeks 20 and 24, while the control group received standard antenatal care. Outcomes were assessed using the EQ-5D-3L for quality of life, the Health-Promoting Lifestyle Profile II (HPLP-II) for lifestyle

behaviors, and the Edinburgh Postnatal Depression Scale (EPDS) for depressive symptoms.

Results: The intervention group demonstrated a statistically significant improvement in EQ-5D-3L quality-of-life scores compared with controls ($p<0.05$). HPLP-II total and all subscale scores—including health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management—were significantly higher in the intervention group ($p<0.001$). EPDS scores decreased significantly, indicating reduced depressive symptoms.

Discussion: The intervention produced consistent behavioral and psychological benefits, supporting the feasibility of structured digital content in antenatal care. Strengthening lifestyle habits during pregnancy may promote healthier maternal weight gain, better birth outcomes, reduced postpartum complications, and improved early childhood development. Integrating scalable digital tools within primary care could enhance maternal–child health services and reduce disparities in access to lifestyle support.

Conclusion: A 12-week video-based lifestyle education program significantly improved quality of life, enhanced healthy lifestyle behaviors, and reduced depressive symptoms in pregnant women. Incorporating digital education into primary care antenatal services may offer a sustainable and accessible strategy to support maternal well-being. MeSH: Pregnancy, Quality of Life, Video-Based Education, Healthy Lifestyle, Depression

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ID 680- Impact of monthly meetings between a family doctor and gynecologist on hospital appointments' referral rates: a descriptive cross-sectional study

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Context: Primary health care (PHC) constitutes the first point of contact for patients within the national health service. Increasing waiting times for hospital appointments make collaboration between PHC and hospital care (HC) essential to ensure timely access and high-quality services.

Objectives: To evaluate the impact of monthly consultation meetings between a specialist in family medicine and a gynecology specialist on the number of referrals to hospital gynecology consultations from two family health units.

Methods: We conducted an observational, descriptive, cross-sectional study. The meetings were held monthly, lasted approximately one hour, and took place between October 2024 and July 2025. All cases discussed during the consultancy meetings within this period were analyzed. Data collected and reviewed included age, diagnosis, procedures performed, type of consultation, and the need for referral to hospital consultation.

Results: Eight meetings were held during the aforementioned period. Meetings scheduled for March and June 2025 did not occur due to scheduling conflicts between the specialists involved. A total of 69 cases were discussed, of which 16 patients were evaluated in face-to-face consultations. The mean age of patients was 48.4 years (minimum=15; maximum=79). The main themes discussed were the management of various gynecological symptoms (n=15, 22%); management of ultrasound abnormalities (n=12, 17%), namely fibroids; management of scheduling evaluation consultations after abnormalities detected in cervical cancer screening (n=10, 14%); and urinary incontinence (n=9, 13%). 18 referrals to hospital consultation were made (26%).

Discussion: The implementation of monthly consultancy meetings between specialists in family medicine and gynecology reduced the referrals to HC in 74%, proving to be an effective strategy for the management of clinical cases in PHC. Furthermore, these meetings promoted knowledge sharing,

continuous professional development, and strengthened coordination between levels of care, leading to improved quality of care provided to patients.

Conclusion: Joint discussion between family and gynecology specialists optimized diagnostic and therapeutic approaches, reducing unnecessary referrals to HC, demonstrating a positive impact on triage and the rational use of available resources. Thus, this collaborative model is a useful and replicable tool, contributing to greater efficiency within the health system.

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ID 529- Strengthening Primary Health Care Support for Pregnant Smokers Through Digital Interventions

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Context: Smoking during pregnancy remains a significant public health concern due to its association with adverse maternal and neonatal outcomes.

Objectives: To analyse the sociodemographic characteristics and tobacco consumption patterns in the study population. To identify the relationship between smoking, mode of delivery, and gestational age.

Methods: This study is part of the TOBBGEST project, which evaluates the effectiveness of the TobbStop mobile application in reducing tobacco use among pregnant smokers. A multicentre randomised clinical trial and community-based intervention was conducted in Catalonia (Spain) between 2022 and 2025. Pregnant women under 28 weeks of gestation who were motivated to quit smoking were included. The control group (CG) received standard counselling, while the intervention group (IG) additionally accessed the TobbStop app. Main variables were mode of delivery and gestational age. Tobacco consumption data were collected during follow-up visits. Secondary variables included sociodemographic characteristics and lifestyle habits. Student's t-tests or Mann-Whitney U tests were used for continuous variables, and Pearson's chi-square for categorical variables.

Results: A total of 43 women participated (22 CG; 21 IG). No relevant differences were observed between groups in education level, household composition, or cultural context. The mean age of smoking initiation was 16 years, and more than half had previously attempted cessation; 90% had done so without pharmacological treatment. A total of 91% of the CG and 76% of the IG lived with smokers. Among pregnant women exposed to tobacco, 46.2% experienced dystocic deliveries. Those who smoked during the third trimester had a higher dystocic delivery rate (85.7%) compared with those who remained abstinent for more than 90 days (38.5%). Preterm births accounted for 20.9% of deliveries. No statistically significant differences were found between the CG and IG. *The sample will be expanded to 105 participants by the time of the conference.

Discussion: Findings align with evidence that continued smoking during pregnancy increases dystocic and preterm delivery risks. Although no statistically significant differences between groups were observed, trends suggest that earlier cessation may reduce obstetric complications.

Conclusion: Smoking during pregnancy increases the risk of dystocic and preterm delivery. Encouraging smoking cessation before the third trimester may reduce these risks.

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Prescriptions

ID 420- Adherence to various inhalers in adult asthma patients

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Context: Inhalers containing bronchodilators and corticosteroids are the cornerstone of asthma therapy. Adherence to prescribed medication is critical to successful management.

Objectives: To study inhalers adherence in a large cohort of asthma patients, and to assess the effect of specific inhaler on adherence.

Methods: We performed a retrospective cohort study in Clalit Health Service (CHS), an HMO serving >50% of the population of Israel. CHS members aged 40-80 years with a diagnosis of asthma, who filled ≥1 prescription/year 2017-2019 (regular users) for at least one inhaler containing inhaled corticosteroids (ICS), long-acting beta-adrenergics (LABA), and/or long-acting anti-muscarinics (LAMA) were included. Filled monthly prescriptions were used as a proxy for actual medication use. The primary endpoint was the proportion of adherent users (purchase of ≥3 inhalers/yr in 2018).

Results: 45,801 asthma patients (age 68.4±7.1 yrs., 45% men, 40% ever smokers) were identified. 18,568 were regular inhaler purchasers (40% of total). 99% of the patients got inhalers containing steroids, and 93% got combination inhalers with both steroids and LABA. 95.7% used only one inhaler from the study inhalers. Adherence rate varied across inhalers, ranging from 51% to 77% for purchasing for at least 3 months. In multivariate analysis, adherence increased with age. Men and smokers were more likely to be adherent. Patients with good adherence were more likely to receive oral steroids (OR=1.09 [1.06, 1.12]) and less likely to visit the ER during 2018 (OR=0.89 [0.83, 0.97]). There was no difference in hospitalizations between more and less adherent patients.

Discussion: Adherence rates among asthma patients differ from those for other chronic medications.

Conclusion: Asthma adherence rates are low and vary with various inhalers.

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ID 2048- Less Can Be More: The Impact of Polypharmacy on Quality of Life in Older Adults with Hypertension

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Context: Polypharmacy, the concurrent use of multiple medications, is increasingly common among older adults, particularly those with hypertension. While often necessary for managing comorbidities, it can reduce quality of life (QoL) due to adverse drug events, interactions, and treatment burden. Older adults are especially vulnerable due to age-related physiological changes, multiple chronic conditions, and increased susceptibility to side effects, making careful medication management essential.

Objectives: This review aims to synthesize current evidence on the impact of polypharmacy on QoL in older adults with hypertension and to discuss practical strategies for primary care.

Methods: A literature search was conducted in PubMed in December 2025 using the terms “polypharmacy,” “older adults,” “quality of life,” and “hypertension.” The search yielded 20 articles.The studies comprised observational cohorts, cross-sectional studies,systematic reviews,meta analyses and randomized controlled trials evaluating interventions such as deprescribing or medication optimization. Key information on medication burden, adverse effects, and quality of life was collected to provide a comprehensive overview of polypharmacy’s impact in older adults with hypertension.

Results: Most studies consistently demonstrated that polypharmacy is associated with lower QoL, affecting physical, mental, and social well-being. Increased risk of adverse drug reactions, hospitalizations, and healthcare utilization were common findings. Evidence suggests that structured medication reviews, pharmacist-led interventions, and patient-centered deprescribing can significantly improve QoL and reduce medication-related risks. Comorbidities and functional limitations amplify polypharmacy's negative impact. Shared decision-making and individualized care plans were highlighted as critical strategies for optimizing outcomes.

Discussion: Primary care providers play a central role in mitigating the effects of polypharmacy. Regular medication reviews, monitoring drug interactions, deprescribing unnecessary medications, and collaborative care with pharmacists and caregivers are critical for enhancing patient-centered outcomes. Awareness of the QoL implications of polypharmacy can guide treatment optimization and improve adherence.

Conclusion: Polypharmacy negatively affects QoL in older adults with hypertension. Targeted primary care interventions, including medication optimization and deprescribing, are vital to improve patient outcomes. Further research is needed to develop standardized protocols for polypharmacy management in this population.

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ID 1995- A Study on Polypharmacy Prevalence and Primary Care Knowledge in Tirana, Albania

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Context: The daily use of five or more medications is known as polypharmacy, and it is a growing public health concern among the elderly because it greatly raises the risk of adverse drug events, hospitalizations, and functional decline. To ensure safer prescribing in Albanian primary care settings, localized data on its prevalence and an awareness of PHC providers' viewpoints are crucial.

Objectives: To figure out the prevalence of polypharmacy among adults 70 years of age or older in the Tirana region, and to evaluate the attitudes and knowledge of PHC physicians regarding this clinical concept.

Methods: A cross-sectional study. With an estimated 9,227 people who are eligible, the study population includes registered adults in Tirana who are at least 70 years old, enrolled in a PHC facility. FP and phone contacts were used to recruit a representative sample of 400 participants. Standardized questionnaires, direct medical record review, and physician consultation serve to gather data regarding demographics, chronic conditions, and complete medication regimens. A different survey is utilized in a parallel arm to assess the primary care providers' knowledge and attitudes. Descriptive statistics will be utilized during statistical analysis to determine prevalence and describe provider's opinions.

Results: Since the study is still in progress, accurate numerical results are not yet available. Given the age and multimorbidity of the population, a quantified baseline prevalence rate of polypharmacy is anticipated to be significant. It is expected that the provider assessment will provide information about current knowledge and clinical procedures concerning the management of polypharmacy.

Discussion: The expected outcomes will benchmark the primary care workforce's capacity to handle polypharmacy and provide the first accurate information on its prevalence in a significant Albanian region. To improve medication safety, this will draw attention to a likely serious clinical problem and highlight any educational or systemic gaps that may need to be addressed.

Conclusion: This study is designed to determine the polypharmacy extent among the elderly Albanian population in Tirana and assess the preparedness of PHC physicians to handle it. The results are expected to highlight the significance of incorporating systematic medication review into geriatric care to improve patient safety and therapeutic outcomes.

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ID 1596- Top ten most frequently prescribed oral medicines by general practitioners in XXXXX among adults, 2014 - 2023

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Context: Drug prescribing is a core component of patient management by general practitioners (GPs). No study has yet examined the most commonly prescribed medicines by GPs at the national level in France. However, simply counting dispensed boxes may bias interpretation by comparing small packages (e.g. paracetamol) with packages covering several months of treatment (e.g. antihypertensives). The use of the defined daily dose (DDD) concept enables homogeneous comparisons between drugs.

Objectives: To identify the ten most frequently prescribed oral medicines by GPs in adults between 2014 and 2023 in XXXX, expressed both as number of boxes and as DDDs.

Methods: We conducted a descriptive observational study from 2014 to 2023 using the XXXX national reimbursement database XXXXX. Oral treatments prescribed by GPs for adults were included, excluding medicines without a defined DDD. Quantities were expressed as numbers of boxes and as DDDs.

Results: By number of boxes, the most frequently prescribed medicines were paracetamol (47.4 boxes/person/year), acetylsalicylic acid (5.5 boxes/person/year), metformin (3.3 boxes/person/year), followed by amoxicillin, levothyroxine, bisoprolol, furosemide, alprazolam, omeprazole and esomeprazole. By DDDs, the most prescribed medicines were paracetamol (319.9 DDD/1000 persons/day), ramipril (281.8 DDD/1000 persons/day), atorvastatin (257.8 DDD/1000 persons/day), followed by furosemide, metformin, lercanidipine, amlodipine, perindopril, prednisolone and esomeprazole.

Discussion: This analysis highlights the major contribution of chronic treatments (cardiovascular disease, diabetes) to GP prescribing; in terms of DDDs, these conditions account for the vast majority of prescribed doses. In contrast, counting boxes captures, in addition to chronic treatments, the acute care dimension of general practice, illustrated by the presence of amoxicillin. Paracetamol ranks highly in both metrics. This dual approach provides a more comprehensive description of the spectrum of conditions managed in general practice. Nevertheless, DDD-based estimates have inherent limitations, and prescriptions that are not reimbursed or not dispensed are not captured in XXXX.

Conclusion: This study offers perspectives for medical education and for describing general practice activity to policymakers.

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ID 1443- Using DECIdE (shared DECIsion in hEalth) for non-prescription drug decisions in primary care: a cluster randomised controlled trial

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Context: Frequently used for symptomatic relief, nonprescription drugs (NPDs) accounted for over €2 billion in over-the-counter sales in France in 2023. Their often uncertain benefit-risk balance makes them a relevant context for shared decision-making (SDM) for general practitioners (GPs) and community pharmacists (CPs), who play a key role in supporting patients in their drug choices. DECIdE (shared DECIsion in hEalth) is a patient decision aid designed to provide access to trustworthy data and foster SDM on NPDs.

Objectives: To assess the effect of DECIdE on decisional conflict in primary care.

Methods: DECIdE was evaluated in a cluster-randomized controlled trial (RCT) comparing a control group (usual care) to an intervention group using DECIdE. Adults presenting with a symptom or a request related to a nonprescription drug were included. The primary endpoint was the Decisional Conflict Scale (DCS) score : a self-administered questionnaire consisting of 16 items rated on Likert scales covering information, values, support, uncertainty, and perception of the decision. The main analysis compared groups using mixed linear models accounting for the fixed effect of group allocation and the random effect of healthcare professionals.

Results: The RCT involved 24 GPs and 24 CPs (clusters) and included 200 patients. It did not show a significant difference in the DCS total score between groups. However, the proportion of patients with a high DCS (> 37.5%) was lower in the intervention group (4.3% vs 17.7%, p = 0.031) and the Information subscale score was reduced (p = 0.024). Healthcare professionals' DCS were also lower in the intervention group (14.5% vs 22.1%, p = 0.014 in the propensity score–weighted analysis).

Discussion: The main strength of this study is the combination of a rigorous cluster RCT design with real-world implementation in primary care, while the main limitation was the recruitment challenge in a strained healthcare access context. Its multi-professional approach appears to be unique in the literature on OAD assessments.

Conclusion: DECIdE is available through a dedicated website. It could contribute to a more appropriate and evidence-informed use of symptomatic medicines, particularly in the context of self-medication.

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ID 922- Too many pills, too much risk: rethinking medication use in older adults

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Context: Population aging leads to a higher prevalence of multimorbidity and polypharmacy among older adults in Europe. Potentially inappropriate medications (PIMs) and polypharmacy are linked to poor health outcomes including hospitalizations and reduced quality of life. To improve geriatric health outcomes in XXX, a rural region is implementing a pilot project, the XXX Interprofessional Outpatient Therapy for Geriatric Patients.

Objectives: To evaluate the effect of the medication review within the XXX programm on polypharmacy and PIM use and estimate potential upscaling, based on the results of the nationally representative Health of Older People in XXX study (XXX).

Methods: Participants aged ≥70 years in XXX are enrolled by their family doctor and randomized to standard care or to XXX—a multimodal intervention including a comprehensive physician-led medication review. Medication use is assessed by an independent study nurse at baseline, 4 and 8 months. PIMs are identified using XXX list. Prevalence of polypharmacy and PIM use are analysed for subgroups and modelled based on the results of XXX study.

Results: The XXX study found that 28% of older adults used at least one PIM and 59% had polypharmacy. Polypharmacy and PIM prevalence increased with age and was higher among people with lower education. 32% of PIM users were hospitalized in the last year compared to 21% of non-PIM users. The overall most frequently used PIM were pantoprazole or omeprazole (for a period longer than 3 months), ibuprofen (high dose for a period longer than 3 months) and ginko biloba leaf extract; however, the sequence changes according to sex, age group and income status. Analysis of medication use in XXX program is currently underway.

Discussion: Individual risk assessment of medication use in older adults must consider multimorbidity and socioeconomic vulnerability. Polypharmacy of prescribed medication reinforced by self-medication is strongly associated with PIM use, increasing hospitalization risk. Family doctors can play a crucial role in reducing PIM in older patients.

Conclusion: A comprehensive and regularly performed medication review in family practice can optimize medication in older adults, enhance safety and health outcomes.

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ID 578- Approaches to managing hidden complexity in polypharmacy: Qualitative insights from GPs, pharmacists and patients

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Context: Polypharmacy, the use of multiple medications, offers benefits but can lead to negative outcomes like increased patient safety concerns, a poor patient experience, and wasted healthcare resources. Despite hundreds of studies on polypharmacy interventions, there is little evidence of these outcomes improving. There remains a gap in understanding the real-world experiences of how patients are identified for review, how consultations unfold and how effective those conversations are in addressing complex polypharmacy issues.

Objectives: To understand the everyday experiences of the identification and management of problematic polypharmacy from patient, pharmacist and GP perspectives, to identify potential opportunities for improvement.

Methods: Qualitative study incorporating semi-structured interviews of 12 patients and 12 professionals (5 General Practitioners and 7 clinical pharmacists) purposively recruited from 6 General Practices with variations in geography, deprivation, list size, and staff mix. Thematic analysis was informed by the Normalisation Process Theory (NPT) and Constant Comparison techniques.

Results: In practice, identifying and managing polypharmacy lacked focus with inconsistent case-finding. Dealing with polypharmacy exposed layers of complexity, compounded by complex multimorbidity, ambiguous messages from secondary care, challenging psychosocial issues, non-specific symptoms (e.g. fatigue, insomnia), and conflicting priorities between patients and practitioners. Patients viewed medications as essential tools to sustain biopsychosocial wellbeing, contrasting practitioners' clinical priorities to reduce potential harm. To highlight some of the breadth of approaches in managing this complexity, we grouped them into 4 main approaches for patients and professionals, employed according to differing levels of complexity. The 4 main approaches for professionals included: Protocol-driven approach; Prioritisation approach; Multidisciplinary approach; and Longitudinal follow-up approach. Likewise, patients also adopted 4 approaches including: Unquestioning acceptance; Outward acceptance; Proactively engagement; and Healthy confrontation

Discussion: Though 'Protocol-driven' approaches and 'Unquestioning acceptance' were the most efficient for simple medication queries, only a 'Longitudinal' follow-up approach, predicated on trust, continuity and building relationships over time, appeared to deal with deeper complexities within polypharmacy work.

Conclusion: Models of care to address problematic polypharmacy must go further and recognise the needs of both patients and practitioners in engaging with deeper complexity if we are to improve patient outcomes and achieve authentic shared decision-making.

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Prevention 2

ID 2224- Primary prevention programs for violence against women within a couple among young people aged between 15 and 20 in XXX

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Context: Smoking cessation services face the challenge of vaping being perceived as “not smoking,” a misconception for which youth lungs pay the price and which drives EVALI (e-cigarette or vaping product use–associated lung injury).

Objectives: To map and synthesize the existing evidence on youth vaping–related EVALI with a primary care and family medicine perspective.

Methods: A scoping review following PRISMA-ScR guidelines used an AI-based platform to analyze recent, diverse evidence on EVALI. Searches in 3 database yielded 519 records, with 71 English-language studies from 2019 to 2025 included. These studies, comprising observational, clinical, epidemiological, review, and case series reports, focused on EVALI outcomes in adolescents and adults using e-cigarettes or vaping products. Study selection employed systematic Boolean search strategies, and results were synthesized descriptively and thematically.

Results: Publication numbers peaked in 2020 (n = 30) and 2021 (n = 17) before declining after 2022.The evidence base was largely driven by public health institutions, led by the Centers for Disease Control and Prevention (CDC) (n = 11), medicine (n = 7), and pediatrics (n = 7), while general practice was minimally represented (n = 1). The mean number of authors per publication was 8.03 ± 7.47 (IQR: 7), reflecting predominantly large, multi-author research teams.Thematic analysis identified eight major themes. The dominant theme was exposure to ENDS and vaping, including nicotine and THC/cannabis use and inhalational exposure to chemical constituents such as vitamin E acetate. Clinical presentation and disease severity ranged from acute lung injury and ARDS to hypoxia, ICU admission, prolonged hospitalization, and mortality. Diagnostic imaging frequently reported chest CT findings, particularly ground-glass opacities, with bronchoscopy and bronchoalveolar lavage used in selected cases. Additional themes included outbreak-driven epidemiology, adolescents and young adults as key risk groups, diagnostic overlap with COVID-19, psychosocial influences on vaping behaviors, and treatment strategies primarily based on supportive care and corticosteroids.

Discussion: EVALI represents a missed prevention opportunity rather than solely a tertiary-care diagnosis, highlighting the critical role of family medicine in early identification through routine vaping assessment in adolescents.

Conclusion: "Ask" smoking. "Advise" cessation. "Assess" clearly. Prevent EVALI in primary care.

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ID 2179- Longevity and Primary Care Services: Current Evidence, Trends and Practice-Oriented Recommendations

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Context: Invasive pneumococcal infections, with mortality rates reaching up to 30%, are particularly severe in elderly with comorbidities people. Vaccination is essential but vaccination coverage remains low.

Objectives: The objectives of this study were to estimate pneumococcal vaccination coverage among at-risk adults for invasive pneumococcal infections in the XXX area following the new vaccination recommendations; to identify factors associated with vaccination; to assess knowledge about pneumococcus; and describe barriers and facilitators to vaccination.

Methods: This was a descriptive, cross-sectional, multicenter study conducted using questionnaires administered to patients attending five general practices in the XXX area.

Results: Of 300 questionnaires collected, 257 were analyzed. Vaccination coverage was estimated at 30.7% and significantly increased with risk level:

from 16.7% in adults aged 65 years and older without comorbidities to 43.8% for immunocompromised patients (p = 0.002). Patients with autoimmune or chronic inflammatory diseases were the best vaccinated (53.5%) and represented the only subgroup that showed a statistically significant association with vaccination (p < 0.001). Higher education levels and influenza vaccination were also associated with an increased likelihood of pneumococcal vaccination. Adequate knowledge about pneumococcus doubled this likelihood. The main barriers identified were lack of information (44.4%) and absence of a vaccine recommendation from a doctor (28.7%). Medical advice was the main facilitator (72.8%).

Discussion: The vaccination coverage in our study is higher than the national rate, this may be explained by the recent simplification of the vaccination schedule. In countries that were already vaccinating based on age criteria regardless of comorbidities, vaccination coverage among seniors is higher than elsewhere. As reported in the literature, vaccination coverage varies according to comorbidities. The level of knowledge regarding pneumococcus and vaccine is a major determinant of vaccination. Trust in the doctor is a key factor, the lack of knowledge about pneumococcus and patients' desire to be better informed, suggests a combined intervention targeting both patients and physicians.

Conclusion: Pneumococcal vaccination coverage remains insufficient in the XXX area, particularly among elderly patients without comorbidities, despite recent simplification of the vaccination schedule. Our results highlight the need to increase awareness among patients and physicians.
Keywords: pneumococcus, pneumococcal vaccination, vaccination coverage, adult, knowledge

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ID 1960- Impact of preventive health check-ups on metabolic syndrome in overweight and obese adults: evidence from a multicenter longitudinal cohort

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Context: Meningococcal B infections are rare but serious and mainly affect children under 1 year. In April 2022, in France, the High Authority of Health (HAS) recommended a vaccination for infants. Before, this vaccination wasn't in vaccination calendar and without reimboursement by collectivity.

Objectives: Our study aim to analyse the impact of HAS recommandation about the number of under 2 years children vaccinated. We also analyse the presribers speciality and social inequality before and after the HAS recommandation.

Methods: We made a descriptive, retrospective and quantitative study of meningococcal B vaccine delivered to children under 23 months of age included in our region from January 1st 2017 to December 31th 2024. This study was performed using a database from the National Health Data System.

Results: 180274 patients were included in our study. The number of patients who received a meningococcal B vaccine from 2017 to april 2021 (9051) increased from 0.29% to 3.96% of the population. For those under 12 months of age, the percentage increased from 0.11% to 6.34%. After april 2021, 171223 patients received this vaccination. The part of chilren vaccinated increased to 80% of the population. Prescribers were 80% pediatrics practionners before 2021, General Practitionners (GPs) became first prescribers after. The poputation with social dificulty increase from 2% to 21% after the HAS recommandation.

Discussion: We observed an increase in the delivery of meningococcal B vaccine to children under 2 years of age especially when the calendar change in 2022. Our study show that GPs are the first spéciality for precribi,g when the HAS change her recommandation. Social deprivation population have a better vaccination oppotunities after the HAS recommandation and GPs implication.

Conclusion: Our study show that HAS recommandation have a great impact on

vaccination coverage. GPs have a great importance for population prevention including in pediatric activity. GPs increase prevention in social precariousness population.

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ID 248- The need to improve hypothyroid management pre-conception: the XXX protocol.

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Context: Cervical cancer is the fourth most common cancer among women. It can be prevented through human papillomavirus (HPV) vaccination, available since 2006. Over the last twenty years, numerous studies have focused on the socioeconomic, demographic, and environmental factors associated with this vaccination. However, no study has described the evolution of vaccination prevalence concerning these different factors.

Objectives: To describe HPV vaccination coverage concerning individual and environmental socioeconomic and demographic factors associated with women eligible for this vaccination in high-income countries.

Methods: A systematic literature review analyzed the PubMed, Embase, WebOfScience, and Google Scholar databases. Included studies were published between 01/01/2006 and 03/14/2024. Their primary outcome was required to be the evaluation of vaccination coverage, and the secondary outcome the evaluation of associated socioeconomic, demographic, and environmental factors. Articles were selected after successive reading of titles, abstracts, and then full texts. Charts representing the evolution of vaccination prevalence were created when data permitted.

Results: 61 articles from twelve different countries were included. Overall vaccination coverage has increased over time. Differences in vaccination prevalence persisted over time, not only between countries but also within countries. Higher vaccination coverage was notably observed in young girls who were up-to-date with their other vaccinations, had recently consulted primary care, were born in the study country, had parents also born in the same country, and had a mother regularly participating in cervical cancer screening. Conversely, discordant results were highlighted across countries concerning household income level, socioeconomic status, parental education level, parental marital status, the deprivation index of the area of residence, and its degree of urbanization.

Discussion: Strengths include rigorous methodology and novel trend analysis; limitations involve data heterogeneity, and the observational nature of studies.

Conclusion: The WHO vaccination coverage targets for 2030 are still far from being reached, particularly in France. It appears essential to implement additional measures to promote vaccination and combat vaccine hesitancy to reduce the social gradient found in our study. Furthermore, it is imperative to learn from countries to achieve the highest vaccination coverage, such as Norway. The method of vaccine delivery within the school system could be beneficial if adopted by more countries.

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ID 1752- Evaluation of an intervention dedicated to sexuality among vocational high school students.

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Context: Human papillomavirus (HPV) is a virus that causes STIs and cervical cancer. The latest vaccinal recommendations call for young boys to be vaccinated, and in XXX, the coverage target of 80% in 2030 has not been achieved. We wanted to study the knowledge of young boys and their parents on this subject.

Objectives: The main objective was to assess the knowledge of young boys and their parents about HPV and vaccination in the XXX. The secondary objectives were to describe the sociodemographic

characteristics of the young boys and their parents and to search a link between these characteristics and the level of knowledge about HPV and vaccination.

Methods: This is a quantitative, observational, descriptive, multicenter study carried out in the XXX. Two different questionnaires were developed, one for boys and the other for their parent, which included three main sections: general socioeconomic information, questions about HPV, and HPV vaccination. We established a knowledge score based on the responses received. Questionnaires were sent to volunteer doctors, recruited by phone or direct contact. After completing the questionnaire, participants received a form with the answers.

Results: 104 boy/parent matched questionnaires were included in our study. There was a significant difference between the knowledge of young boys and their parents concerning HPV and vaccination. A very weakly positive and significant correlation was observed between the percentage of correct answers of young boys and their parents. Young boys' knowledge score about HPV and vaccination was significantly correlated with vaccine intentionality.

Discussion: Lack of knowledge on essential points. Parents' knowledge is better than that of young boys, who are the final decision-makers when it comes to vaccination. Our study has several strengths : a diversified perspective depending on the different types and locations of practice, a fairly large sample of target audience along with their close parent. The information sheet distributed at the end of each completed questionnaire allowed for the proposal of preventive measures.

Conclusion: Link established between the knowledge of young boys and their parents suggests the importance of prevention and the information provided about HPV and vaccination by GPs and other media.

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ID 1377- Integrating Preventive Medicine into Chronic Disease Management

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Context: Migrants experience persistent disparities in health access and outcomes, notably in immunization, due to vulnerabilities from interrupted vaccination in origin countries, inconsistent schedules, and marginalization within host systems. In Europe, they face challenges shaped by cultural, structural, and experiential factors that differ from native-born populations.

Objectives: This systematic review aimed to synthesize qualitative and quantitative evidence on vaccine hesitancy among migrant populations in Europe.

Methods: Eight databases (PubMed/MEDLINE, PsycINFO, EMBASE, Scopus, CINAHL, Web of Science, ERIC, and Cochrane Library) were searched for primary studies published in English or French between January 2000 and December 2024. References from relevant non-primary studies were hand-searched. This review followed Joanna Briggs Institute (JBI) methodology for mixed-methods systematic reviews. Eligible studies explored vaccine hesitancy among migrant populations in Europe. The quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT). No studies were excluded based on quality, but MMAT scores informed interpretation. Data extraction used JBI's Mixed Methods Data Extraction Form, and synthesis followed a convergent integrated approach.

Results: Forty-six studies were included (20 qualitative and 26 quantitative). Evidence was synthesized under seven integrated findings: (1) acculturation, (2) distrust in authorities, (3) health literacy, (4) informal information networks, (5) sociocultural determinants, (6) sociodemographic characteristics and (7) vaccine-specific perceptions. No studies were excluded based on quality, but MMAT scores informed interpretation.

Discussion: This review shows that vaccine hesitancy among migrants reflects the combined influence of origin-country beliefs, host-country norms and migration experiences. Persistent cultural attitudes, context-dependent acculturation and regional differences shaped perceptions of risk

and safety. Gendered constraints, low health literacy and language barriers limited informed decision-making and encouraged reliance on informal and transnational networks where misinformation can spread. Institutional mistrust, rooted in repeated experiences of exclusion, further contributed to hesitancy.

Conclusion: Vaccine hesitancy among migrants arises from intersecting cultural, structural and migration-related factors that influence trust and information access. Community-led and culturally adapted strategies using trusted messengers show promise for improving confidence. Priorities for research include longitudinal and participatory designs, broader inclusion of understudied groups and examination of gendered dynamics and transnational information flows, along with evaluations of structural and policy interventions.

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ID 767- The role of vaccination recommendations in the “My Health” preventive program. Implementation analysis in selected Primary Care facilities

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Context: Prevention and treatment of addictions in the family medicine setting

Objectives: Alcohol consumption and binge drinking represent a public health problem. The study investigates young people's perception of the harm caused by alcohol consumption, evaluating correlations with binge drinking, and analyses prevalence, patterns, and related risky behaviors.

Methods: The study involved 106 young people, 59 males and 47 females, aged 18-30 (53.8% aged 25-30 and 46.2% aged 18-24). Participants were administered an anonymous multiple-choice questionnaire consisting of two parts: one examining habits, knowledge, and risk perception, and one regarding general information, following the AUDIT questionnaire, sponsored and recommended by the World Health Organization (WHO). The main alcohol-related risk behaviors analyzed were: drunkorexia, drunk driving, alcohol-related road accidents, and episodes of violence/self-harm.

Results: The survey highlighted high alcohol consumption, which has spread through binge drinking. Most young people demonstrate a lack of awareness of the risks associated with alcohol consumption, persisting in risky behaviors such as drunk driving.

Discussion: Despite European and WHO policies and a decline in the incidence among young people, the early onset of alcohol consumption increases the risk of abuse and dependence, with physical and behavioral consequences.

Conclusion: The results suggest the need to increase awareness of alcohol-related problems adopting prevention strategies.

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Primary care resilience

ID 2219- Primary Health Care in the Shadow of War

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Context: Armed conflicts disrupt health systems not only through acute injuries but also by limiting access to routine and preventive health services. Vulnerable populations, especially those with chronic conditions and mental health needs, are affected first. Despite this, war-related health literature largely focuses on emergency response and hospital-based care, while the role of family medicine and primary health care (PHC) under prolonged conflict conditions remains less explored. In many settings, family doctors continue to provide first-contact and longitudinal care within their

communities. This issue is particularly relevant for countries such as Turkey due to their geographical proximity and humanitarian engagement with conflict-affected regions.

Objectives: This review aims to synthesise recent evidence on the functioning of family medicine and PHC services in armed conflict settings, focusing on equitable access to care, safety and freedom for health workers and patients, and solidarity mechanisms supporting service continuity.

Methods: A literature search was conducted in November 2025 using PubMed, Scopus, and Google Scholar. Search terms related to family medicine ("family physician", "family doctor", "general practitioner", "primary health care") were combined with war- and conflict-related keywords. Studies published within the last five years were included. Of 405 records identified, 16 studies addressing community-based primary care or family medicine roles in conflict settings met the inclusion criteria. Studies focusing exclusively on hospital-based care were excluded.

Results: The included studies reported widespread disruptions in preventive services and chronic disease management. Continuity of care for non-communicable diseases, particularly diabetes and hypertension, declined in most settings. In contrast, core PHC services such as antenatal care, childhood immunisation, and basic emergency obstetric care were relatively prioritised through family medicine-based structures. Mental health needs, including anxiety, depression, and post-traumatic stress disorder, increased substantially and were often addressed at the primary care level. Telemedicine, mobile clinics, and task shifting to community health workers were commonly used to support service delivery.

Discussion: Family doctors frequently assumed expanded roles beyond clinical care, including psychosocial support, coordination of limited resources, and maintaining trust within affected communities.

Conclusion: Family medicine plays a central yet often overlooked role in sustaining essential health services and supporting health system resilience during armed conflict.

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ID 2170- Resident-led crisis staffing: a historical study of a rapid medical reinforcement mobilisation system

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Context: During the first COVID-19 wave, health systems faced uncertainty and the need for rapid medical staffing reinforcement. In several settings, junior doctors' representatives initiated mobilisation initiatives. Understanding how residents can take leadership and build an operational reinforcement system may inform preparedness for future crises.

Objectives: To describe the step-by-step construction of a resident-led medical reinforcement mobilisation system during the first COVID-19 wave, and to document its operational deployment.

Methods: Historical approach using contemporaneous heterogeneous sources available during decision-making (11 March–10 May 2020). The corpus included selected email threads and attachments, local/national communications, successive versions of the mobilisation procedure, protocols in use, and digital tools used for monitoring the epidemic and mobilisation. Sources were analysed to reconstruct chronological sequences of the system's construction, model the procedure, and quantify mobilisation.

Results: Five chronological sequences were identified: (1) awareness of anticipated staffing needs, (2) collegial definition of mobilisation criteria, (3) creation of a volunteer pool using an online questionnaire, (4) definition of mobilisation rules and authorisation workflow with institutional actors, and (5) consolidation during implementation through shared digital tracking tools. The system highlighted residents' leadership in proposing rapid, simple solutions based on digital tools and ground-level coordination. Quantitatively, 217 volunteers responded to the mobilisation questionnaire; 130 residents were identified as immediately mobilisable, and 47 residents were effectively redeployed through the procedure.

Discussion: This resident-led, digitally supported process illustrates how junior doctors can contribute to crisis governance and rapid operational coordination when formal staffing pathways are constrained. It also raises questions about the distribution of decision-making and the integration of "bottom-up" initiatives within centralised crisis management.

Conclusion: A resident-led mobilisation system, co-constructed with institutional stakeholders and supported by simple digital tools, can rapidly structure medical reinforcement during a crisis and provides a reproducible model for future emergency preparedness.

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ID 2001- In-situ simulation as a system test to improve quality and safety in primary care

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Context: Life-threatening emergencies in primary care are infrequent but require rapid, coordinated action across professional and organisational boundaries. Traditional training approaches primarily focus on individual competencies and may overlook system-level weaknesses. In-situ simulation offers a method for testing real-world emergency readiness within everyday clinical environments.

Objectives: This study aimed to assess emergency response readiness, team coordination, and latent safety threats in primary care using interdisciplinary in-situ simulation.

Methods: Interdisciplinary in-situ simulations were conducted across all units of a large urban community health centre in 2025. Scenarios included adult and infant cardiac arrest, as well as outpatient triage, performed in real-world clinical settings such as dental clinics, laboratories, and general outpatient areas. Primary outcomes were the emergency response team's arrival time and adherence to critical resuscitation steps; secondary outcomes focused on identifying organisational and environmental safety threats.

Results: Emergency response teams consistently arrived within the predefined target of 120 seconds. The mean response time was 50.8 ± 24.2 seconds, demonstrating rapid activation across diverse primary care settings. In-situ simulation revealed recurrent latent safety threats, including spatial limitations, delayed access to emergency equipment, and variable familiarity with emergency protocols, particularly in non-traditional clinical environments.

Discussion: The findings suggest that in-situ simulation serves not only as an educational tool but as a practical system test for primary care organisations. While response times met established benchmarks, simulations exposed context-specific vulnerabilities that are unlikely to be identified through off-site or classroom-based training. Interdisciplinary participation proved essential, as emergencies frequently occurred in settings where staff are not routinely exposed to acute care scenarios. By revealing organisational, spatial, and procedural gaps, in-situ simulation enables targeted quality and safety interventions tailored to local practice realities.

Conclusion: In-situ simulation offers a feasible and practical approach to assessing emergency preparedness and enhancing quality and safety in primary care. Embedding this method into routine quality improvement processes may strengthen system resilience beyond the acquisition of individual skills.

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ID 1391- The role of general practitioners in responding to a chikungunya virus (CHIKV) outbreak in southern France, 2025

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Context: Between August and October 2025, a mosquito-borne chikungunya virus (CHIKV) outbreak occurred in XXX (XXX XXX), with 18 confirmed cases. In response, local general practitioners (GPs) were mobilized to support the identification of suspected cases and raise awareness among patients regarding symptoms and indications for medical care. In parallel, a participatory science initiative was conducted in collaboration with Unité des Virus Emergents (UVE, XXX), supported by local authorities.

Objectives: The project aimed to assess the extent of viral circulation in the city by engaging volunteers, recruited throught their GP, and equipped with household mosquito traps.

Methods: A prospective epidemiological study was conducted in which participants brought collected mosquitoes to their GP's practice. Samples were then tested at UVE for CHIKV detection. All participants received individualized feedback regarding CHIKV detection in mosquitoes collected from their homes, along with targeted recommendations for mosquito-bite prevention and infection risk reduction.

Results: GPs were sensitized to existing clinical recognition tools and weekly updates from health authorities on ongoing CHIKV circulation. During routine consultations, patients were sensitized to ensure early identification of suspected cases, with particular attention given to individuals at higher risk of severe disease. Through GP surveillance, 10 symptomatic patients were identified and confirmed positive for CHIKV by laboratory testing. The participatory science project generated mosquito collections from 33 households and additional public areas, yielding more than 2,500 mosquitoes. CHIKV was detected in one area where human cases had previously been reported. The concerned participant was promptly informed, and vector-control interventions were reinforced due to concurrent virus detection in both mosquitoes and humans.

Discussion: This initiative illustrates how primary care can significantly enhance the response to outbreaks in areas with established mosquitoes. GPs contributed to early case detection, dissemination of accurate health information, and promotion of preventive behaviors. Their close connection to the community facilitated rapid engagement in the participatory science project, generating actionable entomological evidence data supporting timely vector-control measures.

Conclusion: This experience highlights the pivotal role of GPs in detecting and mitigating a CHIKV outbreak in France. Sustained collaboration between clinicians, public health agencies, and research institutions should be promoted to enhance preparedness for future arboviral threats.

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ID 1395- Role of the family physician in supporting mental health during wartime: challenges and practical solutions

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Context: The full-scale war in Ukraine has produced a steep rise in population mental-health needs and massive internal and external displacement, straining specialist services and placing primary care at the frontline of psychosocial support. Recent national and international assessments report high burdens of depression, anxiety and PTSD among civilians and internally displaced persons (IDPs).

Objectives: To synthesize evidence from Scopus and Web of Science indexed literature and national reports, to reflect on practice-based experiences from Ukrainian primary care, and to propose pragmatic, scalable interventions family physicians can implement to identify, manage, and refer patients with war-related mental health problems.

Methods: I conducted a focused narrative review of peer-reviewed studies (2019–2025) indexed in Scopus and Web of Science, supplemented with WHO country data and national Ministry of Health reports, and combined these findings with practice-based reflections and a short illustrative case from a primary-care clinic in Ukraine. The 2019 WHO STEPS survey is used as baseline population health data but is contrasted with post-2022 evidence due to massive population displacement and changed risk profiles.

Results: Data taken from population health surveys (WHO STEPS 2019) document important baseline NCD and mental-health risk factors but do not reflect wartime displacement and trauma exposure. Contemporary studies and health-needs assessments indicate that ~1 in 3 adults report symptoms consistent with a mental-health disorder since the 2022 escalation, with even higher rates among IDPs (depression/PTSD estimates frequently >30–50%). Service-level reports highlight expanded primary-care mental-health packages and mhGAP-based training, but coverage and workforce shortages remain critical.

Discussion: I recommend (1) systematized screening in primary care using brief validated tools; (2) stepped care with low-intensity psychosocial interventions delivered by trained family physicians/nurses; (3) clear referral pathways to specialist MHPSS (mental health and psychosocial support); (4) integration of telemedicine for displaced populations; and (5) workforce support and rapid training roll-out (mhGAP, brief CBT skills).

Conclusion: Family physicians play a key role in conducting screening, identifying mental health disorders, and providing appropriate interventions during wartime. Rapid adaptation of clinical workflows, targeted workforce training, and strengthening of referral pathways are realistic priorities for reducing the mental-health care gap in conflict settings.

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ID 565- Scaling simulated clinical stations to strengthen patient safety and emergency preparedness in primary care teams

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Context: Simulation-based education is increasingly recognized as a key strategy to promote patient safety and improve the management of emergencies within Primary Care Teams (PCT). The Catalan Health Institute (ICS) implemented a large-scale programme of Simulated Clinical Stations to enhance competencies in urgent and high-risk situations across 186 primary care teams in Catalonia. This study evaluates the programme's educational impact in terms of knowledge acquisition and professional satisfaction.

Methods: A prospective pre–post observational study including 8,916 professionals (physicians, nurses, administrative staff) was conducted at the CAP Balmes simulation centre. Participants completed nine standardized simulated stations using trained actors and structured checklists. Knowledge was assessed through pre/post tests (0–10 scale), and satisfaction through a 76-item Likert scale questionnaire (0–6). Data were collected anonymously. Statistical analyses involved independent t-tests and effect size estimation.

Originality: the objective is to assess the effectiveness of a multi-station simulation programme in improving (1) knowledge related to critical emergency codes (sepsis, stroke, AMI, suicide risk, CPR/BLS) and (2) perceived usefulness and satisfaction among multidisci

Lessons learned and future implication: Globally, mean knowledge scores increased from 5.1/10 to 7.6/10 (+49%, $p < 0.001$; effect size $d = 1.2$). Improvements were consistent across all scenarios: • Sepsis Code: +83% • Suicide Code: +74% • AMI/Stroke: +36% • BLS/CPR: +29%

Discussion: This large-scale intervention demonstrates that structured simulation with standardized scenarios and trained actors is feasible, impactful, and transferable across diverse primary care settings. Beyond clinical competence, the programme strengthens teamwork, communication, and ethical decision-making in complex cases, including chronic care situations with shared decision preferences (e.g., PIIC No-RCP scenarios).

Conclusion: Simulated Clinical Stations are a scalable and high-value educational strategy that significantly improve emergency preparedness and patient-safety competencies in primary care. Their multidisciplinary, immersive and reproducible format offers a robust model for other healthcare systems seeking to enhance workforce readiness and quality of care.

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ID 90- Resilient at the Frontline: Strengthening Local Health Systems and Primary Care under Crisis in Southern Thailand

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Context: Thailand's deep southern provinces have experienced recurring shocks from public health emergencies, natural disasters, and prolonged sociopolitical instability. Strengthening local health system resilience is essential to maintain essential services and protect vulnerable populations. This study explored how local health actors—across public, private, and community sectors—demonstrated absorptive, adaptive, and transformative capacities within a decentralized health governance framework.

Objectives: The primary objective was to examine the processes and enablers of local health system resilience in southern Thailand. The secondary objectives were (1) to assess governance and leadership mechanisms facilitating cross-sector coordination, and (2) to identify community and innovation strategies that strengthened primary care resilience during crises.

Methods: A qualitative case study was conducted in a district hospital in the deep south of Thailand. Thirty-seven participants were purposively selected, including health professionals, public health officers, family physicians, nurses, non-communicable disease (NCD) patients, village health volunteers (VHVs), community and religious leaders, local government representatives, and private partners. Inclusion criteria included the ability to communicate in Thai and willingness to participate with informed consent. Exclusion criteria were inability to communicate in Thai, unwillingness to participate, or non-residency based on census records. Data were collected through in-depth interviews and document review, and analyzed thematically using a resilience framework emphasizing absorptive, adaptive, and transformative capacities.

Results: Eight themes emerged: (1) preparedness and planning through early emergency operations and local resource mobilization; (2) strong governance linking hospitals, local governments, and communities; (3) dedicated workforce resilience despite burnout; (4) community-led logistics mitigating supply shortages; (5) digital platforms supporting communication and teleconsultation; (6) flexible service delivery ensuring care for fragile populations; (7) community participation driving shared ownership of health initiatives; and (8) psychological support fostering solidarity and compassion. These mechanisms collectively enhanced system functionality under crisis.

Discussion: Resilience in Thailand's local health systems is both institutional and social—rooted in trust, collaboration, and community participation. Digital innovation and faith-based solidarity supported rapid adaptation and sustained service delivery.

Conclusion: Synergistic governance, community engagement, and adaptive innovation underpin local health system resilience. Strengthening these elements is vital for building people-centred, resilient primary health care and advancing universal health coverage in fragile contexts.

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Primary healthcare

ID 1700- Building the Foundations of Primary Care: Expert Recommendations for Quebec's First Government Policy

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Context: Primary care (PC) is widely recognized as the foundation of effective and equitable health systems. In Quebec, access to a regular source of PC remains a major challenge.. In this context, the Quebec government initiated the development of its first provincial PC policy and mandated an independent expert committee to formulate evidence-informed recommendations.

Objectives: The objective is to synthesize the committee's work and outlines a pragmatic roadmap to strengthen PC in Quebec.

Methods: The mandate was conducted over four months using three sequential components integrating scientific and experiential knowledge: 1) a targeted review of literature and policy syntheses and a jurisdictional analysis of six countries (United Kingdom, Sweden, Netherlands, Norway, France, Canada) and three provinces (Ontario, Alberta, Quebec); 2) 59 semi-structured consultations with more than 210 participants across Quebec and 3) an in-person forum with 135 participants to enrich preliminary recommendations. The final recommendations were developed during a two-day meeting, aligned with Quebec system values and the quintuple aim.

Results: Evidence synthesis emphasized that no single "best" PC model exists; performance depends on coherent system configurations adapted to context. Nevertheless, international consensus converges on several core features: a clear policy vision, financing aligned with health objectives, governance structures linked to communities, formal attachment to reinforce continuity and accountability, interprofessional teams, and strong coordination across services. Findings from the consultations revealed a fragmented, hospital-centered system characterized by inequitable access and insufficient continuity, while existing performance indicators were perceived as volume-focused and insufficiently oriented to quality and value. The committee proposed six recommendations: (1) a comprehensive PC workforce development strategy; (2) universal patient registration within interprofessional teams; (3) strengthened local governance; (4) sustained investment in research and data infrastructure; (5) dedicated and protected public funding for PC; and (6) population-level performance measurement focused on outcomes important to patients.

Discussion: The Quebec's first government PC policy can serve as a strategic lever to address the PC crisis if reforms are implemented as a coherent package rather than selectively.

Conclusion: Achieving the proposed vision requires a concrete, phased action plan, and long-term investments in teams, governance, financing, and data infrastructure.

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ID 715- Using Established World Health Organization protocols to reduce cost and improve health outcomes in Eastern Europe

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Context: Globally, over 7 billion people are at risk for not receiving adequate health care. As a country becomes more developed, the causes of morbidity and mortality change. This is called epidemiologic transition. To help countries in epidemiologic transition, the World Health Organization (WHO) has created early diagnosis and management protocols, called "Package of Essential NCD Interventions" (PEN). PENs are designed to help this transition from communicable diseases to non-communicable diseases (NCD)s, and to be less labor-intensive and more affordable than developed world standards.

Objectives: The objective is to discuss PEN implementations in Eastern Europe, their outcomes, and implications for further healthcare improvement.

Methods: European countries were stratified according to an adapted five-stage model of epidemiological transition aligned with WHO priorities. Published data were reviewed to identify sites across Europe where PEN protocols were implemented. A literature search was done to look for outcomes data from these programs.

Results: At least 5 countries have implemented PENs, Kyrgyzstan, Moldova, Tajikistan, Ukraine, and Uzbekistan. Published results are available from Moldova, Tajikistan, and Ukraine. Sample **Results:** Moldova showed cost-effectiveness, Tajikistan improved hypertension (HTN) control, and statin prescribing, and Ukraine showed improved HTN control and decreased reliance on donor funding. Other findings will be presented.

Discussion: Most countries are facing high morbidity and mortality from NCDs. PENs are proving to be effective in improving health in a cost-effective manner in Eastern Europe. Similar findings are seen in countries such as Costa Rica, Thailand, and Viet Nam, with dramatic improvements in their management of NCDs and improvement of life expectancy with PEN implementation. We believe similar outcomes can be achieved with the implementation of PENs both locally and throughout entire countries.

Conclusion: The countries who have implemented PENs have uniformly had positive results both in improving health care and/or in creating cost savings. This shows that more widespread implementation of PENs may be useful to improving health care in Eastern Europe and throughout the world. Since health dollars are limited, wise use of these funds is warranted. PENs are one cost-effective method for health improvements in developing countries.

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ID 1138- Towards a Sustainable Future in Primary Care: First Results from a National Implementation Project

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Context: Healthcare significantly contributes to climate change, which poses a major threat to public health. Previous initiatives have introduced tools and guidelines to reduce the environmental footprint of general practice. Building on this foundation, a national implementation project was launched to prioritize sustainable goals in primary care. Which mitigation measures have the greatest impact on climate change?

Methods: The project, funded by the Dutch Ministry of Health, involves several stakeholders. Two sub-projects were prioritized: (1) A scientific impact analysis of GP care, including a literature review of life cycle assessments and expert consultation to identify ten high-potential mitigation actions. (2) Development of a national roadmap for sustainable GP care, integrating existing initiatives and aligning with the Green Deal Sustainable Healthcare 3.0.

Originality: Across Europe, healthcare systems are adopting sustainability strategies to cut emissions and waste. Initiatives include national decarbonisation roadmaps, circular procurement, and eco-design for medical devices. Supported by the EU Green Deal and Horizo

Lessons learned and future implication: The impact analysis revealed environmental hotspots in prescribing, diagnostics, and practice management. Ten mitigation actions were evaluated for feasibility and potential climate impact. The roadmap outlines a phased transition strategy for Primary car

Discussion: Within the Sustainable Development Goals, gains can be achieved in primary care. For some Green Deal objectives, such as health promotion, the environmental impact is difficult to quantify, but it also is important to consider these in the analyses.

Conclusion: Sustainable GP care is achievable through targeted actions and coordinated implementation. These first results provide a foundation for scaling up and embedding sustainability in clinical practice. Primary care can play a leading role in planetary health.

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ID 621- Major funding and policy change in XXXX general practice

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Context: XXXX is currently undergoing major primary care reform including shifts in funding and organisational structure general practice. This presentation will outline recent policy changes and their impact on the availability and financial viability of high-quality general practice services

Objectives: To outline changing nature of general practice consultations To outline recent policy changes and the impacts on the delivery of high-quality primary care.

Methods: Quantitative data analysis of health utilisation statistics, and results from a survey of 2416 general practitioners (GPs) commissioned by the national GP college/assocation

Results: Psychological/mental health conditions rank highest of commonly treated conditions, followed by women's health and endocrine conditions. Average consuttation length has increased to 20 minutes, and is nearly 22 minutes for female GPs, 57% of GPs work in multidisciplinary teams, with 2/3 of GPs wanting to provide more multidiscipllinary teams but report time and inadequate remuneration as barriers. More than 80% of GPs report providing care which was preveiously referred to other medical specialists. Since 2014 the percentage of Health funding allocated to comprehensive primary care is decreasing, reflecting both static general practice investment and increasing costs of hospital care.

Discussion: General practice care is becoming more complex and GPs are managing more care in the community. Current funding models provide greatest reward for short consultations. There is an increasing need for funding to support more preventative care and multidisciplinary teams based care.

Conclusion: These results indicate growing complexity in general practice consultations reflecting population ageing and increasing multimorbidity. Current financial incentives are greatest for short and simple consultations. Incentive redesign is needed to better support patients requiring complex care, and the primary care workforce delivering this care.

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ID 1038- "Beyond the Blueprint: Thailand's Primary Health System Act 2019 and the Realities of PHC Governance on the Ground."

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Context: Thailand's primary healthcare (PHC) system, crucial for universal coverage, faces intense pressures: resource scarcity, aging populations, rising non-communicable diseases, and workforce burnout. The 2019 Primary Health System Act aimed to reshape governance. This presentation explores the dynamic interplay between national policies and local realities.

Methods: Our mixed-methods study primarily employed a qualitative case study. We analyzed the 2019 Act and related policies, alongside semi-structured interviews with policymakers, health administrators, and community representatives across national, subnational, and local levels, yielding granular implementation insights.

Originality: This research offers a unique multi-scalar analysis of Thai PHC governance. Beyond broad decentralization, we investigate how the Primary Health System Act 2019 is implemented in practice amid resource scarcity and changing demographics, specifically exam

Lessons learned and future implication: Lessons highlight the integration of innovative solutions, such as enhanced supportive supervision and self-care promotion, to build workforce resilience. Adaptable governance that addresses

transport infrastructure and professional development is vital f

Discussion: Thailand's challenges—resource scarcity, workforce burnout, and demographic shifts—mirror global concerns about the sustainability and equity of the health system. This necessitates comprehensive policy re-evaluation. The discussion connects findings to broader international efforts, emphasizing integrated, preventative care models and robust governance for sustainable outcomes.

Conclusion: Urgent, comprehensive reforms are paramount for Thailand's PHC. Success hinges on the 2019 Act bridging national mandates with local realities. This strategic shift towards integrated, preventative care, supported by resilient infrastructure and a motivated workforce, is crucial for equitable and sustainable health for all citizens.

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ID 558- Primary Health Care Models: A Comparative Analysis in EU Countries

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Context: Primary health care (PHC) systems within the European Union (EU) vary considerably in governance, financing, workforce structure, accessibility, and digital/infrastructural resources. Understanding these differences is essential for strengthening PHC performance and guiding effective policy development. Finland, Slovakia, Estonia, Lithuania, and Latvia represent diverse PHC approaches shaped by diverse historical, economic, and organisational contexts.

Objectives: To analyse PHC models across Finland, Slovakia, Estonia, Lithuania, and Latvia, assessing how differences in governance, financing, workforce organisation, accessibility, and system resources correspond to variations in health outcomes.

Methods: A comparative cross-sectional analysis was conducted using OECD Health Statistics 2023, WHO European Health Information Gateway, and national health system reports from 2015–2024. Indicators included general practitioner (GP) density, workforce metrics, service accessibility, digital/infrastructure availability, chronic disease management, and avoidable hospitalisations. Qualitative analysis examined PHC organisation, gatekeeping, digital integration, and community-based care. Findings synthesised quantitative trends with policy contexts.

Results: Finland and Estonia demonstrate strong gatekeeping, clearer PHC entry points, and a predominance of group or integrated practices. Lithuania combines capitation-based financing with growing community care integration, while Latvia and Slovakia use mixed financing and feature more solo practices. Higher GP density in Finland, Estonia, and Lithuania is associated with better access and continuity of care. Estonia has the most advanced digital PHC infrastructure, followed by Finland and Lithuania. Avoidable hospitalisations are higher in Latvia and Slovakia.

Discussion: Despite shared EU policy frameworks, substantial differences remain in PHC organisation and performance. PHC models with strong gatekeeping, stable financing structures, group practices, and integrated community services achieve greater efficiency and improved outcomes. Solo practice dominance, limited integration, and underdeveloped digital systems in Latvia and Slovakia contribute to higher avoidable hospitalisations. Variations in financing and workforce shortages affect accessibility and continuity of care.

Conclusion: PHC systems that combine strong gatekeeping, group or integrated practices, and reliable digital and community-based services achieve better accessibility, continuity, and chronic disease outcomes. Strengthening these features—particularly in countries relying on solo practices or mixed financing—can enhance efficiency and reduce avoidable hospitalisations. Further research should focus on longitudinal evaluation of PHC reforms and opportunities for cross-country learning.

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Primary healthcare bricks & builders

ID 1926- Optimizing Clinical Documentation in Primary Care: Leadership, Advocacy, and Health Systems Strengthening

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Context: Clinical documentation is foundational to high-quality primary care but remains variable in accuracy, completeness, and usefulness. While often viewed as administrative task, documentation plays a critical role in clinical decision-making, population health measurement, health policy, and advocacy. In U.S. primary care settings, studies report that 40–50% of patient issues discussed during visits are incompletely captured in clinical notes, leading to missed opportunities for follow-up and care coordination. Poor documentation undermines quality measurement, risk adjustment, and system-level planning. Conversely, optimized and structured documentation improves outcomes, increasing compliance by 15–20% and enhancing population health metrics reporting.

Objectives: To review existing literature on clinical documentation practices in primary care, examining documentation quality, impact on care delivery and continuity, and implications for leadership, advocacy, and health systems strengthening, with a focus on family physicians.

Methods: A structured literature search was conducted using PubMed, Scopus, and Google Scholar for English-language studies published between 2013 and 2025. Search terms included "primary care documentation," “clinical note quality,” “electronic health records,” “documentation workflow,” and “health systems.” Inclusion criteria encompassed peer-reviewed studies evaluating documentation outcomes related to care quality, workflow efficiency, population health measurement, or system performance. Non–primary care specialties and non-empirical reports were excluded. Findings were synthesized narratively to identify key trends and leadership implications.

Results: A prospective observational study of 49 primary care encounters in the U.S. Veterans Affairs system demonstrated frequent omission of patient-initiated concerns and unverified information in nearly half of clinical notes. Structured and standardized documentation improved documentation quality scores by approximately 12.8 points compared with unstructured notes. Consistent documentation patterns correlated with improved efficiency and reduced clinician burden. Family physician–led practices implementing standardized documentation protocols demonstrated enhanced care continuity, improved risk adjustment accuracy, and more efficient reporting for quality improvement and policy initiatives.

Discussion: Highlight documentation as critical for improving clinical quality, population health measurement, and system accountability. Optimized documentation supports accurate representation of patient complexity, strengthens continuity of care, and enables actionable data for advocacy and policy engagement.

Conclusion: Optimized clinical documentation improves care quality, efficiency, and population health monitoring, influencing health policy and system performance. As family physicians, leveraging documentation as a leadership and advocacy tool.

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ID 1794- The new French professional framework for general practice: a tool for advancing the specialty

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Context: In a context of crises and challenges (aging population with increasing multimorbidity, decreasing number of healthcare professionals, need for a One Health approach, numerical revolution...), where social determinants of health need to be better adressed, primary care, and notably general practice, are a chance to build and strenghten a more sustainable, resilient and efficient healthcare system. This requires to better define our profession, for both GPs and all stakeholders involved in health and health policies.

Methods: The XXX College of General Practice (XXX) missionned a 9-member steering committee from its member structures to update the previous professionnal framework. A collaborative and iterative process was conducted. We reviewed pre-existing frameworks in XXX and in the literature. We sought for contributions on the present and future perspectives for general practice from the structures representing the profession, from representatives of other primary and secondary healthcare professionnals, from patient's representatives and from stakeholders and experts in healthcare policies. A concertation conference gathering representatives from the XXX structures was held in december 2024. The steering committee subsequently synthetised these data and analysed it in light of the existing and upcoming challenges to produce a document, that was approved by the XXX structures in March 2025.

Originality: This updated professional frameworks presents the values, missions and competencies of general practice in the XXX context, aligned with international definitions. Its originality lies in its articulation around missions, derived from the population's he

Lessons learned and future implication: Despite diversity and divergences, the XXX structures agreed on the updated professionnal framework. Since its publication, it was presented to several stakeholders and in debates about general practice. It will continue to be presented, notably to the na

Discussion: Presenting our work could participate in inspiring participants from other countries to conduct similar works while providing us with a broader vision to enhance our ongoing national advocacy work.

Conclusion: This work is in line with goal 1 (advancing Family Medicine) of WONCA strategic plan 2023-2027.

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ID 1744- Linking SNOMED CT to ICPC-3: a pathway for survival for the primary care classification

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Context: Health care systems are rapidly undergoing digital transformation, after relative slow adoption of medical informatics standards. E-health organisations are transforming national health care sectors and promoting the use of SNOMED CT as a reference terminology. The position of domain-specific classifications such as ICPC-3 within this transformation remains unclear.

Objectives: To describe the methodologies used for mapping the reference terminology SNOMED CT as source to the International Classification of Primary Care (ICPC-3) as target; to report on preliminary results; to describe planned future work and strategies.

Methods: Three different approaches were used: 1) using the Belgian Bilingual Biclassified thesaurus (a large, aligned collection of Dutch and French words and phrases used in primary care), linked to a dyad of ICPC-2 and ICD-10 codes, and to SNOMED CT as a starting point. An ICPC-2 to ICPC-3 conversion table was used to generate a selection of possible ICPC-3 classes per SNOMED CT concept, followed by human validation; 2) Semantic manual comparison of the two hierarchies by studying

parents and children in SNOMED CT and class labels, exclusion and inclusion terms in ICPC-3; 3) Automated mapping based on label similarity (exact string match and fuzzy matches) validated by experts.

Results: ICPC-3 candidate matches were selected for 4.163 SNOMED-CT concepts. After filtering for mappings with only one candidate, the conversion table approach retrieved 1339 SNOMED-CT concepts and 343 ICPC-3 classes. The manual approach was applied to 1 of the 200 clinical issues for graduate and vocational training in general practice, starting with a use case on “low-back pain” and identifying 250 concepts. Results from the automated mapping approach are still pending and will be presented at the time.

Discussion: Three methods for mapping were established and validated in a sample of SNOMED CT codes and a collection of ICPC-3 classes. Further progress can be made by using crowdsourcing with international teams of researchers and Primary Care teaching facilities.

Conclusion: It is possible to construct sophisticated terminological resources that link language, reference terminologies and aggregation terminologies, which may support medical documentation and clinical coding by general practitioners at the point of care, either directly or as part of AI solutions.

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ID 1568- Academic family medicine - keep growing it!

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Context: The status of family medicine as a speciality requires academic leads for both primary care teaching and research. In medical education, there is clear evidence that graduates in medicine are more likely to choose family medicine if they have had positive role models in their medical schools, and good clinical placements with family doctors. But in many countries, opportunities to develop an academic career are underfunded compared to other specialities; and posts in universities for family doctors are few in proportion to their overall numbers and needs. This presentation will summarise the data from one country, show reasons why this matters, and also show things that we can do to help .

Methods: Slide presentation of history of family medicine in the UK, its academic profile, current challenges, evidence of need for change, and examples of good practice that can alter the situation in a sustainable manner.

Originality: This is my own synthesis of different reports, policies, and national databases. I have been involved with these discussions ar a national level.

Lessons learned and future implication: Academic family doctors are essential for teaching medical students about family medicine - its patients, its contribution to population health, and its core clinical expertise. They are also vital for medical research, to recruit in primary care and give

Discussion: Attendees can consider the extent to which they and their member organisations get involved with teaching and research, and how to contribute to this aspect of our speciality from a practical and professional perspective.

Conclusion: This will be an awareness raising presentation, and hopefully will engage the audience to consider their own collaborations with academic colleagues.

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ID 1489- Primary care experience in Canada: results from the 2025 OurCare National Survey

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Context: Access to primary care remains a persistent challenge in XXX, compounded by limited transparent and timely reporting across jurisdictions. OurCare, the country’s largest public

engagement initiative on primary care, engaged nearly 10,000 people to create the OurCare Standard—defining what people expect from their primary care system.

Objectives: To assess the extent to which primary care in xxx is meeting patient and public expectations set out in the OurCare Standard.

Methods: We conducted a cross-sectional, bilingual online survey developed with input from clinicians, researchers, policy-makers, and patient and caregiver advocates. Eligible participants were national residents aged 18 or older. Respondents were recruited through a proprietary online panel and public outreach, including television, radio, newspapers, social media, and partner networks. Only complete responses were analyzed. Data were weighted to reflect the xxx adult population on sex, age, education, region, language, immigration-status, and race. All analyses used weighted data.

Results: We analyzed 16,299 complete responses. Overall, 81.0% (95% CI: 79.9%-82.2%) reported having a family doctor or nurse practitioner, and an additional 1.4% (95% CI: 1.0%-1.7%) reported receiving care from a primary care clinic or team. Only 36.9% of those with a regular clinician obtained a same-day (20.1%, 95% CI: 18.1%-22.1%) or next-day (16.8%, 95% CI: 14.8%-18.8%) appointment for an urgent issue. 11.6% of people with a regular clinician reported experiencing some form of discrimination, compared to 22.8% of those without one. 67.2% of people with a regular clinician were satisfied or very satisfied with supports for their general well-being versus 28.7% of those without. Only 27.8% of respondents were satisfied (22.3%, 95% CI: 21.1%-23.5%) or very satisfied (5.5%, 95% CI: 4.9%-6.1%) with how the country's primary care system is working.

Discussion: Despite universal health insurance, OurCare survey results suggests that almost 1 in 5 people in XXX do not have access to primary care. Only a minority of those with primary reported timely access for an urgent issue. Those without a regular primary care clinician report more discrimination and less support for general well-being.

Conclusion: The current primary care system in XXX falls short of people's vision for an accessible, wellness-oriented, inclusive and responsive system.

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ID 1129- Expert Generalists as Bridge-Builders: Strengthening Primary Care

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Context: Primary care faces growing complexity, driven by demographic shifts, chronic disease, and digitalization. These pressures risk reducing care to protocols and productivity, undermining humanistic values. This paper introduces the Dutch model of the kaderhuisarts — a general practitioner with advanced expertise. This ‘expert generalist’ offers a structured approach to maintain quality and innovation in primary care.

Methods: Supported by national GP organizations (LHV, NHG, InEen, UNH), this model combines 10 medical subspecialty training programs and 11 expert groups across domains such as asthma/COPD, cardiovascular disease, diabetes, mental health, elderly care, palliative care, urogynaecology, musculoskeletal medicine, sexual health, and emergency care.

Originality: Expert generalists strengthen primary care by leading quality improvement and innovation, ensuring consistent standards through regional collaboration and guideline implementation, and supporting cooperation with secondary care.

Lessons learned and future implication: They provide consultation, deliver tailored education, and contribute to guideline development, policy and research. Their competencies—advising, initiating projects, teaching, and driving research—position them as bridge-builders between science and prac

Discussion: A structured analysis of the training programs and expert groups, articles in the opinion journal 'Huisarts en Wetenschap' and feedback from the national GP organizations provide a picture of structured development and recent reform towards uniform training and governance in the Dutch expert generalist model over 20 years. They sustain person-centered care, strengthen quality, and

enhance collaboration and resilience in healthcare systems.

Conclusion: By investing in expert generalists, health systems can mitigate fragmentation and reinforce fraternity and solidarity. In an era of efficiency and scarcity, such commitment is essential—without it, primary care risks losing its human soul.

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ID 579- Determining and disseminating research priorities in primary care; what's next after deciding the Top Ten?

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Context: Chronic conditions are extremely common, with approximately 1 million people in Ireland affected by the top 4 conditions alone. This is expected to significantly increase in the future due to Ireland's aging population. The HRB Primary Care Clinical Trials Network, using the James Lind Alliance (JLA) Priority Setting Partnership (PSP) method, have developed a Top Ten list of priority research questions for managing chronic conditions in primary care in Ireland.

Objectives: The JLA method results in ranked lists of unanswered research questions which can be used to direct researchers, funders, and other key interest holders to topics most important to those directly affected by a given condition. In this PSP, the objective was to provide a foundational resource for people wishing to carry out impactful research in primary care in Ireland and beyond.

Methods: The project was led by a steering group of patients and representatives, carers, and clinicians, and all stages of the process centred these interest holders. In the PSP method, partnerships collect submissions to be grouped and formed into indicative questions, checked against existing literature to identify under-researched topics, and ranked in a process that centres patients, carers, and clinicians.

Results: This resulted in 20 ranked priority questions, with a focus on the Top Ten which covers a range of areas including information exchange, non-drug treatments, multidisciplinary care, and use of health care data.

Discussion: Our work since the determination of the top priorities has been to promote this as a tool to align research and service provision to the priorities of patients, carers, and healthcare professionals. Alongside traditional dissemination, this has involved engaging with funders, researchers, patient organisations and health services. This presentation will reflect on the value of the process in determining research priorities, and on key learnings from the equally important work to integrate priorities into active research.

Conclusion: The use of the equitable JLA PSP method results in a robust and meaningful output of prioritised research topics, ready for us in Ireland and beyond. The integration of such priorities into research and service provision is a key part of the process, though comparatively understudied and unaddressed by resources.

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Public health

ID 1035- Examining policies and trends in ADHD diagnosis and management in primary care in children and youth: an International Consortium of Primary Care Big Data Researchers (INTRePID) study

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Context: Attention Deficit Hyperactivity Disorder (ADHD) is a common condition in children and youth, with varying levels of primary care involvement across countries. Primary care involvement in ADHD diagnosis and management has the potential to improve efficiency, cost-effectiveness and equity for ADHD care.

Objectives: This study examined policies with respect to primary care physicians (PCPs) ability to diagnose and prescribe ADHD medications and analyzed ADHD-related visits to primary care amongst 5-19 year olds across nine INTRePID countries: Australia, Brazil, Canada, Indonesia, Mexico, Norway, Peru, Sweden, and the US.

Methods: A document review and key informant survey was conducted in PCPs in each country. ADHD-related visit rates (2018–2023) were calculated as a percentage of total visits. Negative binomial regression estimated rate ratios (RRs, 95% CI) across Pre-pandemic (2018–2019), Pandemic (2020–2021), and Recovery (2022–2023) periods, adjusting for sex, seasonality, and offsetting by total visits. Sex-specific RRs were derived from stratified analysis.

Results: The ability for PCPs involvement in ADHD varied by country, with Canada and the US having full abilities, Australia recently introducing reforms, and all other countries having significant restrictions. Overall, North America had the highest ADHD-related visit rates: US (8.15%), Mexico (1.99%), and Canada (1.31%), while Indonesia had the lowest (0.03%). During the pandemic, rates increased in all countries with significant increases ranging from rate ratio (RR) 1.87; (95% CI: 1.61–2.17) to RR:1.16; (95% CI: 1.05–1.27) compared to the pre-pandemic. Rates remained higher than in the pre-pandemic during the recovery period in all countries, although differences were non-significant in Indonesia and Mexico. Across all countries, visit rates were 1.66 to 5.86 times higher in males than females. However, relative increases during the pandemic and recovery periods were more pronounced in females in over half of the countries.

Discussion: ADHD-related primary care visits varied across countries, likely reflecting differences in care models and cultural factors. However rates increased over time, particularly among females in all countries.

Conclusion: Better integration of ADHD care in primary care could help reduce care gaps globally.

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ID 850- Primary Care Mortality Committee: Innovation, Quality and Humanization

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Context: The implementation of a Mortality Committee at CAP of Barcelona represents an innovative initiative within the field of primary care, aimed at improving care quality and clinical safety through the systematic analysis of death cases. Although mortality committees are a well-established practice in hospital settings, their application in a primary care centre is still uncommon, which gives the project a clearly distinctive and pioneering value within the primary care network.

Objectives: • To systematically review and analyze the deaths registered within the scope of the Primary Care Centre (CAP). • To identify opportunities for improvement in clinical practice and continuity of care. • To promote a culture of patient safety and shared learning within the healthcare team. • To generate recommendations to optimize care pathways and coordination with other levels of healthcare. • To monitor the implementation of adopted measures.

Methods: • Each selected case will be presented anonymously and structured according to a standard template (clinical summary, social context, chronology, critical points, reflections). • The analysis will follow a qualitative, non-punitive review model, based on continuous learning and improvement. • The conclusions will focus on: o Identifying contributory factors (clinical, organizational, communicative, social). o Proposing concrete and feasible improvement actions. o Sharing identified good practices.

Results: Sixty successful cases from the last three months were reviewed. The mean patient age was 80 years. Sixty percent had not attended the Primary Care Centre in the preceding three months, and 50% were not correctly classified as PCC-MACA. Ninety percent had an individualized care plan, while 40% had made two emergency department visits in recent years. None had received a condolence or support communication, and 90% of

records showed incomplete coding of successful outcomes.

Discussion: Overall, this proposal represents a step forward in organizational innovation and the culture of quality in primary care, with the potential to be replicated in other centers across the network, strengthening CAP BCN commitment to excellence, humanization, and the continuous improvement of health services.

Conclusion: Represents a cultural shift and a new way of working within primary care quality standards. It should be mandatory committee across all primary care services in Europe

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ID 489- The impact of non-pharmaceutical interventions on anxiety: evidence from the COVID-19 pandemic in four African countries

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Context: Non-pharmaceutical interventions (NPIs) were implemented worldwide to limit the spread of COVID-19. While effective in reducing transmission, concerns emerged about their effects on mental health. In low-income countries, impacts may be especially severe due to limited mental healthcare. However, evidence on mental health impacts of NPIs in these countries remains scarce.

Objectives: To investigate the association between NPI stringency and anxiety in XXXX countries during the COVID-19 pandemic, to explore the differential effects of specific NPIs across population groups.

Methods: Data were extracted from the Life with Corona XXXX survey, a cross-sectional phone survey conducted throughout 2021 in XXXX, XXXX, XXXX, and XXXX (24,000 observations). Adult participants were randomly selected from pre-existing databases, using stratified random sampling by age, gender and residence. Survey data were combined with policy data from the Oxford COVID-19 Government Response Tracker. Anxiety symptoms were assessed using the GAD-7 scale. Multivariable logistic regression models and interaction analyses were performed, including country- and month-fixed effects.

Results: Higher policy stringency was associated with increased odds of anxiety symptoms (OR= 1.15, 95% CI: 1.11–1.20). Among specific policies, school closures (OR= 1.70, 95% CI: 1.54–1.87) and public transport closures (OR= 2.15, 95% CI: 1.83–2.54) showed the strongest associations with anxiety. Interaction analyses revealed that women, adults over 25, and individuals from higher socioeconomic groups were more affected by school closures, while men, adults under 25 or over 55, and those from the highest socioeconomic group were more affected by transport restrictions.

Discussion: This study is the first to examine the mental health impact of different NPIs across XXXX. Its large sample and consistent findings across sensitivity analyses strengthen the robustness of the findings. However, aggregated NPI data and the cross-sectional design limit causal inference. The association between NPIs and anxiety likely reflects multiple pathways, including economic hardship, reduced mobility, domestic tensions, and social isolation.

Conclusion: Integrating mental health considerations into public health preparedness and policy design is essential to ensure equitable and effective responses in future health crises. For general practitioners, awareness of anxiety linked to restrictive policies is essential, as they are often the first point of contact for distressed patients.

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ID 470- The impact of retrieving financial incentives and information provision on

primary care quality: a randomized clinical trial (RCT) in Catalonia

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Context: Financial incentives and information provision are common strategies to improve quality of care. Because they are often applied together, it has been difficult to distinguish their individual effects. In Catalonia (Spain), both have been used in the public health system for nearly 20 years, but many quality indicators have plateaued. This study aims to identify the specific impact of financial incentives and information provision on quality of care.

Objectives: To evaluate the impact of removing financial incentives and information provision via an online platform on primary care quality indicators.

Methods: An unblinded cluster randomized controlled trial is being conducted with 63 primary care practices and 1,433 professionals (GPs and nurses). They were randomized into three groups: (1) control, unchanged; (2) removal of financial incentives for 7 quality-of-care indicators; and (3) removal of both financial incentives and information for those indicators. The primary endpoint is the monthly result for the seven indicators; secondary variables include PCP, professional and patient characteristics. Mixed models will be used to compare the intervention effects among groups. Results are monitored weekly from February to December 2025.

Results: As of November 2025, incentive removal caused significant reductions in 3/7 indicators: 2.7% drop for arterial pressure (AP) control in diabetic patients, 4.1% for AP control in chronic renal failure, and 6.3% for inhaler technique verification. Removing information significantly reduced inhaler technique verification results (extending to a 14.5% drop), AP control in ischemic heart disease (7.3% drop) and diagnostic adequacy of hypertension (11.9% drop); the latter two were not affected by incentive removal alone. AP control and treatment adequacy in hypertense patients were unaffected by the interventions. Final results will be presented at the congress.

Discussion: The varied effects across indicators suggest that some professional practices are well established and less dependent on external support, while others rely more on financial or informational reinforcement. Tailoring quality improvement strategies to the maturity and nature of each indicator may enhance their long-term effectiveness.

Conclusion: We identified the distinct effects of information and financial incentives to guide the design of more efficient and sustainable quality improvement initiatives in primary care.

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ID 443- Integrating GP Health Records with Exposure Data: Methods and Lessons from Intego-MGZ

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Context: Environmental stressors, such as heat stress, low air quality, traffic noise and the absence of green spaces are adversely associated with public health. Understanding these associations at a local level is crucial for monitoring health impacts and evaluating policy decisions related to environmental health. Primary care health data offer several advantages in this aspect, as they can detect more subtle and earlier health impacts, allow long-term monitoring of environmental health and involve a generalist approach, containing a wide range of health impacts while also considering the patient's social context.

Objectives: In this paper, we explore whether routinely collected primary care morbidity data can be linked with environmental data, the methods used, the possibilities of this linked dataset and its strengths and limitations.

Methods: Intego, a Flemish primary care morbidity registry containing medical and demographic information from general practitioners' electronic health records, was linked to several environmental stressors at the home address of a patient. Data on temperature, humidity, air pollutants, traffic, noise levels and green spaces were retrieved from several Flemish and Belgian data sources.

Results: The resulting dataset, "Intego-MGZ", includes information on environmental stressors for 318,835 patients after the last linkage, in addition to demographic and primary care health data. This dataset enables comprehensive environmental health analyses.

Discussion: With this dataset, we will be able to perform elaborate analyses to better understand the impact of environmental stressors on public health. Furthermore, possible health effects of mitigating policy decisions can be monitored. Future linkages can be performed periodically to track long-term environmental health trends in Flanders.

Conclusion: The methods described in this article stress the importance of general practitioner data in environmental health research. As a first point of contact for many patients experiencing early symptoms due to environmental factors, general practitioners play a crucial role in environmental health research and adaptation strategies.

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ID 283- Knowledge, Attitudes, and Practices of Health Officials in Dengue Prevention in Sri Lanka

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Context: The National Dengue Prevention and Control Strategy (2019–2023) was developed to strengthen disease surveillance and community engagement. Despite this, recurrent outbreaks indicate ongoing operational shortcomings. Health officials serve as the vital link between national policy and grassroots implementation; however, empirical evidence describing their knowledge, attitudes, and practices (KAP) remains limited. Understanding these dimensions is crucial for translating policy into effective local action.

Objectives: To assess the knowledge, attitudes, and practices of health officials regarding national dengue prevention strategies and to identify determinants influencing their field-level implementation capacity.

Methods: A descriptive cross-sectional mixed-methods study was conducted among 80 health officials, including Medical Officers, Public Health Inspectors, Field Workers, and administrative personnel from regional and national health institutions. A WHO-adapted and locally validated KAP questionnaire was administered using stratified random sampling according to professional category, with systematic replacements for non-respondents. Additionally, ten key informant interviews were conducted with purposively selected program stakeholders. Quantitative data were analyzed using descriptive statistics, one-way ANOVA, and chi-square tests, while qualitative data underwent thematic content analysis.

Results: Adequate knowledge (≥4/5) was demonstrated by 27.5% of participants, 51.3% expressed favorable attitudes (≥20/25), and only 11.3% reported good preventive practices (≥20/28). Knowledge and practice varied significantly by job category ($p = 0.007$ and $p = 0.006$), whereas attitudes did not ($p = 0.080$). No significant correlations were observed between KAP scores and years of service ($r = 0.18$, $p = 0.115$) or sex ($t(57) = 1.53$, $p = 0.131$). Qualitative findings highlighted gaps in timely resource mobilization, intersectoral

collaboration, role-specific training, and integration of surveillance systems.

Discussion: Despite a comprehensive national strategy, frontline health officials showed low knowledge and practice levels, with disparities across professional categories. Systemic factors—such as delayed resources, weak intersectoral coordination, and insufficient role-specific training—appear to drive these gaps more than individual characteristics. Strengthening communication pathways, ensuring equitable resource allocation, and implementing targeted capacity-building initiatives are essential to enhance translation of policy into effective field-level dengue control.

Conclusion: Bridging operational gaps through structured training, timely resource distribution, and improved coordination is critical to improve dengue prevention performance and achieve sustainable outcomes in Sri Lanka.

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ID 58- Urban Rural Disparity in Reproductive and Child Health Care in India

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Context: The Reproductive and Child Health (RCH) Programme launched in 1997, aims to reduce maternal, infant, and child mortality by improving healthcare access in rural areas. Key components include prenatal care, safe delivery, postnatal services, immunization, nutrition, adolescent health, family planning, and empowering women through reproductive health awareness and services.

Objectives: To examine the urban-rural disparity in the maternal and child health input, its utilization, and output during NFHS –1 and NFHS-5.

Methods: This study analyzed data from NFHS-I (1992–93) and NFHS-V (2019–21), covering 89,777 and 7,24,115 women respectively, using bivariate analysis and chi-square tests.

Results: India made significant progress in reproductive and child health, especially in rural areas between 1992–93 and 2019–21. Improvements were seen in antenatal care, immunization, institutional deliveries, and contraceptive use. Maternal education emerged as a strong predictor of better health outcomes. Scheduled castes and tribes saw notable gains, while socio-religious groups showed varied progress. Mortality rates declined across all groups, with sharper drops in rural areas. Chi-square analysis confirmed strong links between socio-economic factors and improved health service utilization and outcomes.

Discussion: India witnessed significant improvements in reproductive and child health across urban and rural areas, though notable disparities remain. Antenatal care, institutional deliveries, immunization, and treatment for childhood illnesses improved, with rural areas showing higher percentage gains. Yet, urban areas retained higher absolute service utilization. Gaps in full immunization and antenatal visits narrowed considerably. Maternal education emerged as the strongest determinant of improved outcomes, alongside caste, residence, and birth order. Mortality rates declined across all demographics, especially in rural areas. Chi-square analysis confirmed strong associations between socio-economic factors and health outcomes, stressing the need for equitable healthcare access.

Conclusion: India saw major improvements in reproductive and child health, though urban-rural disparities persist between 1992–93 and 2019–21. Rural areas recorded larger relative gains in institutional deliveries and contraceptive use, yet urban areas remained ahead overall. Maternal education strongly influenced positive health outcomes. Socio-demographic factors like caste, religion, and residence showed significant associations with health indicators. Addressing these disparities requires targeted interventions, improved rural outreach, and inclusive health policies to ensure equitable healthcare access for all population groups in India.

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Pulmonary infections

ID 1839- BREATH-EPOC: Bronchial exacerbations and tracking in health. Population-based registry of exacerbations of chronic obstructive pulmonary disease

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Context: Exacerbations of chronic obstructive pulmonary disease (COPD) are a key determinant of clinical deterioration, healthcare resource use and mortality. However, most of the evidence comes from hospital settings and selected series, with a scarcity of population-based data in primary care that would allow the real burden of exacerbations, their evolution and potential inequities in management and outcomes to be described.

Objectives: To develop an ambispective, population-based registry of COPD exacerbations in primary care (BREATH-EPOC) and, in the medium term, to describe incidence, clinical progression, healthcare utilisation and mortality, as well as potential inequities in these outcomes according to sociodemographic and clinical characteristics.

Methods: BREATH-EPOC is a population-based, multicentre registry of COPD exacerbations in primary care within the Institut Català de la Salut in Mataró (five primary care centres). Adults aged ≥35 years with a COPD diagnosis recorded in the electronic health record and/or spirometry consistent with COPD (post-bronchodilator FEV_1/FVC <0.70 or z-score <−1.64), clinically stable for ≥2 weeks and providing informed consent will be included. The registry is organised by exacerbation episodes (first event within a defined period, with ≥72 hours of stability required to separate episodes). Follow-up will last 24 months from the first exacerbation included, combining face-to-face visits (baseline and 24 months), telephone contacts (12 months) and systematic review of medical records (6 and 18 months) to collect exacerbations, hospitalisations, treatments, comorbidities and mortality.

Results: The registry is in the implementation phase in the five participating primary care teams, with recruitment pathways already defined. The presentation will report early implementation indicators, including the number of eligible and included patients, basic age and sex distribution, the frequency of exacerbations recorded in the first months and the completeness of key variables.

Discussion: BREATH-EPOC will provide a stable framework to monitor COPD exacerbations in a population-based primary care context, enabling estimation of the real burden of episodes, description of their clinical course and analysis of healthcare utilisation and mortality, with an equity perspective.

Conclusion: BREATH-EPOC aims to address the current lack of community data on COPD exacerbations and to generate transferable local evidence to optimise clinical practice, planning and interventions for patients with COPD.

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ID 1171- Consultations, etiology and recovery in older people consulting in European primary care for acute respiratory tract infections

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Context: Respiratory tract infections (RTIs) cause significant morbidity and mortality in older adults and high-risk populations. However, limited data exists on the incidences and clinical burden of respiratory viruses in primary care patients with RTI. Understanding these factors is crucial for informing public health policies and prevention strategies.

Objectives: To estimate the clinical burden and disease course of Respiratory syncytial virus (RSV), Human metapneumovirus (HMPN) and Human parainfluenza viruses (HPIV) compared to other

respiratory viruses in older adults presenting to primary care in five European countries.

Methods: This observational study is enrolling patients aged ≥60 years and those 50-59 years who are eligible for influenza vaccination, presenting to their GP with RTI symptoms of ≤10 days duration. The study operates in UK, France, Spain, Italy, and Germany with structured monthly recruitment targets to enable monthly and full year incidence estimations. GPs register participant's baseline data and take a throat/nose swab for multiplex PCR analysis. Participant follow-up is through self-completed diaries for 28 days (symptoms, recovery, and EQ-5D) and clinical records (re-consultations and complications).

Results: Currently 946 participants are enrolled. Respiratory viruses were detected in 60.6%: Human rhinovirus (20.2%), HPIV (8.8%, predominantly PIV-3: 5.8%), Influenza (7.4%), SARS-CoV-2 (6.4%), HMPV (5.4%), and RSV (3.3%). Among 394 participants with complete data, the mean age was 69 years, with substantial comorbidity. Vaccination rates were: SARS-CoV-2 (93%), Influenza (45%), and Pneumococci (27%). Time to return to usual daily activities varied by viral pathogen, with symptoms from Influenza infection lasting longest. Time to full recovery was taking significantly longer. Mean EQ-5D VAS score improved from 61 to 80 within 14 days post-consultation. Healthcare utilization included GP re-consultation (14%) and hospital visits for RTI-related complications (2%). Updated data, also per viral etiology, will be presented.

Discussion: PCR surveillance, combined with monthly numbers of all presenting older patients with RTI that is captured in the study, demonstrate substantial burden of a range of respiratory viruses in older adults presenting to primary care. These epidemiological data are relevant to inform targeted prevention strategies.

Conclusion: Recovery times and healthcare re-consultation rates suggest significant clinical impact of respiratory viruses in elderly.

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ID 966- Prolonged respiratory symptoms in a socially vulnerable young adult leading to a diagnosis of cavitary pulmonary tuberculosis

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Context: Prolonged respiratory symptoms are frequently encountered in general practice and are often attributed to benign or self-limiting conditions. However, when symptoms persist in socially vulnerable patients, serious infectious diseases may be overlooked. This practice-based reflection presents a case of cavitary pulmonary tuberculosis (TB) in a young adult living in precarious housing, illustrating diagnostic challenges and the central role of primary care in early case detection.

Methods: A 23-year-old man presented repeatedly over three months malaise, odynophagia, cough with nocturnal predominance, dysphonia, mechanical chest pain and reduced appetite. Additionally he mentioned one recent unique mild self-limited hemoptysis. No fever or rhinorrhea. His social context included living in an inadequately conditioned commercial space. Physical examination was unremarkable. Initial blood tests showed mild inflammatory markers without specific abnormalities. Due to the chronicity, lack of improvement, and social vulnerability, pulmonary TB was suspected. Chest radiography revealed a left apical cavitary lesion. Sputum culture and molecular testing confirmed Mycobacterium tuberculosis without rifampicin resistance. The patient was referred to Pneumology. Standard quadruple therapy was initiated, alongside respiratory isolation, compulsory notification, and contact tracing. The patient followed the indications, nowadays he is pending a check-up at Pneumology.

Originality: Although TB remains present in Europe, its occurrence in young immunocompetent patients without clear epidemiological exposure can delay diagnosis. This case highlights the diagnostic value of integrating social determinants and longitudinal assessment in

Lessons learned and future implication: This case emphasizes the importance of maintaining a low threshold for TB testing in persistent respiratory symptoms, particularly in patients living in

precarious conditions. It underscores the need for improved coordination among primary care, hospital,

Discussion: This experience highlights the broader impact of structural determinants on health and supports the role of primary care in early identification of complex infectious diseases.

Conclusion: Holistic primary care assessment, integrating biomedical and social factors, is crucial for timely TB suspicion and diagnosis while promoting equity and humanistic practice.

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ID 795- Avoidable hospital admissions for COPD: A case-control study on associated factors

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Context: Chronic obstructive pulmonary disease (COPD) is a major public health problem due to its high prevalence, morbidity and mortality. Acute exacerbations are a frequent cause of hospital admission and contribute considerably to healthcare burden. In Portugal, the primary care performance indicator “Hospital admission rate for asthma or COPD in adults” classifies these episodes as avoidable admissions. However, this classification needs to be questioned, as it may oversimplify the clinical and social complexity underlying each case and overlook factors beyond the reach of primary care teams.

Objectives: This ongoing study aims to identify factors associated with hospital admissions considered avoidable due to COPD exacerbation. It compares patients admitted to hospital (cases) with patients with COPD followed in primary care without admissions (controls). Additional objectives include assessing the adequacy of pharmacological treatment according to COPD severity and exploring how sociodemographic, clinical, behavioural and biological characteristics influence admission risk.

Methods: This observational, analytical case-control study includes patients admitted with COPD exacerbation to the Internal Medicine Department of a Portuguese hospital during 1 year (cases). Controls are patients with COPD followed at a primary care center with no admission for exacerbation during the same period. Variables collected comprise demographic data, clinical history, treatment, laboratory information and primary care follow-up. Statistical analysis involves group comparison and multivariable logistic regression to identify independent factors associated with admissions classified as avoidable.

Results: The study is expected to identify a combination of clinical and contextual determinants that contribute to admissions labelled as avoidable. These findings may show that such admissions do not necessarily indicate shortcomings in primary care provision.

Discussion: By examining factors influencing admissions considered avoidable, this study may contribute to a more balanced understanding of performance indicators and highlight elements outside the control of primary care services.

Conclusion: The results may support a more equitable and accurate interpretation of avoidable COPD admissions within the Portuguese primary care evaluation framework. The study is at the moment ongoing and full results will be available for presentation at WONCA Europe 2026.

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ID 660- The predictive value of socioeconomic position and migration background for complicated lower respiratory tract infections

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Context: Evidence on risk factors for a complicated course of lower respiratory tract infections (LRTIs) in primary care remains limited and often consensus-based. While population-based studies have linked socioeconomic position (SEP) and migration background to complicated LRTIs, their predictive value in primary care is still unclear. Consequently, these factors are not incorporated within current guidelines, which may contribute to health inequalities.

Objectives: The aim of this study was to develop a prediction model for complicated LRTIs in general practice, integrating established prognostic factors and assessing the added value of SEP and migration background.

Methods: Routine care data from Dutch general practices (n ≈ 750,000 adult patients) from 2014 to 2023, excluding the COVID-19 period, were linked to sociodemographic and hospital insurance claims data from Statistics Netherlands. Adults presenting with LRTI complaints were included. Complicated LRTI was defined as all-cause hospitalisation or mortality within 30 days. Logistic regression models were constructed with established prognostic factors; SEP and migration background were subsequently added. LASSO selection refined the prediction model, and goodness of fit, discrimination, and calibration were compared between models, with internal and external validation.

Results: We identified 186,094 LRTI episodes, of which 2.19% progressed to a complicated course within 30 days. Predictors included male sex, older age, chronic comorbidities, hospitalisation in the previous year, current oral corticosteroid use, recent antibiotic use, and a clinical diagnosis of pneumonia. Lower SEP was also associated with increased risk: after adjustment for established factors, patients in the lowest SEP category had an adjusted odds ratio of 1.46 (95% CI: 1.31–1.62) compared with the highest.

Discussion: Our findings highlight that socio-economic determinants play a significant role in infectious disease outcomes in primary care. Addressing these factors in prevention and clinical decision-making has the potential to reduce health inequities. However, the effectiveness, feasibility and acceptibility of incorporating SEP into guidelines and risk tools warrent further research.

Conclusion: Socioeconomic position is an independent predictor of a complicated LRTI course in primary care.

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ID 479- Epidemiology of RSV among adults in a POCT cohort: A Primary Care Observational Study in England across 2023–25 (ObservatARI)

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Context: Respiratory syncytial virus (RSV) is increasingly recognized as a significant cause of acute respiratory infections (ARI) in older adults. Its burden in primary care among adults aged 40+ remains poorly characterized due to limited testing.

Objectives: We aimed to describe the positivity, symptomatology and risk factors of RSV compared to COVID-19 and influenza A/B among patients presenting with acute respiratory infection (ARI).

Methods: Twenty-one practices within the Oxford-RCGP Research and Surveillance Centre (RSC) – the English sentinel surveillance network – used Cepheid GeneXpert point of care test (POCT) for multiplexed reverse transcription polymerase chain reaction to test nasopharyngeal swabs collected from patients aged 40+ with ARI between October

2023 and January 2025. Patients were included if they had a coded ARI within the preceding 10 days including: influenza-like illness (ILI), lower/upper respiratory tract infection (LRTI/URTI), and exacerbations of chronic lung disease. Patients were excluded if they did not have a coded ARI, an RSV positive test within past 28 days, or symptom onset >10 days prior to the visit.

Results: 4,320 patients were swabbed and after applying exclusion criteria 3,098 were eligible for analyses. Influenza A had the highest positivity (5.99%, 95% CI: 5.24-6.83), followed by COVID-19 (5.87%, 5.13-6.71), RSV (4.15%, 3.53-4.87), and influenza B (0.29%, 0.16-0.54). RSV positivity was highest among patients aged 60–74, and those residing in rural areas. Cough, breathlessness, and abnormal lung sounds appeared more prevalent among RSV cases. Influenza A was most common in patients with ILI (65.7%), RSV in those with LRTI (56.6%) and COVID-19 in those with either ILI (44.9%) and LRTI (44.9%).

Discussion: We estimated the positivity of RSV, COVID-19 and influenza among medically attended ARIs in adults aged 40+ in primary care in England.

Conclusion: Implementing RSV vaccination programs in older adults could help alleviate the burden of RSV in the community.

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Research in Primary Care

ID 2225- What should be the content of a policy for the development of general practice and primary care research?

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Context: The topic is particularly relevant in France, where, in 2025, under the auspices of the Ministry of Health, a working group was established to define a national policy for supporting and developing primary care research (PCR). The European General Practice Research Network published an important document entitled "Research Strategy for General Practice in Europe 2021." This work updates a previous one from 2009. The strategy proposes four general objectives : • define research priorities in general practice/family medicine ; • strengthen research capacity ; • develop and promote high standards in research practice ; • facilitate the knowledge transfer from research to clinical practice. The strategy is intended to serve as a basis for developing specific plans in each country, taking into account its characteristics, its specific needs, and its initial level of research capacity. The impact of the strategy can be measured in terms of: • capacity building ; • scientific productivity (dissemination of research results) ; • establishment of networks and collaborations • involvement of stakeholders, policymakers, and the public ; • improved health of citizens.

Objectives: - To identify what has been done in the countries of the workshop participants, and at what level (macro, meso, micro). - To identify obstacles, levers and success factors.

Teaching method and workshop: Participants will exchange ideas in small groups on PCR policies in their respective countries. Have the general objectives outlined above been translated into operational objectives and action plans ? If so, what is known about their impact? What barrier

Expected outcomes: At the end of the workshop, participants will be able to initiate a dynamic for developing a policy to support PCR, tailored to the needs of their country, and in partnership with other stakeholders.

Conclusion: In all European countries, healthcare systems face significant challenges. Finding solutions requires the development of primary care research policies based on internationally shared analysis of successes and failures.

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Research in Primary Care

ID 2256- Empowering Dutch National Primary Care: Building Sustainable Research Infrastructures for Innovation and Knowledge Sharing

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Context: Within the Netherlands, we are performing a national collaborative project (2024-2027) to enhance the collaboration between the seven existing Practice-Based Research Network (PBRN) and the Dutch College of General Practitioners. A PBRN is a collaboration of primary care clinics and clinicians working with researchers to ask and answer real-world questions; essentially acting as "clinical labs" for primary care research. In recent years, regional primary care organizations have become increasingly active and visible. In this project, we explore how the former PBRNs can best collaborate with these more regionally organized stakeholders to gather more aggregated research questions from clinical practice.

Objectives: Within this workshop, we will reflect on our lesson's learned thus far and we hope to inspire and learn from other countries to execute comparable national innovation projects.

Teaching method and workshop: In the first 30 minutes we will take along the participants through our experiences and results thus far in this national collaboration project. We will present and focus on three main topics: Governance, Data infrastructure and Knowledge Dissemination (1

Expected outcomes: Attendees will learn the following; Governance: How to develop a national governance model with a clear coordination point to foster collaboration between the regional primary care networks. Data Infrastructure: How to create an integrate and stan

Conclusion: Attendees will be enriched with knowledge on how information is collected from the regions and aggregated at the national level, how this can be assessed, evaluated, discussed, and then returned to the regions. This applies, for example, to tools, working methods, and more formal matters such as contracts and agreements.

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ID 1788- Building a national primary care data warehouse in France: early implementation in a European and global perspective

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Context: Across Europe, the development of health data warehouses has accelerated to support research, quality improvement, and health system performance, notably in the context of secondary use of health data and cross-border interoperability. However, worldwild primary care (PC) data remain fragmented despite their role in population health. Internationally, PC data networks such as the Canadian CPCSSN and the UK CPRD have demonstrated the value of routinely collected PC data for learning health systems. In France, no national infrastructure previously aggregated routine general practice data. The Plateforme de Données en Soins Primaires (P4DP) was launched to address this gap through a publicly governed, secure, and interoperable PC data warehouse.

Objectives: To describe the governance model, technical architecture, and stakeholder engagement strategy of P4DP and report early implementation milestones and initial analytic outputs.

Methods: We conducted a descriptive mixed-methods study of the design and early implementation of P4DP. Governance was analysed

through document review and stakeholder mapping involving general practitioners, patient partners, researchers, and authorities. PC data were extracted from EHR and related systems, transformed using standardised terminologies, and stored in a secure cloud infrastructure compliant with GDPR. Interoperability relied on common data principles and standards. International collaborations informed governance and data quality frameworks.

Results: a multi-stakeholder steering committee was operational, with active patient partner involvement. The technical infrastructure was deployed, EHR connectors developed, and first data ingestion completed, including prescription data from more than 10,000 patients across pilot sites. Initial outputs included prototype dashboards addressing practice-level feedback.

Discussion: Early findings highlight that integrating PC into national and European health data ecosystems is feasible but requires governance models adapted to community-based practice, strong professional engagement, and alignment with international interoperability standards. Compared with international networks, P4DP illustrates how publicly governed infrastructures can emerge within the European regulatory context and contribute to globally connected learning health systems.

Conclusion: The P4DP early implementation demonstrates the feasibility of a national PC datawarehouse aligned with European and global health data ambitions. These results provide transferable lessons for countries seeking to strengthen PC research capacity and support internationally interoperable learning health systems.

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ID 1697- Rapid Recruitment into a Primary Care Digital Therapeutic Trial Using a Direct-to-Patient Strategy: The RiSolve Study in XXX

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Context: Recruitment remains a major challenge in primary care clinical research, where traditional practice-based identification often results in slow enrolment and delayed study timelines. Direct-to-patient strategies are increasingly recognised as effective alternatives that broaden reach and reduce burden on primary care sites. RiSolve, a prospective remote study evaluating a prescription digital therapeutic for overactive bladder (OAB) in women, implemented a combined traditional and digital recruitment approach across XXX.

Objectives: To evaluate the feasibility, speed, and effectiveness of a direct-to-patient, multi-channel recruitment strategy for enrolling women with bothersome OAB symptoms into a fully remote primary care study.

Methods: RiSolve is a prospective, single-arm, fully remote study including women (≥18 years) with bothersome OAB symptoms. Recruitment combined paid Meta social-media advertising, Google search visibility, direct-mailing GP practices through the HRB Primary Care Clinical Trials Network XXX (PC-CTNI), in-practice posters and leaflets, liaison with two urogynaecology units, advertisement in local pharmacies and snowball advertising. Interested individuals were directed to review online participant information and study team contact details. Weekly metrics captured expressions of interest, invitations issued, responses, screenings, and consents. Descriptive analysis summarised recruitment volume and engagement patterns.

Results: Over 5 weeks, 208 expressions of interest were received, 204 (98%) via social media, with three from in-practice posters and one via GP referral. Sixty potential participants were screened, and 47 were enrolled (ages 43-78, median age 61). The mean recruitment rate was 9.4 participants per

week, indicating a rapid enrolment pace for an interventional primary care study in XXX using a direct-to-patient approach. Recruitment increased steadily over the 5-week period, indicating strong public engagement with targeted digital outreach.

Discussion: Direct-to-patient engagement substantially reduced reliance on GP-led identification and facilitated rapid enrolment. Social-media advertising was the primary driver of participation, demonstrating public receptivity to digitally delivered recruitment for women's health research.

Conclusion: The RiSolve study shows that rapid and efficient recruitment into a primary care digital-therapeutics trial is achievable using a direct-to-patient, social-media-enabled strategy. These findings support the feasibility of decentralised recruitment approaches in primary care trials, although further work is needed to confirm sample representativeness.

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ID 1420- Exploring clinical audit as a tool in collaborative research approaches in general practice

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Context: Clinical audits are widely utilized in general practice, varying from small-scale initiatives within individual clinics to comprehensive efforts embedded in research and quality improvement programs. Audits enable practitioners to reflect critically on their actions and identify opportunities for improvement and can also provide data for real life research. Audits' potential as a collaborative approach bridging clinical practice and research remains underexplored.

Methods: Session discussions will be introduced by brief presentations of audit projects in UK and Denmark general practice. In the UK, the Primary care Academic CollaboraTive (PACT) has built a network of over 1000 clinicians, delivering audit projects at scale which provide participants with benchmarked data for quality improvement while contributing to national research. The PACT project ('Why Test' study) collected data from >2,500 patients with recent blood tests in primary care. From Denmark, we will present two in-depth audits of patient trajectories: atrial fibrillation without anticoagulants and suspected familial hypercholesterolemia in high-risk hypercholesterolemia. These examples illustrate diverse methodologies, clinician-driven or researcher-led, and provide a foundation for participants to discuss scope, versatility, and early impact of collaborative audit approaches.

Originality: These networks and approaches are believed to be original and this is first international colloboration, comparing approaches and sharing best practice that we know of in Europe. This is designed by English and Danish practioners and reflects an ongoing c

Lessons learned and future implication: Different approaches will be explored and shared, including successess and challenges of creating a network of more than 1000 Primary Care staff who receive personalised feedback and contribute to national priorities and how a data-driven approach can be

Discussion: This interactive workshop aims to initiate dialogue on strategies to engage general practitioners beyond traditional academic environments in collaborative audit projects to inform a broader research agenda. The session concludes with an open discussion, encouraging participants to share experiences and insights for potential future collaborations. Participants will gain insights into the dual role of clinical audits, enhancing quality improvement in clinical practice and contributing meaningfully to general practice research.

Conclusion: Clinical audit and quality improvement, delivered through collobortative networks can be hugely powerful in creating effective and sustainable change in General Practice.

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ID 447- From Data to Solidarity: Nivel-PCD as a Pillar for Liberté, Égalité, and Fraternité in Primary Care Research

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Context: Nivel Primary Care Database (Nivel-PCD) is a nationwide infrastructure in the Netherlands that integrates longitudinal, pseudonymized data from general practitioners (GPs), out-of-hours services, and allied health professionals. With a coverage of 1.8 million registered patients in general practices and >69% of the population for urgent care, Nivel-PCD enables research on epidemiology, healthcare utilization, and quality of care.

Objectives: To describe the structure, coverage, and governance of Nivel-PCD as a national primary care data resource; to highlight the types of data collected and their potential for epidemiological and health services research; to outline strengths, limitations, and opportunities for linkage with other datasets; to inform researchers about access procedures and ethical considerations for using Nivel-PCD.

Methods: Nivel-PCD aggregates coded data from electronic health records across multiple primary care disciplines, such as GPs, out-of-hours GP services, physio-, exercise and speech therapists, and dietitians. Governance ensures privacy through pseudonymization, opt-out options, and strict adherence to GDPR. Data linkage with socioeconomic and secondary care sources supports comprehensive analyses. Researchers worldwide can access data under transparent governance protocols.

Results: Nivel-PCD has supported studies on disease surveillance, medication adherence, health inequalities, and policy evaluation. Its multidisciplinary scope fosters equity in research opportunities and informs improvements in care delivery. Examples include monitoring influenza trends, assessing socioeconomic disparities in out-of-hours care, and evaluating the impact of COVID-19 on healthcare utilization.

Discussion: Nivel-PCD promotes liberté through open access for bona fide researchers globally, enabling scientific freedom and innovation. It advances égalité by ensuring representative coverage across regions and demographics, reducing bias and supporting equitable health insights. Finally, it strengthens fraternité by fostering collaboration among GPs, allied health professionals, and researchers to advance a Learning Health System for the common good.

Conclusion: Nivel-PCD exemplifies how shared data infrastructures can unite stakeholders in primary care research, ensuring that knowledge generation serves all citizens equally and strengthens solidarity in healthcare. Future developments include leveraging artificial intelligence to enrich data quality and accelerate insights.

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Rural

ID 1555- Complex unified approach for management of incontinence in rural setting

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Context: Urinary incontinence is a very common condition, affecting up to half of all women and a significant portion of older men, with major impact on quality of life. In rural communities, limited access to specialist care makes management challenging. At our medical centre in Tasmania, we introduced a structured program of Complex Unified therapy to provide a non-invasive, practice-based solution. Between 2018 and 2025, 91 patients both men and women of varying ages and comorbidities underwent 228 treatment courses.

Methods: Patients received either basic or maintenance courses. Outcomes were assessed at completion and during follow-up. A ≥50% improvement in bladder control was achieved in 62.73% of patients, including complete recovery in 6.59%. Less than 50% improvement noted in 23.68% and no improvement in 13.9%. Approximately half of patients sustained improvement for ≥18 months.

Results were compared with published benchmarks for surgical and conservative therapies.

Originality: Our outcomes exceeded typical conservative therapy results (40–60% improvement, 20–30% non-response) and approached surgical benchmarks for medium-term durability, without the risks of invasive procedures. This data demonstrates that our structured and un

Lessons learned and future implication: Strengths included accessibility, safety, and patient acceptability. Active sceening program was implemented. No specific selection criterias were applied. All procedures were adjusted according to patients tolerance. Limitations in need for repeated cour

Discussion: Rural primary care can deliver effective continence management with outcomes comparable to international benchmarks. Introduction of active screening program following structured therapy into everyday practice expands the role of general practitioners, enhances patient confidence, autonomy, and reduces inequities in access to care.

Conclusion: Primary care is able to provide positive outcomes across diverse populations. Our patients can achieve effective bladder control, gain functional and psychological improvement, return self-confidence. This program required minimal space, has affordable cost to establish and training available

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ID 1352- Advancing primary care access for long-acting contraception- the role of task sharing

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Context: Access to long-acting contraceptives is limited in rural areas of Canada and many countries, due to the paucity of trained primary care inserters. In our context pharmacists are able to prescribe all contraceptives, and all are available without cost. Could the pressure on family physicians be reduced if pharmacists perform insertion of subdermal implants in the pharmacy?

Objectives: We aimed to understand pharmacist's perception of the potential feasibility, training needs, requirement for resources, readiness, and any barriers or facilitators, to implement sub-dermal implant insertion.

Methods: We recruited community pharmacists representing the range of geographic regions of the Canadian province of British Columbia for semi-structured interviews. Our thematic analysis used an inductive approach, developing overarching themes after identifying experiences and perceptions.

Results: Among the twelve participants we learned pharmacists have strong interest to provide implant insertions. They identified in-person training, staffing support, consultation spaces that are private, adequate funding, access to a booking system and increased public and clinician awareness and support as facilitators. We also learned that pharmacists see physical space constraints, potential workload, liability concerns, care pathways for removal, and the potential for resistance from physicians as potential barriers. Participants emphasized the importance of affordable certification programs with options for ongoing recertification and that training should ideally be integrated into pharmacy education and existing continuing education training platforms.

Discussion: We found pharmacists assessed this practice as feasible, with a range or requirements to support implementation identified, largely relating to training and supportive infrastructure.

Conclusion: Pressure on rural family physicians could potentially be relieved through task sharing of subdermal contraceptive implant insertions with pharmacists. Next steps will involve addressing regulatory, logistical, and interprofessional frameworks. Engaging pharmacists to support some primary care tasks has the potential to support family physicians in busy practice settings.

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ID 745- Strengthening Equity, Continuity and Community-Oriented Primary Healthcare through Structured Community Engagement in Rural Settings

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Context: Community engagement is central to the principles of WONCA Europe, supporting equity, continuity, participation and community-oriented primary care. Rural populations often face additional barriers to accessing services, including reduced transport options, socioeconomic constraints and variability in health literacy. This project evaluated how structured, proactive community engagement activities can strengthen primary healthcare delivery, empower local populations and enhance health outcomes.

Objectives: Examine how a structured programme of community engagement, including patient surveys, community-group attendance and collaboration with the Patient Participation Group (PPG), could enhance delivery, accessibility and responsiveness of primary healthcare services in a rural general-practice setting.

Methods: A mixed-methods approach was undertaken. Engagement activities: consultations with the PPG, attendance at multiple community groups, a patient survey assessing interest in interactive health-education sessions. Quantitative data were obtained from survey responses, while qualitative insights were generated from patient feedback during group sessions. Thematic analysis explored perceptions of accessibility, trust, preferred learning approaches and community priorities.

Results: Survey data showed high engagement, with 94.83% (n=477) consenting to participate. 80% expressed interest in attending interactive health-education sessions. The most requested topics were blood pressure, weight management and lifestyle change. Preferred venues were local village halls (74%), with a weekday session preferred by 90% of respondents. The age distribution indicated strong engagement among older adults (42% aged 56–69; 32% aged ≥70). Qualitative findings highlighted trust, continuity and a desire for practical, relatable education as key enablers of community participation. Barriers included limited confidence in managing health conditions and uncertainty about what services were available.

Discussion: Qualitative insights showed that trust, familiarity and relational continuity drive effective engagement, with community-based approaches perceived as more personal and less intimidating than practice-based ones. However, barriers such as low confidence and limited awareness of services highlight the need for ongoing, adaptable engagement. Early outcomes were positive, but evaluation was limited.

Conclusion: Meaningful, structured community engagement promotes trust, strengthens relationships and improves the responsiveness of primary healthcare. By involving communities as partners in the design and delivery of services, primary care can become more equitable, person-centred and sustainable. Community-based educational approaches offer a scalable model aligned with WONCA principles, particularly in underserved or rural contexts.

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ID 243- Training Needs and Influencing Factors Among Rural-oriented General Practitioners in Chongqing, China: A Latent Profile Analysis

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Context: Rural-oriented general practitioners (GPs) are core grassroots healthcare workforce trained via China's "Rural-oriented Medical Education Project" to address rural physician shortages and improve primary care quality, requiring 6-year mandatory service. They face limited career development and low retention (only 16%). Targeted CME can

enhance professional identity and retention, but existing programs overemphasize clinical skills, misalign with practical needs, lacking systematic training needs assessment and factor analysis.

Objectives: Systematically assess CME needs priorities of rural-oriented GPs in Chongqing to identify key competency gaps; classify heterogeneous subgroups via Latent Profile Analysis (LPA); explore impacts of personal, professional, and family factors on needs types, providing evidence for targeted CME curriculum design and policy optimization.

Methods: A cross-sectional survey was conducted (July-August 2025) among 508 rural-oriented GPs in 38 Chongqing counties via stratified sampling based on economic, demographic, and geographical conditions. Validated Chinese HHTNA (high reliability, assessing skill importance/proficiency) and a demographic questionnaire were used. Data were analyzed with SPSS 29.0 (descriptive statistics, regression) and Mplus 8.3 (LPA).

Results: All 37 skills showed significant training needs ($p<0.001$), with Clinical Research and Evidence-Based Practice most urgent (mean difference 1.60), key gaps including paper writing and project design. LPA identified three subgroups: low (46.46%), medium (41.14%), high (12.40%) demand (high-demand group also needed Management and Organization). Higher title, monthly income ≥7000 CNY, and research engagement were negative predictors (OR>1.5); having one child was positive (OR=0.26-0.49).

Discussion: Rural-oriented GPs have widespread and heterogeneous training needs, with clinical research gaps mismatching current CME focus. Family responsibilities (e.g., childcare) divert energy, increasing needs; GPs with higher title/income have lower needs due to better resource access. A tiered, demand-driven CME system integrated with promotion incentives is needed. Limitations include self-reported data; future studies require objective assessments and longitudinal tracking.

Conclusion: Rural-oriented GPs in Chongqing have significant competency gaps, with Clinical Research and Evidence-Based Practice as top priorities. A tiered, demand-driven CME system integrated with promotion, salary incentives, and flexible learning (e.g., online courses) is needed to ensure equitable resource access, enhance competence and long-term retention, supporting primary healthcare sustainability.

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ID 133- Bridging the Rural Gap: Economic Evaluation of Community First Responders and Access to Defibrillators in Out-of-Hospital Cardiac Arrest, Lincolnshire UK

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Context: Responsed time in Out-of-hospital cardiac arrest (OHCA) episodes remains a critical determinant of survival, with outcomes significantly poorer in rural areas due to delayed emergency medical service (EMS) arrival. In the UK, approximately one in four patients achieve return of spontaneous circulation (ROSC) by ambulance handover, yet fewer than one in ten survive to hospital discharge. Community First Responders (CFRs), trained local volunteers, provide early support and can respond to any medical emergencies to help ambulance services within Lincolnshire, UK. Access to defibrillators (ADs) also represent a potentially life-saving intervention in time-critical circumstances and proposed as critical interventions to bridge rural-urban gap in emergency care. However, evidence on their economic value and practical impact within the UK context remains limited.

Objectives: To evaluate the accessibility and effectiveness of CFRs and defibrillators in improving OHCA outcomes in rural Lincolnshire, and to assess their cost-effectiveness within National Health Syestem (NHS) policy frameworks.

Methods: A mixed-methods approach comprising: (i) a scoping literature review of AD-related quality-adjusted life year (QALY) evidence; (ii) analysis of anonymised data from East Midlands Ambulance Service (EMAS) and the Lincolnshire Integrated Voluntary Emergency Service (LIVES); and (iii) comparison of OHCA outcomes with and without CFR attendance. Key predictors included rurality, call category, clinical condition, age, sex, ethnicity, deprivation index, conveyance, and response times.

Results: CFRs attended 17.7% of OHCA episodes, arriving before EMS in 38% of cases. CFR attendance reduced mean response time to 7.45 minutes, compared with 9.19 minutes for ambulance crews. However, CFR attendance was not associated with significant improvement in ROSC or 30-day survival. This study economic modelling, informed by Smith et al. (2020), estimated incremental per-patient CFR programme costs of £203, while AD improves access but may exceed the £30,000 per QALY cost-effectiveness threshold, with estimated NHS costs of £22 million annually.

Discussion: These findings suggest that while CFRs reduce response times, survival benefits are limited and AD can provide cost-effective contributions to rural emergency care.

Conclusion: While CFR reduce response times, they do not appear to improve survival outcomes independently. Nevertheless, both CFR and AD interventions may represent cost-effective strategies when assessed within NHS thresholds, particularly in rural settings.

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Safer sex

ID 1717- Why and how should we talk about sexuality with patients in general medicine?

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Context: Sexual health concerns everyone, regardless of age or sexual orientation. In 2015, the WHO recommended training primary healthcare providers in sexual health knowledge and developing communication skills related to sexuality (World Health Organization. Brief Communication on Sexuality (BCS). Recommendations for a public health approach. WHO 2015. 70 p). In France, the High Council for Public Health (HCSP) has just published a report on sexual and reproductive health (HCSP High Council for Public Health. Sexual and reproductive health. HCSP information, no. 339 – April 26, 2016. 92p.). The HCSP proposes implementing a national sexual health strategy to ensure physical, emotional, mental, and social well-being related to sexuality from birth to old age for the entire population.

Objectives: Engage participants to train them to discuss sexuality in general practice. The workshop aims to enable physicians to discuss sexuality with patients easily and fluently. This requires understanding the medical circumstances that justify addressing sexuality, knowing how to use appropriate language, and knowing when to discuss it.

Teaching method and workshop: A group quiz, a list of keywords and situations justifying discussions about sexuality, and a debate in the room will clarify the topic. Practical examples will be illustrated by the three speakers to discuss the importance of screening for medication-rel

Expected outcomes: Participants should find it easier to discuss sexuality with their patients, thanks to the practice, ideas, and vocabulary provided by the group during the workshop.

Conclusion: Why and how should we discuss sexuality with adolescents and adults? Understanding the importance of this topic for the patient is essential to initiating discussions and making sexuality a topic easily addressed during consultations. Discussing sexuality with patients in primary care is a skill that can be learned.

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ID 1581- HIV Pre-exposure Prophylaxis: Issues and Determinants of Adherence. The Ad-PrEP Study

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Context: In the context of persistent new HIV infections and evolving sexual practices associated with increased risk, pre-exposure prophylaxis (PrEP) has emerged as a key component of combination prevention strategies. Although its efficacy is well established, adherence in real-world settings remains a major challenge.

Objectives: To explore the determinants and barriers to PrEP adherence from the users' perspective.

Methods: This qualitative study was based on 13 semi-structured individual interviews with current and former PrEP users. Participants were recruited through purposive sampling on a voluntary basis. Data analysis followed a grounded theory approach.

Results: Daily dosing was the preferred regimen among participants. Adherence was supported by a sense of personal and collective safety, regular medical follow-up, and an improvement in sexual well-being. Conversely, stigma, social vulnerability, and the persistent taboo surrounding sexual health were major barriers contributing to treatment discontinuation.

Discussion: Identifying barriers to adherence, investing in sexual health, and normalizing PrEP use appear to be key levers for strengthening HIV prevention. The future of PrEP lies in a more personalized approach, tailored to users' individual trajectories and needs, in order to foster sustained and inclusive adherence.

Conclusion: PrEP fosters reassurance, autonomy, and sexual fulfilment for users when supported by stable, non-stigmatizing follow-up in primary care. Long-acting PrEP should be viewed as a complementary tool rather than a substitute for oral PrEP, whose relational and continuous nature remains essential to sustained engagement and equitable sexual health.

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ID 1370- From Risk Categories to Sexual Behavior: Optimizing STI Screening and PrEP Protocols to Avoid Over-Diagnosis. Data from the AUSL-Reggio Emilia's "Spazio Sessualità e Salute" Primary Care Clinic.

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Context: In the Reggio Emilia Local Health Authority (AUSL), the "Spazio Sessualità e Salute" (SSS) clinic of the Primary Care Department coordinates the sexually transmitted infections (STI) network and manages pre-exposure prophylaxis (PrEP) prescriptions, replacing the Infectious Diseases Department in this role.

Objectives: To characterize SSS users and identify determinants shaping infection risk perception among users and healthcare staff.

Methods: We conducted a descriptive analysis of testing and counselling data for new users enrolled from Jan 1 to Dec 31, 2024, and for users prescribed PrEP at least once from Jan 1, 2019, to Aug 31, 2025.

Results: In 2024, 533 new users were enrolled: 65.1% male (208 heterosexual, 142 MSM), 33.8% female and 1.1% transgender; mean age was 35 (range 17-78). Asymptomatic presentation was prevalent in MSM (70.0%) and women (66.8%), whereas heterosexual men were mostly symptomatic (54.8%). While ~86% of users received serological testing, MSM underwent multisite microbiological testing twice as often (~50%) as heterosexuals. Past STIs were more common in MSM (33.8%) than in heterosexual men (15.4%) or women (13.4%). Syphilis and Gonorrhoea prevalences were higher in MSM, while Chlamydia was higher in women (0.187) and heterosexual men (0.169). Coinfection rates were higher in MSM (4.1%). Among 198 PrEP users (89.9% MSM), 64.1% had a history of STIs, yet 65.7% received no new STI diagnoses during the study period.

Discussion: Asymptomatic Chlamydia and Gonorrhoea were detected almost exclusively in MSM. Coinfection rates in MSM dropped to levels comparable to heterosexuals (1.63%) when excluding asymptomatic cases of Gonococcal and Chlamydia trachomatis infections. Strict PrEP and MSM protocols require comprehensive screening even without symptoms. This leads to higher detection of asymptomatic infections, some of uncertain clinical significance, potentially overestimating MSM risk while underestimating risk in heterosexual groups where screening is less aggressive.

Conclusion: Prevalence differences often reflect testing disparities rather than behavioural risk alone. PrEP serves as a protective tool for high-risk users rather than merely facilitating condomless sex. Implementing counselling and screening based on specific sexual behaviours, rather than broad risk categories, could improve efficiency and support more equitable, non-stigmatising care. PrEP screening intervals should be reviewed to mitigate risk of over-diagnosis and over-treatment.

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ID 1360- "Spazio Sessualità e Salute" AUSL-Reggio Emilia: an Integrated Primary Care Model to boosting HAV, HBV, and HPV Vaccination Coverage in PrEP Users and At-Risk Populations.

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Context: Rising sexually transmitted infections (STIs) incidence and the introduction of pre-exposure prophylaxis (PrEP) demand new organisational strategies. In the Reggio Emilia Local Health Authority (AUSL), STI management is entrusted to the Primary Care Department, and the "Spazio Sessualità e Salute" (SSS) clinic coordinates the STI network. At SSS, vaccinations are actively offered to users in guideline-defined at-risk categories, and to users with comparable sexual behaviours (e.g., unprotected oral-anal sex with multiple partners), alongside test & counselling activities and PrEP prescription.

Objectives: To assess whether this integrated primary care model improves vaccination coverage in key populations, and to compare our coverage with published data.

Methods: We analyzed SSS vaccination reports (Jan 1, 2019–Aug 31, 2025), focusing on PrEP users during this period and new patients enrolled from Jan 1 to Dec 31, 2024.

Results: Annual vaccine doses (HAV, HBV, HPV) consistently exceeded new enrollments (e.g., 2023: 474 doses vs. 329 users). HPV doses doubled from 2019 (179) to 2024 (396), while HAV and HBV remained stable. Coverage increased across all 2024 cohorts (MSM, heterosexual men, women). Among MSM, coverage rose significantly from baseline: HAV (18.3% to 71.1%), HBV (72.5% to 81%), and HPV (16.2% to 90.1%). PrEP users showed similar gains: HAV (44% to 71.2%), HBV (84.8% to 95%), and HPV (36.4% to 85.9%). Among heterosexual men and women, coverage also improved: HAV from 10.1% and 15.9% to 19.7% and 26.2%, respectively, and HPV from 2.4% and 43.2% to 14% and 63.4%.

Discussion: The rise in HPV vaccinations reflects expanded eligibility for free doses and a decreasing male-to-female ratio among new users (from 3.49 in 2019 to 1.90 in 2025). Comprehensive counselling helps identify risk factors beyond assigned categories. Literature, including data from the Bologna STI centre, reports lower vaccination coverage (e.g., 41.3% for HPV among MSM), often due to Behavioural and Social Drivers (BeSD) barriers such as service fragmentation, access difficulties, lack of awareness, stigma and mistrust.

Conclusion: An integrated primary care model combining prevention, diagnosis and treatment facilitates user access, improves vaccine coverage from baseline, optimises STI management and can help to overcome BeSD barriers, supporting more equitable care for stigmatised high-risk populations.

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ID 1339- The influence of partner attractiveness on condom use to prevent sexually transmitted infections among 18–25-year-olds.

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Context: Sexually transmitted infections (STIs) can have a significant impact on sexual and reproductive health. Although condoms are an essential prevention tool, decisions about using them are often based on emotion.

Objectives: This study aimed to assess the link between attractiveness and condom use, and to identify characteristics of partners and relationships that are associated with condom use and perceived STI risk among young people in XXX.

Methods: A cross-sectional observational study was conducted from May to October 2025 among young people aged 18 to 25 living in XXX. Sociodemographic data and characteristics of partners and relationships during the most recent sexual encounter were collected using a self-administered questionnaire. Mixed models were used to identify factors associated with condom use and perceived risk of STI among partners.

Results: A total of 913 responses from 610 participants were analysed. Higher perceived attractiveness was associated with lower condom use (adjusted odds ratio = 0.83, p = 0.004) and a lower perceived risk of the partner having an STI (p < 0.001). Condom use and risk perception varied according to sexual practices, type of relationship, having multiple partners, beauty, trust, feelings and how long participants had known their partners (p < 0.01).

Discussion: Our results suggest that attractiveness has an independent effect on preventive behaviour. They confirm that the observed effect relates not only to intention, as demonstrated in previous studies, but also to self-reported behaviour. Furthermore, the factors actually associated with condom use differ significantly from those reported by participants as influential. These findings highlight the importance of incorporating emotional and subjective factors, particularly attraction, into sexual health prevention programmes for young people. However, the overrepresentation of women and students limits the generalisability of the results. Further qualitative research into attraction could provide a more in-depth exploration of this subjective concept and its influence on condom use decisions.

Conclusion: Partner attractiveness is negatively associated with condom use. Prevention strategies should take these emotional and relational factors into account to enhance the effectiveness of conventional cognitive and informational interventions.

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ID 1018- Implementing a structured sexuality education intervention for adolescents in residential care: a family medicine approach

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Context: Sexuality education in XXX residential youth institutions is frequently inconsistent, despite the complex needs of the young people they support. A structured sexuality education intervention was therefore developed for two residential care institutions. This initiative aligns with the community mission of family medicine and primary care (PC), by promoting health literacy, reducing risk behaviours, and fostering health development in vulnerable populations.

Objectives: The primary objective was to evaluate the impact of a participatory sexuality education session on adolescents' attitudes toward sexuality using a validated instrument. Secondary objectives included identifying institutional needs and contextual factors that may support long-term, primary care-led health promotion strategies.

Methods: A mixed-methods design was adopted. In the qualitative phase, focus groups with multidisciplinary staff explored institutional contexts, priority themes, and perceived challenges related to sexuality education. These findings informed the adaptation of the educational sessions to the characteristics of each institution's population. In the quantitative phase, following each session, adolescents completed a validated instrument assessing attitudes across domains such as sexual health, relationships, consent, digital behaviour, and gender norms. Data was analysed to examine variations between institutions and age groups. The intervention was delivered by primary care (PC) professionals, reinforcing intersectoral collaboration with residential care settings.

Results: Qualitative analysis revealed a lack of structured sexuality education, variability in staff confidence, concerns regarding digital exposure, consent, contraception, emotional development, and cultural diversity, as well as strong openness to collaboration with PC professionals. Quantitative results included more positive and informed attitudes toward sexuality, improved risk perception, and increased willingness to seek guidance from professionals.

Discussion: The integration of qualitative contextual assessment with the validated instrument ensures that the educational content is tailored to each institution's needs. The involvement of PC professionals reinforces the discipline's role in promoting equity, strengthening intersectoral links, and delivering developmentally appropriate health education in vulnerable youth.

Conclusion: This study identifies important gaps in sexuality education within residential youth care and demonstrates the feasibility of implementing a structured, participatory intervention supported by PC. Findings will guide the development of a scalable, sustainable sexuality education programme embedded within PC practice.

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ID 225- Closing the Gap in Female Diagnostics: An Adolescent Case of Missed STI Diagnosis and the Need for Gender-Sensitive Care

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Context: Sexually transmitted infections (STIs) are rising worldwide, particularly among adolescents, reflecting changing sexual behaviors and inconsistent barrier use. In women, these infections are often mild or asymptomatic, unlike men whose infections usually cause clear urethral symptoms, delaying diagnosis and increasing the risk of infertility or chronic pelvic pain. Recognizing these disparities is essential to improve gender equity in healthcare.

Methods: A 17-year-old female with no relevant medical history presented with a 5-day history of right lower quadrant pain, anorexia, and nausea. Laboratory results were normal, and abdominal ultrasound was inconclusive for appendicitis. She was discharged with analgesia. No pregnancy test was performed, and sexual history was not obtained. Twenty hours later, she returned to primary care with persistent pain. A new anamnesis, including pregnancy risk and recent sexual activity, revealed a recent unprotected encounter. A targeted gynecological examination, including bimanual pelvic assessment, showed cervical motion tenderness, raising suspicion for pelvic inflammatory disease (PID). She was referred to the gynecology emergency department and admitted. During hospitalization, Chlamydia trachomatis infection was confirmed, and her clinical course was favorable.

Originality: This case highlights the diagnostic gap affecting adolescent females with abdominal pain and the clinical value of cervical motion

assessment—a simple maneuver that can be performed in primary care to detect early pelvic infection.

Lessons learned and future implication: In young women, sexual history and pregnancy risk should be routinely assessed when evaluating abdominal pain. High suspicion for Chlamydia and possible gonococcal coinfection, combined with targeted pelvic examination and prompt empiric antibiotic therap

Discussion: STIs in women often present with mild or nonspecific symptoms, leading to misdiagnosis. In pelvic inflammatory disease Chlamydia trachomatis is the most frequent pathogen, often coexisting with Neisseria gonorrhoeae. Early empiric antibiotic therapy was initiated in our patient, preventing serious complications such as infertility, tubo-ovarian abscesses, and chronic pelvic pain.

Conclusion: In primary care, we already have most of the tools needed to raise clinical suspicion or establish an early diagnosis of STIs, making it our responsibility to maintain a high index of suspicion. Integrating these practices may reduce gender-related diagnostic disparities.

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Seasons of change: motherhood and menopause

ID 2253- Menopause Care for Women with Mild Intellectual Disabilities

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Context: Menopause is a significant life stage that can involve complex physical and psychological changes. For women with a mild intellectual disability (MID), these changes may be even more challenging due to communication barriers, limited health literacy, and fragmented care. Despite this, little is known about how these women experience menopause or receive treatment. Current clinical guidelines rarely address this group, leaving healthcare providers without clear strategies for tailored support.

Objectives: This study aims to explore how women with MID experience menopause, what support they receive, whether symptoms are recognized, and what barriers exist in accessing appropriate care. We also aim to identify gaps in clinical practice and outline priorities for future research and guideline development.

Methods: We use a qualitative design based on semi-structured interviews with three stakeholder groups: women with MID who are experiencing menopause, informal caregivers such as family members or support workers, and healthcare providers including general practitioners and specialists. Interviews focus on symptom recognition, treatment experiences, communication challenges, and decision-making processes. Data will be analyzed thematically to identify patterns and unmet needs.

Results: Preliminary results will be presented and discussed in detail.

Discussion: The absence of tailored guidelines and structured care pathways for women with MID during menopause creates inequities in health outcomes. There is an urgent need for research on symptom prevalence and accessible communication tools adapted to this population.

Conclusion: Menopause care for women with MID is an overlooked area in clinical practice. Developing inclusive guidelines and training for healthcare professionals is essential to ensure equitable, person-centered care.

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ID 2244- Self-Experimentation in Nutrition and Heart Health During Menopause

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Context: The Menofood project is a citizen science project, addressing real-world health questions by involving citizens in research. We investigate the relationship between nutrition, menopausal symptoms and cardiovascular health. Many women adjust their diets during menopause to relieve symptoms such as hot flashes, anxiety, and poor sleep, yet these changes may also impact heart health negatively. Despite this, little is known about what women actually do in practice. Many experiment extensively with their own health, often guided by conflicting advice. To address this gap, Menofood combines four complementary studies: a pragmatic literature review, a nationwide crowdsourcing study, a focus group study, and a cohort study. The project works with a community of over 800 women and 20 citizen scientists who actively contribute to research design, data collection, interpretation, and communication.

Objectives: This presentation focuses on the crowdsourcing and focus group study, which aimed to collect real-world experiences with diets, herbs, supplements, and hormones during menopause, identify patterns in self-management strategies, and uncover gaps between public health messaging and lived experiences.

Methods: A campaign was launched inviting women to share their experiences through an online platform. Participants described symptoms, dietary adjustments, and sources of information. Next, more in-depth focus groups were held.

Results: Findings reveal a wide range of approaches to managing menopausal symptoms through nutrition and complementary strategies. Women reported experimenting with specific foods, herbal remedies, and dietary supplements, often in combination with hormone therapy. Practices and motivations varied greatly, influenced by multiple and often conflicting information sources. These findings highlight the lack of clear, evidence-based guidance and the complexity of self-management strategies.

Discussion: Crowdsourcing proved effective for engaging a large, motivated community and generating rich qualitative data. Insights underscore the need for personalized, evidence-based guidance and demonstrate how participatory approaches can bridge research and practice.

Conclusion: The Menofood project illustrates the potential of citizen science to co-create knowledge that reflects both scientific evidence and lived experience. Beyond generating insights, this approach delivers a knowledge agenda that identifies priority areas for future research on nutrition, menopause, and cardiovascular health, informing clinicians about what patients are actually doing and where guidance is needed.

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ID 2209- Correlation of The Diet Diversity with Osteoporosis in Elderly in Southeast of Iran

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Context: Osteoporosis is a worldwide public health concern. Proper nutrition plays an important role in osteoporosis prevention and treatment.

Objectives: This paper aims to provide a correlation between dietary diversity score and osteoporosis in Iranian elderly and provide some recommendations for improvement.

Methods: We recruited 426 elderly aged 45–85 from southeast of Iran in this study. Dual-energy X-ray absorptiometry (DXA) was used for measuring the bone mineral density of lumbar vertebrae and femoral neck. Convenience sampling method was utilized to select the participants, which included two groups: case (n = 213) and control (n = 213). Data was collected using demographic and information questionnaires, a valid 147 item food frequency questionnaire, and a physical activity questionnaire. Statistical analyses were conducted using SPSS-26, and p-values less than 0.05 were deemed to be statistically significant.

Results: The mean ± standard deviation of dietary diversity score (DDS) was lower in participants with

osteoporosis cases than in control ($p < 0.001$). After adjusting the confounding variables, the risk of osteoporosis had an inverse relationship with the diversity score of vegetable (OR = 0.17; 95%CI: 0.06–0.24), bread and cereal (OR = 0.31; 95% CI: 0.04–0.75) and fruit (OR = 0.36; 95%CI: 0.26–0.49) ($p < 0.05$). Nevertheless, no visible correlation was seen between the triads of DDS, dairy and meat diversity score, and osteoporosis.

Discussion: The southeast of Iran, bordering Pakistan and Afghanistan, suffers from poor nutrition and low socio-economic status. This is the first study to demonstrate the correlation between osteoporosis and food diversity in southeastern Iran. Elderly people with a low food diversity score have limited access to healthcare services. This region faces an increasing burden of non-communicable diseases, including osteoporosis, in the near future.

Conclusion: The study found the significance of addressing osteoporosis risk with the diversity score of food in older adults. Healthcare policymakers and administrators can use these findings to identify and alleviate dominant factors contributing to osteoporosis.

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ID 1997- Mothers' knowledge, attitudes, and practices regarding infant feeding after the earthquake in a disaster area: the case of XXX

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Context: Disasters pose significant health risks, particularly for vulnerable populations such as mothers and infants. In emergency settings, continuous access to breast milk—the safest and most reliable source of infant nutrition—is frequently disrupted by psychological stress, lack of privacy, inadequate hygiene conditions, loss of social support, and the uncontrolled distribution of breast-milk substitutes.

Objectives: This study aimed to examine infant feeding-related challenges experienced by mothers residing in a container city following the magnitude 7.4 earthquake that caused widespread destruction in XXX.

Methods: This analytical cross-sectional study employed a mixed-methods design. In the quantitative phase, a questionnaire including sociodemographic characteristics and the 17-item Infant Feeding Attitudes Scale (IFAS) was administered to 115 mothers living in the container city. In the qualitative phase, in-depth interviews were conducted with 15 mothers selected through purposive sampling, with interview durations ranging from 6 to 32 minutes. Quantitative data were analyzed using DataBeeg 1.0, and qualitative data were analyzed with MAXQDA version 24.

Results: Most participants reported substantial difficulties in accessing appropriate breastfeeding spaces after the disaster, as well as experiencing cracked or painful nipples and limited access to healthcare services. The majority of mothers received infant formula as humanitarian aid; however, key safety criteria such as expiration dates and age appropriateness were often overlooked. IFAS scores were significantly associated with the number of children ($p<0.05$) and were positively correlated with maternal age ($r=0.268$) and the age of the first child ($r=0.222$). Qualitative analysis identified three main themes: post-disaster experiences, infant feeding experiences, and expectations. Predominant challenges included poor hygiene, lack of privacy, and heightened anxiety. Although breast milk was widely perceived as healthy and protective, many mothers reported a perceived reduction in milk supply due to stress.

Discussion: The findings are consistent with the existing literature indicating that post-disaster conditions negatively affect breastfeeding practices through both environmental and psychological stressors. Furthermore, the widespread and uncontrolled distribution of infant formula poses additional risks by undermining breastfeeding practices and increasing the likelihood of unsafe feeding.

Conclusion: These findings underscore the need for comprehensive, coordinated, and sustainable mother and baby-centered interventions within disaster management strategies.

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ID 755- Determinants of Early Breastfeeding Cessation in Primary Care: The STOPALMA Prospective Study

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Context: Breastfeeding provides major health benefits, yet France reports comparatively short breastfeeding duration. Understanding early determinants is essential, particularly in primary care.

Objectives: To identify factors associated with early breastfeeding cessation and examine the involvement of general practitioners (GPs) in breastfeeding support.

Methods: We conducted a prospective observational study between October 2024 and March 2025 in two French maternity units, including one accredited by the Baby-Friendly Hospital Initiative (BFHI). Breastfeeding women ≥18 years completed structured questionnaires at discharge, three months (M3) and six months (M6). Primary outcome was breastfeeding duration; secondary outcome was maternal satisfaction. Additional items described healthcare professionals consulted and breastfeeding-related experiences.

Results: Among the 128 included women, 46.9% were still breastfeeding at three months and 28.1% at six months. Among those who stopped before six months, the median duration was 12 weeks (IQR 7.5–16). Prenatal breastfeeding information had been received by 62% of participants, almost exclusively from midwives (91%). Only 7% of women who sought help for breastfeeding difficulties consulted a GP, and those followed exclusively by GPs tended to breastfeed for a shorter period (median 6 vs 12 weeks, p=0.13). Breastfeeding pain was reported by nearly half at M3 and was associated with lower maternal satisfaction (5.9 vs 7.3; p=0.014) and a shorter, although non-significant, duration (8 vs 12 weeks, p=0.062). Exposure to judgmental remarks was strongly associated with lower maternal satisfaction, and women still breastfeeding at six months were statistically less exposed to such remarks than those who had weaned earlier. Giving birth in a BFHI-accredited maternity was associated with longer duration (23 vs 10 weeks; p=0.005). Maternal satisfaction with breastfeeding support was also associated with perceived support (p=0.040), yet 33% reported a weaning that was imposed or not aligned with their initial intentions.

Discussion: Institutional and relational environments influenced breastfeeding outcomes. BFHI-accredited care supported longer duration, while judgmental remarks, insufficient support and breastfeeding pain were linked to poorer outcomes. GPs were rarely involved, and exclusive GP follow-up tended to be associated with shorter duration.

Conclusion: Better integration of general practitioners into structured postpartum care may help sustain breastfeeding and reduce premature weaning.

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ID 108- General Practitioner perspectives on implementation of osteoporosis prevention in perimenopausal women

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Context: Osteoporosis carries a high economic and social disease burden, affecting one in three women and one in five men over the age of 50 worldwide. Worldwide, osteoporosis is estimated to affect 200 million women. The rate of bone mineral density (BMD) decline accelerates dramatically in perimenopause such that almost half of all women will have osteopaenia or osteoporosis following menopause. Osteoporosis prevention involves arresting BMD decline primarily through lifestyle modifications, such as structured exercise programs and optimisation of nutrition and calcium intake. However, osteoporosis incidence in women continues to rise.

Objectives: To explore perspectives of xxx General Practitioners of osteoporosis prevention in perimenopausal women and associated barriers to preventative care advice and implementation.

Methods: 15 General Practitioners (GPs) were interviewed on their experience of osteoporosis prevention in perimenopausal women using semi-structured interviews based on the theoretical domains and COM-B frameworks. Interviews were recorded, de-identified and analysed using and inductive and deductive approach utilising NVivo software.

Results: Barriers to implementation of osteoporosis prevention consultations with perimenopausal women include competition from multiple presenting complaints, complexity of guideline recommendations and restrictions on rebates for screening investigations. GPs who prioritised preventative care actively screened for and discussed preventative health activities with women prior to menopause. GPs reported varied comfort with complex guideline recommendations and variable grades of associated evidence.

Discussion: This study explores the barriers to implementation of osteoporosis prevention in primary care. The findings demonstrate areas for improvement of preventative health strategies for women, with potential behaviour change for practitioners. Health system changes to address gaps in funding for screening programs in women in this age group are also potential sites of improvement and we will reflect on a new xxx health assessment strategy in perimenopause that may serve to address this gap.

Conclusion: GP reported barriers to osteoporosis prevention in perimenopausal women provide insight into potential areas to address to optimise clinical practice. Increased health service prioritisation of preventative care and increased access to DEXA scans for at-risk populations warrant future exploration.

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ID 94- The role of social support in menopausal symptoms

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Context: Menopause transitions significantly impact women's quality of life through vasomotor, psychological, and physical symptoms affecting daily functioning and well-being. While social support is widely recognized as beneficial for various health outcomes, its specific role in managing menopausal symptoms remains inconsistent across research literature, with conflicting findings regarding its effectiveness for different symptom types.

Objectives: This literature review evaluated current evidence on how social support influences menopausal symptom management, assessed the effectiveness of social support interventions compared to lifestyle modifications, and identified barriers to implementation in primary care settings.

Methods: A literature search was conducted in PubMed, Cochrane Library, and Web of Science databases for peer-reviewed studies published from 2015 to 2024. Inclusion criteria required original research examining quantifiable relationships between social support measures and validated menopausal symptom assessments. Data extraction focused on symptom types, measurement methods, and intervention outcomes. Twenty-three studies met the inclusion criteria.

Results: Analysis revealed that participation in structured social groups correlated with significantly reduced depressive symptom severity ($p<0.001$) and improved quality-of-life scores in four longitudinal studies. However, a rigorous nine-year prospective cohort study found no significant association between social support and vasomotor symptom frequency or intensity after adjusting for confounding variables (OR=1.08). Stress significantly exacerbated vasomotor symptoms (21% increased frequency), but social support failed to demonstrate a buffering effect in multivariate models. Complementary lifestyle interventions showed superior evidence for symptom amelioration compared to social support alone, particularly whole-food plant-based diets, regular physical activity, restorative sleep, substance avoidance, and stress reduction techniques. Primary care implementation barriers included time constraints (81%) and difficulties facilitating behavior change (89%).

Discussion: Evidence suggests social support contributes meaningfully to psychological well-being and quality of life during menopause but demonstrates limited direct effects on vasomotor symptoms. The superiority of lifestyle interventions highlights the importance of multi-component approaches in menopausal care.

Conclusion: Primary care protocols should integrate validated social support assessments alongside evidence-based lifestyle interventions for comprehensive menopausal management. Future research should develop optimized integrated models and evaluate practical implementation strategies for primary care settings.

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Second sex, first care: women's health

ID 2098- Integrated Community Women's Health Hubs: Improving Access, Equity and Efficiency

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Context: Women's health services across the UK are often fragmented, with long waits, limited community provision and high reliance on hospital-based care. National gynaecology waiting lists have risen sharply, leaving many women waiting far beyond acceptable timeframes. Deprived and ethnically diverse patients face barriers including travel distance, limited appointment availability and lack of culturally tailored support. We established integrated community-based women's health hubs to address these gaps. Hubs aimed to consolidate assessment, diagnostics and treatment into local, accessible settings while reducing unnecessary secondary-care referrals and improving equity of access.

Objectives: To evaluate the impact of a community women's health hub on: Access to women's health services Waiting times and referral patterns Equity of reach among deprived and diverse populations System efficiency and ability to manage demand closer to home

Methods: A service evaluation was undertaken across multiple community hub sites. Activity data, waiting times, triage outcomes, diagnostic throughput and patient experience were reviewed. Workforce, governance and community-engagement activities were analysed to understand enablers of service effectiveness.

Results: The service covered a population of more than 100,000, predominantly deprived and ethnically diverse, women. 800–1,000 appointments delivered per month across multiple community locations. Average waits were <34 days, significantly shorter than national averages. Electronic triage was completed within five days, with an 8.6% onward referral rate, indicating strong management within primary care. The service s. 79% would recommend the service, 34% higher than outpatient comparators. The model reduced unnecessary referrals, increased community diagnostic capacity, and supported consultant oversight while shifting care closer to home. Service responsiveness compared favourably with national outpatient benchmarks, offering substantially shorter waits for assessment and treatment.

Discussion: Integrated community hubs can substantially improve access, streamline pathways and reduce reliance on hospital services. Multidisciplinary teams, accessible locations and flexible hours supported equity and demand management. Workforce development and consultant-supported governance were key to safety and sustainability.

Conclusion: A community women's health hub model can deliver faster, fairer and more comprehensive care, particularly for underserved groups. This approach offers a scalable model for improving women's health outcomes, relieving pressure on secondary care and may inform international efforts to modernise primary care.

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ID 2097- Integrated Community Women's Health Hubs: Improving Access, Equity and Quality in Primary Care

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Context: Women often face long waits, fragmented pathways and limited access to timely gynaecological care. Many services traditionally operate within overstretched hospital settings with significant backlogs and systemic access barriers for disadvantaged patients. Primary care teams sought to improve access to women's health support by developing a community-based model that offered earlier intervention, reduced pressure on secondary care and improved accessibility.

Methods: An integrated community women's health hub model was established across multiple accessible primary care sites. Clinics were delivered by multidisciplinary teams including GPs with extended roles, nurses with specialist training and visiting secondary care clinicians. As demand increased, workforce development became essential; primary care staff undertook structured postgraduate training, competency frameworks and supervised practice to expand local capability. Co-design sessions with patients highlighted the need for welcoming environments and accessible locations. The model emphasised responsive delivery, with clinics adapted according to patient feedback, DNA rates and local transport considerations. Strengths included reduced travel burden, shorter waits and a consultation style aligned with primary care values—time for shared decision-making, explanation and support. Limitations included initial workforce capacity, requiring investment in GPwER and specialist nurse development to sustain growth.

Originality: Unlike traditional hospital-centric pathways, this model relocated women's health services into familiar, community settings while maintaining high-clinical-quality. The hub structure integrated primary and secondary care expertise, creating a seamless pa

Lessons learned and future implication: Common themes in patient feedback emphasised convenience, supportive environments and a more personal consultation style. The model demonstrated that equity improves when services are brought closer to home. Future phases will focus on increasing diagnost

Discussion: The experience showed that community-based women's health services can reduce reliance on secondary care, improve patient experience (79% patients would recommend) and address waiting lists (average waits <34 days).

Conclusion: An integrated primary care-based women's health hub model delivered 800-1000 appointments per month, improving access, equity and quality while offering a scalable, sustainable framework for modern women's health services internationally.

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ID 1931- Impact of Gender Norms on Women's Care Pathways: From Sexist Biases to Medical Violence

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Context: Although healthcare systems promote equality and universal access to care, women's care pathways remain permeated by sexist violence rooted in gender stereotypes. These biases can infiltrate everyday clinical encounters and lead to discrimination, loss of trust and, in some cases, medical violence. While research on obstetric and gynecological violence has expanded in recent years, medical violence experienced by women across healthcare settings remains insufficiently explored, particularly from the perspective of primary care.

Objectives: To describe and analyse forms of medical violence linked to gender stereotypes as experienced by women throughout their care pathways.

Methods: A qualitative study was conducted in 2020-2021 using twenty semi-structured interviews with adult French-speaking women. Participants were recruited via social media and snowball sampling. Interviews explored experiences of care across different medical settings. Data were analysed using a phenomenological thematic

approach, with double coding and triangulation to enhance analytical rigor.

Results: Analysis led to the development of a "pyramid of medical violence," ranging from the trivialization of sexism to explicit forms of violence embedded in rape culture. Intermediate levels included derogatory remarks, sexist discrimination in research and clinical practice, reification of patients and deprivation of autonomy. Participants frequently reported a sense of dispossession of their identity, body and healthcare decisions. These experiences were linked to societal injunctions surrounding "femininity," internalized sexist norms and normative control over reproductive health. Consequences included resignation, avoidance of male healthcare providers and, in some cases, renouncement of medical care. Conversely, some women developed coping strategies based on solidarity, peer support and empowerment.

Discussion: Findings are consistent with existing literature and highlight medical violence as a systemic phenomenon rather than the result of isolated individual behaviors. Limitations include potential selection bias related to voluntary participation, as well as recall and social desirability biases. However, the qualitative design allowed for in-depth exploration of lived experiences that remain largely invisible in clinical practice.

Conclusion: Gender stereotypes significantly shape women's care pathways and can generate forms of medical violence. Raising awareness among healthcare professionals, particularly in general practice, is essential. Integrating training on gender bias, intersectionality and patient participation into healthcare education appears necessary to foster compassionate, trust-based care environments.

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ID 1606- Assessment of the quality of care of lesbian cisgender women in general practice in France

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Context: Lesbian cisgender women face specific health issues and barriers to healthcare access which can affect their quality of care.

Objectives: This study set out to assess the quality of care of lesbian cisgender women in general practice in France using the PCPCM (Person Centered Primary Care Measure). Secondary objectives aim to assess the influence of coming out to their practitioner and the invisibilization of lesbian identity by the health care provider on the quality of care.

Methods: A quantitative, observational, cross-sectional study based on a self-administered online questionnaire aimed at french cisgender lesbian women over the age of 18. Quality of care was assess using the PCPCM (Person Centered Primary Care Measure). A Comparison with a representative sample of French general population was done using a Wilcoxon test.

Results: 1000 lesbian cisgender women fully responded to the questionnaire. They experience lower quality of care compared to the sample of the general French population (2,70 vs 2,96, $p < 0,05$). Lesbian cisgender women who have come out to their practitioner report better quality of care than those who have not (2,81 vs 2,45, $p < 0,05$). Lesbian cisgender women whose identity is invisibilized have worse quality of care than those whose identity is acknowledged after coming out (2,39 vs 3,07, $p < 0,05$).

Discussion: Our findings are consistent with American, Australian, and British studies reporting a poorer self-perceived health status among lesbian women.These results are explained by the minority stress framework, which includes negative medical experiences and fears of discrimination.Conversely, American, Canadian, and Israeli papers highlight that physician awareness of a patient's sexual orientation is associated with improved use of the healthcare system, particularly regarding preventive strategies.

Conclusion: Cisgender lesbian women experience poorer healthcare quality, as assessed by the PCPCM, compared with the general French population. Coming out to one's physician improves

healthcare quality for french cisgender lesbian women, provided that this information is integrated into the clinical encounter to adapt communication and patient management accordingly. Further research is needed to develop recommendations for general practitioner to prevent lesbian invisibility.

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ID 574- Developing a sexual health empowerment intervention for migrant women in primary care: a participatory multi-methods study

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Context: Migrant women experience major inequalities in sexual health, linked to social vulnerability and barriers to care. Although GPs are often their main point of contact with the health system, existing sexual health interventions are rarely adapted to primary care. They also tend to be heterogeneous, seldom grounded in empowerment principles, and rarely designed with migrant women themselves.

Objectives: To co-develop a primary care intervention to enhance migrant women's empowerment in sexual health, using a participatory and multi-step process.

Methods: We used three complementary approaches: a systematic review of sexial health empowerment interventions for migrant women; a Photovoice qualitative study with purposive sampling and phenomenology-inspired thematic analysis; and a consensus method (Nominal Group Technique) with migrant women, GPs and social workers. This methodology placed women's perspectives at the centre, with professionals contributing to feasibility and implementation in primary care.

Results: Across all steps, women expressed a need for accessible information, supportive communication, and recognition of their migration trajectories, vulnerabilities, and experiences of violence. The systematic review revealed gaps (especially around sexual violence, consent and care navigation) and highlighted the effectiveness of culturally adapted multimodal approaches. Photovoice showed women's willingness to become active agents of their health and to transmit knowledge within their communities. The NGT identified shared priorities: clear GP–patient dialogue, linguistic mediation, support for administrative navigation, simple educational tools, and opportunities for collective learning and peer support.

Discussion: This participatory multi-method design generated co-constructed priorities to guide the development of an adapted ENVOL intervention. Strengths include the integration of three complementary methods and the central involvement of migrant women, supported by professionals to ensure feasibility. A key limitation is the locally recruited sample, which may limit generalisability.

Conclusion: This multi-method participatory process provides a strong foundation for developing an adapted intervention in primary care. By mobilising coordinated care structures such as MSPs and CPTS, and integrating emerging roles including health mediators, this approach may strengthen access to sexual health support for migrant women. Ultimately, such an intervention has the potential to reduce sexual health inequalities and offer a transferable model for community-centred, empowerment-based primary care interventions.

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ID 448- Underuse, overuse, and guideline-based use of cervical cancer screening: Social disparities in temporal screening trajectories in the French CONSTANCES cohort

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Context: The Pap test has been an important part of women's medical care for 40 years. Its utilization

over time allows us to study both under- and over-screening.

Objectives: Our objective is to study the trends over time in each woman's screening status while simultaneously examining both its underuse and overuse in France.

Methods: This study analyzes data from the CONSTANCES cohort, a general-purpose epidemiologic cohort designed to study a wide range of health problems in the general population. Inclusion in this cohort began in 2012 and concluded in 2021. Our final sample included 55,141 women. We used sequence analysis methods to characterize trajectories of cervical cancer screening use for each woman. We then obtained 3 clusters of sequences. We performed bivariate analyses by comparing variables of interest according to each woman's cluster membership.

Results: This study divides screening into 3 groups: a group of overscreened women who are socially advantaged, in good health and followed by a gynaecologist, a second group of underscreened women who are socially less advantaged, have less frequent gynaecological check-ups and are in poorer health, and an intermediate group up-to date. Our study shows that 70.7% of our sample was screened more often than necessary according to the guidelines for at least some periods of this study. Once a woman "adopted" a screening rhythm, it appeared to continue over time.

Discussion: Starting screening is therefore a decisive stage: it determines what follows. In our work, more than half the women in the overscreened group had seen a gynecologist. These results indicate that gynecologists play a role in overscreening.This raises questions about health care professionals' lack of adherence to guidelines. Indeed any guidelines may conflict with the principles of professional independence and of the freedom to prescribe — both fundamental principles of medical practice in France. The frequency at which Pap tests should be performed is not well known by women.

Conclusion: Our results showed an unequal distribution of social, demographic, and health characteristics across screening patterns. The majority of our sample was screened more often than necessary according to the guidelines then in effect.

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Smoking

ID 1993- Importance of a comprehensive approach in prevention and control of new tobacco and nicotine products use among adolescents and young adults

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Context: Tobacco use remains one of the leading preventable causes of morbidity and mortality worldwide. In recent years, the increasing consumption of new tabaco and nicotine products, such as heated tobacco products, electronic cigarettes and nicotine pouches, has raised particular concern among adolescents and young adults. These products are often perceived as less harmful, contributing to earlier initiation, dual use and sustained nicotine dependence. Primary care, particularly family medicine, plays a central role in prevention, early identification and intervention, requiring a comprehensive and age-adapted approach.

Objectives: To highlight the importance of a comprehensive, multidisciplinary and preventive approach to tobacco and new nicotine product use among adolescents and young adults, emphasizing the role of family medicine in health promotion, risk reduction and behavior change.

Methods: Narrative review of the literature combined with clinical experience from primary care practice and intensive smoking cessation counseling, focusing on epidemiology, determinants of use, health impacts, and effective preventive and therapeutic interventions targeting adolescents and young adults. Evidence-based strategies implemented in family medicine settings were analyzed, including brief interventions, motivational

interviewing, family involvement and community-based actions.

Results: The literature demonstrates a growing prevalence of new nicotine product use among young populations, often associated with misinformation, social influence and targeted marketing. Evidence supports that comprehensive interventions — integrating individual counseling, family engagement, school and community involvement, and public health policies — are more effective than isolated actions.

Discussion: In primary care, brief opportunistic interventions, non-judgmental communication, and tailored prevention strategies improve awareness, reduce initiation and support cessation. Addressing psychosocial factors and comorbid risk behaviors is essential for long-term effectiveness.

Conclusion: A comprehensive approach to the prevention and control of tobacco and new nicotine product use among adolescents and young adults is essential. Family physicians are uniquely positioned to intervene early, promote health literacy and coordinate preventive strategies across individual, family and community levels. Strengthening training, resources and integrated policies in primary care is crucial to reduce nicotine dependence and its long-term health consequences.

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ID 2194- How can primary care support adolescents who smoke? A literature review of communication-based interventions

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Context: Tobacco use, including cigarette smoking and electronic cigarette use, often begins during adolescence and remains a major preventable cause of morbidity. Despite regular contact with adolescents and their families, primary care settings frequently miss opportunities to identify and address youth smoking and vaping due to communication barriers, confidentiality concerns, and time constraints.

Objectives: To synthesize the literature on communication-based strategies used in primary care to identify, prevent, and address smoking and vaping among adolescents.

Methods: We conducted a narrative literature review using a structured search of PubMed, including studies published between 2010 and 2025. Search terms combined adolescents, smoking or vaping, primary care, and communication-based interventions. Quantitative, qualitative, and mixed methods studies relevant to family medicine practice were included, while studies conducted exclusively outside primary care settings or without a communication component were excluded. Two reviewers independently screened and synthesized eligible studies, with a third reviewer providing oversight and resolving discrepancies.

Results: A total of 17 studies were included. Four key themes emerged. First, routine tobacco screening in primary care often under detects electronic cigarette use, highlighting the need for confidential and adolescent focused approaches. Second, brief communication strategies delivered by primary care clinicians, such as motivational interviewing, were feasible and more consistently implemented than referral-based interventions. Third, family focused communication influenced adolescent smoking behaviours, particularly in households with parental smoking. Fourth, digital and blended interventions linked to primary care visits showed promise in improving adolescent engagement. Findings should be interpreted considering heterogeneity across study designs and potential publication bias.

Discussion: Adolescent smoking and vaping are shaped by communication dynamics between adolescents, caregivers, and primary care clinicians. Strengthening communication within this triad may improve early identification and support timely intervention in primary care.

Conclusion: Primary care can support adolescents who smoke or vape through confidential screening, brief counselling delivered by clinicians, family focused communication, and integration of digital tools. Communication based strategies offer

practical and scalable opportunities for prevention and early intervention in routine primary care practice.

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ID 1751- What Should Family Physicians Know About Vaping and EVALI? A Scoping Review

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Context: Smoking cessation services face the challenge of vaping being perceived as “not smoking,” a misconception for which youth lungs pay the price and which drives EVALI (e-cigarette or vaping product use–associated lung injury).

Objectives: To map and synthesize the existing evidence on youth vaping–related EVALI with a primary care and family medicine perspective.

Methods: A scoping review following PRISMA-ScR guidelines used an AI-based platform to analyze recent, diverse evidence on EVALI. Searches in Scopus, PubMed, and DergiPark yielded 519 records, with 71 English-language studies from 2019 to 2025 included. These studies, comprising observational, clinical, epidemiological, review, and case series reports, focused on EVALI outcomes in adolescents and adults using e-cigarettes or vaping products. Study selection employed systematic Boolean search strategies, and results were synthesized descriptively and thematically.

Results: Most studies were conducted in high-income countries, mainly the United States(n = 46), England(n = 12),and Türkiye(n = 4). Publication numbers peaked in 2020(n = 30) and 2021(n = 17) before declining after2022.The evidence base was largely driven by public health institutions, led by the Centers for Disease Control and Prevention (CDC) (n = 11), medicine (n = 7),and pediatrics (n = 7),while general practice was minimally represented(n = 1).The mean number of authors per publication was 8.03 ± 7.47 (IQR: 7),reflecting predominantly large,multi-author research teams.Thematic analysis identified eight major themes.The dominant theme was exposure to ENDS and vaping, including nicotine and THC/cannabis use and inhalational exposure to chemical constituents such as vitamin E acetate.Clinical presentation and disease severity ranged from acute lung injury and ARDS to hypoxia,ICU admission, prolonged hospitalization, and mortality.Diagnostic imaging frequently reported chest CT findings, particularly ground-glass opacities, with bronchoscopy and bronchoalveolar lavage used in selected cases. Additional themes included outbreak-driven epidemiology,adolescents and young adults as key risk groups, diagnostic overlap with COVID-19,psychosocial influences on vaping behaviors,and treatment strategies primarily based on supportive care and corticosteroids.

Discussion: EVALI represents a missed prevention opportunity rather than solely a tertiary-care diagnosis, highlighting the critical role of family medicine in early identification through routine vaping assessment in adolescents.

Conclusion: Ask early.Advise clearly.Prevent EVALI in primary care.

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ID 1343- The Effectiveness of Breathing Exercises as a Stress-Reduction Method During the Smoking Cessation Process

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Context: Smoking cessation is often accompanied by withdrawal symptoms, increased perceived stress, and difficulty maintaining abstinence. Non-pharmacological interventions such as breathing exercises are increasingly used to support individuals during this critical transition, yet their contribution to stress reduction and cessation success remains insufficiently studied. Understanding their potential value may strengthen behavioral support strategies used in primary care smoking cessation services.

Objectives: This study aimed to evaluate the effectiveness of structured breathing exercises in reducing perceived stress during the early phase of smoking cessation and to determine whether these exercises contribute to smoking cessation success at one month.

Methods: This prospective study included adults aged 18–65 years who presented to smoking cessation clinics between April and July 2019. Sociodemographic characteristics, the Fagerström Test for Nicotine Dependence, and baseline Perceived Stress Scale (PSS-14) scores were recorded. PSS was reassessed at the first week, second week, and first month. Participants were categorized into two groups based on whether they regularly practiced the recommended breathing exercises. Within-group changes in stress levels were analyzed using paired statistical tests. Between-group comparisons and one-month cessation outcomes were assessed using chi-square tests.

Results: Breathing exercises were particularly effective during the first week, when withdrawal symptoms are most intense. The rapid reduction in perceived stress supports the use of simple, low-cost breathing techniques as an adjunct in early cessation. However, the lack of difference in cessation outcomes suggests that stress reduction alone may not independently determine cessation success. The imbalance in baseline stress levels and short follow-up period may have influenced results.

Discussion: Breathing exercises were particularly effective during the first week, when withdrawal symptoms are most intense. The rapid reduction in perceived stress supports the use of simple, low-cost breathing techniques as an adjunct in early cessation. However, the lack of difference in cessation outcomes suggests that stress reduction alone may not independently determine cessation success. The imbalance in baseline stress levels and short follow-up period may have influenced results.

Conclusion: Breathing exercises reduced perceived stress during the early stages of smoking cessation but did not increase one-month cessation success. Larger, longer-term randomized studies are needed to clarify their potential contribution to sustained abstinence.

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ID 1144- Factors associated with smoking susceptibility among high school students in Southern Greece: FreshAir4LifeGR

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Context: Experimentation with smoking during adolescence has been linked to an increased likelihood of nicotine dependence, often persisting in adulthood.

Objectives: To assess students' susceptibility to smoking and to analyze associated factors.

Methods: A cross-sectional study was conducted from April to June 2025. A convenience sample of 638 students aged 12-16 years was selected from 6 schools. Data was collected using a structured questionnaire including sociodemographic, social/environmental and personal variables. The

Expanded Susceptibility to Smoking Index (ESSI) was utilized for non-smoking students to identify those at risk of starting smoking cigarettes and related products, with higher scores indicating higher susceptibility to smoking. Regression analysis was used to examine the factors associated with smoking susceptibility.

Results: Of the 638 participants, 431 (68%) had never tried tobacco, 199 (31%) had tried tobacco products, and 95 (15%) had smoked them in the previous 30 days. Among the non-smokers, 50% and 51% presented medium–high ESSI scores for cigarettes and e-cigarettes, respectively, and 11% presented medium–high ESSI scores for nicotine pouch use. A higher ESSI score for cigarette smoking was associated with older age (OR=1.460,95%CI=1.223-1.742,p<0.001), household exposure to smoking (OR=1.637,95%CI=1.085-2.468,p= 0.019), second hand smoke in public outdoor places (OR=2.019,95%CI=1.285-3.175,p=0.002), having friends who smoke (OR=2.221,95%CI=1.399-3.527,p<0.001) and receiving an offer to smoke within the last 30 days (OR=3.188,95%CI=1.137-8.935,p=0.027). A higher ESSI score for e-cigarettes was associated with older age (OR=1.374,95%CI=1.158-1.629,p<0.001) household exposure to smoking (OR=1.909,95%CI=1.219-2.990, p=0.005), second hand smoke in public indoor places (OR=1.736,95%CI=1.158-2.603,p=0.008), having friends who smoke (OR=2.307,95%CI=1.524-3.493,p<0.001) and receiving an offer to smoke within the last 30 days (OR=2.511,95%CI =1.169-5.396,p=0.018). A higher ESSI score for nicotine pouches was associated with male gender (OR=3.131,95%CI=1.590-6.164,p<0.001) and inversely associated with the perception that nicotine pouches were likely to have an effect on health (OR=0.074,95%CI=0.019-0.280,p<0.001).

Discussion: A significant number of students who have not tried tobacco have some degree of susceptibility to smoking, positively associated with older age, smoking among family members and friends, and exposure to second-hand smoke.

Conclusion: Policymakers could utilize our findings to develop more targeted prevention programs by considering the impact of the social environment and intrapersonal factors on smoking susceptibility.

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ID 383- Healthcare providers' knowledge, attitudes and practices on smoking cessation intervention in the Northern Cape

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Context: Healthcare providers (HCPs) play a central role in supporting smokers to quit through behavioural counselling and pharmacological interventions. Evidence shows that smokers achieve higher quit rates when assisted by trained professionals. However, the level of HCPs' knowledge, attitudes and counselling skills related to smoking cessation in the study area remains unclear.

Objectives: To assess the knowledge, attitudes and practices (KAP) of HCPs regarding smoking cessation intervention strategies in the Sol Plaatje district, Northern Cape. Setting: Thirteen primary healthcare clinics within the Sol Plaatje Local Municipality, Kimberley, Northern Cape.

Methods: A descriptive, cross-sectional analytical study was conducted among healthcare workers in these facilities using a structured questionnaire.

Results: Of the 165 eligible HCPs invited, 156 completed the questionnaire. Over half (53.9%) were unaware of the South African tobacco cessation guidelines, although 87.2% recognised the importance of counselling patients about smoking and its role in quitting. Most respondents lacked knowledge of the pharmacological treatments recommended for tobacco dependence in South Africa. While 89.7% agreed that smoking cessation counselling is an essential part of their role, fewer than half reported arranging follow-up for patients attempting to quit.

Discussion: Smoking cessation counselling and pharmacological treatment by healthcare providers

(HCPs) are essential for helping smokers quit. This study found that many HCPs had limited knowledge of smoking cessation guidelines and pharmacological options, despite recognising the importance of counselling and its effectiveness. While HCPs understood key health risks of smoking, including its impact on pregnancy and tuberculosis, overall knowledge remained poor. Major barriers identified included a lack of training, inadequate access to guidelines, limited community support resources, and insufficient educational materials. Smoking among HCPs further hindered cessation efforts. Strengthening training and guideline implementation is critical to improving smoking cessation support.

Conclusion: Significant gaps exist in HCPs' knowledge, attitudes and practices relating to smoking cessation. These findings highlight the need for strengthened continuing education and improved dissemination of national smoking cessation guidelines.

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ID 323- Understanding tobacco and e-cigarette use among university students: a cross-sectional study

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Context: Tobacco addiction remains a preventable global public health problem. In recent years, growing concern has emerged regarding the increasing use of electronic cigarettes (e-cigarettes) among young people.

Objectives: This study aimed to investigate the prevalence of tobacco and e-cigarette use among university students, their willingness to quit, their awareness of available professional counselling support, and their knowledge related to e-cigarettes.

Methods: This cross-sectional study was conducted between March and June 2024 at a public university in Turkey with participation of 1144 students. Stratified and cluster sampling methods were used. Data were collected via face-to-face questionnaires assessing sociodemographic characteristics, tobacco use behaviours, attempts to quit, the Fagerstrom Test for Nicotine Dependence, and 14 e-cigarette knowledge statements. Informational leaflets on cessation support and e-cigarette harms were provided to participants following the survey

Results: Overall, 40.6% reported current use of any tobacco product and 24.3% reported e-cigarette use; among cigarette smokers, 74.4% had low/very-low dependence. Although 72.8% wished to quit, only 36.9% knew how to access medical counselling and 22.3% had received quit advice in the past year. In multivariable analyses, higher academic year, male gender, and lower-perceived-economic-status were associated with greater odds of tobacco use, while female gender and studying in the Faculty of Medicine were associated with lower odds of tobacco use. E-cigarette use was primarily motivated by flavour, curiosity, and, to a lesser extent, smoking cessation.

Discussion: This study revealed that, despite the sales ban in Turkey, exposure to e-cigarettes has rapidly increased among university students and multi-product tobacco use is widespread. Although most users were willing to quit, they were unaware of available professional support, highlighting the need to improve access to cessation services. These findings emphasize the importance of campus-based interventions, including expanding smoke-free policies, strengthening access to counselling, and ensuring routine cessation advice in student health clinics

Conclusion: Tobacco product use remains widespread among university students, with a growing preference for new-generation products such as e-cigarettes. However, low nicotine dependence levels and high willingness to quit represent a valuable intervention opportunity. Comprehensive university-based programs focused on prevention, awareness, and smoking cessation support are essential to promote healthy lifestyle behaviours in young adults.

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Social prescription

ID 2013- Current use of artificial intelligence and digital health tools in social prescribing initiatives worldwide: a scoping review

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Context: Social prescribing (SP) connects people to community activities and services to address practical, social and emotional needs. Digital platforms are increasingly used to support referral, and case management and data sharing. Artificial intelligence (AI) tools, such as predictive models, recommender systems, natural language processing, and conversational agents, may further support identification, matching, follow-up, and evaluation. However, there is no international overview of how AI and advanced digital tools are currently used in real-world SP initiatives, and what outcomes, equity implications, and implementation issues are reported.

Objectives: To map and categorise AI and digital health applications used in SP internationally, describe contexts and target populations, summarise reported outcomes and implementation considerations, and identify knowledge and methodological gaps.

Methods: We will conduct a scoping review reported in accordance with PRISMA-ScR. We will include SP initiatives in any country and care setting that uses digital tools across the pathway (case finding, referral, triage, matching, follow-up, monitoring, or evaluation). Eligible sources will include quantitative, qualitative, and mixed-methods studies and implementation/process evaluations published between 2000 and 2025 in English, Portuguese, Spanish, Turkish, or French. We will search MEDLINE, Embase, Web of Science Core Collection, Scopus, and Google Scholar using a predefined strategy combining controlled keywords. Two reviewers will independently screen and extract data, resolving disagreements by consensus or a third reviewer. Tools will be classified as AI-enabled, rule-based, or non-AI digital infrastructure. We will summarise evidence descriptively (country, setting, population, technology type and pathway stage), develop a practical taxonomy and pathway-stage map linking technologies to outcomes (process, wellbeing/clinical, service use, economic and equity-related), and synthesise implementation findings thematically, focusing on barriers, facilitators and ethical issues (privacy, transparency, interoperability, workforce readiness and digital exclusion).

Results: The review process is ongoing, and the results will be presented at the congress.

Discussion: This review will clarify current practice and identify where evidence is concentrated or absent, supporting more consistent evaluation and safer adoption.

Conclusion: An international map of technology-supported social prescribing will inform primary care teams, link workers, and decision makers on effective and equitable design and implementation.

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ID 1689- An exploration of psychoeducation and health companions support through social prescribing in improving seniors' mood - a mixed methods pilot study

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Context: Subsyndromal depression (SSD) is highly prevalent among older adults yet remains underrecognised and undertreated. Despite evidence that early intervention may prevent progression to syndromal depression, there is a lack of community and primary care services for seniors with SSD, as most mental health services are diagnosis-dependent.

Objectives: This study aims to develop and evaluate a 12-week community-based intervention programme for seniors with SSD, comprising of psychoeducation sessions and social prescription by health companions. We hypothesised that the intervention programme would be aceptable to the seniors with SSD, reducing their feelings of loneliness and anxiety, while increasing their depression literacy and general well-being.

Methods: This is a mixed-methods study design, combining standardised questionnaires with in-depth interviews to explore participants' outcomes and experiences. Quantitative measures assessed depression (PHQ-9), anxiety (GAD-7), loneliness (UCLA Loneliness Scale v3), well-being (WHO-5), disability (WHODAS 2.0), depression literacy (D-Lit), and health-related quality of life (EQ-5D-5L), alongside sociodemographic and utilisation data on psychological service. Participants aged 55 years and above with SSD (PHQ-9 score 5–9) were recruited via convenience sampling from polyclinics.

Results: Fifteen participants were recruited, of whom nine completed the 12-week intervention, all assessments, and interviews. Pre-post intervention scores showed reductions in median scores in depression (7 to 6), anxiety (4.9 to 4.3), and loneliness (39.8 to 36.2), alongside improvement in health-related quality of life (EQ-5D-5L VAS: 78 to 80). Conversely, median depression literacy decreased (10 to 9) and disability scores increased (5 to 7). Qualitative findings indicated that participants valued small-group, in-person psychoeducation for its human connection, relatability, and practical materials that supported understanding and coping strategies.

Discussion: This pilot study may show positive feedback from the participants and improvement in participants' mood but conclusions are limited by the small sample and high attrition. Unexpected changes in depression literacy and disability suggest the need to refine the programme content. Further research with larger sample is needed to confirm its effectiveness, understand reasons for dropout, and optimise the intervention.

Conclusion: Overall, these findings highlight the potential of a community-based intervention for seniors with subsyndromal depression, while underscoring the need for larger, more robust studies to refine the programme and confirm its effectiveness.

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ID 1078- Utilization of Link Working in Social Prescribing: Results from a multi-centre randomised-controlled feasibility trial in Germany

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Context: Social Prescribing (SP) is an innovative approach to support patients with psychosocial health-related problems through the implementation of a new referral pathway from general practitioners (GPs) to link workers. Link workers consult with the patients and connect them to existing social activities and resources based on the patients' individual needs. So far, there are no studies exploring the utilization of SP in XXX.

Objectives: The objective is to determine the utilization of the offered link working, including number and duration of consultations, form of delivery, no-show rate, recommended social activities and resources.

Methods: Data were collected as part of a multi-centre, 2:1 randomized controlled feasibility trial aimed at patients aged 18 years or older presenting with one or more psychosocial problems at one of nine GP offices in XXX and XXX, XXX. Link working (intervention group) was tested against treatment as usual plus a brochure listing social activities and resources (control group). The utilization of link working for participants in the intervention group was analysed descriptively.

Results: In total, 234 participants (62% female, mean age 57 years, SD = 20) were recruited into the trial. 123 participants were randomized into the intervention group, out of which 114 participants (92.7%) had at least one link working consultation. Preliminary results show that participants had a median of 2 consultations (IQR 1-3, range 1-7) and only 5 participants (4.4%) had more than 5 consultations. The average consultation lasted 40 minutes. Regarding the mode of delivery, 80.4% of consultations took place in person at the GP office, 14.3% via telephone and 5.3% as home visits. Participant no-shows accounted for 18% of scheduled consultations. A broad range of social activities and resources were recommended, e.g. counselling, care and social support services, and recreational activities.

Discussion: The offered link working services were taken up well by the intervention group. In most cases, a maximum of five consultations were sufficient to deliver link working. Consultations were mostly delivered in person at GP offices.

Conclusion: The results expand the understanding of link working utilization and delivery and provide practical information to plan future SP interventions and evaluations.

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ID 570- Adapting Social Prescribing to the Needs of People in Potentially Vulnerable Situations: A Co-Creation Process

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Context: Social Prescribing (SP) aims to address social problems in primary care by linking medical services of General Practitioners (GPs) with social support services through a Link Worker (LW). Although existing evidence shows SP can improve wellbeing, SP has not been specifically tailored to meet the needs of people in potentially vulnerable circumstances.

Objectives: To adapt SP to the needs of three groups: a) lesbian, gay, bisexual, transgender, intergender, queer (LGBTIQ) persons, b) first-generation migrants and refugees, and c) older adults living alone.

Methods: The co-creation process followed an adapted framework by Hawkins et al. (2017). In phase one, SP manuals and protocols were reviewed, and workshops with each target group were conducted to develop case vignettes. In phase two, these vignettes formed the basis for co-production workshops that identified adaptations to core SP components, including recruitment strategies, GP and LW training, and considerations of inclusion and equity. In phase three, Local Advisory Boards (LABs) were convened in 10 hubs, comprising representatives from all three groups and GPs. These LABs reviewed the proposed adaptations for local feasibility. Their feedback was combined with earlier findings from earlier phases to derive final to produce final recommendations,

which were then refined and endorsed in a consensus conference with all hubs and stakeholder representatives.

Results: Across co-creation hubs, participants identified barriers to accessing SP. LGBTIQ participants emphasized the need for visibly safe practice environments, including respectful handling of self-identifications and pronouns. Refugees and first-generation migrants described language barriers as the central obstacle and recommended low-threshold explanations and culturally competent LWs. Older adults living alone stressed the importance of overcoming psychological and physical barriers through communication and flexible contact options. Across all groups, participants recommended sensitivity training for practice teams and LWs, and tailored approaches that strengthen trust and social participation.

Discussion: The co-creation process provides important insights into how SP can be tailored to the specific needs and lived realities of the target groups.

Conclusion: The resulting adaptations offer valuable guidance not only for the three groups but also for other populations facing similar vulnerabilities. The next step is to evaluate these tailored interventions in a European randomized controlled trial.

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ID 1003- Walking the walk: social prescriptions for movement, nature, and belonging improve health

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Context: Social determinants, inactivity, and isolation contribute to chronic disease, yet traditional healthcare often focuses solely on medical interventions. Social prescribing clinician-led referrals to non-medical community-based activities offers a novel approach to improving physical, mental, and social health. This report presents two complementary models: physician-led walking groups and structured social prescribing programs, demonstrating measurable health outcomes across diverse populations.

Methods: Author 1 and Author 2 implemented programs where clinicians referred patients to community activities promoting movement, social connection, and nature exposure. One model, physician-led walking groups, provided low-impact, supervised physical activity with medical oversight. Another model, structured social prescriptions in community settings, connected patients to cycling, swimming, and other activities tailored to individual needs. Outcomes included clinical indicators (e.g., blood pressure, hemoglobin A1c), medication reduction, mental health improvement, and participant adherence.

Originality: Physician-led community movement programs are novel in primary care and distinct from UK-style social prescribing. Combining medical supervision with social and environmental engagement offers a unique framework for sustained behavior change. This dual-mo

Lessons learned and future implication: Programs showed improvements in lifestyle-related disease outcomes, mental health, and patient self-efficacy. Clinicians also reported reduced burnout. Key lessons include the importance of structured referral pathways, accessible activities, and integrat

Discussion: These interventions illustrate practical, low-cost strategies to address chronic disease beyond pharmaceuticals. By fostering social belonging, encouraging physical activity, and exposing patients to restorative environments, primary care clinicians can deliver holistic, patient-centered care. The dual model underscores the value of clinician engagement in both direct activity leadership and referral coordination.

Conclusion: Social prescriptions and physician-led walking programs improve health outcomes, reduce healthcare utilization, and enhance clinician well-being. They operationalize lifestyle medicine principles in real-world settings, offering scalable, evidence-based strategies for primary care worldwide.

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ID 944- How to evaluate patient empowerment in primary care? Validation of the Health Empowerment Scale for social prescribing

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Context: Across Europe, general practitioners (GPs) frequently care for patients facing social vulnerability, fragmented access to care and low confidence in managing their health. Social prescribing and health mediation aim to strengthen patient empowerment—defined as an individual's capacity to understand, manage and act on their health. The Health Empowerment Scale (HES) measures this construct, but no validated XXXX version existed, and it had not previously been tested in primary care or in social prescribing programmes.

Objectives: To validate the XXXX version of the Health Empowerment Scale (F-HES) and assess its feasibility for use in primary care social prescribing and health mediation programmes.

Methods: We conducted a prospective study in a multidisciplinary primary care centre in an urban area with high social deprivation. Adult patients completed a questionnaire including sociodemographic items, the EPICES deprivation score, the XXXX HES (F-HES) and the General Self-Efficacy Scale (GSES). Psychometric analyses evaluated internal consistency (primary outcome: Cronbach's alpha), content validity, construct validity and sociodemographic invariance.

Results: A total of 150 patients participated. Completion time for the F-HES was short (approximately three minutes), and items were reported as easy to understand. Internal consistency was high (Cronbach's alpha = 0.83; 95% CI: 0.79–0.87). Content validity was excellent (S-CVI/Ave = 0.89). A moderate positive correlation with the GSES (r = 0.29, p = 0.01) supported construct validity. The scale also demonstrated good sociodemographic invariance, measuring empowerment similarly regardless of native language, deprivation level, chronic disease status or involvement in health mediation. No floor or ceiling effects were observed. Health mediators reported that the tool was simple to administer and useful for identifying unmet needs.

Discussion: The F-HES showed strong psychometric properties and was feasible to implement in a busy primary care setting serving socially vulnerable patients. Its brevity, clarity and stability across subgroups make it suitable for a wide range of primary care contexts.

Conclusion: The F-HES is a valid, reliable and practical instrument for assessing patient empowerment in primary care, and can be used for both clinical evaluation and research within social prescribing and health mediation programmes.

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ID 879- Social prescribing in diabetic foot prevention helps introduce evidence-based medicine knowledge into everyday life

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Context: Diabetic foot syndrome (DFS) is defined as foot disease in a patient with current or previously diagnosed diabetes mellitus (DM). DM screening and patient dispensary is well established in Slovakia, but the management of DFS prevention remains a major challenge for all specialists involved.ce-based medicine and diabetics.

Methods: The Institute of Health Analyses, Ministry of Health, in cooperation with the Slovak

Medical University analyse DFS in patients with DM in Slovakia.

Originality: In 2015, 358,835 patients with DM were dispensarized in Slovakia (22,675 newly diagnosed), which increased to 464,535 in 2023 (13,931 newly diagnosed). The total number of cases of DFS has a decreasing trend, 5,983 cases in 2023, compared to 6,450 in 2018

Lessons learned and future implication: We bring practice-based reflection of SP in prevention of DFS from the communities of Bratislava III and IV districts: 1. Diet adherence: The Bratislava IV District Municipal Office provides meals for seniors in several ways depending on their health stat

Discussion: Social prescribing (SP) is a person-centered approach used by healthcare workers. SP connects people to non-clinical community activities and services to improve their health.

Conclusion: The level of knowledge and innovation in DM management is constantly improving, but unfortunately, it may not be accessible to patients with adverse social characteristics. SP has the potential to be an effective mediator between evidence-based medicine and diabetics.

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Societal evolutions

ID 2147- Did the HIV/AIDS pandemic present an opportunity to decolonise gender?

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Context: Coloniality has had a profound impact on native populations around the world. The paper explores how the colonial legacy preconditions a disproportionate burden of HIV/AIDS on disempowered groups such as women and gender diverse groups (lesbians, gay men, men who have sex with men, trans people and other identities).

Objectives: This paper aims to fill a gap in research into how coloniality of gender manifests within the context of the HIV/AIDS pandemic and shapes gendered inequalities in prevalence and incidence rates as well as prevention and treatment strategies.

Methods: A scoping literature review was conducted applying a two-stage methodology: a search on Google Scholar using the keywords “HIV”, “gender” and “coloniality” for review articles published to date; and the PubMed database was searched. A critical thematic content analysis was the main method to identify key themes, comparing and contrasting them and contextualising them into a larger body of scholarship.

Results: The first stage of the search identified no systematic review papers into this area, which provides a strong justification for this research. At the second stage 14 papers satisfied the inclusion criteria (n=14). Most of the selected sources were empirical qualitative studies covering seven countries and two large regions Africa, while one paper provided a theoretical framework to conceptualise gender. The sources covered a 34-year date range, from 1989 till 2023.

Discussion: The analysis of the findings revealed the following broad interconnected themes: a) political economy of coloniality of gender; b) coloniality and women; c) coloniality and gender diversity; d) HIV/AIDS activism as a form of challenging coloniality of gender; e) sociocultural intersections between coloniality and gender; and f) neocoloniality of gender.

Conclusion: This paper makes an important contribution to the field of global health research by filling the gap as being the first literature review into the intersectionality of coloniality and gender in the context of HIV/AIDS pandemic. The findings identify several broad themes along which forces of coloniality intersect with gender to produce entrenched inequalities. While there have been successes in challenging coloniality, it has shown resilience and flexibility and taken new forms and channels of oppression of marginalised groups by embracing globalisation.

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ID 1934- Investigation of the Relationship Between Smartphone Use and Intuitive Eating Behaviour in Medical Students

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Context: The widespread use of smartphones has become an integral part of daily life among medical students, raising concerns about problematic use and its potential impact on health-related behaviours, including eating patterns. Intuitive eating, which emphasizes awareness of internal hunger and satiety cues rather than external influences, has gained attention as a positive approach to eating behaviour and overall well-being.

Objectives: The aim of this cross-sectional study is to assess smartphone addiction risk and intuitive eating behaviours among medical students and to investigate their association with sociodemographic characteristics.

Methods: A total of 524 first-, second-, and third-year medical students were included in the study. Sociodemographic Data Form, Smartphone Addiction Scale - Short Form and Intuitive Eating Scale - 2 were applied to the participants face-to-face.

Results: Among all participants, 51,7% were found to be at risk of smartphone addiction. There was a negative correlation between Smartphone Addiction Scale score and Intuitive Eating Scale score. Participants with a chronic disease had a significantly higher risk of having smartphone addiction.

Discussion: In the present study, smartphone addiction was negatively correlated with intuitive eating behaviours, indicating that higher levels of problematic smartphone use are associated with lower intuitive eating scores among medical students. This finding is consistent with previous research demonstrating similar patterns in related contexts, suggesting that behavioural addictions can interfere with adaptive eating attitudes and behaviours.

Conclusion: In conclusion, this study highlights a significant negative association between smartphone addiction and intuitive eating behaviours among medical students, emphasizing the potential impact of problematic smartphone use on healthy eating practices.

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ID 1367- Testicular thermal contraception within couples: a qualitative study on the experiences and motivations of partners

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Context: Contraception is defined by the WHO as 'any method used to reduce the risk of unwanted pregnancy'. The testicular thermal contraception (TTC) method involves moving the testicles up into the groin area to warm them and pause spermatogenesis.

Objectives: In the context of cisgender heterosexual couples, the experiences, motivations and barriers of the partners of TTC users will be explored.

Methods: A qualitative study was conducted in the form of individual interviews. The target population was adult women who wished to participate in this research project and who were or had been in a relationship with someone who used or had used CTT. The interviews were conducted using a semi-structured interview guide, exploring the initiation of CTT and then the experience of daily use. An analysis from a phenomenological-pragmatic perspective was carried out.

Results: Twelve semi-structured interviews were conducted to achieve data saturation. The use of TTC was often motivated by dissatisfaction with available female contraceptives. This led to reflections on the couple's relationship and on the importance and trust placed in contraception. This approach was rooted in a broader commitment that went beyond simple birth control.

Discussion: The male contraception approach was part of a commitment that went beyond the individual. It could be seen as an act of collective reflection on established social norms. The relationship with healthcare professionals was very nuanced, ranging from fear of judgement to anger and regret at the lack of support and, in some cases, collaboration. It would be interesting to examine how general practitioners perceive and obtain information.

Conclusion: This qualitative study explored the perceptions of partners of users of thermal contraception. It highlighted relational and identity issues that had not been widely identified until now. There also appeared to be a desire for couples to jointly develop their contraceptive approach. A comparative study of the experiences of women and men would be interesting in order to understand the different dynamics. This analysis invites healthcare professionals to look into testicular thermal contraception and consider working collaboratively with user associations to offer support and clear information about this still underdeveloped method.

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ID 1268- Biodiversity and health: exploring patient and GP perspectives

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Context: A growing body of scientific studies demonstrates the beneficial impact of nature on health. However, the importance of nature, and particularly biodiversity, for food security, health, and climate preservation appears to be underrepresented in public discourse and is not sufficiently emphasized by healthcare professionals. Research has been conducted in xxx and xxx on patients' and general practitioners' perceptions and understanding of the surrounding biodiversity, its preservation, and the links to their own or patients' health.

Objectives: - Assess individuals' understanding of biodiversity in their surroundings compared to objective measures (high-resolution maps). - Explore perceptions of the link between contact with biodiversity and health and well-being. - Examine the diversity of social practices regarding nature, influenced by personal circumstances. - Investigate the connection between social representations, living context, and current practices. - Develop arguments and communication strategies to raise awareness among the public, GPs, and policymakers about the links between biodiversity, health, and the need to preserve ecosystems

Methods: Qualitative methods -40-50 semi-structured interviews with patients in xxx and xxx - 40-50 semi-structured interviews with GP in xxx and xxx -High-resolution biodiversity maps were used to compare individuals' perceptions with biodiversity data. -Focus groups with patients and GPs to identify strategies for improving communication about biodiversity's health benefits. All data are fully transcribed and analyzed using a comprehensive and thematic approach.

Results: Only partial results are available at this stage of the research (November 25). The available results show that: -Concepts of biodiversity, nature, and environment are not clearly distinguished by patients -Patients showed little awareness of biodiversity's direct effects on physical health. However, they valued the role of nature contact in enhancing their mental health and overall well-being

Discussion: First results show that patients are often willing to talk about their relationship with nature. They, however, have more difficulties with the concept and definition of biodiversity as described by biologists. Patients, also aware of the necessity to be more in contact with nature/biodiversity, the expected benefits remain vague

Conclusion: It seems important to better characterize the biodiversity-health nexus in the context of clinical care, in order to define tools and strategies for daily primary care practices.

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ID 1062- The Ethics of Medical Tourism- viewpoint from a NHS Doctor

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Context: Globally, people have more options, contributing to the rise of medical tourism. Three types of medical tourism are discussed: Inbound, outbound and the emerging diasporic medical tourism.

Methods: Turkey welcomed about 1.5 million international health visitors in 2024 (USHAS), generating $3 billion. The global medical tourism market in 2024 was estimated to be $31 billion and it is predicted that by 2030 this will have increased to $87 billion. Popular causes for medical tourism include dental procedures, cosmetic procedures, bariatric surgery, orthopaedic surgery, IVF and ophthalmology. Other popular destinations include the UAE, India, South Korea, Thailand, Spain and Brazil.

Originality: Work done exploring why patients travel abroad include cost saving, long waiting lists, and access to a particular procedure. Factors looking on how people decide destinations include the internet, testimonials, facilitators or medical tourists reports.

Lessons learned and future implication: Research has shown patients will travel for faster access, many combining holidays with a medical procedure. However, quality and accreditation are critical. Differences in local culture or language may lead to suboptimal care and follow-up.. On return, c

Discussion: This presentation aims to discuss the future implications of medical tourism on primary care across the World/Europe, and how technology will expand cross-border care, lead to increasing global competition for patients and possibly the development of specialist hubs in different countries. Medical tourism also highlights health inequalities between those able to afford treatments abroad.

Conclusion: Medical tourism is a rapidly growing field. In the future, insurance providers may start covering treatments abroad. Stronger international standards and regulations will be needed. At this time, medical tourism highlights the need for domestic reform in medical treatment with investment in waiting time reduction, specialist care and price transparency. Countries with high numbers of inbound medical tourists must balance economic benefits with protecting access for their own citizens.

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ID 282- Body awareness and prevention of child sexual violence: an experience report

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Context: Child sexual violence represents a severe public health problem and a profound violation of human rights, with lasting physical, emotional, and social consequences. In XXX, vulnerable children often face neglect, domestic violence, and abuse. Schools, as spaces of daily coexistence, are essential for protection and early identification of such situations. This project emerged from a university extension initiative aiming to strengthen child protection through health education.

Methods: The intervention took place at a state school and involved 30 elementary school children, teachers, and six medical students from XXX. Using active learning and playful strategies, activities such as the “Touch Traffic Light” dynamic and the educational song “in this and in that” addressed body boundaries, self-respect, and communication of discomfort. Preparation included meetings with

teachers to adapt language and methods, ensuring cultural sensitivity and emotional safety. The experience was evaluated qualitatively through observations and participant feedback. Strengths included strong engagement and reinforcement of the school's protective role; limitations were time constraints and the need for ongoing teacher training.

Originality: While many prevention programs address sexual abuse through theoretical discussions, this project innovated by integrating ludic, culturally adapted tools within a public-school context and by promoting medical students' direct participation. Literature o

Lessons learned and future implication: The initiative proved that simple, low-cost, and interactive approaches can effectively promote body awareness and empower children to recognize and report unsafe situations. Teachers expressed greater confidence to discuss sensitive topics, highlighting

Discussion: The project strengthened collaboration between the university and the community, linking theory and practice in medical education. It emphasized the school's role as a protective environment and the value of health education as a preventive tool against violence.

Conclusion: Educational, playful strategies are effective for promoting self-care and preventing child sexual violence. The project reinforced the relevance of university extension activities in health promotion, humanistic training, and social transformation.

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ID 251- The role of primary care providers in supporting more sustainable lifestyles: Experiences and expectations of vegan parents

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Context: There is growing evidence of the harms caused by the mass production and consumption of animal products and the benefits of plant-based diets – ethically, environmentally, and for human health. While human and planetary health are increasingly viewed as interconnected, the healthcare system remains largely anthropocentric and disengaged from sustainability goals. Given its influential role, the healthcare system can either support or hinder the acceptance of plant-based diets as part of addressing ecological and public health crises.

Objectives: The aim of this study was to explore the experiences and expectations of vegan parents in their interactions with primary care providers (PCP).

Methods: Qualitative research based on semi-structured individual interviews was chosen to explore this topic. A snowball method was used to recruit the participants. The interviews were transcribed and analysed using thematic analysis. Software Nvivo (Lumivero, 2023) was used to analyse the data.

Results: Semi-structure interviews with 25 vegan parents in Estonia were conducted. Most participants were ethnic Estonians living in Estonia. The average length of the interviews was 76 minutes. Three larger themes were identified: 1) Notifying the PCP about the family's/children's veganism; 2) Experiences with PCP reactions after disclosing veganism and 3) Expectations of vegan parents in relation to PCPs.

Discussion: Our findings indicate that while some parents reported neutral or supportive experiences, negative and unsupportive interactions with PCPs were more typical. Fear of stigma led some to avoid disclosing their family's veganism altogether. These findings highlight important concerns about the quality and equity of healthcare, patient autonomy, and the healthcare system's potential role in supporting and promoting plant-based diets and sustainable food practices more broadly.

Conclusion: As powerful institutional authorities, the healthcare system and its key actors, such as PCPs, can and should support moving towards more sustainable and ethical food and health futures.

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Specialty Training

ID 1911- Representations of First-Year General Practice Residents Regarding Their Professional Pathways

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Context: The evolution of medical demographics and practice patterns prompts reflection on the professional aspirations of general practice residents, who are training within a changing healthcare system.

Objectives: This study aimed to explore the representations of first-year general practice residents' envisioned professional pathways.

Methods: Individual interviews were offered during their first general practice rotation to all residents who began their general practice training program in November 2023 in the university of XXX. We conducted a phenomenologic analysis of the interview transcripts, allowing a theory to emerge, as well as a descriptive statistical frequency analysis of some of their characteristics.

Results: 68 interviews were conducted between February and October 2024. The professional pathways of first-year general practice residents can be conceptualized as two interrelated dimensions: the development of a professional identity and the construction of a professional projection. Identity development begins with the choice of general practice, followed by adaptation to a new status as residents, while gradually becoming aware of the existential dimension involved in shaping their medical identity. In parallel with this identity-building process, their professional project emerges. Initially as an idealized vision, then through encounters with real world conditions, enabling progress in envisioning one's future professional practice.

Discussion: The construction of professional identity, an evolving process throughout medical training, is essential for achieving job satisfaction. This study is the first to question professional projects of an entire university cohort of general practice residents. It is limited to the views of early-stage students, though it aims to continue throughout their academic pathway. Ongoing research is tracking how students' professional projects evolve throughout their studies. Furthermore, a qualitative study is currently being carried out through interviews with the 2024 cohort.

Conclusion: Understanding the professional pathways of residents is crucial to support them throughout their training and their transition into local practice.

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ID 1292- Navigating a New System: Helping New Resident Doctors Adapt, Learn, and Lead

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Context: An increasing number of General Practice (GP) Doctors are entering training with limited prior experience of working within the country in which they choose to train. Many are international medical graduates and doctors from non-primary care settings. They bring valuable skills and perspectives but often require additional support to adapt to local healthcare structures, professional expectations, and the culture of general practice.

Methods: Recognising this transition challenge, we developed and piloted a Structured Learning Programme to support GP trainees with fewer than six months experience working in the country at the start of their training. The pilot provided a 4-month placement where trainees had some of their clinical time replaced with additional education time on key GP domains and contextual topics.

Originality: In preliminary findings, trainees reported significantly increased confidence in navigating the local systems, understanding the GP

role in the wider healthcare structure, and engaging safely with primary care processes. Qualitative feedback highlighted t

Lessons learned and future implication: This pilot demonstrates that a structured, early orientation programme and contextual learning can ease the transition for trainees new to the country and improve their confidence and engagement.

Discussion: Evidence from national training data highlights differential attainment among these Doctors, reflecting multifaceted influences such as unfamiliarity with the national systems, differing cultural and communication norms, and variations in prior learning experiences. Recognising and addressing these challenges is key to ensuring equitable training outcomes. Structured orientation programmes and inclusive educational practices can help bridge early gaps in confidence and understanding, support diversity within the GP workforce, and promote equitable progression and culturally competent patient care.

Conclusion: Structured learning intervention can support new trainees with limited local experience, improving early adaptation and well-being. Further evaluation with larger cohorts will help refine content and assess long-term impact on performance and patient care.

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ID 752- Awareness and Prescribing Attitudes Toward Topical Corticosteroids Among Medical Residents

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Context: Topical corticosteroids (TCS) are essential treatments for inflammatory skin diseases, yet inappropriate prescribing and insufficient counselling may lead to preventable adverse effects. In both primary care and hospital settings, limited knowledge of potency selection, duration of therapy, formulation choice, and potential side effects may result in suboptimal outcomes and contribute to steroid-related anxiety described as TOPICOP. Understanding the awareness and prescribing attitudes of residents from different specialties is necessary to identify training needs and guide educational strategies.

Objectives: To evaluate residents' knowledge, awareness, and prescribing attitudes related to TCS use and to identify corticosteroid-related concerns influencing clinical decisions.

Methods: This cross-sectional study was conducted between July and October 2024 in a tertiary hospital. A total of 210 residents from Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, and Emergency Medicine participated. A structured 32-item questionnaire assessed knowledge of TCS indications, potency ranking, formulation selection, application amount, treatment duration, and awareness of adverse effects. Internal consistency of the knowledge section was high (Cronbach's alpha = 0.82). Total scores ranged from 0–32. Statistical analyses included chi-square tests, ANOVA, and t-tests, with significance set at $p<0.05$.

Results: Among the participants, 53.8% were female. The mean knowledge score was 18.3 ± 5.6, and only two residents achieved full scores. While general awareness of TCS side effects was high (95.2%), knowledge of specific adverse effects such as glaucoma (24.8%) and rosacea (25.7%) remained low. Family Medicine and Pediatrics residents showed lower hesitation in prescribing TCS ($p<0.001$). Internal Medicine residents reported the highest dermatology referral rate due to fear of adverse effects (31.4%, $p<0.001$). Knowledge of potency hierarchy, formulation choice, and application amount was significantly higher among Family Medicine residents than among Internal Medicine and Obstetrics & Gynecology residents ($p<0.01$). Awareness of hirsutism, acne, and Cushing syndrome was lowest in Obstetrics & Gynecology ($p<0.001$). Knowledge scores did not vary by seniority ($p>0.05$).

Discussion: Inter-specialty differences in knowledge and prescribing behaviors suggest that steroid-related fear influences clinical decision-making and contributes to unnecessary referrals.

Conclusion: Targeted, structured educational programs are essential to improve residents' competence in TCS prescribing, reduce corticosteroid-related anxiety, and ultimately enhance patient safety and treatment quality.

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ID 665- Toward Opportunities for Inclusive GP-Specialty Training – On Building Bridges over the Unspoken Undercurrents

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Context: Ethnic minority trainees in Dutch GP-specialty training disproportionately face underperformance judgments, microaggressions, and exclusion. These attainment gaps are not solely explained by academic or socio-demographic factors, but rather by systemic dynamics in training environments. Addressing these inequities is essential to ensure diverse GP-workforces capable of delivering accessible, culturally responsive care.

Objectives: This thesis aimed to answer the following questions: To what extent do ethnic minority GP-trainees experience inequitable educational outcomes? How do they describe and navigate their learning experiences and professional identity formation? Which institutional practices foster more inclusive training environments and equitable opportunities?

Methods: This mixed-methods thesis combined quantitative and qualitative approaches. Retrospective analysis of trainee files (n=1,870, seven institutes) examined underperformance risk using multilevel logistic regression. Semi-structured interviews (n=14) explored educational experiences and coping strategies. Participatory action research engaged trainees, supervisors, management, and policymakers in twelve focus group sessions to co-design feasible, broadly supported recommendations, which informed a national implementation plan.

Results: Ethnic minority trainees had a significantly higher likelihood of being assessed as underperforming, independent of competence domain. Interviews revealed limited support networks, culturally biased curricula and assessments, microaggressions, exclusion, and challenges in professional identity formation. Coping involved problem-solving, emotional regulation, and relying on social support, yet could inadvertently constrain learning (e.g., reduced openness in reflective groups). Stakeholders identified seven DEI-strategies; three were prioritized for implementation: appointing DEI-ambassadors across organizational levels; amplifying minority trainee input in program development; and mandating DEI-training for staff and supervisors.

Discussion: Strengths of this research include its mixed-methods design, triangulation across multiple data sources, and extensive stakeholder involvement. Limitations involve retrospective quantitative data and a modest qualitative sample size. While the findings align with international literature on differential attainment, hidden curricula, and microaggressions, this thesis contributes novel insights into structural determinants of inequitable outcomes and clarifies institutional responsibilities within GP-specialty training. It presents one of the first nationally coordinated DEI-strategies in European medical education, supporting transferability to other specialties and international contexts. Future research should assess long-term impact, investigate intersectional experiences, and evaluate broader scalability.

Conclusion: This thesis reframes underperformance as an institutional issue, provides actionable strategies to advance inclusive medical education, and strengthens culturally responsive GP-workforces.

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ID 456- Disentangling communication challenges in trainees' learning journeys: a longitudinal study in the General Practice specialty training programme

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Context: Doctor-patient communication is a core competency for General Practice (GP) trainees and is addressed through generic communication-skills training. However, learning communication in the workplace requires a contextualised and flexible approach known as 'skilled communication'. Learning skilled communication involves adapting and monitoring communication to the needs of each encounter. Although previous cross-sectional research suggests that workplace communication challenges can trigger learning, the nature and development of these challenges remain unclear.

Objectives: This study aims to identify which communication challenges act as triggers for learning and to explore how these challenges evolve over time to support educators in providing targeted coaching. Our research question is: 'Which communication challenges do learners encounter during their longitudinal learning journey to develop skilled doctor-patient communication?'

Methods: We conducted a longitudinal qualitative study using a phenomenological approach and Crowther's principles to craft stories illustrating the communication challenges learners encounter in the workplace. Over six months, we collected clinical observations, interviews, and audio-diaries from eight first- and five third-year XXX GP trainees. Analysis followed a twofold process: thematic content analysis with data triangulation, after which findings were used to craft stories.

Results: Thirteen GP trainees generated a dataset of 26 interviews, 26 clinical observations, and 115 audio-recordings, averaging nine audio-recordings per trainee over six months. One story was crafted for each training year group. First-year trainees focused on the effectiveness of patient-centred communication skills. Third-year trainees took a more reflective perspective, using self-monitoring skills to develop a personalised style, adapt communication to patients' needs, and work collaboratively, driven by curiosity about the patient's broader context.

Discussion: Our findings underscore that workplace learning is often implicit and informal, causing challenges to go unrecognised. Consistent with earlier studies, a safe, collaborative environment supports learners in recognising and sharing difficulties and successes. This study further shows that the nature of communication challenges evolves over time and differs across training stages.

Conclusion: We identified workplace communication challenges that trigger the development of skilled communication. Learners benefit from a safe environment and scaffolded guidance from educators that helps them recognising communication challenges, turning implicit challenges into explicit learning, and fostering self-monitoring skills throughout their learning journey.

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ID 379- From Sputnik to Social Contract: Societal Forces Shaping Supervision in Family Medicine Residency

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Context: Medical education evolves in response to societal imperatives. From Enlightenment ideals of liberty and collective responsibility to modern pressures of social accountability and workforce shortages, training paradigms have shifted under external influence. Today, with over 6.5 million Canadians lacking access to a family physician and many graduates opting for focused practice, questions about how supervision during residency prepares physicians for comprehensive care are increasingly urgent.

Objectives: To explore how supervision of senior family medicine residents is enacted during the final months of training and how these practices align

with educational theory and societal expectations for readiness for independent practice.

Methods: A qualitative design using interpretive description methodology was employed. Semi-structured interviews were conducted with recent graduates (n=5) and experienced preceptors (n=6) from the Dalhousie Family Medicine program. Data were analyzed thematically, informed by sociocultural learning theory and concepts of entrustment.

Results: Supervision practices varied widely, oscillating between close oversight and distant mentorship. Decisions about autonomy were shaped by trust, perceived risk, and institutional norms rather than rigid competency frameworks. While benchmarking tools emphasized independence by month 18, participants described persistent ambiguity around what "independence" meant in practice. Both residents and preceptors highlighted the importance of authentic clinical responsibility and expressed a strong desire for structured mentorship beyond residency.

Discussion: Findings reveal a tension between theoretical ideals—competency-based education, entrustable professional activities—and the lived reality of supervision. Entrustment emerged as a relational process, echoing Rousseau's notion of a social contract: balancing liberty (autonomy) with collective responsibility (patient safety). The Soviet Union's launch of Sputnik in 1957 led to the development of competency-based education, the dominant paradigm of recent decades. Similarly, current pressures for social accountability amidst inequities in access and physician shortages mean we must prioritise preparing graduates for comprehensive community practice. This study argues that readiness for practice requires more than technical competence; it demands adaptive expertise, confidence, and solidarity within a community of practice.

Conclusion: Curriculum design should integrate opportunities for supervised independence, mentorship beyond graduation, and future-facing assessment strategies that prioritize adaptability and confidence. These reforms are essential to ensure graduates are not only competent but truly prepared for the complexities of independent practice.

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ID 89- Autonomy-supportive supervision and residents' motivation in clinical placements: A nationwide cross-sectional study

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Context: Residents' motivation is a key driver of learning, professional identity development, and well-being. According to Self-Determination Theory (SDT), autonomy-supportive supervision fosters self-determined motivation, yet little is known about how residents perceive supervisory motivational style across clinical settings, including general practice, in XXX.

Objectives: To examine the association between residents' perception of their clinical supervisor's motivational style and their self-determined motivation to engage in clinical placements, and to explore variations across specialties and training settings.

Methods: A nationwide cross-sectional online survey was conducted among XXX residents (postgraduate years ~1–3) between October and December 2024. Motivational style was assessed using the Learning Climate Questionnaire (LCQ), and motivation using the Global Motivation Scale with calculation of the Self-Determination Index (SDI). Pearson correlation explored associations between perceived motivational style and SDI. ANOVA examined variations according to gender, specialty, stage of training, and practice setting.

Results: A total of 918 residents participated. Mean LCQ score was 3.66 (SD 0.84), and mean SDI was 5.31 (SD 4.86), indicating moderate perceived autonomy support and self-determined motivation. Perceived autonomy support was moderately and positively correlated with SDI ($r = 0.376$, $p < 0.001$). Higher autonomy support and SDI were observed in specialties emphasizing continuity and patient-centred care, including general practice, paediatrics, and oncology, and in ambulatory settings. Lower scores were observed in procedural and protocol-driven specialties. Female residents reported higher

SDI than male residents. No difference in motivational style was found by residency phase.

Discussion: Residents who perceived supervisors as autonomy-supportive reported more self-determined motivation. Ambulatory settings appeared particularly favourable for motivation, possibly due to closer supervision and formal supervisor training in teaching skills. Findings suggest that fostering autonomy-supportive supervision may enhance learning, engagement, and interest in teaching careers in primary care. Cross-sectional design prevents causal inference. Self-selection bias and unequal representation across specialties may limit generalisability. Motivation and supervisory style were self-reported, and supervisor perspectives were not assessed.

Conclusion: Autonomy-supportive clinical supervision is associated with stronger self-determined motivation among residents. Integrating autonomy-supportive strategies into faculty development programmes, particularly in hospital settings, may promote learner well-being and support high-quality clinical training in general practice.

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Specialty training development

ID 1864- Competency assessment tools for healthcare students: a scoping review

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Context: The assessment of competencies in health professions education is essential to support both students' learning and defensible certification decisions. In France, certification in general practice mainly relies on portfolios and the validation of clinical rotations, with inconsistent use of standardized scales. The current reform of GP residency is an opportunity for an assessment program remodeling, informed by an up-to-date overview of available assessment tools.

Objectives: Identify and catalogue assessment instruments used to evaluate health students' competencies reported in the peer-reviewed literature published between 2013 and 2023.

Methods: A scoping review was conducted following JBI and PRISMA-ScR guidelines. PubMed, Scopus, ScienceDirect, Cairn, Lissa were searched. Two reviewers independently screened records on Rayyan to apply eligibility criteria (article describing health students' competency assessment tool, published between 2013 and 2023) and select studies for inclusion. Data was charted in a criteria-based grid ; and analyzed following Arksey & O'Malley's framework.

Results: Of 1,005 records retrieved, 368 studies were included, describing 240 distinct tools. Most originated from Anglo-Saxon countries and focused on medicine and surgery. OSCEs, observation-based checklists, and portfolios were the most reported tools. Tools were mainly used for formative (±50%) or mixed (±25%) purposes. Only a minority were used exclusively for summative decisions.

Discussion: We provide an original and comprehensive mapping of competencies assessment tools, grounded in a rigorous methodology. It combines a systematic approach with descriptive analysis to support pedagogical decision-making. Publication bias, maybe enhanced by not exploring grey literature, could explain the overrepresentation of Anglo-Saxon context and underrepresentation of non-medical curricula. This highlights the need for context analysis before implementing tools in a non anglo-saxon setting, as transferability of tools could be questioned. Digital tools were rarely reported, and the absence of study quality appraisal limits inferences about validity.

Conclusion: This scoping review mapped 240 competency assessment tools between 2013 and 2023. It can inform the design of programmatic assessment programs. Further research should focus on providing stronger validity evidence and better coverage of non-medical and digital tools.

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ID 1289- BRIDGE-PC: Mapping Digital Health Training in Primary Care Medical Curriculum Worldwide - A Survey Study

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Context: The introduction of digital health tools into clinical environments has necessitated a corresponding increase in relevant training to ensure their proper use by clinicians. Current evidence highlights great variation in how it is taught across undergraduate, academic postgraduate, and residency-level medical programmes worldwide. Better understanding how digital health is being taught, both in course content, means of evaluation, as well as in its mode of delivery, will be necessary to guide efforts to update medical training curricula.

Objectives: 1. To better understand how digital health training is being incorporated in medical curricula (undergraduate/academic postgraduate/residency) across countries with differing health systems. 2. To identify any notable digital health training gaps and key topics which should be prioritised in future curricula improvements. 3. To examine and compare what teaching methods, modes of delivery, and evaluation tools/metrics are currently employed.

Methods: A multi-round, cross-sectional survey to capture current medical curricula pertaining to digital health training is being conducted through participating PCP national leads in the European General Practice Research Network.

Results: The Round 1 survey received responses from 45 out of 53 countries participating. Of those who answered, 49% (n=23) indicated the availability of digital health modules in undergraduate-level programmes. Likewise, 13% (n=6) reported formalised digital health training present in residency-level programmes. Data collection is currently ongoing for the Round 2 survey.

Discussion: The initial findings show strong international engagement and indicate substantial variability in digital health training across programmes and countries. Notable variation in topics covered, delivery means, and assessments highlights a lack of standardisation and consistency in training quality. Ongoing data collection for additional curricula will help clarify key gaps and priority areas to guide future curriculum development.

Conclusion: Digital health learning by PCPs has traditionally been heterogeneous and informal, especially when compared with other clinical skills. Better understanding the current state of digital health training in medical curricula globally is critical to providing national policymakers a point of reference for informing their own future training improvement efforts.

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ID 939- A Health Systems Science–Anchored Curriculum for Community-Based Education in Medicine and Nursing Curriculum(Integrating Family Medicine and Public Health): Karabakh University Model

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Context: XXX University Faculty of Medicine and Health Sciences in Khankendi was established with a mandate to integrate Family Medicine(FM) and Public Health(PH) within community-oriented primary care(COPC) models, aligning with global calls to strengthen collaboration between these fields including the joint advocacy of WONCA and the WFPHA.

Methods: A multidisciplinary faculty team designed an integrated FM-PH-Interprofessional Education(IPE) curriculum, guided by Kern's curriculum development model, competency-based medical education princiles, and the ADDIE instructional design.Competencies were mapped to CanMEDS roles and WFME standards. A longitudinal Community-Based Education(CBE) pillar was established: Year 1-Contextual understanding: students explore social determinants and health system structures through community mapping and reflective journaling. Year 2-Integration of practice and knowledge: students carry out micro-level community diagnosis and implement targeted intervention projects. Year 3-Leadership for system change: students engage in policy dialogue, advocacy activities, and the design of health promotion activities. Key limitations include the challenge of being a newly established institution in a post conflict area with limited baseline indicators and the need to build sustainable long-term partnerships.Nonetheless, early indicators suggest increased learner motivation and a deeper understanding of community health needs.

Originality: Although COPC based integration of FM–PH has been described elsewhere, there are few models developed from the outset for both medical and nursing students, with CBE+PE alongside health system science embedded from Year1. The XXX University model is furth

Lessons learned and future implication: Key lessons include the value of early and repeated community immersion, the importance of deliberately structured interprofessional teamwork, and the need for flexible governance mechanisms that can adapt to evolving context.Future priorities include dev

Discussion: This experience illustrates how FM and PH competencies can be developed in tandem through experiential, reflective, community-centred education.

Conclusion: The XXX University model demonstrates a scalable, context-responsive approach to integrating FM and PH through community based and interprofessional education.It offers practical insights for PC educators, particularly in settings undergoing health system rebuilding or transformation.

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ID 1258- Competency framework for the socially responsible physician: towards a practice grounded in reality.

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Context: Social Accountability in Health (SAH) is a concept defined by the WHO in 1995 for medical schools as "the obligation to direct their [activities] towards the priority health concerns of the [society] they have a mandate to serve", through four core values: quality, equity, cost-effectiveness, and relevance. This raises the question of extending the concept to the medical profession itself: what defines a socially responsible physician?

Objectives: To develop a competency framework for the socially responsible physician.

Methods: This study is an international collaborative research project. A preliminary data-collection phase aimed to gather a wide range of perspectives on physicians' SAH-related competencies. The framework was then constructed in three stages: 1) a hybrid classification, first a) deductive and then b) semi-inductive, followed by 2) a thematic synthesis, and enriched by 3) observations in real-world practice.

Results: The collected data included existing competency frameworks, an international consensus, a literature review, patients' perspectives, congress workshops, and internal work from XXX. Six competencies emerged from the analyses: 1) Clinical expertise in patient and community health; 2) Professional and relational ethics; 3) Scholarship for excellence and knowledge sharing; 4) Collaborative and committed leadership for the health of All; 5) Ethical, efficient, and sustainable practice management; 6) Continuous professional and personal reflexivity.

Discussion: The results reflect the convergence of diverse sources and reveal six competencies of the physicians' social accountability. However, the absence of data from the Southern Hemisphere and from other healthcare system actors (policy-makers and health managers) should be noted. This framework constitutes a structuring tool to rethink medical education, support continuing professional development, and strengthen physicians' engagement with the health needs of the populations they serve.

Conclusion: This competency framework represents a further step towards a medical practice grounded in reality and responsive to the health needs of society. Another study examines how these competencies manifest in general practice.

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ID 1107- Mapping postgraduate digital health training for primary care physicians: A scoping review

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Context: The rapid digital transformation of healthcare has heightened the need for primary care physicians (PCPs) to develop competencies in digital health. Although several postgraduate training initiatives have emerged, educational approaches remain highly heterogeneous, and no scoping review has systematically mapped postgraduate digital health training programs specifically targeting PCPs.

Objectives: To identify and map postgraduate digital health training programs for PCPs; to describe their educational content, structure, delivery approaches, and assessment strategies; and to identify gaps and opportunities for future curriculum development.

Methods: This scoping review follows the Joanna Briggs Institute methodology and the PRISMA-ScR checklist. A systematic search was conducted across PubMed, Scopus, Cochrane Library, ScienceDirect, and Web of Science for sources published between January 2019 and June 2025. Grey literature screening is ongoing. Eligible studies include postgraduate educational initiatives, curricula, and training programs addressing digital health competencies for PCPs. Two reviewers independently screened records. A total of 384 titles/abstracts were screened, followed by full-text assessment of 91 articles. Fourteen studies met the inclusion criteria, and the data charting is underway. Next, we will conduct a descriptive synthesis and inductive thematic analysis.

Results: The 14 included studies represent diverse approaches to postgraduate digital health training for PCPs. Preliminary analyses indicate substantial variability in scope, ranging from structured competency-based curricula to focused interventions on specific digital skills. Identified initiatives include telemedicine curricula, artificial intelligence training frameworks, online and video-based educational interventions, Massive Open Online Courses (MOOCs) on planetary health, and evaluations of digital education models. Programs differed in delivery mode (online, blended, synchronous/asynchronous) and target audience (residents, early-career PCPs, mixed groups). Reporting on evaluation methods and long-term learning outcomes was limited.

Discussion: Preliminary findings reveal a fragmented and heterogeneous landscape of postgraduate digital health training for PCPs, with gaps in standardization, competency frameworks, and evaluation strategies.

Conclusion: This ongoing scoping review highlights the need for more coherent, competency-based, and evaluable approaches to postgraduate digital health training for PCPs. The final results will provide a comprehensive synthesis to inform curriculum development, policy-making, and future digital health education strategies in primary care.

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ID 1156- Competencies in AI-literacy for postgraduate medical education – a needs assessment with trainees in family medicine

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Context: Within few years, Artificial Intelligence (AI) has been integrated into various daily processes. Use of AI might ease Family Physicians (FP) need for time or diagnostic uncertainty. However, physician's openness for digital tools appears multivarious and training the use of AI in Family Medicine (FM) has not yet spread among postgraduate medical education programs, at least in Germany.

Objectives: Aim of this study was to explore use of AI in daily routine among FM trainees, their attitudes towards AI and their educational needs in order to adapt curricula in postgraduate medical education.

Methods: FM trainees of the competence center for postgraduate medical education XXX(federal state)XXX 2025 were invited to participate in an online-survey. The questionnaire consisted of 51 items about sociodemographic, experiences with AI-usage, attitudes towards AI and educational needs. It included open text-questions. Data was analyzed descriptively and open-texts semi quantitatively.

Results: In total, N = 135 FM trainees participated (response rate 20%), 74% female and 63% in 4th or 5th year of training. With a mean age of 36, 76% had currently been in FM rotation. 74% declared their actual practice to be fully or mostly digitalized, 22% stated use of AI in their training post whereas 79% reported private use of AI and 65% professional use of AI. 50% declared daily use of AI or at least various times per week. Chat-GPT was the LLM mostly used. In FM, two third used AI for differential diagnoses and/or for therapeutic advice. 70% described their training strategy as learning by doing. Necessary competencies included practical AI use, prompt competency and critical reflection. 77% expected common use of AI will increase overdiagnosis.

Discussion: FM trainees' interest in AI is increasing. Among participants, it is common sense, that use of AI and AI-literacy should be part of postgraduate medical training. Despite prompting, knowledge about common applications and its pitfalls as well as communicational skills on including AI into patient-doctor-communication could be crucial.

Conclusion: Postgraduate medical curricula should include training in AI-literacy and thereby increase support of future FPs as use of AI-models gets common in daily FM practice.

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ID 882- Identifying essential professional activities for a future European curriculum in postgraduate Family Medicine

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Context: In the past years, Family Medicine has changed significantly. Due to increasing demands placed on general practitioners (GPs), appropriate training throughout Europe is vital. A unified European postgraduate curriculum in Family Medicine requires consensus on the discipline's core professional activities. Existing WONCA Europe and EURACT frameworks outline competencies but do not define an agreed set of practice-based activities.

Objectives: As a collaboration between EYFDM and EURACT, this study aims to identify essential professional activities of European Family Medicine and establish common ground for their acceptance across Europe.

Methods: Professional activities were gathered during a townhall workshop with GPs from fifteen European countries at the 2025 WONCA World Conference and are being analysed using Mayring's qualitative content analysis. A two-step Delphi-informed process involving practising GPs and young GPs will then determine the level of agreement across Europe.

Results: Analysis is ongoing. The study will deliver a consensus-based list of essential activities that represent routine Family Medicine across Europe. Final results will be available at the conference.

Discussion: While the emerging consensus is only one aspect of the long journey to a European curriculum, this study may inform the structure and practical implications of future training standards. The more practicing GPs are involved, the more realistic will be its implementation in European primary care.

Conclusion: The work will help build a practice-based European postgraduate curriculum and lay the groundwork for a future European specialty standard in Family Medicine.

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Substance use

ID 1905- Investigation of Internet Gaming Disorder and Non-Pharmacological Treatment Interventions in Adolescents

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Context: With the increasing popularity of digital media, concerns have grown regarding the "addictive" potential of internet use and video games, particularly among children and adolescents. Research suggests that individuals who engage in intensive video gaming may develop symptoms that lead to various functional and social problems in their lives.

Objectives: This study aims to examine meta-analyses and review studies focusing on internet addiction and internet gaming disorder in adolescents, as well as the treatment approaches applied, while also raising awareness of the subject.

Methods: A search of the PubMed scientific database using the terms "internet gaming disorder" or "internet addiction" yielded approximately 5200 publications published in the last two decades (2006 to 2026). When the keywords "adolescent" and "treatment" were added and the age range was limited to 13–18 years, 53 publications were identified. Meta-analyses and review studies were selected from this pool.

Results: The literature indicates that a variety of treatment approaches are available. Among the reported treatment apporaches there are non-pharmacological interventions such as mind-body exercise, physical activity interventions, cognitive behavioural therapy (CBT), peer support, family counselling, multi-level consultation programs conducted within the framework of individual counselling, family therapy, various therapeutic modalities, psychological interventions, internet addiction prevention programs, and group counselling based on the Adlerian approach. Combinations of different treatment modalities were found to be more beneficial and effective than single interventions.

Discussion: The reviewed studies emphasized the importance of treating comorbid conditions and initiating appropriate psychosocial interventions. From a clinical perspective, attention was drawn to the need for physicians to recognize the signs and symptoms of internet addiction. The findings suggest that public mental health approaches addressing adolescent developmental characteristics should be developed. Additionally, the need for further studies evaluating the effectiveness of school-based prevention programs was highlighted.

Conclusion: For the treatment of Internet Gaming Disorder in adolescents, identifying risk factors is a critical first step. Awareness among primary care providers, particularly family physicians, should be

increased regarding Internet Gaming Disorder and its associated psychopathologies.

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ID 1319- When Intoxication Leads to Seizures: What Does the Emergency Department Reveal?

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Context: Seizures are an infrequent complication of intoxication, it may be caused by a wide range of drugs and toxins.

Objectives: This study aimed to describe the epidemiological and clinical profile of patients presenting to the emergency department (ED) following acute intoxication associated with a seizure.

Methods: This was a retrospective study conducted over a 5 year period from October 2020 to September 2025, in the ED of xxx. We included patients aged from 14 and over who consulted for seizures after acute intoxication. Data regarding demographic, clinical history, characteristics of the intoxication type of molecule and presumed ingested dose (PID), clinical presentation, consultation delay, seizures before or during the consultation and the anti-seizure treatment used and were collected and analyzed.

Results: A total of 68 patients were included, predominantly male (58.8%), with a median age of 29 years [21–41] and a median consultation delay of 9 hours [3–24]. Substance misuse was reported in 39.7%, mainly cannabis (65.4%), pregabalin (46.2%), and cocaine (19%). The primary exposure route was drug ingestion (63.2%), followed by carbon monoxide (CO) inhalation (29.4%). Causes included recreational use (33.8%), accidental intoxication (32.4%), and suicide attempt (25%). The main substances implicated were pregabalin (16.4%), cannabis (9.6%), carbamazepine (8.2%). The mean PID was 806 ± 460 mg for pregabalin and 4,333 ± 3,215 mg for carbamazepine, with a mean plasma concentration of 11.7 ± 9.3 mg/L. In CO intoxication, mean carboxyhemoglobin was 16.4% ± 11.7%, and SpCO 10.9% ± 12.3%. Oxygen therapy was administered in 66.7% of CO cases, with hyperbaric oxygen in 20.8%. Most seizures (92.6%) occurred before consultation, with 93.7% resolving spontaneously, while 10.3% experienced seizures and 9% required antiepileptic treatment. Initial clinical examination was generally stable (median GCS 15, HR 87 bpm, SpO_2 98%). Regarding outcomes, 43.8% were admitted to intensive care, 31.3% discharged home, and 26.6% referred for follow-up, mostly to neurology and addiction services.

Discussion: These findings show that intoxication-related seizures occur mainly with recreational substance use or CO inhalation, with most episodes resolving spontaneously before medical evaluation.

Conclusion: This study highlights the need for improved prevention and monitoring of substances involved, and targeted neurological and addiction follow-up.

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ID 1088- Chemsex in primary care: Qualitative study of general practitioners' perceptions of the phenomenon and views on care pathways in XXX

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Context: Chemsex refers to sexual activity under the influence of a psychoactive substance. Treatment in general practice is poorly described.

Objectives: This study aimed to analyze the perceptions of General Practitioners (GPs) in XXX regarding chemsex, its inherent problems and GPs' views on the users' care.

Methods: This qualitative study used semi-structured interviews with GPs in XXX. The interview guide explored risky sexual behavior, the use of drugs during sex, chemsex, and GPs' view of this behavior and its perception in their practice. A manual thematic analysis inspired by phenomenological interpretative analysis was conducted by two independent researchers.

Results: Nine GPs (four women) were interviewed. Data sufficiency was considered achieved after the ninth interview. GPs often poorly understood chemsex. Pre-exposure prophylaxis (PrEP) prescribers had a more precise perception of chemsex. GPs considered that early awareness of sexuality at school and in primary care could help limit young people's entry into chemsex. The changing relationship to sex, easy access to drugs and new communication modes were factors favoring this behavior.

Discussion: A similar study in larger cities would refine these results. A chemsex user interviewed lacked knowledge about the current healthcare offer and the role GPs could play in his care.

Conclusion: An analysis of perceptions of chemsex by GPs in XXX revealed that they often poorly understood the phenomenon. PrEP prescribers had a more precise perception of chemsex. GPs considered that early awareness of sexuality at school and in primary care was the main avenue for action to limit the entry of young people into chemsex. A similar study in large cities would help to clarify these results. An analysis of the transposition of certain specialized techniques into primary care could also be of interest. The chemsex user interviewed seemed to lack knowledge about the current healthcare offer and the role that GPs could play in his care.

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ID 958- How do general practitioners feel about the use of performance-enhancing substances by their sporting patients?

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Context: Although the health benefits of sport are well established, the contemporary emphasis on physical appearance and performance has contributed to the normalisation of performance-enhancing substances. Doping is often associated with elite athletes but most users are amateurs, and the associated physical and psychological harm is significant. General practitioners (GPs) are central to promoting physical activity and supporting athletes, yet they often feel insufficiently trained to address doping. This generates anxiety and uncertainty, as well as straining doctor–patient relationships.

Objectives: This study aimed to explore the experiences of GPs when dealing with patients who use doping substances.

Methods: A qualitative study based on grounded theory principles was conducted. Practising GPs were recruited through theoretical purposive sampling, beginning opportunistically and continuing by snowball sampling according to emerging data. Semi-structured interviews were conducted between February 2020 and January 2022. These were recorded, transcribed verbatim, anonymised, and returned to the participants for validation. Data collection, coding, and axial and selective analysis were performed using NVivo, with methodological triangulation. Ethical approval and data protection compliance were secured, and informed consent was obtained.

Results: Thirteen interviews were conducted, with data saturation being reached by the eleventh's. GPs reported emotional distress, biases, frustration and feelings of incompetence when confronted with doping use. Some GPs moved towards coaching behaviours, while others struggled with patients' denial, motivation, or external pressures. Many identified knowledge gaps and legal uncertainties. However, GPs could build therapeutic alliances through communication, empathy, and motivational interviewing. This allowed them to understand motivations, detect addictive patterns, and guide patients towards safer practices or behavioural change. Several emphasised the need for improved competence, multidisciplinary collaboration, and

greater awareness of anti-doping medical support services.

Discussion: GPs face professional, emotional and ethical tensions when managing doping users. Their responses evolve through self-reflection, communication and continuing education. However, structural barriers, particularly legal ambiguity and limited training, constrain optimal care.

Conclusion: GPs require greater support, training and awareness of specialist anti-doping services to meet the needs of patients who use doping substances. Improving communication skills and multidisciplinary collaboration could enhance patient safety, autonomy, and engagement, while also helping to reposition GP care within a sports health framework.

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ID 679- Chemsex among women: specifities, risks, and expectations in general practice

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Context: Chemsex refers to the intentional use of psychoactive substances to initiate, intensify, or prolong sexual experiences. While mainly described among men who have sex with men (MSM), recent data suggest its emergence in other groups, including women. However, data concerning this population is limited.

Objectives: This study explores the characteristics of Chemsex among women and determines their needs and expectations in general practice.

Methods: We conducted semi-structured interviews with seven women engaging in Chemsex and living in XXX. We then analysed our findings by using Interpretative Phenomenology Analysis (IPA) and running our data through Atlas.ti software.

Results: Participants, who were socially integrated and of diverse sexual orientations, engaged in Chemsex as part as a broader pattern of recreational substance use. They consumed various substances and relied on self-directed risk management. Motivations included seeking disinhibition, emotional connection, intensified sexual experiences, and coping with pre-existing sexual difficulties or sexual dysfunctions. Reported negative effects included somatic issues (e.g., cystitis and genital pain), psychological consequences, substance use disorders, and altered relationships with sexuality. Consent was a central concern, particularly during group sex encounters and under the influence of central nervous system depressant substances. Participants also expressed a need to identify with the practice, and expected non-stigmatising, informed, and harm-reduction-oriented attitudes from primary care providers as well as addressing sexuality in consultations.

Discussion: The present study demonstrates that women engaging in chemsex face specific physical, psychological, and sexual risks, yet these risks remain largely invisible due to MSM-centred representations and their social integration, which limits contact with specialised services. This invisibility is a significant contributing factor to the unmet health needs of individuals. Due to their accessibility and non-stigmatizing approach, general practitioners are perceived as key actors in helping individuals identify their practices and adopt risk-reduction strategies.

Conclusion: Chemsex among women encompasses diverse practices involving specific physical, psychological, and sexual health-related risks. The participants in our study experienced a threefold invisibilisation : as women, as socially integrated users, and as Chemsex users. The study underscores the need to broaden representations of Chemsex to include women's experiences and to strengthen the role and training of general practitioners.

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ID 837- From stigma to solidarity: Early screening and follow-up of alcohol dependence in general practice

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Context: Alcohol use disorder (AUD) is a major risk factor for morbidity and mortality, yet despite its high prevalence, effective prevention and treatment in primary care remain insufficient.

Objectives: The aim of this clinical study is to present a practical model for monitoring and managing AUD as a key risk factor for the onset or complication of socially significant diseases within the primary outpatient care setting.

Methods: This is a prospective, population-based cohort study conducted in Razgrad, Bulgaria, between 2023 and 2025. It involved 62 men with established alcohol abuse/dependence who were divided into two cohorts: one with a new diagnosis of hypertensive heart disease at the initial visit (n=27), and the other without existing socially significant diseases (n=35). Participants were monitored for 10 specific parameters. Statistical analysis utilized descriptive statistics, comparative correlation analysis, and logistic regression.

Results: The statistical analysis established strong and significant associations between several studied parameters. Symptoms of physical and mental dependence, as well as elevated gamma-glutamyltransferase (GGT) levels, showed a very clear link with adverse health consequences ($p<0.05$). Interestingly, initial values of pulse and arterial pressure did not show such a link. Logistic regression identified GGT, HDL-cholesterol, and symptoms of physical dependence as key independent risk factors for the development of chronic diseases and cardiovascular mortality ($p<0.001$).

Discussion: The findings regarding the lack of significant differences in the initial clinical presentation between the examined cohorts, and the established biochemical and clinical predictors for the development of socially significant diseases in AUD, are consistent with existing scientific literature. These results underscore the potential for early intervention by general practitioners.

Conclusion: Chronic alcohol consumption leads to a significant deterioration of numerous health indicators and determines the necessity of early, targeted prevention and intervention strategies within general practice. The proposed model facilitates systematic follow-up, helping to de-stigmatize the condition and foster a supportive, solidarity-based approach to patient care.

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Take my breathe away

ID 2028- Opportunities to optimise the management of allergic rhinitis using the Respiratory Allergy Optimiser: results of the AERO study

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Context: Digital tools may support healthcare professionals in providing guideline-directed management for patients with allergic rhinitis (AR).

Objectives: This study aimed to develop and implement the Respiratory Allergy Optimiser (RAO), a digital decision support tool based on treatment recommendations from existing clinical AR guidelines, and to evaluate its clinical effectiveness in reducing AR symptom severity.

Methods: The AERO study was an interventional study conducted in 11 general practices (GPs) across the Netherlands (August-November 2025). Adult patients (≥18 years) with a diagnosis of allergic rhinitis and/or allergic conjunctivitis (AC) and/or prescribed AR medication within the previous three years, were included. The RAO was used during a GP consultation, during which AR/C symptom severity and management were assessed using a visual analogue scale (VAS)(0-100mm, complaints past 7 days) and questions. Two weeks later, patients completed a follow-up survey including the VAS. User experience data were collected from healthcare professionals and patients.

Results: In total, 104 patients with rhinitis (mean age 49.0 years (SD 16.5), 61% female) were included. Mean VAS score was 35.1 mm (SD 25.6) at baseline and 35.8 (SD 25.4) at follow-up. For 30% of patients, the advice was to continue the current treatment, while for 50% the advice was to step up treatment. In 15 (14.4%) patients, step up plus allergy immunotherapy was advised. In patients with uncontrolled rhinitis (VAS>50mm)(n=33), VAS scores significantly decreased two weeks after the study consultation with the RAO (65.7 mm (SD 9.7) vs 47.7 (SD 22.0); p=0.003).

Discussion: In 70% of patients, the RAO suggested changes toward more guideline-directed treatment. Among patients with uncontrolled rhinitis, use of the RAO during consultation was associated with reduced symptom severity after two weeks. User experience was generally positive among patients and healthcare professionals, identifying opportunities for further improvement.

Conclusion: In Dutch general practice, the Respiratory Allergy Optimiser supported identification of opportunities to improve allergic rhinitis management, particularly by addressing poor disease control.

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ID 1627- Digital Remote Monitoring to Improve Asthma Control in Primary Care

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Context: Bronchial asthma is a chronic respiratory disease requiring regular assessment of disease control and long-term follow-up. In primary care, limited access to frequent visits and high workload may negatively affect adherence, self-management, and timely adjustment of therapy. Digital remote monitoring tools may support continuity of care and patient engagement between visits.

Objectives: The objective of this study was to evaluate the effect of a digital remote monitoring program on asthma control, lung function, and medication use over a six-month period in a primary care setting, compared with usual car

Methods: A prospective observational study included 82 adult patients with bronchial asthma, divided into a remote monitoring group (n = 40) and a usual care group (n = 42). All participants underwent baseline clinical assessment. Patients in the remote monitoring group received structured asthma self-management education and peak flow meters for home monitoring. Follow-up was supported by a digital remote monitoring system that automated monthly reminders and collected patient-reported outcomes via mobile messaging. Asthma control was assessed using the Asthma Control Questionnaire (ACQ-5). Peak expiratory flow (PEF) and information on asthma medication use were recorded during the six-month follow-up period. Appropriate parametric and non-parametric statistical tests were applied.

Results: At baseline, the mean ACQ-5 score was 2.3, indicating poor asthma control in the majority of patients. After six months of follow-up, patients in the remote monitoring group demonstrated a significant improvement in asthma control. The mean ACQ-5 score decreased from 2.3 to 1.1 ($p < 0.001$), reflecting a clinically meaningful improvement. Lung function also improved during the observation period, with mean PEF increasing from 330 L/min to 371 L/min

Discussion: The improvement in asthma control occurred without major changes in

pharmacotherapy, suggesting that enhanced monitoring, patient education, and self-management played a key role.

Conclusion: Digital remote monitoring was associated with improved asthma control over six months in primary care. Automated follow-up and home peak flow monitoring supported self-management without increasing medication burden.

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ID 1368- EXpiRA+: outcomes of a primary-care pulmonary rehabilitation programme for patients with Chronic Obstructive Pulmonary Disease

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Context: Pulmonary rehabilitation (PR) is a key intervention for chronic obstructive pulmonary disease (COPD), yet its availability in XXX primary care remains limited, creating a gap between guideline recommendations and real-world care. The EXpiRA+ programme was developed and implemented in four primary healthcare units to improve exercise tolerance, functional capacity, symptoms, and psychosocial wellbeing in COPD patients.

Objectives: To describe changes in functional performance, dyspnea, quality of life, psychological status and multidimensional prognosis among participants in the EXpiRA+ programme.

Methods: A longitudinal observational study was conducted between January 2022 and April 2025, including 18 adults with COPD. The intervention comprised an 8-week multimodal PR programme, integrating structured exercise training and educational sessions. Assessments were performed at baseline, 8 weeks and 6 months. Outcomes included 6-Minute Walk Test (6MWT), 1-Minute Sit-to-Stand Test (1-STS), London Chest Activity of Daily Living (LCADL), COPD Assessment Test (CAT), modified Medical Research Council dyspnoea scale (mMRC), Hospital Anxiety and Depression Scale (HADS), and the BODE Index. Medians (P25–P75) were calculated. Wilcoxon signed-rank and Friedman tests were used.

Results: Significant improvements from baseline to 8 weeks were observed in exercise capacity [6MWT: 380 (297-525); 463 (390-525); p=0.012; 1-STS: 16.5 (11.5-24); 27 (20.5-39); p=0.005)], symptoms [CAT: 17 (9.5-24); 5 (3.5-19); p=0.012; mMRC: 2 (1-2); 1 (1-2); p=0.002)], and psychological well-being [HADS: 12.5 (9-16); 8 (4.5-12); p=0.018)]. At 6 months, improvements were largely retained, although not all remained statistically significant [6MWT: 380 (297-525); 480 (420-551); p=0.130; 1-STS: 16.5 (11.5-24); 31 (15-42); p=0.126; CAT: 17 (9.5-24); 6 (4-10); p=0.022; mMRC: 2 (1-2); 1 (0-2); p=0.011); HADS: 12.5 (9-16); 4 (3.5-9); p=0.017)]. Non-significant trends were observed for LCADL and the BODE Index. Friedman tests indicated significant global changes across time for 1-STS, CAT, mMRC, and HADS.

Discussion: EXpiRA+ produced clinically meaningful gains in functional performance, dyspnea, health status and psychological wellbeing, with substantial retention at 6 months. The programme demonstrates operational feasibility and potential reproducibility across multiple primary care units.

Conclusion: EXpiRA+ was associated with sustained improvements across several clinical domains and represents a feasible PR model deliverable in XXX primary care.

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ID 761- COPD Severity and Depression in Primary Care: A Cross-Sectional Study

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Context: Chronic Obstructive Pulmonary Disease (COPD) is a progressive condition that significantly reduces quality of life and is frequently accompanied by psychiatric comorbidities, particularly depression. In primary care settings, unrecognized depressive symptoms may worsen disease perception, treatment adherence, and overall outcomes. Understanding the association between COPD severity and depression, and the sociodemographic factors influencing this relationship, is essential for improving patient-centered management strategies in family medicine.

Objectives: To evaluate the relationship between COPD severity and depression among adult COPD patients presenting to family medicine outpatient clinics, and to identify sociodemographic variables associated with depressive symptoms.

Methods: This descriptive cross-sectional study was conducted between June 1 and December 1, 2024, in the Family Medicine outpatient clinics of a tertiary training and research hospital. The study included 125 adult patients diagnosed with COPD. Data were collected using a 10-item sociodemographic questionnaire, the 8-item COPD Assessment Test (CAT), and the 21-item Beck Depression Inventory (BDI). A CAT score ≥21 was accepted as indicating high COPD severity, and a BDI score ≥17 was considered indicative of depression. Data were analyzed using IBM SPSS 20, with statistical significance set at $p<0.05$.

Results: Among the participants, 76.8% were male (n=96), and the mean age was 66.99±8.32 years. Depression was detected in 36.8% (n=46) of patients. Based on CAT scores, 32.8% (n=41) were classified in the high-severity group. No significant association was found between depression and education level, income, smoking status, or comorbid chronic diseases ($p>0.05$). Both CAT and BDI scores increased with age, and higher CAT scores were significantly associated with higher BDI scores ($p<0.05$). Regular COPD follow-up was not significantly associated with depression.

Discussion: Findings indicate that depressive symptoms are common among COPD patients and appear to increase with disease severity. Sociodemographic factors showed no significant impact, suggesting that clinical parameters may play a more dominant role.

Conclusion: Depression is more prevalent in COPD patients compared with the general population, and its likelihood increases with greater disease severity. Routine use of the CAT in primary care may facilitate early recognition of depressive symptoms. Integrating psychosocial assessment into regular follow-up could improve quality of life and support comprehensive COPD management.

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ID 700- Improving management quality of chronic obstructive pulmonary disease in primary care: findings from a 2024 clinical audit

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Context: Chronic obstructive pulmonary disease (COPD) remains one of the least diagnosed and undertreated chronic conditions globally and nationally. In 2024, a comprehensive clinical audit was conducted across nine primary care teams to evaluate the quality of COPD management, identify system gaps, and compare current practice with evidence-based national protocols updated in 2023. The audit aimed to assess diagnostic accuracy, symptom monitoring, appropriateness of treatment, prevention activities, and follow-up patterns.

Methods: A full audit of all 180 COPD cases recorded in 2024 was undertaken. Data were retrospectively extracted from electronic medical records using predefined indicators reflecting structure, process, and outcomes of care. Analysis covered demographics, smoking status, spirometry, GOLD-based severity assessment, symptoms (CAT, mMRC), treatment alignment, vaccination, referrals, and hospitalization. Strengths of the audit included comprehensive case inclusion and multidisciplinary review; limitations included inconsistent

documentation, limited availability of spirometry, and variable data completeness across teams.

Originality: This audit represents one of the most detailed analyses of COPD management conducted in a national primary care network. Unlike previous fragmented reviews, this audit combined structure, process, and outcome indicators to evaluate real-world clinical per

Lessons learned and future implication: Findings revealed significant underdiagnosis (prevalence 0.9%), limited symptom assessment (CAT/mMRC documented in ~11%), low use of spirometry (18%), inconsistent GOLD classification, and suboptimal treatment alignment (34%). Preventive care (especially

Discussion: The audit demonstrated substantial variability across teams, highlighting gaps in diagnostic and monitoring practices, in continuity of care, prevention, and documentation. These findings indicate opportunities for structured quality improvement supported by protocols, supervision, and targeted training.

Conclusion: The 2024 audit underscored the need for systematic improvements in diagnosis, monitoring, treatment alignment, and preventive care. Enhancing structured workflows and strengthening team-based practice can significantly improve patient outcomes and align primary care with international COPD standards.

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Taking care of the elderly

ID 2234- Community Solidarity and Mobilization as Tools Against Depression and Dementia in Rural Areas of Crete

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Context: Rural areas of Crete are experiencing population ageing, social disadvantage, and growing isolation among older adults. Access to health and social care services is limited, and primary care often operates with few staff and resources. As a result, general practitioners are frequently required to manage depression, and early-stage dementia under challenging conditions and with little external support. In this setting, our community primary care practice aimed to involve the local social and cultural environment in addressing mental health and cognitive problems among older adults.

Methods: Recognizing the presence of cultural associations and informal community networks, the primary care team collaborated with local groups, volunteers, and residents to mobilize the community and create inclusive spaces for older adults.The intervention included memory walks, creative workshops (ceramics, loom weaving, knitting), choir singing, traditional dance, music lessons, and a weekly “memory café” with cognitive exercises, games, and social interaction. All activities were culturally familiar, locally organized, and low-cost.Participants were assessed at baseline and after six months using validated tools: the Geriatric Depression Scale (GDS-13), the Greek version of the Instrumental Activities of Daily Living (IADL) scale, and the Mini-Mental State Examination (MMSE).

Originality: This experience is innovative in that it treats the community itself as a therapeutic resource. It integrates social participation and cultural activities into routine primary care practice, offering a practical response to limited resources while remaini

Lessons learned and future implication: The experience showed that rural communities have the ability to support healthy ageing when properly engaged. Future steps may include longer follow-up and closer integration with routine primary care services.

Discussion: Participants who consistently engaged in the activities demonstrated improvements in mood, cognitive performance, and functional independence. Social connection and meaningful

engagement appeared to mitigate loneliness and depressive symptoms, supporting non-pharmacological approaches in early cognitive decline.

Conclusion: Community solidarity and mobilization can represent powerful tools in addressing depression and early-stage dementia in limited resources rural settings. This case demonstrates the potential for community driven interventions to complement clinical care and expand the therapeutic role of primary care practice.

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ID 1584- Primary Care Integration in Nursing Homes and Its Impact on Resident Outcomes: A Cross-Sectional Study in Catalonia

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Context: Older adults living in Nursing Homes (NHs) have complex healthcare needs that require close coordination with primary care teams (PCTs). In Catalonia, recent policies have promoted closer collaboration between primary care teams (PCTs) and NHs, although integration levels remain heterogeneous. Understanding whether higher integration translates into better resident outcomes is essential for guiding service planning and resource allocation.

Objectives: To evaluate whether greater primary care integration with nursing homes is associated with improved resident health outcomes and reduced healthcare utilization.

Methods: This cross-sectional study analyzed 612 nursing homes for older adults in Catalonia. Primary care integration was measured using a composite integration maturity score derived from paired surveys completed by each NH and its corresponding PCT. Homes were categorized into quintiles (Q1–Q5), with Q5 representing the highest integration. Outcomes included hospital admissions, polypharmacy (≥10 medications), emergency hospital visits, primary care emergency consultations, mortality, days at home, and continuity of care. Multivariable mixed-effects models accounted for clustering at the PCT level and were adjusted for residents' age, sex distribution, socioeconomic status, clinical complexity (GMA), and the number of residents per NH and per PCT.

Results: Integration levels varied widely across nursing homes. Compared with Q1, the highest integration group (Q5) demonstrated significantly fewer hospital admissions (−14.4%, p=0.019), lower rates of polypharmacy (−17%, p=0.047), and fewer emergency hospital visits (−6.8%, p=0.020). Improvements were already detectable at intermediate integration levels, particularly from Q3 onward. No significant associations were observed for mortality, days at home, primary care emergency visits, or continuity of care.

Discussion: While causality cannot be determined from this cross-sectional study, the consistency of effects across outcomes suggest that higher integration contributes to more proactive and coordinated care, reducing avoidable healthcare use. Further longitudinal research is needed to determine whether integration leads to long-term reductions in healthcare use.

Conclusion: Higher levels of integration between primary care teams and nursing homes are associated with reductions in healthcare utilization and polypharmacy, suggesting that more coordinated care models may enhance proactive management and improve resident outcomes. Strengthening integrated care strategies could support more efficient, resident-centered care for institutionalized older adults in Catalonia.

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ID 498- Characteristics, Organization, and Communication of Multidisciplinary Primary Care Teams Implementing the ICOPE Program

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Context: The WHO's Integrated Care for Older People (ICOPE) program is being implemented worldwide to promote healthy ageing. It aims to preserve intrinsic capacities (mobility, cognition, nutrition, mood, vision, and hearing) in adults aged 60 and over. Structured into five steps (screening, comprehensive assessment, personalized care plans, follow-up and community engagement) ICOPE places multidisciplinary primary care practices (MPCPs) at the forefront in France. Organizational and interprofessional collaboration challenges remain barriers to effective implementation. The ongoing INEPPS study uses a mixed-methods design to assess completed Personalized Care Plans (PCPs) and evaluate models of interprofessional cooperation and PCP negotiation. This work presents initial INEPPS results and focuses on interprofessional dynamics, hypothesizing their impact on ICOPE rollout and outcomes in primary care.

Objectives: The study objective was to analyze the characteristics, organizational structure, and modes of communication of MPCP teams involved in the ICOPE program.

Methods: A cross-sectional study examined multidisciplinary organization and communication within the ICOPE program. MPCPs implementing ICOPE in Occitanie and included in the INEPPS study were surveyed with a standardized 32-item electronic questionnaire, assessing team characteristics, organizational structure, and communication methods. Descriptive analysis, mapping, and profiling of teams were performed.

Results: Fourteen multidisciplinary practices were surveyed (mean staff: 25; mean patients: 6,529). General practitioners (GPs) were most frequently cited as the driving force behind program adoption. All practices used shared health IT systems, with most interprofessional communication occurring via this system. For Step 1, 57% of practices involved a nurse and 57% a physical therapist; for Step 2, nurses led in 64% of practices versus 14% for physical therapists. GPs were the main contributors to PCPs (57%), though active negotiation with the GPs occurred in only 35% of practices. Systematic follow-up was organized by half of practices.

Discussion: This study offers new insights into multidisciplinary team organization and real-world ICOPE implementation, however, its cross-sectional design and limited sample size remain important limitations. Further research is needed to link organization and communication to patient outcomes.

Conclusion: This study found variability in ICOPE implementation, particularly in team structures and professional roles. Systematic follow-up was inconsistently organized across practices. Understanding different multidisciplinary approaches could help enhance the program.

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ID 1094- Quality of Life, Comorbidities, and Biopsychosocial Conditions of Patients Aged 95 Years and Older in a Primary Care Center in Barcelona

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Context: The growing number of individuals aged 95 years and older poses new clinical and social challenges in primary care. Despite its relevance, data on their characteristics in community settings remain scarce.

Objectives: The primary objective was to describe clinical, functional, and social features of individuals aged ≥95 in 2022, with a secondary aim to explore comorbidity, polypharmacy, and family support patterns.

Methods: We conducted an observational, cross-sectional, descriptive study based on clinical records from CAP Casanova, an urban primary care center in

Barcelona. Participants aged ≥95 years during 2022 were included, and those with unavailable data were excluded. No sample size calculation was required, as this was a population-based study. Variables included demographics, family history, lifestyle, comorbidity, medications, health status, home care, hospitalizations, and function. Data were anonymized, and ethics approval was obtained from the Ethics Committee of Hospital Clínic de Barcelona (HCB.2022.0366_).

Results: Of 32,154 registered patients, 204 met inclusion criteria, and 182 were analyzed. The sample included 46 men (25.3%) and 136 women (74.7%), with a mean age of 97 years and mean Charlson index of 1.67. Regarding comorbidities, 73.6% had hypertension, 83.5% dyslipidemia, 85.1% were non-diabetic, 71.4% had no chronic kidney disease, 93.37% had no ischemic heart disease, 99.4% had never had a stroke, and 81.87% did not have dementia. Smoking prevalence was 10.8%, with 9.6% former smokers; 69.89% abstained from alcohol. Polypharmacy affected 25.82%, 39.01% used psychotropic drugs, and 64.3% had relatives aged ≥90. Overall, the cohort showed moderate comorbidity, low medication burden, preserved function, and strong family support.

Discussion: The predominance of women and low smoking rates align with known longevity patterns. Moderate comorbidity, limited polypharmacy, and moderate psychotropic use suggest a relatively healthy, community-dwelling oldest-old population with preserved functional independence. High familial longevity highlights genetic and shared environmental influences. Excluding participants with missing data was a limitation. Overall, the profile reflects typical healthy aging in this age group.

Conclusion: Adults aged ≥95 years in our population maintain functional independence and a low prevalence of modifiable risk factors. Recognizing these profiles may guide care strategies tailored to the needs of extreme aging.

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ID 264- Association of long-term frailty trajectory and mortality among patients with chronic lung diseases

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Context: The significance of frailty in the field of respiratory diseases has been recognized recently. Patients with chronic lung disease (CLDs) demonstrate elevated frailty prevalence and this condition strongly predicts adverse outcomes. However, evidence regarding the association between long-term frailty trajectories and mortality in this population remains limited.

Objectives: To examine the association between dynamic frailty trajectories and all-cause mortality in community-dwelling adults with CLDs.

Methods: This cohort study analyzed data from the China Health and Retirement Longitudinal Study (CHARLS) and Health and Retirement Study (HRS) in the US. The group-based trajectory model (GBTM) was used to identify potential frailty trajectories. To analyze the association between frailty trajectories and mortality, Cox proportional hazards regression models was used to calculate hazard ratios (HRs) with 95% confidence intervals (CIs). The subgroup analyses and several sensitivity analyses were used to confirm the main result.

Results: The study included 1716 CHARLS participants and 1668 HRS participants. Three frailty trajectories were identified: low level group, moderate level group, and high level group. During follow-up, there were 255 deaths in the CHARLS and 633 deaths in the HRS. Compared with low level group, high level group showed the highest mortality risk (HR, 2.51; 95% CI, 1.77-3.56), followed by moderate level group (HR, 1.54; 95% CI, 1.09-2.18). In the HRS, similar results were observed. Participants in moderate and high level groups had 54% (HR=1.54; 95% CI=1.22-1.95) and 143% (HR=2.43; 95% CI=1.92-3.07) higher mortality risk, respectively.

Discussion: In this analysis of two prospective cohorts, we observed a strong association between frailty trajectories and mortality risk among individuals with CLDs. Those with a trajectory characterized by high baseline frailty and rapid progression faced a significantly higher risk of mortality compared to individuals with low and stable frailty. These findings underscore that the dynamic change in frailty is a powerful indicator of

mortality risk. Early screening and proactive management of frailty are crucial in this vulnerable population.

Conclusion: Frailty trajectories demonstrated significant associations with mortality risk among adults with CLDs. Implementing frailty screening in CLDs management may help identify high-risk patients for targeted interventions.

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Taking care of the vulnerable

ID 2250- Listening beyond glycaemia: Empowering vulnerable patients with type 2 diabetes through culturally sensitive family medicine

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Context: Type 2 diabetes disproportionately affects socioeconomically disadvantaged and migrant populations, where disease management is complicated by social vulnerability, cultural beliefs, low health literacy and limited access to resources. In culturally diverse primary care settings, glycaemic control cannot be addressed uniquely through biomedical targets. Humanistic, person-centered and community-oriented family medicine is essential to empower patients, support self-management and promote equitable chronic care, reflecting the values of liberty and fraternity.

Methods: This practice-based case presents a reflective analysis of routine type 2 diabetes appointments in a Family Health Unit located in an economically deprived area with a high proportion of patients of low socioeconomic status and African migrants. The appointments focused on communication strategies, cultural sensitivity, exploration of patients' illness narratives, identification of psychosocial barriers to diabetes control, and articulation with community and social resources. Informal patient feedback and multidisciplinary team discussions supported the intervetion.

Originality: This case illustrates how "listening beyond glycaemia" functions as a deliberate clinical approach. By integrating narrative medicine, cultural humility, and shared decision-making, family physicians move beyond guideline-driven targets to address the dee

Lessons learned and future implication: Active listening and culturally sensitive communication enhance trust, engagement, and adherence to diabetes care plans. Recognizing social determinants of health, such as food insecurity, employment instability, and housing challenges, enables family phy

Discussion: Person-centered care and sensitivity to the culture of people with diabetes strengthen therapeutic relationships and continuity of care in socially complex contexts. Family physicians can integrate biomedical management with psychosocial and community dimensions. However, maintaining this approach requires time, institutional support, and interprofessional collaboration.

Conclusion: Listening beyond glycaemia is fundamental to empowering vulnerable patients with type 2 diabetes, supporting self-management, improving adherence, and reducing health inequalities. Humanistic, person-centered, and community-oriented family medicine fosters meaningful care, trust, and equity, embodying the principles of liberty and fraternity central to family medicine.

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ID 2233- Providers or patients? A scoping review of the "invisible" LGBT healthcare workforce in Turkish medical literature

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Context: Research on LGBT health in Turkey has expanded over the past two decades within a culturally conservative context shaped by policy shifts, including withdrawal from the Istanbul Convention. Most studies focus on healthcare professionals' attitudes towards LGBT patients, while experiences of LGBT healthcare professionals remain largely absent, contrasting with international evidence that sexual and gender minority clinicians face more discrimination and adverse career outcomes.

Objectives: This scoping review assessed the visibility of LGBT healthcare professionals in Turkish medical literature. Specifically, it aimed to examine the balance between studies of providers' attitudes towards LGBT patients and those addressing healthcare workers' professional experience by exploring evidence regarding recruitment, retention, wellbeing or career trajectories.

Methods: A scoping review of PubMed-indexed literature published between 2000 and 2025 was conducted. Searches combined Turkey-related terms, healthcare professional roles, and LGBT-related keywords. Eligible studies involved healthcare professionals or students, assessing LGBT-related attitudes, education, knowledge, or workplace issues. Of 65 full-text articles screened, 19 met inclusion criteria and intended to be categorised into three domains: attitudes towards LGBT patients, educational curricula and interventions, and healthcare workforce experiences.

Results: No study explicitly investigated the LGBT healthcare workforce. Four studies incidentally included LGBT-identified participants, representing 4.4% of a combined sample of ~2,358 individuals, and analysed them only in relation to patient care attitudes. Literature was dominated by attitude assessments (N = 8,400). A pooled analysis of six studies (n = 4,486) using the Hudson and Ricketts Homophobia Scale (standardised to 1–6) yielded a mean of 3.69, indicating moderately homophobic attitudes, higher among men. Other instruments indicated moderately positive attitudes or professionals being "on the verge of homophobia." Studies consistently reported a lack of standardised LGBT health curricula.

Discussion: Turkish medical literature is hyper-focused on the ideology of LGBT health but blind to the professionals providing it. The incidental presence of LGBT participants demonstrates that the workforce exists, yet these professionals remain "research ghosts" present in data but ignored by researchers. This silence enforces structurally imbalanced heteronormative assumptions.

Conclusion: Future studies must shift from repeated attitudinal assessments to workforce-centred research, addressing both patient care and the organizational conditions that support equitable practice for LGBT healthcare professionals.

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ID 1895- Impact of Social Health Inequalities on the Nutritional Status of the French population : a narrative literature review

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Context: Social health inequalities (SHIs) in France, among the highest in Europe and continue to widen, contributing to a marked social gradient in health. Nutrition, understood as both dietary intake and physical activity, is a major determinant in health and a central target of public health policies. Despite national strategies such as the French National Nutrition and Health Programm (PNNS), nutritional inequalities persist.

Objectives: This study aimed to describe the impact of SHIs on the nutritional status of the French population and to identify key determinants and barriers to improvement.

Methods: A narrative literature review was conducted in accordance with PRISMA guidelines. Bibliographic databases (PubMed, Cochrane, Cairn, LiSSa, and CISMeF) and grey literature were searched up to May 2024. Articles focusing on the French population were included. Nutritional status

was assessed through dietary quality, prevalence of overweight and obesity, and levels of physical activity and sedentary behaviour.

Results: A total of 45 articles were included, most based on large national surveys (INCA3, ESTEBAN, ObEpi-Roche 2020, and ABENA). A lower socioeconomic position was consistently associated with poorer dietary quality, higher intake of sugar-sweetened beverages, and increased food insecurity. These populations also showed higher prevalences of overweight and obesity, lower levels of physical activity, and more sedentary behaviour. Educational level emerged as a strong determinant of nutritional outcomes, often more influential than income or occupational status.

Discussion: The findings indicate that nutritional inequalities result from multiple, interconnected determinants. Economic constraints remain central, with food expenditure frequently acting as an adjustment variable, favouring low-cost and ultra-processed foods. Limited geographic access to healthy foods, physical activity facilities, and preventive healthcare, further exacerbate disparities. Cultural norms, nutrition transition, food acculturation, and targeted marketing of unhealthy foods disproportionately affect socially vulnerable populations. This review provides an updated and comprehensive overview of a topic that remains underexplored in the French context. However, the analysis relies largely on a limited number of national surveys, with heterogeneous methodologies and populations.

Conclusion: SHIs have multifactorial impact on nutritional status in France. In primary care, therapeutic patient education and structured individual or group-based support programmes appear particularly relevant to support sustainable lifestyle changes among socially vulnerable populations.

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Taking care of the vulnerable

ID 1741- Social determinants of dental care utilisation and oral health in a low-income rental flat community

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Context: Despite dental subsidies and widespread screening services, disparities in dental care use and oral health persist. National data indicate that over one-third of residents have untreated dental caries, with a disproportionate burden among lower socioeconomic status groups. Socio-economic barriers and engagement with medical primary care may shape oral health behaviours, yet evidence in XXX is limited.

Objectives: To examine how socio-economic access and healthcare engagement influence self-perceived oral health, oral function, and dental care utilisation in a rental flat community in XXX.

Methods: A cross-sectional survey of rental flat residents aged ≥40 was conducted at a health screening. Participants reported self-perceived oral health and function, dental visit frequencies, and socio-demographic data. We used ordinal logistic regression to examine the associations between social factors and survey outcomes.

Results: Among 116 participants (50.8% female; mean age 64±10.7), 21.6% reported poor/very poor oral health, while 19.6% faced significant-to-extreme difficulty chewing. 37.5% visit the dentist at least once a year, whereas 19.0% couldn't recall their last visit and 31.0% only sought care after experiencing problems. Commonly cited reasons include: lack of perceived need (44.6%), money (21.4%), or time (11.6%). After adjustment for age, gender, and ethnicity, participating in screening programmes (OR=3.91, 95%CI 1.18-13.68) and awareness of income-based subsidies (OR=2.5, 95%CI 1.10-5.82) predicted better oral health. Better financial coping ability was associated with increased eating rate (OR=3.2, 95%CI 1.41-7.46) and decreased chewing difficulty (OR=0.30, 95%CI 0.13-0.69). Having a regular general practitioner lowered

odds of chewing difficulty (OR=0.46, 95%CI 0.22-0.94). Increased dental visit frequency was predicted by enrolment with a general practitioner (OR=2.42, 95%CI 1.09-5.47), and use of income-based (OR=2.70, 95%CI 1.36-5.47) or age-based (OR=2.9, 95%CI 1.36-6.33) subsidies.

Discussion: Participants experienced substantial oral health and functional burden. The frequency of dental visits was lower than national averages, possibly due to greater socio-economic barriers or lack of oral health literacy. Mediators explaining the link between financial capacity and oral function should be explored. Better oral health, function and care-seeking were linked to broader health-seeking behaviours and healthcare system engagement.

Conclusion: Oral health equity and dental care utilisation may be improved by reducing financial barriers, education and preventive frameworks enabling sustained healthcare engagement.

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ID 1652- Association of health literacy with fruit and vegetable consumption among university students of health sciences in Kosovo.

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Context: Health literacy (HL) is considered an important determinant of dietary behaviors, influencing fruit and vegetable intake among young adults. However, the evidence on the association between HL and dietary behaviors remains scarce in the Western Balkans.

Objectives: We assessed the association of HL with fruit and vegetable consumption among university students in Kosovo.

Methods: A cross-sectional study was carried out in 2024, including 470 students of health sciences (≈86% females; mean age: 20.7±2.7 years; response rate: 70%). HL was measured by using the European Health Literacy Survey Questionnaire (HLS-EU-Q). HL scores ranged from 0 (lowest general HL level) to 50 (highest general HL level), which in the analysis were dichotomized into “inadequate and/or problematic HL” (scores: 0-33) to “sufficient and/or excellent HL” (scores: 34-50), according to the recommendations of developers of the instrument[1]. Additionally, information on fruit and vegetable consumption and sociodemographic factors was collected. Binary logistic regression was used to assess the association of HL with fruit and vegetable consumption. [1] Holt KA, et al. Health literacy, digital literacy and eHealth literacy in Danish nursing students at entry and graduate level: a cross-sectional study. BMC Nurs. 2020;19:22.

Results: Daily consumption of fruit was ≈47% among students with “sufficient and/or excellent HL” levels compared with ≈33% in those with “inadequate and/or problematic HL” levels. Similarly, daily consumption of vegetables was higher among students with “sufficient and/or excellent HL” levels than in those with “inadequate and/or problematic HL” levels (≈45% vs. 36%, respectively). In logistic regression models adjusted for gender, age and family income of participants, the odds of non-daily consumption were 56% higher for fruits and 32% higher for vegetables among students with “inadequate and/or problematic HL” compared with their counterparts with “sufficient and/or excellent HL” levels.

Discussion: HL was positively associated with daily fruit and vegetable consumption, highlighting the need for targeted interventions to strengthen HL and promote healthier dietary behaviors in the region.

Conclusion: Strengthening health literacy may have both immediate benefits for individual health behaviors and longer-term implications for public health practice. Integrating health literacy–oriented nutrition education within university settings could support healthier eating habits and contribute to non-communicable disease prevention.

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ID 1312- Primary care for people with intellectual disabilities; what do doctors and patient need?

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Context: For people with a mild intellectual disability (ID), their general practitioner (GP) plays a pivotal role as this are often the first point of contact in care. They experience higher rates of mental and chronic health problems, and often have different care needs and visit their GP more often than patients from the general population. GPs on the other hand struggle to provide and organize appropriate care for this patient group.

Objectives: Improving accessibility and quality of primary care requires insight into needs and expectations of both patients with ID and GPs providing care to this vulnerable group. In this presentation we identify overarching needs and expectations from both perspectives within the Dutch primary care context, as well as opportunities for improvement.

Methods: This presentation synthesizes findings from multiple qualitative studies exploring the perspectives of patients with ID, as well as primary healthcare providers. Data sources include semi-structured interviews with patients with MID and mental health problems (n=11), focus groups with GPs and mental health nurse practitioners (n=19), and interviews with patients (n=14) and providers (n=32) on chronic disease management.

Results: Findings indicate that the combination of ID and co-occurring mental or chronic health conditions increase demands on primary care: patients often feel (extra) vulnerable and GPs experience consultations as particularly complex. This complexity brings specific needs that emerged across this studies: (1) building a strong, trust-based relationship supported by adapted communication; (2) involving formal and informal networks, which play pivotal yet inconsistent roles in care access and follow-up; (3) coordinating care across various providers and (fragmented) settings; and (4) providing practical support and accessible information to enable self-management while safeguarding autonomy.

Discussion: These findings highlight opportunities to improve quality and equity in primary care, which require investments in GP training and care organisation as well.

Conclusion: Patients with mild intellectual disability face complex health needs, requiring trustful communication, network involvement, and coordinated care. Strengthening GP training, continuity, and integrated pathways is essential to improve equity and quality in primary care.

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ID 86- Focusgroup study to explain differences in primary care between older migrants and non-migrants with dementia or diabetes in the Netherlands

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Context: Migrants in Europe are known to experience poorer health as they age compared to native populations. They are more likely to develop chronic diseases, such as dementia and type 2 diabetes, and at a younger age compared to non-migrants. These conditions require long-term (medical care), which in the Netherlands is primarily provided by general practitioners (GPs). However, barriers to access and quality of care persist for migrant groups. We previously identified differences

in primary care for older adults with dementia or diabetes between migrants and non-migrants in the Netherlands, specifically in fewer GP home visits and more use of out-of-hours GP services. The reasons for these differences remain unclear.

Objectives: This study aims to explain the previously observed differences and to identify opportunities to improve GP care for older migrants with dementia or diabetes in the Netherlands, in collaboration with relevant stakeholders.

Methods: We are conducting an exploratory qualitative study using focus group discussions with informal caregivers, patient representatives, and GPs. During the focus groups, we present the observed differences and invite participants to share possible explanations based on their personal experiences. Additionally, we explore suggestions for improving GP care. The discussions will be analysed using thematic analysis, without a pre-existing coding framework.

Results: Preliminary results The first focus group was held with eight informal caregivers of older adults with dementia or diabetes of Moroccan origin. Important topics that emerged included Language & communication barriers, Navigating the (healthcare) system, Dignity & autonomy, Expectations of care, and (Felt) stigma. Further focus groups are planned to be conducted in the near future.

Discussion: Although this is an exploratory study with a small sample size, it addresses a previously under-researched topic. The combination of quantitative and qualitative approaches strengthens this study.

Conclusion: We expect the findings of this study to help design interventions to improve the GP care for older migrants with dementia or diabetes.

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Team

ID 2118- Innovative postgraduate training for primary care pharmacists: workplace-based learning in general practice

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Context: The increasing complexity of pharmacotherapy calls for an expanded role for pharmacists in primary care. General practice-based pharmacists can improve care quality, reduce medication errors, and prevent hospital admissions. This evolving role requires further development of clinical, communicative, and interprofessional competencies.

Methods: A multidisciplinary team of pharmacists, general practitioners (GPs), educational scientists, and a psychologist developed a one-year postgraduate training program for general practice-based pharmacists in the Netherlands. The program is organised around five learning pathways: (1) consultation skills; (2) clinical decision-making; (3) interprofessional collaboration; (4) professional practice and positioning; and (5) quality improvement. The program includes 20 teaching days, combining workplace-based learning in general practice with interactive small-group education, partly delivered with GPs. Educational principles include competency-based and self-directed learning. Participants completed online evaluations after each teaching day.

Originality: This is the first structured postgraduate training program in the Netherlands specifically designed to prepare pharmacists for a clinical role in general practice.

Lessons learned and future implication: The program was developed in 2024 with active stakeholder involvement. In January 2025, twelve pharmacists working part-time in general practice started the program. A total of 139 evaluations of teaching days and 51 evaluations of joint GP sessions were

Discussion: This training program supports the implementation of general practice-based pharmacists. By integrating self-directed and

interprofessional learning, it bridges the gap between existing pharmaceutical education and the growing demand for patient-centred, multidisciplinary primary care.

Conclusion: A competency-based postgraduate training program integrating workplace learning and interprofessional education effectively prepares pharmacists for an expanded clinical role in general practice.

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ID 1699- Self-management interventions in primary care teams in France: a comprehensive model supporting their design, based on a mixed sequential explanatory study

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Context: In primary care in France, in order to meet the challenge of supporting a growing number of people to self-manage their chronic disease, primary care teams (PCT) are organising themselves to offer self-management intervention (SMI), sometimes supported by a support structure. These SMI are accessible and personalised, but insufficiently developed to face the needs of the population and not based on SMI models.

Objectives: The objective of the research was to describe a comprehensive model of the organisational, psycho-cognitive and educational aspects that favour the design of a SMI, carried out by PCTs in France.

Methods: We used a mixed explanatory method, consisting of an initial questionnaire survey of regional health agency project managers, which enabled us to describe 127 SMI carried out in PCTs between 2010 and 2022. Based on these SMI, we then conducted a second qualitative phase, consisting of an initial sequence carried out using a template analysis with eight PCT- support structure pairs and a second sequence carried out using grounded theory analysis with 17 members of PCT educational teams.

Results: The educational team (composed of healthcare professionals and patient partners) is at the heart of our model, led by leadership and supported by coordination. The educational team works with 1) the PCT, which incubates the dynamic within its organisation, 2) a network of partners, which supports the SMI, 3) a restrictive healthcare system, which influences practices, 4) a coordinated and complex educational action, including the organisational and educational coordination of the SMI. Cross-cutting categories, spanning the other categories, are identified, such as 5) the values of the actors, which are more or less conscious, and 6) SMI practices that transform both the actors and healthcare practices.

Discussion: The model presented demonstrates both the feasibility of designing a SMI in PCTs and describes relevant strategies to support their deployment. A complementary theoretical analysis of the model (particularly educational) will enable an intervention model to be proposed for testing in PCTs.

Conclusion: In a context of more and more people presenting chronic disease, our comprehensive model can help the healthcare system to better adapt their care to the real needs of patient.

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ID 1593- "We Are Doing Research": Epistemic Subjectivation in a Multiprofessional Primary Care Team

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Context: In France, multiprofessional primary care research remains underdeveloped. Multiprofessional primary care group practices (MSPs) conduct protocols akin to action research, but these are rarely recognised as forms of knowledge production. Little is known about how teams conceptualise research and how a quality improvement dynamic can reshape these conceptions.

Objectives: To explore how acculturation to research through a quality improvement process reshapes an MSP team's conceptions of research.

Methods: Exploratory qualitative study using a grounded theory approach, conducted in a single MSP with four health professionals (one general practitioner, two nurses, one physiotherapist) and a patient partner, recruited through purposive sampling. It constituted the third phase of a three-step process: initial exploration of representations of research, implementation of a quality improvement initiative, then acculturation to research by drawing an analogy between the team's protocol development and a research process, prior to exploring representations a posteriori.

Results: Three dynamic processes emerged: (1) the foundations of a learning community (shared leadership, a collective desire for improvement, pragmatic responsiveness); (2) epistemic subjectivation, with an emotionally charged realisation that "we are doing research" and the legitimisation of a stance as producers of knowledge; (3) the emergence of an inductive, situated, multiprofessional research model positioning the MSP as a third space for research, articulating care, training and knowledge production. Structural barriers persist (time, tools and infrastructure, institutional recognition).

Discussion: These findings are consistent with the principles of community-based participatory research and practice-based research networks, showing that knowledge production can be co-constructed from situated forms of knowing. Recognising the epistemic competencies of the professionals and the patient partner may help reduce structural epistemic injustice towards primary care teams and their patients.

Conclusion: The quality improvement process, supported by a protected reflexive space, fostered acculturation to research and a shift towards a form of research that is situated, democratic and team-led. These findings suggest that MSPs can become third spaces for primary care research, provided that a safe framework and methodological support are recognised as genuine epistemic requirements.

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ID 1447- Strengthening nurse-physician interprofessional collaboration in general practice: A multimodal intervention study

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Context: General practitioners (GPs) increasingly collaborate with nurses to address rising workload pressures, ageing populations and multimorbidity. However, practices vary widely in how collaboration between nurses and general practitioners is organised and supported. Within the XXX-project, the eight participating practices reported challenges in developing the nurse's role into a complementary function within an interdisciplinary team, highlighting the need for targeted support to strengthen collaborative practice. A multimodal intervention was therefore developed in co-creation to enhance nurse-physician collaboration and strengthen team functioning in GP.

Objectives: To evaluate the impact of a multimodal intervention on (1) quality of chronic care organisation, (2) work system characteristics based on the SEIPS framework, including (3) the role and task profile of the nurses within the GP, and (4) implementation-related variables.

Methods: The intervention was delivered from June 2025 to May 2026 in 8 general practices with at least one nurse on staff. It consisted of: (1) five

workshops for nurse–physician dyads on protocol-based care; (2) four online intervision sessions for nurses to support peer learning; (3) three in-practice coaching sessions tailored to the needs of the GP, and (4) optional learning resources comprising tools on the role of the nurse, vision and mission development, and leadership workshops. A pre–post design was used to assess changes in the quality of chronic care organization, SEIPS work system domains (persons, tasks, tools/technology, organisation, internal and external environment), and implementation outcomes. Data were collected through surveys, structured observations, and focus groups.

Results: Final results will be available at the conference. Preliminary feedback suggests improved role clarity, more structured nurse–physician communication and expanding protocol-based care.

Discussion: Early indications show that a multimodal approach combining shared learning, peer reflection, and coaching can meet diverse practice needs in expanding the role of nurses in GP.

Conclusion: This study examines a multimodal intervention to strengthen nurse–physician collaboration in GP. Findings are expected to guide future strategies to support collaborative primary care teams.

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ID 712- Professionals with a Voice: Quality emerges from recognition and active listening

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Context: Healthcare transformation cannot be achieved without acknowledging those who sustain care delivery: professionals. Despite technological and organizational progress, care quality still depends on human factors such as recognition, motivation, participation, and team cohesion. Actively listening to professionals, highlighting strengths, and integrating their perspective in decisions improves the work environment and patient experience. Empowering caregivers is an internal improvement strategy with measurable organizational impact.

Objectives: This study explores how recognizing the individual value of healthcare professionals positively influences motivation, engagement, and performance. It aims to demonstrate that such recognition combined with institutional active listening enhances team well-being, strengthens organizational culture, and contributes to safer, efficient, and patient-centered care models. We emphasize the relevance of supportive work environments where professionals feel valued, respected, and heard, as this directly correlates with care quality.

Methods: A qualitative approach was conducted using clinical and managerial experience, incorporating interventions focused on internal recognition, multidisciplinary communication, and participatory leadership. Data collection included direct observation, structured interviews, and reflective group sessions, allowing the integration of diverse professional perspectives within healthcare settings.

Results: Findings showed improvements in professional satisfaction, inter-team coordination, and commitment. Explicit recognition, opportunity to express ideas and concerns, and valuing individual strengths reinforced ownership and perceived contribution. Indirect improvements included reduction of conflict, lower turnover, and enhanced adaptability to organizational change. Participants reported higher alignment with institutional objectives and greater connection with professional purpose.

Discussion: The organizational interventions implemented have shown a significant impact on professional satisfaction and team coordination. Explicit recognition of well-done work, the creation of safe spaces to express ideas and concerns, as well as the appreciation of individual strengths, have proven to be strategies that strengthen professional commitment and improve patients' perception of quality.

Conclusion: Professionals with a voice strengthen institutional resilience, safety culture, and leadership capacity. Active listening and recognition are fundamental components of quality

improvement. Healthcare transformation must begin internally by caring for and valuing those who care, promoting safe communication spaces, and prioritizing human development as a strategic pillar. Supporting empowered teams represents an investment in safer and effective patient care.

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ID 762- Embedding adapted physical activity within a primary care learning model: an interprofessional community-based experiment

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Context: Adapted Physical Activity (APA) is recognised in France as an effective non-pharmacological therapy. However, its implementation in primary care remains limited due to insufficient training of general practitioners, low visibility of APA professionals, and weak coordination between health and sport sectors. To address these barriers, a primary care centre and a university faculty jointly developed an interprofessional model integrating APA student internships within routine primary care.

Methods: In October 2024, the University of XXX Faculty of Health and Sport Sciences partnered with a university-affiliated Maison de Santé Pluriprofessionnelle Universitaire (MSPU) in XXX. The initiative embedded APA Master's students within the primary care team, alongside general practice trainees, under shared academic supervision. APA students delivered individualised APA programmes and facilitated a supervised walking group. In 2024–2025, two students supported 45 patients. In 2025–2026, five students participated, and by October 2025, 83 patients had joined APA activities.

Originality: While APA is increasingly promoted in France, few initiatives embed APA professionals directly within primary care teams and even fewer integrate them into a formal learning environment combining medicine and sport sciences. This model differs from existi

Lessons learned and future implication: Key lessons include the value of co-location for improving communication, the need for clear supervision roles, and the importance of early integration of APA students into team routines. The experience highlights the potential for replicating such models

Discussion: This case suggests that embedding APA within primary care strengthens interprofessional collaboration, enhances preventive practices, and supports experiential learning. However, ongoing evaluation is required to assess long-term impact and ensure scalability.

Conclusion: Integrating APA internships into a community-based primary care centre expands patient access to evidence-based physical activity programmes, strengthens interprofessional education, and offers a promising model for enhancing preventive care capacity in primary care.

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ID 466- Multidimensional analysis of organizational structures in XXX general practices: team model, patient flow and digital integration

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Context: XXX faces persistent structural challenges in primary care, including fragmented practice organization, limited delegation, high administrative burden, and high hospitalization rates for ambulatory care–sensitive conditions. Although international evidence demonstrates that well-structured, team-based general practice improves access and reduces avoidable hospitalizations, the real-life organizational functioning of XXX general practices has not been systematically evaluated.

Objectives: To examine the organizational structures of XXX general practices—focusing on team composition, patient flow management, and digital care processes—and to contextualize findings

within broader patterns described in XXX primary care literature.

Methods: A mixed-methods descriptive study was conducted in 120 general practices across XXX. Quantitative data were collected through a questionnaire assessing staffing models, division of tasks, appointment organisation, telephone accessibility, acute care pathways and digital tool use. Qualitative data were gathered from semi-structured interviews with family physicians, nurses and administrative staff. In addition, published sources, including policy documents, national reports and peer-reviewed studies on XXX primary care organisation, were reviewed to support contextual interpretation. Quantitative data will undergo descriptive statistical analysis; qualitative material will be thematically analysed and findings integrated using triangulation.

Results: Preliminary patterns indicate considerable variability across practices. Many operate with minimal staffing and limited task delegation, contributing to high administrative load. Practices with both a nurse and an administrator involved in patient flow tend to demonstrate shorter waiting times and better accessibility. Acute care organization and telephone management vary widely, with some practices relying on ad hoc arrangements. Digital care is inconsistently implemented: telephone consultations are common, while electronic communication, online booking systems, and protocol-driven remote management remain limited. Thematic analysis is expected to reveal recurring challenges such as documentation overload, fragmented workflows, and insufficient integration of team roles.

Discussion: Early findings suggest that XXX's practice organization differs from structures described in other XXX states, where more standardized workflows, broader team roles, and higher levels of digital integration are commonly reported. These contrasts highlight potential areas for system-level strengthening.

Conclusion: This study provides the first multidimensional mapping of organizational structures in XXX general practice, highlighting priority areas for improvement—team expansion, structured patient flow, and consistent digital integration—and offering an evidence-based foundation for strengthening primary care in XXX.

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Telehealth

ID 1095- The Patient Journey Record (PaJR). A telehealth patient journey coaching system operating since 2018

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Context: The Patient Journey Record System (PaJR) was conceptualised and designed by general practitioners (GP), in the out-of-hours setting in Ireland, to improve the journey care of vulnerable, ill or frail patients who attended or who had home visits in 2010. It was a telehealth service, that is disease agnostic, with lay navigators making regular phonecalls to patients identified as being at risk of emergency department visits or acute admissions. The PaJR system has been operational in Victoria, Australia since 2018.

Methods: This abstract outlines the conceptual evolution, development, and practical implementation of the PaJR system, summarising findings from trials and evaluations across diverse healthcare contexts. Evaluation methods included pragmatic controlled trials, service reviews, and case vignettes, with outcomes such as hospital utilisation and patient satisfaction.

Originality: The system’s originality lies in recognising that “patients know their health and can anticipate worsening health,” and that generic GP care avert acute care if alerted. PaJR phone interventions use conversational analysis on self-reported patient narrati

Lessons learned and future implication: Lessons highlight the value of relational care, narrative data, and localised GP care in patient journeys. Key challenges included integrating with changing health systems and ensuring sustainable resources. Broader adoption enabled by digital platform sc

Discussion: Future enhancements involve artificial intelligence for voice metrics for improved risk prediction and triage, while maintaining the essential human element in care. Sustainable adoption requires supportive policy, funding, and ongoing workforce development, with further research needed to guide best practice.

Conclusion: The PaJR system integrates structured telehealth conversations, predictive alerts, and relational coaching to support early detection of deterioration and adaptive care planning. Across multiple deployments, PaJR has demonstrated reductions in inpatient bed-days, improved care coordination, and high patient satisfaction. The synthesis highlights both the promise and challenges of implementing anticipatory, human-centred care models in real-world systems.

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ID 840- Evaluating the Impact of Telehealth Intervention Combined with Continuous Glucose Monitoring on Glycemic Control in Individuals with Prediabetes

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Context: Prediabetes significantly increases the risk of diabetes, cardiovascular diseases, and mortality. In XXX, the prevalence is around 29.6%. The primary management approach is lifestyle modification, yet the best method for sustainable change is debated. During the pandemic, continuous glucose monitoring and telehealth have shown promise for diabetes management, especially for insulin users. However, their application for prediabetes remains under-researched.

Objectives: Evaluate the efficacy of remote education with continuous glucose monitoring versus traditional in-person lifestyle education in managing prediabetes.

Methods: In this single-center, randomized controlled study, participants diagnosed with prediabetes are recruited and divided into two groups. Following screening and consent, participants are either assigned to a control group, which receives two in-person education sessions, or an experimental group, equipped with a 14-day continuous glucose monitor and two remote sessions. Post- intervention evaluations at 3 and 6 months measure fasting glucose and BMI. Any adverse events are closely monitored. Data analysis is conducted using ANOVA in STATA, focusing on the effects of interventions over time and across groups, with post-hoc tests and Bonferroni adjustments applied as needed.

Results: At six months, 26 participants completed follow-up. Compared with the control group, the CGM group demonstrated greater improvements in glycemic outcomes, including non-significant trends toward reductions in HbA1c and fasting glucose. BMI showed a modest downward trend in the CGM group, although between-group differences were not statistically significant. No serious adverse events occurred, and CGM-related skin irritation was mild and self-limited.

Discussion: The findings suggest that integrating short-term CGM use with remote education provides measurable benefits for individuals with prediabetes, surpassing traditional in-person education. Continuous visual feedback from CGM may enhance self-awareness of dietary, facilitating more sustained metabolic improvements. The observed enhancements in glycemic regulation and quality of life align with emerging evidence supporting CGM as a behavioral intervention tool. However, the modest sample size and single-center design may limit generalizability.

Conclusion: A brief CGM-supported intervention combined with remote counseling appears feasible, safe, and more effective than standard education in improving glycemic outcomes among adults with prediabetes. These results highlight the potential of CGM-guided lifestyle modification as an early preventive strategy and warrant further evaluation in larger, long-term studies.

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ID 1096- A Human Factors Study Examining Virtual Care between GPs and

Aged Care Homes: Using Systems Engineering Approaches to Improve Adoption

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Context: Virtual care is expected to improve access to general practice for people in residential aged care homes (RACHs), yet uptake remains slow as pressures on primary care intensify. A central challenge in many countries is how GPs and RACHs can implement virtual care sustainably and equitably. A systems engineering approach was used to examine barriers to virtual care for residents in RACHs with general practice, offering insights into why adoption has struggled despite clear clinical need.

Objectives: To identify work system factors influencing safe and effective virtual care in RACHs and outline improvements that could support general practice workflows.

Methods: Semi-structured interviews were conducted with thirty two participants, including eleven GPs, eleven registered nurses, three practice managers, five residents and two carers. Analysis followed the Systems Engineering Initiative for Patient Safety model to examine interactions across people, tasks, technologies, environments and organisational processes.

Results: Coordination problems were a significant barrier. Staff availability rarely aligned with GP schedules, and misaligned workflows meant residents, devices and essential information were not ready together, leading to delays. Communication limitations related to hearing loss, visual impairment, cognitive decline and language differences with residents reduced assessment quality. Technology issues including weak connectivity, systems learnability and minimal integration disrupted workflow. High staff turnover, limited device access and duplicating documentation added to workload. Environmental pressures including noise, privacy constraints and unclear funding rules created further strain. Facilitators included access to vital signs before consultations, combined GP/RACH training, reliable access to clinical information systems and dedicated devices in homes.

Discussion: Workflow barriers restrict routine use, and existing guidance does not reflect the pressures clinicians face. Evidence using systems engineering principles remains limited, although this approach provides a structured way to understand how technology functions in complex environments.

Conclusion: Virtual care remains difficult to embed within general practice and aged care home workflows. This systems engineering analysis using human factors methods explains the adoption gap, and identifies actions to support reliable and efficient care. Improved coordination processes, stronger workflow alignment, reduced documentation load and access to reliable devices offer a path toward sustainable and equitable virtual care with GPs for people in aged care homes.

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ID 695- Institutional perspectives on telemedicine development: insights from 2025 key informant survey

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Context: XXXX has rapidly advanced its digital health agenda, with telemedicine becoming a strategic tool for improving access to care in remote and underserved regions. Rural PHC settings have been central targets of these reforms. Since 2021, 110 rural ambulatories have been equipped with

telemedicine capabilities, enabling remote consultations, digital diagnostics, and virtual mentoring for frontline providers. Several national actors have supported rural sites through improved connectivity and digitized clinical workflows.

Methods: In November 2025, an online semi-structured survey gathered insights from senior representatives of the XXXX Family Medicine Association, rural primary care providers, and independent experts.. The survey explored organizational roles, motivations for entering telemedicine work, experiences with rural implementation, integration challenges, and perceived outcomes. Many respondents reported the beginning of telemedicine activities during the COVID-19 pandemic, using remote consultations, digital mentoring, and tele-screening initiatives to strengthen rural access. Strengths included high acceptance among rural PHC teams, improved patient reach, and enhanced provider confidence. Limitations included fragmented national coordination, variable infrastructure, and a lack of standardized digital pathways.

Originality: This case report provides one of the first comparative institutional reflections on telemedicine implementation after the COVID-19 period. While earlier literature focuses on small-scale pilots, this experience highlights long-term organizational engageme

Lessons learned and future implication: Key lessons highlight the importance of strong national coordination to ensure coherent and equitable implementation. Telemedicine initiatives must be grounded in the practical needs of the PHC system rather than driven solely by technological possibiliti

Discussion: Institutional perspectives confirm that rural telemedicine success relies on contextual adaptation, strong PHC integration, and clear coordination mechanisms across stakeholders.

Conclusion: Telemedicine deployment across rural settings demonstrates significant potential for improving access and reducing disparities. Scaling these gains will require coordinated national oversight, standardized systems, and sustained investment in PHC workforce capacity.

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ID 532- Evaluation of patients' attitudes towards the use of telemedicine services in family medicine outpatient clinic

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Context: Primary health care underpins sustainable, resilient health systems; understanding patients' attitudes toward telemedicine services is crucial for enhancing quality and planning.

Objectives: This cross-sectional study examines these attitudes and their influencing factors.

Methods: In the study, a 38-item questionnaire—including questions on demographic characteristics, employment status, health status, healthcare service utilization, and the Attitude Scale Towards the Use of Telemedicine Services—was administered to patients visiting the Family Medicine Outpatient Clinics of Ankara University Hospitals between January and March 2025. The scale yields scores between 18 and 90; higher scores reflect a more positive attitude toward telemedicine use. Normality was assessed visually and statistically; groups were compared via t-test/ANOVA, and age-scale correlation was analyzed using Pearson's test.

Results: A total of 155 patients participated in study, with an average scale score of 58.5±16.7. Scale scores were significantly higher among university and postgraduate graduates (62.6±16.5) compared to high school (55.1±15.9) and below high school graduates (51.1±15.0); among employed individuals (63.9±16.6) compared to unemployed (54.3±15.5), and among full-time workers (66.5±14.5) compared to those with other working arrangements (52.5±20.4). A low negative correlation was found between scale score and age (r=-0.221, p=0.006).

Discussion: In line with prior research, younger age and higher educational attainment were associated

with more favorable attitudes toward telehealth, likely reflecting greater digital literacy and familiarity with technology. Contrary to several studies reporting higher acceptance among patients with chronic conditions, our participants without chronic disease had higher attitude scores, possibly indicating concerns about the adequacy of remote care for complex problems. Higher scores among employed and full-time workers suggest that telehealth is particularly attractive for time-constrained adults. Evaluating these patterns in a tertiary family medicine outpatient clinic adds novel evidence from Turkey to the primary care telehealth literature.

Conclusion: This study demonstrated that attitudes towards telemedicine services are significantly associated with educational level, employment status, and work arrangement. At the same time, the findings offer significant contributions toward developing strategic interventions to enhance the adoption of telemedicine services.

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ID 210- A qualitative study on patients' perspectives on barriers to teleconsultation adoption in a primary care clinic in Malaysia

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Context: Teleconsultation (TC) benefits patients with conditions like diabetes, hypertension, and high cholesterol, offering quality care, aiding patient recall, and saving costs. Yet, its adoption is poor in Malaysia, a developing middle-income country in Southeast Asia.

Objectives: This study explored patients' perspectives on the barriers to using TC in a primary care clinic.

Methods: A qualitative study design was adopted. Individual semi-structured interviews was conducted among 13 patients who have used TC in a primary care clinic, and one who did not. Interviews were guided by an interview guide developed from the Theoretical Domains Framework. Interviews were transcribed verbatim and analysed thematically using an inductive approach.

Results: Four key themes emerged from the analysis. First, there was a lack of awareness of TC as a service. Many participants were unfamiliar with the term "teleconsultation," perceiving it as technical jargon, and found doctors' explanations insufficient. Second, limitations in TC service processes led to confusion and dissatisfaction. Patients were uncertain about medication collection after TC session and viewed TC as redundant when in-person visits were still required to obtain medicines. Third, patients felt that TC lacked social and physical connection. Encounters were perceived as impersonal and rushed, with limited cultural sensitivity. Finally, privacy and security concerns were prominent. Patients feared breaches of confidentiality through session recordings, unauthorized presence of others, and potential cybersecurity risks.

Discussion: While the findings of this study are similar to many studies, this study provided a deeper insights on barriers to TC adoption among patients utilising the qualitative approach. One of the unique findings that is rarely reported in the literature but found in this study was the lack of awareness and understanding of what is TC among patients. This indicates that there is a need to improve patient literacy about TC services. The finding also pointed that there is a need to improve TC workflow integration, train clinicians on empathetic virtual communication, and enhance privacy for TC service.

Conclusion: Low TC uptake in primary care stems from inadequate patient awareness, service process gaps, diminished interpersonal connection, and privacy concerns. Addressing these barriers holistically is essential for effective and equitable TC adoption.

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ID 64- Two Years Later: From Adoption to Acceptance – The Evolution of Telemedicine Use and Physician Satisfaction in Family Medicine in Pomurje, Slovenia

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Context: Telemedicine was promptly integrated into primary care during the COVID-19 pandemic, but initial implementation was patchy and inconsistent. Since 2024, it has been legally obligatory to use national eHealth platforms in Slovenian family medicine. Collectively, they make up the digital backbone of communication and documentation, integrating telemedicine features as a core component of day-to-day clinical work. This study presents a two-year follow-up of telemedicine adoption and satisfaction among family doctors in the Pomurje region, which was initially surveyed in 2023.

Objectives: In order to compare physician satisfaction and telemedicine adoption in 2025 with that of 2023, as well as indicate which areas of digital practice became better after legal integration.

Methods: A repeated cross-sectional survey was conducted among family doctors in Pomurje in 2023 (N = 105) and 2025 (N = 100). The same questionnaires were employed, measuring telemedicine adoption (yes/no) and 15 satisfaction statements on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). PSPP was utilized for descriptive statistics as well as for paired comparisons (McNemar, paired-samples t, Wilcoxon tests).

Results: Telemedicine use increased from 82% in 2023 to 100% in 2025 ($\chi^2(1) = 23.0$, $p < 0.001$). Out of 105 participants, 23 recently adopted telemedicine, and no participants stopped its use. Mean overall satisfaction improved from 4.68 ± 1.96 to 5.13 ± 1.58 ($p < 0.05$). Most notable increases were for perceived work quality (4.05 → 4.63), pleasure in use of digital tools (4.14 → 4.63), and patient accessibility (5.11 → 5.57). No negative changes were noted across items.

Discussion: The results indicate a shift from selective adoption to widespread, stable implementation of telemedicine in everyday family medicine practice. Increased satisfaction implies increasing confidence and normalization of workflows at a digital level. Ongoing concerns relate to usability and retaining patient-centred communication in digital care.

Conclusion: Telemedicine had come a long way in Pomurje, developing by 2025 from a crisis innovation to a regular, legally sanctioned practice. Doctors expressed increased satisfaction as well as benefits, changing from being forced to being accepting. Future attention needs to shift from implementation towards refinement, fairness, and retaining humanism in digital healthcare.

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Territories

ID 2012- Problems coordinating and accessing primary care for attached and unattached patients in a pandemic year: findings from the patient survey

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Context: Fifteen percent of XXX patients lack access to regular primary care providers (PCP) i.e., family physicians or nurse practitioners.These patients are referred to as unattached patients. PCPs are the first point of contact patients have with the healthcare system. Primary care is a crucial component of the healthcare system and is important to providing the first line of care, prevention of illness and mortality, and referral to specialists. Attachment to a PCP is associated with better health outcomes such as timely treatment, better management of chronic illness, lower likelihood of unmet health needs or

undiagnosed conditions, and better health outcomes.

Objectives: To delineate patients' attachment status, ways of gaining attachment, time to attachment, preferences for, and attachment to different PCP types.

Methods: We conducted a cross-sectional survey with patients across three XXX provinces, XXX, XXX, and XXX. The survey was conducted online over a two-week period in November 2025. Descriptive statistics were conducted on key variables including patient attachment status, provider attachment type, ways of finding a provider, and time to attachment.

Results: The survey was sent to 3202 patients with 2571 patients completing the survey. Approximately 25%, 15%, and 32% of patients did not currently have a PCP in XXX, XXX, and XXX, respectively. Nearly 86%, 95%, and 93% of attached patients were attached to a family physician. The top way of getting connected to PCPs was through family members in XXX and XXX, and through Guichet d'accès à un médecin de famille (GAMF, the patient registry) in XXX. Approximately 39%, 56%, and 35% of patients waited less than one year to get attached to a PCP in XXX, XXX, and XXX.

Discussion: Early findings suggest differences in both the proportion of attached patients and the rates of attachment in the three provinces. Family doctors are also the main provider type patients are attached to, and there is a preference for attachment to a family doctor.

Conclusion: The findings from this cross-provincial survey will be used to inform research, policy, and practice with respect to improving access to primary care for patients.

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ID 1817- Geographical coverage analysis of primary care centers operating with patient panels

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Context: Population is generally defined as a community of people living in the same geographical area, particularly in the context of community-oriented primary care. However, in many countries, including Türkiye, GP's provide services to the population registered on their patient lists.

Objectives: This study aimed to examine the geographical coverage of Family Health Centers operating with patient lists in the districts of Tuzla, Sultanbeyli, and Pendik in XXX.

Methods: This quantitative, descriptive, and cross-sectional study was conducted in six Primary Care Centers (Family Health Center -FHC) selected through convenience sampling, with two centers from each district. With a 99% confidence level and an unknown population size, the required sample size was calculated as 664. Assuming a 40% non-response rate, 928 individuals were planned to be included, corresponding to 155 participants per center. Adults aged ≥18 years registered at the FHCs were randomly selected. Selected individuals were contacted by phone, and those who agreed to participate and signed the consent form completed a pre-designed questionnaire.

Results: A total of 598 participants completed the study. Of these, 51% were women and 49% were men, with a mean age of 40.6 .The most common reasons for FHC visits were upper respiratory infections or minor health problems (40.1%) and prescription renewal (30.1%). The proportion of participants living within 0–500 meters of their FHC was 46%, and those living within 0–1000 meters reached 77.9%. Overall, 90.4% lived within 2000 meters. A total of 76.1% accessed the FHC on foot, while 23.9% used a vehicle. Participants residing within 0–500 meters applied to the FHC more frequently—both within the last 3 months and within the last year.

Discussion: The study shows that in the patient-list–based family medicine service provision, individuals predominantly select FHCs close to their residence, and proximity facilitates access to services.

Conclusion: These findings suggest that geographical coverage can be achieved through patient lists even within community-oriented primary care models.

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ID 1629- Spatial disparities in access to general practitioners: longitudinal study of the lived territories of the Centre-Val-de-Loire region in France (2013-2022).

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Context: The French health system is marked by a deficiency in medical demography which impacts the management of front-line care (general practitioners, emergency services). The liberal configuration of this health system allows any doctor to choose their place of exercise, which strengthens the territorial inequalities of access to care linked to both the aging of the population and the retirements of non-replaced practitioners.

Objectives: In response to the deterioration of the density of general practitioners, we sought to understand whether patients were turning to other forms of front-line care (emergency services, teleconsultation platform, out-of-region consultations, etc.) and to assess the impact of these developments on the health of populations.

Methods: This research is based on a longitudinal study in the 385 "territories experienced by general practitioners" identified in the Centre-Val-de-Loire region between 2013 and 2022. Healthcare data from the SNDS databases SNIIRAM and DCIRS-PMSI (general practice procedures and services, emergency department visits, teleconsultations, unscheduled care), and epidemiological data from Santé publique France (Géodes), are analyzed using multivariate methods (Comparative Consumption Index, Principal Component Analysis, and Hierarchical Agglomerative Clustering).

Results: The results show a significant drop in ten years of consultations with general practitioners at the regional level (-20 %). At the same time, emergencies without hospitalisation are barely increasing (+0.1%), consultations within and outside the region have fallen sharply (-2 million consultations, i.e. -52%), and we can see a timid appearance of teleconsultations. Only 10% of the shortfall in consultations in offset by emergencies and teleconsultations, with strong infra regional disparities.

Discussion: These spatial inequalities reflect the systemic effect linked not only to the decrease in the effective density of general practitioners, but also a pejoration of the state of health of the populations of certain "territories experienced" by the mechanism of renunciation of care of first lines by the different most disadvantaged populations.

Conclusion: This shows, firstly, that the choice of territory, the geographical divisions used, change the vision of these inequalities, and secondly the importance for public policy of equipping itself with territorial observation tools that are as close to the reality as possible, corresponding to the care practices of patients and carers.

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ID 562- Implementation of territorial pediatric care teams to ensure equity and quality in Catalonia

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Context: Catalonia has a recognized pediatric primary care model. However, social, demographic, and health changes, together with territorial inequalities and coordination gaps, make it

necessary to redefine the model to guarantee equitable and comprehensive care. Scientific evidence confirms that care provided by pediatricians and specialized pediatric nurses improves child health outcomes. Objective is to ensure integrated, coordinated, accessible, and high-quality pediatric care across Catalonia through the progressive implementation of Territorial Pediatric Care Teams (ETAP), reducing disparities, ensuring homogeneous access to services, and achieving improved health outcomes.

Methods: A quantitative and qualitative analysis of the current situation was conducted, including territorial distribution, vacant positions, retirement forecasts, ETAP implementation status, and care indicators. Based on these results, a strategic plan was defined to include team creation and expansion, service portfolio, resource allocation, and a monitoring system based on indicators.

Originality: The ETAP project is innovative because it introduces a territorial, integrated pediatric care model with multidisciplinary teams that ensure equity and quality in child health. Unlike other models, it incorporates a data-driven strategy for resource plann

Lessons learned and future implication: Key lessons learned include the importance of collaborative leadership, clear communication with professionals and families, and technological adaptation to improve accessibility. The future plan aims to expand coverage from 36% to 55% during the first se

Discussion: Implementation faces challenges such as institutional recognition, infrastructure adequacy, resistance to change, technological limitations, and public acceptance. Strategies include collaborative leadership, clear communication, and active involvement of professionals and families. The project is based on principles guiding ETAP organization: professional autonomy for responsible clinical decisions; territorial equity to ensure equal access to services, prevention, and scientific innovation; and cohesion to foster interprofessional collaboration, resource solidarity, and an integrated vision of child health.

Conclusion: ETAP deployment is a strategic commitment to consolidate a territorial, integrated, and sustainable pediatric care model that guarantees equity and quality in health.

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ID 363- Qualitative survey of patients' perceptions of general practitioner accessibility

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Context: A detailed understanding of accessibility to healthcare is vital to support healthcare professionals, universities and political decision-makers in developing sustainable healthcare provision in Belgium. Accessibility to healthcare is a widely debated concept, often in binary terms: financial accessibility and/or the density of doctors per population. Unfortunately, the issue is much more complex and subjective.A detailed understanding of accessibility to healthcare is vital to support healthcare professionals, universities and political decision-makers in developing sustainable healthcare provision in Wallonia. Accessibility to healthcare is a widely debated concept, often in binary terms: financial accessibility and/or the density of doctors per population. Unfortunately, the issue is much more complex and subjective.

Objectives: This studie aim is to identify whether there are any difficulties in accessing GPs, potential accessibility problems and geographical variations. The aim is also to identify the predominant independent variables (distance, travel time, other factors) impacting on accessibility difficulties.

Methods: We surveyed a panel of Belgian citizens through the "The Social Study" project call: the TSS panel comprises a representative group of 5,000 Belgian citizens aged 16 and over, randomly selected from the national register. The scientific committee selected 1,042 panelists residing in the Walloon Region. The response rate was 81.77% (n=852). Data collection took place between December 2, 2024, and February 4, 2025, using either an electronic or paper questionnaire to avoid technological bias. After cleaning the database, 801 responses were used (76.87% of the panel).

Results: Approximately 25% of panelists reported having difficulty finding a general practitioner. The reasons are varied. For example, about 6% postpone an appointment due to cost. Patients whose health

requires a home visit have more difficulty finding a general practitioner.

Discussion: This is an exploratory study preceding a qualitative study.

Conclusion: Our study allows us, on the one hand, to establish an observation on the difficulties of access to general practitioners in the French-speaking part of Belgium and, on the other hand, to establish hypotheses on the causes of these difficulties;

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ID 284- Finding a GP in a healthcare desert: assessing a territorial access initiative

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Context: Several European regions face persistent difficulties in ensuring access to primary care due to GP shortages, demographic pressures, and increasing care needs. Territorial health organisations have been mandated to improve population coverage, particularly by facilitating access to a regular general practitioner (GP). This study assessed the implementation and perceived effectiveness of a structured access initiative targeting individuals without a GP.

Objectives: To assess the acceptability, and perceived feasibility of a territorial scheme designed to secure a regular GP for patients lacking one.

Methods: A cross-sectional study was conducted among patients and GPs participating in the initiative. Participants completed a structured satisfaction survey assessing accessibility, clarity of information, perceived barriers, and continuity of care. Descriptive analyses were performed.

Results: Among 104 eligible patients, 43 participated (41%). Most were women (63%) and reported long-term conditions (84%). Despite 65% requiring assistance to complete the request form, most found the procedure easy. Satisfaction with initial contact was universal, and 86% reported timely outreach. Appointment timeliness (76% satisfied) and practice distance (85% satisfied) were positively rated. Continuity was high: 86% were still followed by the assigned GP, who had become their regular doctor in most cases. Recommendation intention was strong (74%). Fourteen of 44 participating GPs responded (32%). Most worked in multidisciplinary practices (64%) and judged the information provided as clear or sufficient (71%). Most integrated only a small number of patients. Half reported organisational adjustments, mainly longer consultations. Missing clinical information was frequently mentioned as a barrier. Nonetheless, 86% would participate again, and 93% would recommend the scheme.

Discussion: Findings suggest that a structured territorial approach can enhance access to a regular GP for patients without one, with high levels of satisfaction and sustained continuity of care. GP engagement was positive, although operational constraints, particularly incomplete information transfer and increased workload, may limit scalability. Strengthening clinical information flow and organisational support appears essential for sustainable implementation. Such initiatives may constitute a valuable contribution to mitigating primary care shortages and promoting equitable access in underserved areas.

Conclusion: The scheme demonstrates high acceptability and offers a promising model for improving access to primary care in contexts of limited GP availability.

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ID 78- Non-use of healthcare services in rural areas: A representation of the medical world

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Transgender's care

ID 2207- Assessments of healthcare services received and healthcare professionals encountered by transgender individuals living in Türkiye

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Context: Individuals belonging to minority groups in gender and sexual orientation experience poorer health outcomes, largely due to barriers in accessing and discrimination in receiving proper healthcare. A key step in reducing stigma was the removal of the term homosexuality as a disease from the Diagnostic and Statistical Manual of Mental Disorders in 1973; however, healthcare professionals' attitudes toward transgender individuals continue to influence the quality of care received by them.

Objectives: The aim of this study is to assess the thoughts of the transgender individuals living in Türkiye about the healthcare they received and the healthcare professionals that they encountered.

Methods: This descriptive study was conducted using purposive sampling and included 39 transgender participants. Data were collected through a structured questionnaire consisting of 21 questions, 4 of which were open-ended. The questionnaire assessed participants' demographic characteristics, gender identity, experiences with healthcare professionals, and perceived and desired attitudes from healthcare workers. Participants were recruited through the transgender-supporting networks and NGOs. Descriptive statistics are analyzed by SPSS.

Results: Of the total, 25 were identified as trans women, 13 as trans men, and one as intersex. The majority of participants (n=22) were currently undergoing gender transition, while nine had not yet initiated transition medically and eight reported having completed the process. Notably, 21 participants expressed dissatisfaction with the healthcare they received during their transition. Nineteen participants reported that the accessibility to general healthcare services was affected negatively by their comfort. Participants frequently described healthcare professionals' attitudes as inattentive, careless, hostile, dismissive, or characterized by providing exaggerated reassurance while disregarding their specific concerns. Nonetheless, 24 of the individuals thought that their identity wasn't an issue in the general healthcare they received.

Discussion: These findings indicate persistent variability in healthcare experiences among transgender individuals, reflecting ongoing gaps in healthcare professionals' knowledge, attitude, and inclusive clinical practices that will affect patient comfort, satisfaction, and equity in healthcare delivery.

Conclusion: Transgender individuals face notable challenges in healthcare settings, highlighting their need for awareness, inclusive practices, and particularly training among healthcare professionals to promote equitable and respectful care.

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ID 2008- New-onset chronic pelvic pain after initiation of gender-affirming hormone therapy among transmasculine individuals: an exploratory qualitative survey.

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Context: New-onset chronic pelvic pain (CPP) has been reported in transmasculine individuals after initiation of testosterone gender-affirming hormone therapy (GAHT). Its physiopathology, prevalence and link to GAHT remain unknown. Trans people have poorer health status compared to the general population and face numerous barriers to accessing healthcare.

Objectives: The objectives of this study were to describe CPP in this population, its impacts, and to identify barriers and facilitators to healthcare.

Methods: A qualitative observational study was conducted between September 2024 and October

2025 in Grenoble (France). Individual, semi-structured, face-to-face interviews were conducted. Participants were adult transmasculine individuals experiencing new-onset or modified CPP after initiation of GAHT. Interviews were transcribed. Emerging codes subthemes, and themes were identified according to reflexive thematic analysis.

Results: Twelve participants were interviewed. In most of the cases, dysmenorrhea disappeared or improved with GAHT, but new new-onset CPP subsequently appeared. This CPP was frequently triggered by orgasm. CPP had a strong impact on mental health, social, sexual, and professional life. In the healthcare system, participants faced multiple discriminations and neglects. Trans community health was very important for participants but could not substitute formal health services. Younger participants trusted more medical institution suggesting potential ongoing structural changes.

Discussion: New-onset CPP after initiation of GAHT in transmasculine individuals may be related to pelvic floor dysfunction, to endometriosis and/or to central and peripheral sensitization mechanisms. Intersectional, biopsychosocial and trauma-informed care approaches are needed to understand the experience of CPP in this population.

Conclusion: This study describes CPP that transmasculine individuals may suffer from. It also identifies important healthcare issues which may help to ensure quality care for trans people. Further studies evaluating CPP prevalence and physiopathology in transmasculine individuals are needed.

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ID 1835- The One That Got Away: Unregulated Hormone Use in a Transgender Adolescent with Psychiatric Comorbidities

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Context: Family Medicine Practitioners often serve as the first contact for most of the population navigating complex psychosocial and medical needs. This role places family physicians at the forefront of identifying health risks among vulnerable patients. Such patients may engage in high risk behaviors, including unsupervised ingestion or use of medications or supplements. A high index of suspicion for toxicologic or iatrogenic causes is essential when patients present with unexplained symptoms or laboratory abnormalities. This case emphasizes the importance of comprehensive history-taking, psychosocial assessment, and vigilance for potential toxicants in primary care settings.

Methods: An 18-year-old transgender male (assigned female at birth) with bipolar disorder and major depressive disorder presented with exacerbation of psychiatric symptoms and deranged laboratory values following prolonged, unsupervised use of testosterone enanthate as gender transitioning therapy. His clinical manifestations manifested both the acute and chronic toxicities of testosterone. The patient was assessed through comprehensive medical and psychiatric evaluation, underwent appropriate diagnostic testing, and was managed primarily with symptomatic and supportive care. A key strength of this case is that it highlights unsupervised substance exposure in an adolescent with psychiatric comorbidities and provides practical implications for family medicine practice. Long-term outcomes could not be assessed due to unavailability of follow-up after the patient's premature departure from the hospital.

Originality: This case contributes to limited literature describing testosterone toxicity in transgender adolescents, particularly in those with pre-existing psychiatric disorders. It also illustrates unsupervised access and prolonged exposure to testosterone.

Lessons learned and future implication: Family physicians must maintain vigilance for concealed or undisclosed exposures that may contribute to a patient's presentation. This requires careful, comprehensive history taking and physical

examination. It also reinforces the need for integrated ment

Discussion: This case reflects structural gaps in access to supervised gender-affirming care that can drive patients toward self-medication. For family physicians, the case emphasizes the need for an open diagnostic approach when clinical findings appear disproportionate or atypical.

Conclusion: Family medicine physicians have a critical role in identifying toxicologic risks, protecting vulnerable populations, and advocating for safeguards within primary care systems.

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ID 346- "Patient's interest must come first": XXX general practitioners' experience of initiating testosterone therapy for transgender people against national regulations

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Context: General practitioners (GPs) increasingly encounter transgender and gender diverse (TGD) individuals seeking gender-affirming care. But access to this care remains limited, despite evidence that it improves the well-being of this population, more at-risk for adverse health outcomes. In XXX, it is forbidden for GPs to write the initial prescription for testosterone. Some GPs choose to do it nonetheless, to help TGD patients who have difficulties accessing gender-affirming hormonal therapy (GAHT).

Objectives: This study aimed to explore the experience of XXX GPs initiating testosterone therapy for TGD patients, against current regulations, and the meaning it had for them.

Methods: This qualitative study was conducted via in-depth semi-structured interviews with nine XXX testosterone-initiating GPs recruited using purposive sampling, analyzed following the phenomenological interpretative analysis method.

Results: These GPs experienced this practice as an ethical imperative and a professional duty, as a social commitment for justice and equity, and for some, as an activist and political form of medical care. They felt responsible to help TGD people access care, and chose to transgress, in the name of their patients' interest, regulatory restrictions that they deemed illegitimate. Despite difficulties or threats, they persevered, building networks with colleagues and TGD people. They experienced a more horizontal doctor/patient relationship, and recognized the value of community expertise. Indeed, they aimed to exchange knowledge and share power with patients treated as partners, at the individual and systemic levels. They focused on a patient-centered approach, to co-build the best possible care for every TGD person: to them, this was the heart of what being a GP means.

Discussion: Our findings show the participants' answers to a pressing question, internationally: where to stand, as GPs, committed to improving patients' health and quality of life while relying on scientific evidence, when these guiding ethical and deontological principles clash with current regulations, usual protocols, or political controversies ?

Conclusion: These doctors' choice to accompany patients' self-determination sometimes put them under duress, given their medico-legal liability in the current system. National and international guidelines regarding GPs' role in transgender care are evolving. If XXX regulations changed to better acknowledge GPs' GAHT prescriptions, doctors and patients could feel safer.

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ID 1133- The role of the family doctor in transgender individual healthcare – a clinical report

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Context: The follow up of a transgender person is a challenge to the primary care practice, with technical, ethical and empathy growing demands. The family doctor has a key role to ensure continuity, proximity, and coordination of care.

Methods: We present a case of a transgender individual with autism spectrum disorder. He had a family doctor in another unit, with whom he felt no proximity. During the transition, he had nurse assistance in our unit and, after developing a close relation with the nurse, he asked for a medical appointment. His doubts were about contraception, sexually transmitted infections and safe sexual practices, and he felt he had no time and empathy from the hospital doctors, often feeling insecure and ashamed to express his doubts. We developed a relationship based on empathy and security, clarifying his doubts and helping with decision making. Contacts were also established with other doctors, namely endocrinology, respecting the individual choices and preferred timing in the transition process.

Originality: There is a significant gap in clinical guidance for caring for transgender or gender-diverse individuals with a neurodiverse condition. Existing guidelines lack detailed, practical recommendations tailored to this intersection, highlighting the need for m

Lessons learned and future implication: This case highlights the need for caution in assuming uniform care pathways and highlights the need for additional training and multidisciplinary collaboration to address the unique needs of transgender individuals.

Discussion: This case highlights the importance of the family doctor as a care coordinator, promoting access, preventing disruptions in follow-up, and reducing risk factors associated with social exclusion.

Conclusion: The family doctor plays a central and irreplaceable role in the care of transgender individuals, providing continuous, integrated, and personalized care that is fundamental to the bio-psycho-social well-being of this population.

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ID 816- Embracing resilience: navigating mental health challenges in the transgender journey

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Context: Navigating the intersection of mental health while being transgender is a deeply intimate journey, filled with challenges that test the very core of one's being. In my own journey, I've gone through days of unhealthy coping mechanisms, emerging on the other side with a newfound strength and understanding. As a transgender individual, the interplay between self-identity and mental wellbeing has become a profound focal point in my life. Within the transgender community, the weight of societal pressures, hate, discrimination, the tumultuous process of social transition, and the relentless struggle for acceptance casts a daunting shadow over one's mental health

Methods: oral presentation lived experience data and evidence

Originality: I remember the early days when I wanted to transition to my preferred gender. Before I could be referred to a gender clinic, I was required to see a psychiatrist to be assessed that I did not have a mental illness. I refused to see a psychiatrist because

Lessons learned and future implication: Advocacy and education are key. Sharing personal stories helps dismantle stereotypes, and fosters empathy and understanding. By encouraging dialogue, we can help to create a more inclusive society where mental health challenges faced by transgender indivi

Discussion: 1. healthcare barriers to transgender people 2. higher prevalence of mental health issues in transgender people 3. higher prevalence of

autism in trans population 4. how primary care can improve wellbeing of transgender people

Conclusion: It is essential to recognise the progress society has made in understanding transgender experiences, but there is still work to be done. Primary Care has a duty to improve healthcare to transgenderpeople

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ID 815- Gender-Related Equipment and Primary Care: Uses, effects, and clinical perspectives from a qualitative study in Belgium. Key words : Transgender Persons, Gender Identity, Health Services for Transgender Persons, Primary Health Care, Health Services Access

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Context: Transgender patients frequently use gender-affirming equipment to support bodily comfort, mental health, and gender expression. Despite their widespread use and documented benefits, these items are rarely addressed in primary care, where lack of training and fragmented care pathways leave patients navigating access and safety alone. Understanding these practices is essential for developing inclusive care for transgender populations.

Objectives: This study explored how transgender patients access and use gender-affirming equipment and examined their perceived benefits and limitations. It also explored patients' views on how, when, and why primary care clinicians should address these items in clinical encounters.

Methods: A qualitative study was conducted through semi-structured interviews with transgender adults recruited from primary care and community settings. Transcripts were analysed using continuous thematic analysis to identify patterns in access, use, and support needs regarding gender-affirming equipment. Ethical approval was obtained from an Ethics Committee.

Results: Participants reported that gender-affirming equipment provided essential support for bodily comfort, psychological wellbeing, and social functioning. Barriers included physical discomfort, safety concerns, high costs, limited availability in Belgium, and the lack of opportunities to try items before purchase. Participants emphasised the absence of medical guidance in primary care and the fragmentation of trans-specific care pathways, leading them to rely primarily on peers and community networks for trustworthy information. Many described these items as functioning as a form of healthcare, particularly when access to gender-affirming medical care was delayed or restricted.

Discussion: The study highlights a critical gap in primary care: despite their clear benefits, gender-affirming equipment remains largely unaddressed by clinicians, leaving patients to navigate safety and access alone. These findings mirror existing literature on binding and tucking and underline the need for primary care providers to engage with these practices as legitimate components of person-centred care, especially when medical transition options are delayed or inaccessible.

Conclusion: Gender-affirming equipment plays a meaningful role in the wellbeing and daily lives of transgender patients, yet remains largely absent from clinical practice in primary care. Recognising and addressing these items in primary care could improve safety, accessibility, and patient-centred support for transgender people.

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Ultrasound Cases & Training

ID 2043- the Echo-anatomy of the breast according to the lobar approach with ducto-radial technic

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Context: Point of care ultrasound (POCUS)is a valuable tool in family medecine and ambulatory healthcare for evaluating sympomatic breast conditions. The extremely frequent problem of a 'lump in a breast' can be solved in a quick, simple way, as minimally aggressive as possible and not irradiating. We propose the technique of anatomical analysis of the breast lobes using ducto-radial ultrasound scans easily assimilable by the general practitioner (GP)

Methods: From histological correlations and radial echographic sections of the breast lobes, it is possible to study the mammary epithelial structures that will be affected by specific mamieres by pathological processes. These sections are codified, interpretable by all, they will not be operative-dependent but only anatomical-dependent.

Originality: the physiological or pathological variations identified at a precose stage allow the GP to classify patients in a reassuring category or in an at-risk category requiring additional investigations by specialists. the GP will no longer describe layers of fi

Conclusion: In his POCUS approach, the general surgeon needs a diagnostic tool and a reliable ultrasound methodology in breast pathology. the new possibilities for acquisition of high-quality ultraportable devices with Doppler mode associated with a specific technique Codified, readable by all, repetitive, non-operative- dependent, will deeply modify the initial approach in breast pathology. The GP is not going to make a precise diagnosis of all lesions. but he will be able to select patients at risk (oriants towards specialized centers of imageris medicale) or reassure as he can the worried patients. He will thus establish a strengthened relationship of doctor-patient trust. It will be easier for him because he was able to understand the anatomy of the breast (lobar approach to his examination) visualize early physiological changes or a pathological state at an initial millimetric stage.

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ID 1739- Follow-up of patients hospitalized for sars-cov2 pneumonia: radio-clinical and respiratory function assessment

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Context: The SARS-CoV-2 infection has led to a global public health crisis. Beyond acute manifestations, SARS-CoV-2 pneumonia is associated with medium- and long-term pulmonary sequelae, commonly referred to as long COVID. These persistent and heterogeneous manifestations represent a major challenge for clinicians and have generated increasing interest in long-term post-COVID follow-up studies.

Objectives: Our objective was to describe the clinical, respiratory function, and radiological evolution of SARS-CoV-2 pneumonia and secondarily, to identify predictive factors for the development of pulmonary fibrosis.

Methods: We conducted a prospective and descriptive study in the pneumology department of Menzel Temim Hospital. We included 70 patients hospitalized for moderate to severe SARS-CoV-2 pneumonia between December 2020 and June 2021. We assessed clinical, respiratory function and radiological evolution at 45 days, three months, and six months after the acute episode. Patients lost to follow-up were not included.

Results: The mean age was 63 years, with a gender ratio of 0.66. Obesity (56%) and blood hypertension (40%) were the most common comorbidities. Clinically, we observed an improvement in dyspnea ($p=0.01$), cough ($p=0.09$), and asthenia ($p=1$) after six months. However, the six-minute walk test showed a reduction in the walking distance ($p<0.001$), and spirometry demonstrated a significant decrease in forced vital capacity ($p=0.01$). The six-month chest CT scan revealed the development of pulmonary fibrosis in nine patients. Predictive factors for pulmonary fibrosis included: the severity of acute pneumonia, the absence of symptoms at discharge, the persistence of asthenia at 45 days, and radiological lesions at three months. In multivariate analysis, only the absence of functional complaints at discharge and the persistence of radiological abnormalities at three months were considered independent predictive factors for pulmonary fibrosis.

Discussion: Persistent respiratory symptoms, functional impairment, and radiological

abnormalities were common after SARS-CoV-2 pneumonia. Dyspnea remained the predominant symptom, while exercise intolerance and reduced lung volumes persisted. Pulmonary fibrosis was associated with initial disease severity and persistent radiological lesions, highlighting the importance of structured long-term follow-up. Early identification of high-risk patients may improve prognosis and management.

Conclusion: Our study shows that SARS-CoV-2 infection can lead to persistent pulmonary sequelae,requiring rigorous follow-up, at least during the first-year post-hospitalization for SARS-CoV-2 pneumonia.

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ID 782- Competencies and Clinical Situations of General Practitioners Performing Ultrasound: A Systematic Review of Consensus Studies

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Context: Point-of-care ultrasound (POCUS) is experiencing rapid growth in general practice, driven by technological accessibility, expanding clinical applications, and rising expectations for diagnostic precision in primary care. This trend has recently been consolidated by the 2024 WONCA Europe position paper, which affirms POCUS as an emerging core skill for general practitioners (GPs). However, the competencies and clinical situations that should guide GP training remain insufficiently standardized.

Objectives: The objective of this study was to systematically review Delphi and other consensus-based studies to identify the families of clinical situations and the competencies that should underpin ultrasound training for GPs.

Methods: A systematic review of the literature was undertaken according to a predefined protocol registered in PROSPERO (CRD420251160211). The search strategy targeted consensus studies (Delphi, RAND/UCLA, nominal group techniques) related to POCUS in primary care. Searches were conducted in PubMed, Web of Science, and the Cochrane Library. Eligible studies involved GPs, applied a consensus methodology, and addressed competencies, scopes of practice, or training requirements for POCUS use.

Results: Among 182 records, 30 duplicates were removed, 11 full texts were assessed, and 6 studies met inclusion criteria. Across these studies, thematic convergence emerged. All emphasized the value of short, structured, multimodal training combining supervised hands-on practice, clinical application, and ongoing monitoring of image quality. Priority POCUS indications consistently included emergency assessments such as FAST, abdominal examinations including abdominal aortic aneurysm, basic cardiac evaluation for function or effusion, lung ultrasound, and musculoskeletal scans. Competency frameworks described up to 36 validated diagnostic skills, such as detection of abdominal free fluid, bladder assessment, and basic urogenital evaluation, along with image interpretation, clinical integration, and referral decision-making. One framework proposed a five-level progression from equipment handling to image optimization, systematic examination and clinical interpretation. Another curriculum outlined 40 diagnostic examinations across 13 anatomical regions relevant to primary care diagnostics and procedures.

Discussion: Clarifying competencies and clinical indications is essential for structuring POCUS education in general practice and supporting its integration into academic training pathways.

Conclusion: Future studies should investigate how these competency frameworks can be implemented in academic curricula and assess their impact on training effectiveness and patient outcomes.

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ID 741- Ultrasound in general practice as perceived by french medical students

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Context: Ultrasound has become increasingly important in medicine, particularly in general practice. However, training remains challenging and occurs late in the students' curriculum. This work proposes an analysis of the perception of second-cycle medical students in France regarding its use in general practice and how they consider their own ultrasound training.

Objectives: The primary objective was to assess how second-cycle medical students perceive the use of point-of-care ultrasound in primary care, including their understanding of its role and their interest in its clinical applications. A secondary objective was to explore students' views on the potential integration, format, and relevance of an introductory ultrasound curriculum during the second cycle of medical training.

Methods: The study is based on a qualitative approach through semi-structured interviews, targeting fourth- to sixth-year medical students who observed POCUS (Point-of-Care Ultrasound) during their internships in general medicine. Recruitment took place in 33 medical faculties across metropolitan France. The collected data were coded manually and an inductive thematic approach was used.

Results: Students expressed strong curiosity about ultrasound as a clinical learning tool but also reported apprehension related to technical aspects and limited anatomical knowledge. They identified several barriers, including insufficient hands-on training and limited access to adequate supervision.

Discussion: Findings suggest that ultrasound can serve as a meaningful pedagogical tool, reinforcing students' clinical reasoning, autonomy, and understanding of patient pathways. It also appears to enhance relational skills, particularly in the physician-patient interaction. Students showed a clear interest in structured, early ultrasound exposure during the second cycle. They identify clear barriers—limited time, resources, and late curricular integration—but also propose feasible solutions for early implementation. These findings suggest that introducing basic ultrasound training during the second cycle could meaningfully support professional development and align medical education with evolving primary care practice.

Conclusion: Ultrasound is seen as an essential tool for the training of future physicians. To maximize its benefits, it is crucial to improve training, increase access to equipment, and adapt clinical practices to current technological advancements. This could not only enhance patient diagnosis and follow-up but also optimize the efficiency of the healthcare system.

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ID 1141- Primary diagnostics of cardiac ATTR amyloidosis using Point-of-care ultrasound (POCUS) evaluation

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Context: A 71-year-old woman with no significant medical history presented to a general practitioner with progressive fatigue, exertional dyspnea, and marked exhaustion when climbing stairs. Her prior history included only orthostatic hypotension and a pre-fatigue state. Physical examination and laboratory testing were performed. ECG showed sinus rhythm with low QRS voltages. Point-of-care ultrasound (POCUS) emerged as the pivotal diagnostic modality raising suspicion for transthyretin (ATTR) cardiac amyloidosis.

Methods: The diagnostic pathway relied on standard modalities accessible to general practitioners, including physical examination, laboratory tests, ECG, and POCUS. In this case, POCUS was the key tool that redirected the diagnostic reasoning toward a specific cardiac etiology, prompting timely referral and confirmatory testing.

Originality: This case demonstrates the strong diagnostic value of POCUS in primary care,

especially in patients with nonspecific symptoms where traditional modalities (including ECG and basic labs) may provide only limited clues. It represents the first documented ca

Lessons learned and future implication: Point-of-care ultrasound should be considered a standardized part of the evaluation of patients with unexplained dyspnea, fatigue, or signs of possible cardiac dysfunction. Early use of POCUS can significantly accelerate diagnostic accuracy and guide appr

Discussion: How are POCUS methods utilized in primary care settings in your country? We can evaluate the improvement of provided medical care in Slovakia since implementing POCUS.

Conclusion: In 2024, POCUS has become an accessible and impactful tool in Slovak general practice. Its integration enhances diagnostic precision, allows earlier detection of serious cardiac diseases such as ATTR amyloidosis, and supports timely therapeutic decisions—ultimately improving patient outcomes, as demonstrated in this case report.

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ID 309- Scoping review about echography teaching modalities during residency and medicine study with the objective of creating a teaching class during general practitioner residency.

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Context: Ultrasound is increasingly used in clinical practice thanks to its non-irradiating nature and rapid diagnostic capability. General practice residents encounter it regularly, particularly during rotations in emergency medicine and obstetrics-gynecology. However, despite its widespread use, no standardized training exists for an examination that remains highly operator-dependent.

Objectives: The aim of this study was to conduct an international literature review to describe existing educational approaches and propose the foundation for a future training module adapted to general practice residency

Methods: A scoping review of the literature was conducted. Included were short training programs (≤ 2 weeks or ≤ 40 hours) intended for medical students and general practice residents, as well as residents in obstetrics-gynecology and emergency medicine, as these were considered transferable. The fields covered abdominal-pelvic, gynecologic, lung, skin, and targeted venous ultrasound, along with simulator-based training. Effectiveness was assessed using OSAUS criteria (indication, equipment handling, image optimization, systematic examination, interpretation, reporting, and clinical decision-making) and participants' perceived competence.

Results: Fifty-six studies were included. Training relied mainly on expert tutoring, peer-to-peer teaching, e-learning, and simulators. All programs could be completed within a timeframe compatible with medical training. They showed significant improvement in objective skills and perceived competence. Simulators, particularly in obstetrics-gynecology, helped learners acquire psychomotor skills in a safe and ethical environment.

Discussion: This review highlights the effectiveness of short, multimodal training programs for acquiring basic ultrasound skills.

Conclusion: A module combining self-directed learning, supervised peer practice, and on-site clinical application—especially in emergency and obstetrics-gynecology rotations—appears feasible.

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ID 259- Persistent adenopathy: Highlighting the crucial role of correlating clinical knowledge with ultrasound examination in primary care.

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Context: Persistent lymphadenopathy poses a diagnostic challenge in Family Medicine because clinical signs alone poorly differentiate benign from malignant nodes. Point-of-care ultrasound (POCUS) is the preferred non-invasive tool, assessing criteria such as shape, size, hilum visibility, echogenicity, and vascularization. In Italy, general practitioners (GPs) cannot prescribe urgent ultrasounds for suspected malignancy, making POCUS particularly important—especially in rural areas—to support early triage. However, ultrasound interpretation without adequate correlation to clinical context may contribute to diagnostic delays.

Methods: We present a clinical case from rural primary care describing the diagnostic journey of persistent adenopathy, highlighting the interplay between clinical evaluation, POCUS findings, specialist referral, and advanced imaging.

Originality: This case illustrates how seemingly reactive ultrasound findings may mask underlying malignancy, and how system-level barriers can delay definitive diagnosis. It emphasizes the need for integrated clinical–ultrasound assessment and improved access to urge

Lessons learned and future implication: Persistent lymphadenopathy warrants close follow-up even when ultrasound features appear benign. Combining POCUS with a structured reassessment pathway could help GPs identify red flags earlier. Policy changes allowing GPs to request urgent diagnostic ima

Discussion: In May 2024, Tatiana, 30 years old, presented to the emergency department with painful right cervical and axillary lymphadenopathy after razor-related skin irritation and self-administered antibiotics. Diagnosed with bacterial lymphangitis, she received amoxicillin/clavulanic acid. By July, her symptoms persisted. Her GP noted multiple painful, firm lymph nodes; POCUS showed enlarged reactive nodes with atypical features. A specialist ultrasound again described them as reactive, and she was treated for presumed viral lymphangitis with prednisone. After 20 days without improvement, she returned to her GP. Attempts to secure further specialist assessment were delayed until referral to a third-level hospital, where on November 5, 2024, she was diagnosed with metastatic melanoma. This illustrates how inconclusive ultrasound findings and limited access to urgent imaging can prolong the diagnostic process.

Conclusion: Ultrasound is indispensable in evaluating lymphadenopathy, but its findings must be interpreted within the full clinical picture. Strengthening POCUS use and improving access to urgent imaging are essential to reduce diagnostic delays in primary care.

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Ultrasound Use and Indications

ID 1551- Assessment of the Use of Echography in Primary Care: Gains in consultation Length, Post-Consultation Recommendations, and Additional Examinations

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Context: The integration of ultrasound (echography) into primary care has emerged as a promising innovation to enhance diagnostic accuracy, reduces unnecessary additional examinations, and improves patient-doctor trust.

Objectives: This study evaluates the impact of echography on consultation lenght, post-consultation recommendations, and the need for additional examinations.

Methods: A multicentric prospective survey was conducted in the Drôme-Ardèche region of Southern France, involving 18 general practitioners, 9 in the echoclinic group (ECG) and 9 in the stethoclinic group (SCG).The ECG received a 3 day training program on the use of the V-Scan Extend Dual Dicom Ultrasound device. A total of 166 patients were included, with 124 in the ECG and 42 in the SCG. Eight clinical scenarios were evaluated, focusiong on consultation lenght, the number of

additional examinations required, and the alignement between doctor's recommendations and patients' subsequent actions.

Results: The average consultation lenght was 17,5 minutes in both groups, indicating that the use of echography did not prolong consultations. The ECG demonstrated a higher rate of agreement (83%) between doctors' recommandations and patients' actions compared to the SCG (69%). The use of echography reduced the need for additional examinations in 65%of cases, compared to 29% in the SCG. It suggests that echography enhances diagnostic precision and strengthens the patient-doctor relatioship.

Discussion: The study highlights echography to streamline primary care by reducing diagnostic tests and improving patient adherence to medical advice. The abscence of increased consultation time adresses a common concern. Furthermore, the integration of echographyinfo medical training could foster greater confidence and competence among general practitioners, ultimately leading to better patient outcomes.

Conclusion: Echography is a valuable tool in primary care, offering significant benefits in terms of diagnostic efficiency, cost reduction, and patient satisfaction. Its incorporaton into medical curricula and routine pratice could transform prmary care delivery, particularly in resource-limited settings. This study underscores the need for broader adoption of echography in general practice .

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ID 952- POCUS Use in French General Practice: The ECHO-MG Study

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Context: Point-of-care ultrasound (POCUS), referred to in France as échographie clinique ciblée (ECC), is defined as an ultrasound examination integrated into clinical evaluation to rapidly address focused diagnostic questions. Its rapid expansion contrasts with the limited national data describing its real-world use and with the absence of formal recommendations supporting its implementation in general practice.

Objectives: The primary objective was to describe POCUS use in terms of frequency, duration, organs explored, indications, and perceived image quality. Secondary objectives assessed changes in diagnostic hypotheses, patient orientation, and treatment.

Methods: A prospective, multicentre observational study was conducted among GPs performing POCUS in private practices, health centres, and during home visits. Data were collected between 2023 and 2024 during a one-month inclusion period. For each POCUS examination, GPs completed an online questionnaire before and after POCUS. All patients who underwent a POCUS examination were eligible for inclusion, except minors and patients who declined participation. Ethical approval was obtained.

Results: Thirty-seven GPs from 11 French regions participated. They owned fixed (62%), portable (32%), or ultraportable (41%) devices; curvilinear and superficial probes were most frequently used. Participants had a median POCUS experience of 5 years and had completed a median of 3 training programs. A total of 655 patients were included. GPs used POCUS a median of 1.6 times per day. Median examination duration was 7 minutes. The main anatomical areas explored were the abdomen (24%), urinary tract (24%), musculoskeletal system (22%), and gynecological–obstetrical area (19%). GPs to obtained relevant findings in 95% of examinations. The primary indication for POCUS was answering a focused clinical question (88%). Single diagnostic hypotheses increased from 33.4% to 77.5% after POCUS. Diagnostic hypotheses changed in 68.8% of cases, imaging referrals in 40.4%, and the overall care pathway in 85.3%.

Discussion: POCUS provided rapid, clinically meaningful information, improving diagnostic clarity and informing management decisions. Its short duration demonstrates strong feasibility in general practice.

Conclusion: POCUS substantially influences diagnostic pathways and management decisions in French general practice. These findings highlight its growing role in frontline care and reinforce the need for national guidelines and structured training pathways to support safe, effective, and widespread adoption.

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ID 793- Use of Ultrasound by French General Practitioners in Suspected Deep Vein Thrombosis: A National Cross-Sectional Study

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Context: Deep vein thrombosis (DVT) is a major public health issue due to its morbidity and mortality. Diagnosis typically relies on venous Doppler ultrasound performed by specialists, but long waiting times can delay management and prompt empirical anticoagulation. Point-of-care ultrasound by general practitioners (GPs) could streamline patient care by reducing diagnostic delays and avoiding unnecessary treatments.

Objectives: To evaluate the ability of French GPs equipped with ultrasound to confirm or exclude DVT in daily practice and to describe their diagnostic and management approaches.

Methods: A national prospective observational study was conducted among GPs using ultrasound in primary care. For each patient with suspected DVT, practitioners completed a questionnaire recording clinical probability, ultrasound results, anticoagulant prescriptions, and referrals. Statistical analysis was performed with a significance threshold of $p<0.05$.

Results: Sixty-one cases were included. Ultrasound confirmed DVT in 36.1%, excluded it in 60.7%, and was inconclusive in 3.3%. Venous incompressibility was present in all confirmed cases. In 56.4% of negative or uncertain cases, an alternative diagnosis was found, mostly musculoskeletal disorders. Anticoagulant prescriptions were strongly correlated with ultrasound findings ($p<0.01$). Additional investigations and specialist referrals remained limited.

Discussion: Ultrasound performed by GPs enabled rapid diagnostic clarification, reducing delays and the need for empirical anticoagulation. Its integration into routine practice could improve care pathways, though diagnostic accuracy should be compared with specialist Doppler ultrasound.

Conclusion: Ultrasound performed by GPs appears to be an efficient diagnostic tool for suspected DVT. It supports timely decision-making, optimises anticoagulant use, and helps identify alternative diagnoses. Further comparative studies with reference imaging are required to validate its diagnostic accuracy and support broader implementation in primary care.

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ID 678- Accuracy of point-of-care gallbladder ultrasound performed by general practitioners: a cross-sectional study

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Context: Point-of-care ultrasonography (POCUS) is increasingly used in primary care, yet evidence on the diagnostic accuracy of gallbladder ultrasonography performed by general practitioners (GPs) remains limited. Gallbladder disease is a frequent cause of abdominal pain, and rapid bedside assessment may improve triage and reduce delays in management.

Objectives: To determine the diagnostic accuracy of gallbladder POCUS performed by trained GPs in detecting cholecystolithiasis, compared with expert abdominal ultrasound examination.

Methods: This cross-sectional diagnostic accuracy study included consecutive adult patients presenting to GP practices with symptoms suggestive of biliary disease. All participating GPs completed standardized POCUS training. POCUS evaluation included gallstone detection, gallbladder wall assessment and presence of sludge. Expert ultrasound served as the reference standard. Sensitivity, specificity, likelihood ratios, predictive values and accuracy for solitary, multiple and overall cholecystolithiasis were calculated.

Results: Forty-three patients were enrolled; in 42 cases (97.7%) the gallbladder was successfully visualised. Mean age was 53.3±15.4 years and 71.4% were women. Right upper quadrant pain was present in 78.7% and a positive Murphy sign in 11.9% of patients. POCUS identified solitary gallstones in 33.3%, multiple gallstones in 19.0% and sludge in 14.3% of patients. Mean examination time was 263±190 seconds, significantly shorter in fasting patients (195±135 s vs 315±212 s; p=0.042). Diagnostic performance for any cholecystolithiasis showed sensitivity 95.45% (95% CI 77.16–99.88), specificity 95.00% (75.13–99.87). For solitary gallstones, sensitivity was 78.57% and specificity 100%, for multiple gallstones sensitivity reached 100% and specificity 91.18%.

Discussion: POCUS of the gallbladder performed by trained GPs displayed high diagnostic accuracy, consistent with previously reported results from emergency medicine and hospital settings. Examination was rapid and feasible during routine consultations. The lower sensitivity for solitary stones may reflect small size or difficult anatomical windows, whereas multiple stones were more readily visualised. These real-world data suggest that GP-performed POCUS can accelerate diagnostic pathways and may help reduce delays for specialist imaging.

Conclusion: General practitioners, after structured training, can accurately identify cholecystolithiasis using POCUS. Integrating gallbladder ultrasound into routine primary care practice has the potential to improve diagnostic efficiency and patient management. Further multicentre studies with larger cohorts are warranted to confirm these findings.

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ID 654- Multiparametric ultrasound screening and PSA density enhance early detection of high-risk prostate pathology in primary healthcare

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Context: Early detection of prostate cancer in primary care remains challenging because PSA and Free PSA lack sufficient specificity, often leading to unnecessary specialist referrals. Multiparametric ultrasound (mp-US)—including elastography, microflow imaging, Doppler vascularity, prostate volume assessment, and structured PIRADS interpretation—offers a more accessible alternative to multiparametric MRI. Strengthening diagnostic capability at the primary care level promotes equity, timely triage, and patient-centred decision-making aligned with the principles of general practice.

Objectives: To evaluate the diagnostic performance of mp-US parameters combined with PSA, Free PSA, and PSA density (PSAD) for identifying high-risk prostate lesions, and to assess agreement between family physicians and urologists in biopsy decision-making.

Methods: Among 400 eligible men screened in primary care, 167 patients with abnormal PSA, lower urinary tract symptoms, or MP-US findings were included. Age ranged 26–94 years (median 65). Risk stratification incorporated PIRADS score, elastography (hard stiffness), microflow assessment, Doppler vascularity, PSA, Free PSA, prostate volume, and PSAD. Analyses included descriptive statistics, ANOVA across PIRADS groups, correlation tests, multivariate logistic regression, ROC analysis, age-stratified risk, and Cohen's kappa for inter-rater reliability.

Results: Most patients were aged 55–79 years (66%). PSA and Free PSA differentiated risk groups: normal (PSA 3.2 ng/mL, Free PSA 28%), BPH/moderate risk (5.8 ng/mL, 16%), and high-risk (10.2 ng/mL, 10%). PSAD increased progressively across PIRADS categories (p<0.001). Hard stiffness appeared in 50% of PIRADS 3 and 100% of PIRADS 4–5 lesions. Strong correlations were observed between PSAD and PIRADS (r=0.62) and between elastography and microflow (r=0.48). Independent predictors of high-risk lesions included: PIRADS 4–5 (OR 12.5), PSAD (OR 8.2), elastography (OR 3.1), microflow (OR 2.7), and Doppler score (OR 1.6). ROC analysis showed excellent accuracy for the combined model (AUC 0.94; sensitivity 92%, specificity 87%). Agreement between GPs and urologists improved from κ=0.48 to κ=0.82 after integrating mp-US and PSAD.

Discussion: MP-US features significantly enhance diagnostic precision compared to PSA-based assessment alone. The combined model supports more consistent triage decisions and reduces unnecessary referrals.

Conclusion: Multiparametric ultrasound integrated with PSA density enables accurate identification of high-risk prostate pathology in primary care and substantially improves urologist agreement, offering an equitable and accessible approach to early detection.

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ID 627- Artificial intelligence-assisted focused cardiac ultrasound in primary healthcare

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Context: Focused cardiac ultrasound (FOCUS) enhances cardiac assessment in primary care but is operator-dependent. AI integration may improve accuracy, reproducibility, and early detection.

Objectives: We aimed to evaluate the diagnostic performance of AI-assisted FOCUS (AI-FOCUS) performed by trained family physicians against blinded cardiologist-performed echocardiography.

Methods: We conducted a prospective, observational cross-sectional study in primary care in Romania (N = 1780; age 40–75 years). Patients had high cardiovascular risk (SCORE2-OP ≥10%) or symptoms suggestive of cardiac pathology. Exclusion criteria included prior cardiovascular disease, morbid obesity, and inadequate acoustic windows. Family physicians performed conventional FOCUS and AI-FOCUS using a Sonoscape-P60 system with Wis+ AI. Target endpoints were LVEF <50%, screening-level valvular abnormalities, and pericardial effusion. The reference standard was blinded cardiologist echocardiography within 24 h. Diagnostic performance was assessed with accuracy, sensitivity, specificity, PPV, NPV, and Cohen's κ. Five-fold cross-validation confirmed reproducibility.

Results: AI-FOCUS achieved 94.3% accuracy (95% CI 93.2–95.4), 89.9% sensitivity, 96.5% specificity, PPV 92.6%, NPV 95.1%, with excellent agreement (κ = 0.88). Cardiac abnormalities were present in 32.9%: valvular disease (42%), LVEF <50% (28%), and pericardial effusion (12%). AI-assisted LVEF <50% (OR = 6.05, p < 0.0001) and valvular abnormalities (OR = 4.05, p < 0.0001) were independent predictors of cardiac pathology. Diagnostic accuracy was consistently high across age, sex, and cardiovascular risk strata. It reliably detected LVEF < 50%, valvular disease, and pericardial effusion, supporting early triage and referral in primary care.

Discussion: AI-FOCUS substantially reduces operator dependency and allows standardized cardiac assessment in primary care. Its high

reproducibility supports early detection, risk stratification, and timely referral while minimizing unnecessary specialist visits.

Conclusion: AI-assisted FOCUS is a scalable and reliable tool for primary care cardiovascular screening, enabling early diagnosis of systolic/dyastolic dysfunction, valvular disease, and pericardial effusion. Integration into routine practice and telemedicine optimizes patient outcomes and efficiency in resource-limited settings.

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ID 460- Screening for Abdominal Aortic Aneurysm in Hungarian Primary Care - A Multiregional Validation Pilot Study

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Context: Abdominal aortic aneurysm (AAA) is an uncommon, yet potentially fatal condition due to its high mortality rate in the event of rupture. To ensure timely detection, several countries have introduced organised, invitation-based national screening programmes. In Hungary, such institutionalised and targeted screening is not yet available.

Objectives: The aim of our multiregional validation pilot study was to assess the feasibility and justification of implementing AAA screening within Hungarian primary care.

Methods: Following a brief practical training, ten general practitioners (GPs) joined the pilot screening programme. Point-of-care ultrasound recordings obtained during screening were validated by radiologists. Screening was offered to men aged 65–75 years irrespective of smoking status, as well as to men and women over 50 years of age with a personal or family history of aneurysmal arterial disease.

Results: To date, 309 screening examinations have been performed across five counties in Hungary. During the validation process, only six image sequences (1.98%) were deemed non-assessable. Among the 303 patients with valid examinations (mean age 69.5±3.1 years; 97.7% male; 21.8% current smokers), infrarenal AAA was identified in eight individuals, yielding a period prevalence of 2.64%. Three patients have since undergone vascular surgery. The mean examination time recorded during screenings conducted by GPs was 6.7±4.0 minutes.

Discussion: Introducing AAA screening into Hungarian primary care appears to be an efficient strategy for early detection. GPs are well positioned to reach the target population, and the low rate of non-assessable examinations suggests that the diagnostic process is feasible following brief training. Nevertheless, the overall success of such a screening programme depends heavily on the quality of training, the availability of resources, sustainable financing structures, and the maintenance of diagnostic accuracy.

Conclusion: These preliminary findings demonstrate that abdominal aortic aneurysm screening integrated into Hungarian primary care is both feasible and potentially clinically valuable, supporting further evaluation of its long-term effectiveness, cost-efficiency, and nationwide implementability.

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Unbreak my heart

ID 2152- When 'something smells wrong': the role of clinical intuition in diagnosing heart failure

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Context: This report originates from a rural group practice in Friuli-Venezia-Giulia, Italy, facing significant workforce shortages and fragmented care, tending to high patient loads and challenging diagnostic continuity. We present a case where systemic constraints and cognitive biases delayed diagnosing severe heart failure in a 61-year-old woman.

Methods: A 61-year-old female smoker with hypertension and obesity presented with a six-week persistent non-productive cough and exertional dyspnea. Despite lacking fever or purulent sputum, she was diagnosed with respiratory infections by multiple physicians and prescribed three antibiotic courses (amoxicillin-clavulanate, azithromycin, levofloxacin) without improvement. Subsequently, a new GP noted bilateral basal crackles and jugular venous distension. Trusting a clinical intuition that "something smelled wrong" despite the patient's naive cardiac history, the GP ordered NT-proBNP test. The result was 1,161 pg/mL. She was hospitalized for acute decompensated heart failure. Echocardiography revealed a dilated left ventricle with an ejection fraction (LVEF) of 28%. Coronary angiography was normal. She was discharged on guideline-directed medical therapy.

Originality: This case highlights "cardiac cough" as an underappreciated primary symptom of heart failure in a fragile and rural setting, where speed of visit is more required than precision. Unlike typical reports, it focuses on the intersection of diagnostic error a

Lessons learned and future implication: Persistent cough in patients with cardiovascular risk factors warrants cardiac investigation when respiratory treatments fail. Clinical intuition remains a vital safeguard against algorithmic errors. Our practice encourages testing for NT-proBNP for unexp

Discussion: Diagnostic reasoning is vulnerable to anchoring bias, especially when systemic pressures reduce consultation time. This case demonstrates that biomarkers like NT-proBNP are essential tools to objectively validate clinical suspicion and prevent diagnostic delays.

Conclusion: A common symptom like cough can mask life-threatening pathology. In rural settings with workforce shortages, maintaining a high index of suspicion and trusting clinical intuition are crucial for patient safety.

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ID 2067- External Validation of the American Heart Association PREVENT Cardiovascular Disease Risk Equations Based on the CHARLS Database

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Context: In 2025, the American College of Cardiology (ACC) and the American Heart Association (AHA), in partnership with eleven other academic societies, updated the guidelines for hypertension prevention, detection, and management. A major revision is the endorsement of the PREVENT risk model—which integrates cardiovascular, renal, and metabolic parameters—as a tool to support risk communication and therapeutic decision-making.

Objectives: To assess the predictive performance, calibration, and discrimination of the PREVENT model for cardiovascular disease (CVD) in a contemporary Chinese population.

Methods: We used data from the China Health and Retirement Longitudinal Study (CHARLS) from 2011 to 2020. Primary outcomes were incident CVD and non-cardiovascular mortality. Discrimination was evaluated using Harrell's C-statistic under competing risk analysis; calibration was assessed via the slope of predicted versus observed risk. The PREVENT model was compared with the Framingham risk score, and the incremental value of adding glycated hemoglobin (HbA1c) was examined.

Results: Among 6,942 adults free of baseline CVD (mean age 58.1 years; 54.4% female), 1,792 CVD

events occurred over a median 9-year follow-up. The PREVENT model showed modest discrimination for CVD events (C-statistic = 0.609, 95% CI 0.532–0.686; AUC under competing risk = 0.596, 95% CI 0.581–0.611) and systematic underestimation of risk (calibration slope = 1.67, 95% CI 1.06–2.37). Notably, it performed better for predicting non-CVD death (AUC = 0.760). Compared with the Framingham score, PREVENT offered slight improvements in discrimination (C-statistic 0.598 vs. 0.583), calibration (slope 0.82 vs. 0.36), and net reclassification (overall NRI = 0.035; men = 0.139). Adding HbA1c did not meaningfully enhance performance.

Discussion: PREVENT showed limited discrimination and systematic CVD risk underestimation, though modestly outperforming Framingham. Competing mortality and population risk differences may reduce transportability. Recalibration and local refitting are needed before clinical risk classification; HbA1c added little.

Conclusion: In this community-based Chinese cohort, the PREVENT model exhibited limited discriminative ability and a tendency to underestimate CVD risk. Although it outperformed the Framingham score, its accuracy remains insufficient for direct clinical use in China without prior recalibration and external validation using local population data.

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ID 2033- Electrocardiography in Out-of-Hours Chest Pain in the Netherlands: Use, Yield, and Clinical Impact

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Context: Identifying patients with chest pain at risk of acute coronary syndromes (ACS) or other major adverse cardiovascular events (MACE) remains challenging in urgent out-of-hours primary care (OOH-PC). To support clinical decision making, the HEART score is used in emergency departments. The acronym HEART refers to History, Age, ECG, Risk factors, and Troponin, with each component scored from 0-2 points, for a maximum of ten. This score includes an electrocardiogram (ECG), which is often unavailable and not recommended by Dutch general practitioner guidelines.

Objectives: This study evaluates determinants of ECG use and its added diagnostic value within the HEART score in OOH-PC.

Methods: We conducted a diagnostic accuracy study involving consecutive patients presenting with chest pain at two OOH-PC centers with ECG capabilities in the Netherlands, from March 2023 to August 2025. The primary endpoint was major adverse cardiac events (MACE), including ACS, at six weeks after the index consultation, adjudicated blindly by two independent researchers. We analyzed factors associated with ECG use and compared the added diagnostic value of the HEART score, which includes ECG points assigned for repolarization disorders (1 point) or significant ST deviation (2 points), versus the HART score, which excludes ECG.

Results: A total of 285 patients were included, 8.8% experienced MACE; 67 (23.5%) underwent ECG evaluation at the OOH-PC. ECG use was not associated with specific patient characteristics. Among patients with ECG, the c-statistics for the HEART and HART scores were 0.89 (95%CI 0.78-1.00) and 0.91 (95%CI 0.81-1.00), respectively. At a threshold of three points, the HEART score showed a sensitivity of 100% (95%CI 54.1%-100%), specificity of 24.6% (95% CI 14.5%-37.3%), negative predictive value (NPV) of 100%, and positive predictive value (PPV) of 11.5%. The three point cut-off of the HART score yielded a sensitivity of 100% (95%CI 54.1%-100%), specificity of 26.2% (95%CI 15.8%-39.1%), NPV of 100%, and PPV of 11.8%.

Conclusion: In Dutch out-of-hours primary care, ECG use in patients with acute chest pain was limited and not guided by patient characteristics. When incorporated into structured risk scores with high-sensitivity troponin, ECG appears to offer limited added value. Funding: Dutch Heart Foundation (03-003-2022-0029)

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ID 1718- Sex differences in the diagnostic pathway of patients with chest discomfort in general practice

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Context: There is a lack of knowledge about sex differences in the diagnostic trajectory of patients presenting during office hours with chest discomfort to the general practitioner (GP).

Objectives: We aimed to compare the diagnostic care pathways initiated by the GP for women and men presenting with chest discomfort.

Methods: A sex-specific analysis was conducted within a prospective registry involving 118 GPs in XXX and XXX. All patient contacts were registered during a two-week period, detailing the diagnostic steps for individuals presenting with chest discomfort. A 30-day follow-up was used to collect the outcomes of diagnostic tests and final diagnoses.

Results: Preliminary results. Among 22,294 consultations, 1.26% (n=280) concerned chest discomfort (56.4% women; 43.6% men, p=0.030). Women were less often referred (33.5% vs. 48.4%, p=0.012) and underwent fewer diagnostic investigations (38.6% vs. 50.0%, p=0.057) compared to men. During 30-day follow-up, none of the women were diagnosed with an acute coronary syndrome (ACS) or other life-threatening events (LTE). In contrast, eight men (6.9%) had an LTE; 5 an acute myocardial infarction, 2 unstable angina pectoris, and one pulmonary embolism. There were three clear misdiagnoses in men; a pneumonia (n=1) and only suspicion of cardiac disease (n=2) had to be rectified later in the disease trajectory into an ACS. No such cases of misdiagnosis occurred in women.

Discussion: Women presenting with chest discomfort in primary care were less frequently referred, underwent less diagnostic testing, and had lower rates of ACS or other life-threatening diagnoses compared to men.

Conclusion: Our results are insufficient to determine whether gender differences exist in the adequacy of diagnostic assessment of patients presenting with chest discomfort to GPs during office hours. Future studies with larger patient populations are needed to clarify this potential difference.

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ID 1324- How Often Do QT-Prolonging Drugs Really Prolong QT? A Systematic Review

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Context: Drug-induced QT interval prolongation is a well-recognized risk factor for life-threatening arrhythmias such as torsades de pointes (TdP). Despite the widespread prescription of QT-prolonging drugs, especially in primary care, the incidence and prevalence of drug-induced long QT syndrome (diLQTS) remain poorly characterized, particularly in outpatient settings.

Objectives: The aim of this study was to evaluate the incidence and prevalence of diLQTSnin cases where screening was performed in adults taking QT-prolonging drugs.

Methods: A systematic review of studies reporting incidence or prevalence of drug-induced QT prolongation in patients undergoing ECG monitoring was conducted in PubMed database. Observational and interventional studies assessing QTc >500 ms or ΔQTc ≥60 ms were included. Study quality was evaluated using Newcastle-Ottawa Scale for

observational studies and RoB 2.0 tool for interventional studies.

Results: Out of 501 records, 42 studies met inclusion criteria: 5 were interventional and 37 were observational (15 prospective cohorts, 14 retrospective cohorts, 8 cross-sectional), totaling 14756 patients. Methadone was the most frequently studied drug (17 studies), with reported QTc >500 ms incidence ranging from 0% to 16.2%, and TdP incidence of up to 3.17%. Other frequently studied drugs included hydroxychloroquine (5 studies), azithromycin (4), and antipsychotics such as haloperidol and quetiapine. Incidence of QTc >500 ms varied considerably across settings and drug classes, influenced by heterogeneous QTc correction formulas. Only four studies reported TdP cases, all associated with methadone, droperidol, or tyrosine kinase inhibitors such as Cabozantinib and Dasatinib.

Discussion: Drug-induced QTc prolongation is not uncommon across a range of widely used medications, yet its monitoring and risk remain inconsistently assessed—particularly in outpatient settings. While torsades de pointes was rarely reported, QTc > 500 ms occurred with notable frequency. Significant heterogeneity in QTc definitions, study populations, and ECG methodologies limits cross-study comparability, underscoring the need for greater standardization

Conclusion: Although TdP was rare, several studies reported that once diQTLS was identified, clinicians responded with therapeutic modifications—such as stopping or substituting the suspected medication. For clinicians—particularly in primary care—targeted QTc monitoring and individualized risk stratification, potentially supported by portable ECG technologies, may help improve patient safety.

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ID 319- Severity of chest pain seems not to be a valuable diagnostic tool for primary care telephone triage in patients suspected of an acute coronary syndrome

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Context: Despite its complexity as a symptom, severity of pain score plays a prominent in clinical practice. Pain score has long been used at out-of-hours primary care serives (OHS-PC) for triaging patients with chest discomfort in the Netherlands but its value was questioned.

Objectives: To examine (i) how patients with chest discomfort report pain scores during telephone triage, (ii) how triagists record these scores, and (iii) the risk of acute coronary syndrome (ACS) for these reported and recorded scores.

Methods: In a cross-sectional study we used data from adult patients calling with chest discomfort to 7 OHS-PC in the Netherlands. Backed up recordings of telephone triage conversations we re-listened. Pain scores mentioned by patients were compared to pain scores recorded by triagists using descriptive statistics. Final diagnoses were retrieved from health records.

Results: We included 2,322 triage conversations with mean age 56.5 (SD 19.4) years, 54.0% were women. In 1,510 (65.0%) of all 2,322 triage conversations, the patient had rated pain score on a scale of 0 to 10. In 2,062 (88.8%) of all conversations, a pain score was registered by the triagist in 1 of 3 categories (no/light pain, moderate pain, severe pain). In the 1,250 triage conversations where the pain score was both registered and reported the scores were identical in 80.9% of the cases. A lower pain score was registered by the triagist than reported by the patient in 160 (12.8%) conversations, and a higher pain score in 48 patients (3.8%). Risk of ACS was highest for highest pain scores registered by the triagist, irrespective of the score reported by the patient.

Discussion: Our study shows that pain scores often are not explicitly reported by patients but estimated instead or, even when collected, up- or downscaled by triagists to tinker the outcome of triage. This reflects both the inherently subjective nature of pain and communicating about pain, and the

limitations of applying a single-point score with a strict cutoff.

Conclusion: Patient-reported pain scores offer little reliable information and have no practical value for triaging patients with chest discomfort.

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Undergraduate training

ID 1798- Why are our medical graduates choosing General Practice? What are we doing right?

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Context: Around the world there is a decline in graduates choosing a career in general practice(GP). This is despite data showing strengthening GP and GP continuity of care leads to improved health, lower mortality, and reduced healthcare-system costs. Many countries rely on importing GPs from other countries, who provide great value. Ideally capturing home grown doctors We have data showing our medical program has the highest percentage ot graduates choosing to work in metropolitan general practice in the country.

Objectives: This presentation will discuss the national statistics and identify the elements of medical education associated with inspiring graduates to choose the specialty of general practice.

Methods: The national analysis on GP trainees is based on data of graduates from all medical schools in our country. This data will be shared along with specific characteristics of university medical school education programs that appear to cause a higher percentage of graduates to choose general practice as their training pathway. Insights about rural GP training pathways will be included in this data.

Results: This national data of all medical graduates in our country was generated for the first time in 2025. The results were not intuitive nor anticipated, as they were different to expected. The percentage of medical graduates choosing general practice vary from 52% to 16%. Our medical school shows the highest percentage of graduates choocing to train in metropolitan GP.

Discussion: Many previous papers have looked at characteristics that are associated with working in rural GP, or career intentions of new graduates; this reveals genuine GP training intent. This is why it is important to reach better understanding of what ingredients in medical students' education make them more likely to choose GP. Comparing GP medical education and clinical placements between the universities with greater success in producing GPs will help identify how to improve graduate career choice in GP.

Conclusion: Graduates have a higher interest in GP than thought and the medical schools producing GPs can be a surprise. The national data combined with information about university GP training (in clinic or classroom) highlights the essential design ingredients of medical training to enhance graduate choice of GP.

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ID 1702- Forum Theatre and Simulated Consultations to Develop Relational Competencies in Undergraduate Medical Education

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Context: Relational and emotional competencies are core skills for general practitioners and are associated with patient satisfaction, adherence to care, and physician well-being. Although included in competency-based medical curricula, these skills remain unevenly taught and insufficiently practiced during the clinical years of medical training, prior to specialty selection. Experiential and arts-based pedagogies may address this gap by fostering empathy, reflexivity, and communication skills.

Objectives: To describe and evaluate an interdisciplinary educational programme combining forum theatre and simulated consultations to support the development of relational competencies in medical students.

Methods: A retrospective mixed-methods study was conducted over two academic years. All fourth-year medical students participated in mandatory forum theatre workshops, and all sixth-year students took part in mandatory simulated consultations. The programme was delivered through collaboration between medical educators and performing arts professionals. Data were collected using anonymous self-administered questionnaires completed immediately after each session. Quantitative data were analysed descriptively using five-point Likert scales assessing perceived quality, emotional comfort, and usefulness for developing relational competencies. Qualitative data from open-ended responses were analysed using inductive thematic analysis.

Results: A total of 568 students responded (mean response rate 63%). Forum theatre sessions received a mean global satisfaction score of 4.6/5 and perceived usefulness of 4.1/5, while simulated consultations scored 4.7/5 and 4.4/5 respectively. More than 95% of participants recommended continuation of the programme. Qualitative analysis identified three main themes: recognition of relational competencies as essential and insufficiently addressed elsewhere in the curriculum; the formative role of emotions when experienced within a safe and non-judgemental learning environment; and enhanced professional reflexivity, including increased awareness of empathy erosion and depersonalisation during training. Students suggested organisational improvements, including smaller group sizes and extended debriefing time.

Discussion: This interdisciplinary and experiential programme was perceived as complementary to traditional teaching and clinical placements, with emotional engagement acting as a key driver of reflective learning.

Conclusion: Forum theatre and simulated consultations appear to be effective and scalable approaches to developing relational competencies in undergraduate medical education. Their sustained integration into curricula may contribute to more patient-centred and reflective future general practice.

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ID 1280- Trainer training initiatives in primary healthcare: part of a national, EU supported project in the Czech Republic

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Context: Each year, 150–200 physicians complete GP board certification in the Czech Republic, which is sufficient for generational replacement. The main challenge, however, is their uneven distribution, threatening continuity of primary care in regions most affected by GP shortages. The aim of the project is to improve GP recruitment through education.

Methods: A three-year nationwide project Support for education in primary care for general practitioners, paediatric general practitioners, and support for regional accessibility of healthcare (Project registration number: CZ.03.02.02/00/24_060/0005126), co-financed by the European Social Fund through the Employment Plus Operational Programme and the state budget of the Czech Republic, was launched by the Institute for Postgraduate Medical Education (IPVZ) in 2025. The project includes several key activities focusing on 1. Regional GP education, 2. Competency-based education, methodology of specialty training and improvement of the assessment of education, providing and cascading education for trainers in GP, 3. Education for nurses in general practice (pilot). The presented work focuses on key activity 2.

Originality: To support competency-based education for trainees and trainers, we innovated a skills book for specialty training. We developed a shortened two-day Leonardo course for GP trainers

(modelled after EURACT). The project supports the production of the origin

Lessons learned and future implication: The project will produce national guidebooks—How to be a good GP trainer and How to organize Leonardo courses—to support regional cascading. A supervision process will be established to improve the quality of GP training assessment. A survey evaluating sp

Discussion: Improving GP recruitment requires a targeted approach and strong multidisciplinary cooperation, with education as a central component. Our efforts aim to stimulate interest in rural medicine, strengthen educational quality through trainer development, and build data to guide further strategic planning.

Conclusion: Transforming GP education requires a nationwide, well-resourced effort. This EU-supported project led by IPVZ enables substantial methodological progress and provides a framework for future national and regional initiatives in the field.

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ID 874- A new competency-based portfolio for the sixth-year Family Medicine internship based on the WONCA definition

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Context: Competency-Based Medical Education (CBME) emphasizes observable performance in authentic clinical settings. In Portugal, undergraduate Family Medicine training remains heterogeneous and predominantly knowledge-based, with limited alignment to internationally recognized competencies. This gap calls for structured tools that support competency development and assessment during clinical internships.

Objectives: To develop and validate a competency-based portfolio aligned with the WONCA definition of Family Medicine competencies for use in the sixth-year internship.

Methods: A mixed-methods validation study was conducted in three phases. First, Family Medicine experts identified tasks illustrating the 18 competencies through an open-ended questionnaire. Responses were synthesized into 22 preliminary learning outcomes. Second, content validity was assessed by a large panel of Family Medicine physicians using a 5-point Likert scale; consensus was defined as an Item-Level Content Validity Index (I-CVI) ≥0.80. Third, tasks failing to reach consensus were reformulated and re-evaluated in a subsequent validation round.

Results: In the first validation round (n=117), 19 of 22 tasks achieved I-CVI ≥0.80. Two tasks were reformulated and validated in a third round (n=113), reaching consensus (I-CVI=82.3% and 92.9%). The final portfolio comprises 22 competency-based tasks covering clinical, communicational, organizational, and community-oriented dimensions of Family Medicine practice.

Discussion: This portfolio operationalizes CBME principles by translating abstract competencies into observable behaviors, promoting authentic assessment and reflective learning. It introduces new perspectives for undergraduate education, including integration of community and system-level competencies, fostering feedback culture, and creating a foundation for Entrustable Professional Activities.

Conclusion: The validated portfolio offers a structured, feasible tool for implementing CBME in Family Medicine internships. Future research should explore its impact on student engagement, readiness for practice, and career choices, as well as its potential to strengthen continuity between undergraduate and postgraduate training.

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ID 766- Stigma against people living with human immunodeficiency virus: a quasi-experimental evaluation of active stigma

reduction workshop among medical students

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Context: Stigma against People Living with Human Immunodeficiency Virus (PLHIV) particularly from healthcare providers continues to be a significant barrier discouraging individuals from seeking necessary care. HIV stigma is still underexplored particularly among healthcare workers with limited focus on medical students.

Objectives: This study aimed to assess the impact of active stigma reduction workshops on stigma towards PLHIV among a sample of medical student in XXX and to identify its related factors.

Methods: We performed a quasi-experimental study among all fifth-year students during the academic years 2024 and 2025 in the Faculty of Medicine of XX (XX). We evaluated HIV stigma before and after each workshop via self-administrated and anonymous questionnaire. We used the validated versions of the brief HIV knowledge questionnaire and the Health Care Provider HIV/AIDS Stigma Scale.

Results: A total of 216 medical students answered completely to the questionnaire. Overall, most participants demonstrated a good level of HIV-related knowledge (88.4%). Good HIV knowledge, higher parental education and involvement in community or associative activities were significantly associated with lower stigma levels. Interestingly, poor parental educational level and being stigmatized were independently associated with higher prejudice scores in multivariate analysis. The student centered learning (SCL) approach was revealed to be effective in significantly improving HIV-related knowledge and reducing stigma among medical students.

Discussion: Beyond its implication in general medial subjects, SCL method has also been explored in our primary focus, enhancing HIV-related knowledge and reducing stigma against PLHIV. For instance, studies in Sudan and the United States highlights the effectiveness of SCL and peer-based approaches in promoting HIV awareness and reducing HIV stigma among students. In addition, in China, a web-based game was developed to reduce HIV-related stigma. The game used participatory gamification and storytelling to immerse university students in the lives of PLHIV. This approach enhanced empathy-building, active learning through problem solving and reflection.

Conclusion: Our findings emphasize the value of integrating active learning methods into medical curriculum to prepare future healthcare providers to deliver stigma-free care in order to promote ethical and inclusive behavior toward PLHIV.

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ID 275- On-Call GP: An Experiential, Role-Play Based Game to Strengthen Patient-Centred Consultation Skills in Primary Care and Inspire GP Careers

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Context: It is vital to inspire more medical students to consider general practice careers, amid a GP recruitment crisis. To counter negative perceptions of the profession due to the 'hidden curriculum', undergraduate teaching should engage students in a more balanced way, showcasing positive aspects of general practice. To address this, we developed a novel game-based session, 'On-Call GP: The Consultation Game', for Year 5 medical students. The session design was informed by Kolb's experiential learning theory and incorporates an adapted version of an educational board game, simulating a GP clinic. Students work in small groups to test clinical knowledge, role-play consultations and manage on-call challenges. A GP tutor-facilitated debrief aims to consolidate learning.

Objectives: We aimed to evaluate the impact of our game-based session on students' engagement in learning, sense of connectedness with peers, development of clinical knowledge and consultation skills and perception of general practice.

Methods: All students participating in the 'On-Call GP: The Consultation Game' session were invited to complete a post-session anonymised Qualtrics survey. Likert scales evaluated students' perceptions of the session's engagement and usefulness, its impact on developing clinical skills, and their sense of connectedness with peers. Free-text questions further explored students' experiences of the session and its impact on their perception of general practice.

Results: Six sessions have taken place between July and November 2025. Sessions were completed by 125 students. The survey response rate was 74%. The evaluation found that the majority of students agreed the session was engaging, improved their clinical skills and enabled them to feel connected to peers. Free-text responses highlighted the value of peer-learning, role-play and debrief in developing consultation skills and consolidating clinical knowledge. Students commented on the 'fun, engaging' nature of the session and on developing a more positive impression of general practice.

Discussion: Game-based experiential educational sessions may add value through increasing engagement with learning and providing students with insights into the varied and complex nature of general practice.

Conclusion: An experiential, game-based approach can enable students to strengthen connections with peers, develop clinical skills and develop a positive perception of general practice.

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ID 378- Stakeholders' Perspectives on a Novel Competency-Based Assessment for General Practice: A Qualitative Study

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Context: Competency-based approaches are increasingly adopted in medical education to prepare medical students for clinical practice. The COVID-19 pandemic highlighted challenges in clinical assessments such as the Objective Structured Clinical Examination (OSCE) and drove innovation in assessment designs. In the post pandemic era, new assessment models require critical evaluation.

Objectives: This study explored stakeholders' perspectives on a novel General Practice (GP) competency-based assessment, the Clinical Assessment for Progression Examination (Clinical APEx), evaluating its acceptability, authenticity, feasibility, and educational impact.

Methods: A qualitative study using an interpretivist approach was conducted. Thirty-one participants including medical students, examiners, simulated patients, and administrators engaged in semi-structured interviews. Data were transcribed, coded and thematically analysed.

Results: Five themes were identified: Student Wellbeing, Authenticity of the Assessment, Results and Outcomes, Feedback and Assessment for Learning, Organisation of the Assessment. Clear assessment expectations, less rigid format and competency grading framework contributed to improved student wellbeing and assessment acceptability. The GP Clinical APEx offered authentic doctor-patient interactions, though its exclusive focus on examination skills limited reflection of clinical practice. In terms of results, delivering immediate, unfavourable outcomes proved challenging. Tailored feedback supported skills development, strengthening its educational impact. Organisational demands were reduced, supporting feasibility.

Discussion: The GP Clinical APEx was viewed as less stressful and more acceptable than the traditional OSCE, offering clarity, flexibility, and competency-based grading. Timely and carefully constructed feedback enhanced student development. In contrast, the often delayed, non-interactive or absent feedback in the OSCE limited learning. Difficulty in delivering immediate unfavourable results may contribute to the phenomenon of "failure to fail". The GP Clinical APEx streamlined logistics contrasted with the OSCE's high resource demands.

Conclusion: Stakeholders recognised the GP Clinical APEx as an acceptable and feasible competency-based assessment. By embedding

feedback and emphasising assessment for learning, it supported student development and strengthened educational impact. Future iterations should enhance authenticity by integrating clinical reasoning, and further research is needed to establish validity and reliability.

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Vaccines

ID 1730- Parental confidence in childhood vaccine safety and effectiveness in Albania.

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Context: Vaccine hesitancy (VH) is an increasing global concern, contributing to vaccine preventable disease outbreaks. According to the Albania Demographic and Health Survey, childhood vaccination rates in Albania have dropped from 94% in 2008-2009 to 75% in 2017-2018. In 2023, WHO reported 83% coverage for the first dose of the MMR vaccine in Albania.

Objectives: The study aimed to (1) assess Albanian parents' confidence in the safety and effectiveness of vaccines, (2) identify which parental beliefs have the greatest influence on the decisions of hesitant and refusing parents, and (3) determine the prevalence and sources of negative vaccine information and their impact on parental decision-making.

Methods: This cross-sectional study surveyed 4,082 randomly selected Albanian parents and legal caregivers of children aged 0–18 years. Using a validated and ethically approved anonymous questionnaire, data were collected from participants at randomly selected primary health care centres across Albania. The questionnaire consisted of sociodemographic data and questions about participants' behaviours, attitudes, and beliefs regarding vaccine safety and efficacy. Data was analysed by using percentages, Pearson's Chi-squared test, and Fisher's exact test.

Results: 27.3 % and 17.6% of all respondents self-reported VH and vaccine refusal, respectively. A large number of hesitant and refusing parents reported that "They are concerned about serious adverse effects of vaccines (73%), "It's better for children to get fewer vaccines at the same time" (65%), and "It's better for children to develop immunity by getting sick than by getting vaccinated "(40%). Hesitant and refusing parents are more likely to report having received or heard negative information from their friends and family members (61%), internet (58%) and social media (49 %) P value < 0.001.

Discussion: The majority of hesitant and refusing parents expressed concerns about serious vaccine side effects, prefer fewer vaccines at one time, and believe natural infection is preferable to vaccination, often influenced by negative information from family and friends. These findings highlight the need for targeted strategies to specific parental beliefs.

Conclusion: Addressing VH in Albania requires multifaceted, targeted strategies tailored to specific parental beliefs. Engagement of trusted healthcare and community professionals will increase parental confidence and improve childhood vaccine uptake.

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ID 1612- Evaluating pregnant women's satisfaction with prenatal care and their attitudes toward childhood vaccination

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Context: Antenatal care is essential for a healthy pregnancy. Moreover, mothers' attitudes towards childhood vaccines are among the most important factors determining infant immunization rates.

Objectives: This study was conducted to assess the pregnant women's satisfaction with prenatal care and their attitudes toward childhood vaccines.

Methods: This cross-sectional study included 146 pregnant women who applied to the Çukurova University Training Family Health Centre between 1 May 2024 and 31 July 2024. Sociodemographic Data Questionnaire, Prenatal Care Satisfaction Scale (PCSS) and Vaccination Attitudes Scale (VAS) were administered.

Results: The mean age of pregnant women was 29,4±4,1 year (median: 29). Overall, 98,6% of the participants were married, 68,5% were university graduates, 45,2% were employed, and 50,7% had more than one pregnancy. The mean score of PCSS was 82,9±15,4. The mean total score, and the art of care, technical quality, accessibility, and physical environment subscale scores were significantly lower among participants with two or more pregnancies compared to in their first pregnancy (p=0,014; p=0,041; p=0,032; p=0,004; p=0,009, respectively). The mean VAS score was 17,4±3,8. The efficacy and safety subscale score of pregnant women was significantly associated with employment status (p=0,044), educational level (p=0,004), and income (p=0,003). No significant relationship was found between prenatal care satisfaction and pregnant women's attitudes toward childhood vaccination.

Discussion: As pregnant women's educational levels increase, their expectations of health care professionals also rise. Full-time employed and highly educated pregnant women tend to have more positive attitudes towards vaccination.

Conclusion: Pregnancy represents an important opportunity for family physicians to influence parental decisions regarding childhood vaccination

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ID 339- Vaccination and Teambuilding in an Interdisciplinary Setting: How to Make It Fun?

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Context: Adult vaccination coverage in France remains low: only about 50% of adults receive the DTP booster at age 65, and fewer than 5% of patients with diabetes have completed pneumococcal vaccination. In August 2023, French regulations expanded vaccination prescription rights to nurses and pharmacists to improve coverage. The Coeur de Saintonge Health Care Center (CSHCC) is a rural multidisciplinary facility with 42 health-care professionals (general practitioners, nurses, pharmacists, midwives, etc.). In 2024, a vaccination working group of the CSHCC began to develop innovative, collaborative strategies to increase vaccination coverage across its territory, while also improving team cohesion.

Methods: In May, an interdisciplinary meeting is organised to present annual updates to vaccination guidelines to all CSHCC professionals. Every year, the working group selects a specific vaccination target—based on both national recommendations and local needs—and sets a collective objective to be achieved over a four-month summer period. A visual communication campaign supports both the population and professionals during this period. Monthly updates are provided to health-care professionals regarding individual and collective progress, and final performance feedback is shared at the end of the surveillance period.

Originality: This approach combines a population-level vaccination strategy with an internal teambuilding component. An internal taskforce defines the annual vaccination protocol, integrating guideline updates with local epidemiological priorities. The initiative prom

Lessons learned and future implication: In the first year, the protocol adopted a competitive structure between professionals, which limited its impact on teambuilding. In response, the second year's protocol shifted toward a shared goal, creating a more supportive environment and strengthening

Discussion: Over the past two years, adult DTP booster coverage and pneumococcal vaccination

among patients with diabetes have significantly improved within the CSHCC population. Notably, these improvements persisted beyond the targeted surveillance periods.

Conclusion: The combination of updated guidelines, targeted objectives, structured feedback, and playful teamwork appears to be an effective strategy for increasing vaccination coverage while reinforcing interprofessional collaboration in primary care settings.

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ID 1252- Improving immunization coverage through retrospective audit of routine vaccination practices in primary care

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Context: Following large-scale national training of over 3,000 primary health-care (PHC) workers on routine immunization practices, a retrospective audit was conducted to evaluate whether these capacity-building efforts translated into measurable improvements in routine vaccination performance. The review took place in the context of newly introduced age-adjusted capitation and results-based financing mechanisms, which increased the importance of accurate immunization registration, timely service delivery, and achievement of national target indicators.

Methods: A comprehensive audit of immunization coverage among 1445, 0–6-year-old beneficiaries was conducted using multiple data sources, including the national health information system, immunization modules, and locally used planning/monitoring tools. The assessed period covered July 2024 to June 2025. Coverage was reviewed for key vaccines (Hexa-3, MMR-1, MMR-2, Tetra R1, Tetra R2) by age group and PHC team. Strengths included the availability of detailed age-disaggregated data and team-level comparisons. Limitations included inconsistent denominator definitions, unrecorded parental refusals, electronic system constraints, and incomplete accounting for inactive or migrated children.

Originality: This experience is one of the first facility-level audits aligned with the new PHC reform indicators and combines administrative data with operational reflections from PHC teams. Unlike earlier post-training supervision, this audit quantified delays, asse

Lessons learned and future implication: Findings highlighted strong team engagement and functioning reminder systems, but also systemic delays: Hexa-3 timely coverage remained low among 0–11-month-olds (62.9%), MMR-1 coverage at 12–23 months reached only 63.5%, and MMR-2 coverage at 5–6 years r

Discussion: The findings demonstrate that while overall coverage was acceptable for some vaccines, timeliness and data accuracy remained major challenges. Integrating updated electronic systems and harmonizing local measurement practices with national standards are essential for future improvements.

Conclusion: This audit illustrates how systematic, multi-source data review can reveal quality gaps in routine immunization even among well-trained PHC teams and provides actionable insights for improving timely vaccination and meeting national results-based financing targets.

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ID 893- The Effect of Structured Counseling Given to Parents Influenced by Social Media on Vaccine Hesitancy: An Intervention Study

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Context: Social media is an important source through which misinformation and disinformation that cause parents to hesitate about vaccines spreads rapidly. Family physicians, thanks to the continuous and trust-based relationship they

establish with parents, are in a unique position to reduce this information pollution and provide evidence-based guidance.

Objectives: To evaluate the effect of brief and structured counseling delivered by family physicians on vaccine hesitancy and vaccination decisions among parents who are influenced by social media.

Methods: This randomized controlled study will be conducted in the family medicine clinics of the training family health centers (EASM) of İzmir Dokuz Eylul University. Parents of children aged 0–5 years who report social media as their main source of vaccine information and who have high vaccine hesitancy (according to the PACV score) will be included in the study. After the baseline assessment (PACV score, sociodemographic data, and the child's vaccination status), participants will be randomly assigned to the intervention or usual-care group. In the intervention group, family physicians will conduct an approximately 10–15-minute structured face-to-face counseling session focusing on common myths, vaccine safety, and the risks of vaccine-preventable diseases, and will provide an evidence-based information leaflet. The control group will receive routine counseling. PACV scores and on-time vaccination status will be reassessed 1–3 months later.

Results: The study is in the planning phase. In the intervention group, compared with usual care, a greater decrease in PACV scores and a higher rate of on-time vaccination are targeted.

Discussion: The study is in the planning phase. In the intervention group, compared with usual care, a greater decrease in PACV scores and a higher rate of on-time vaccination are targeted.

Conclusion: If found effective, this individualized, brief, and structured counseling, tailored to parents influenced by social media, may be recommended to be integrated into routine family medicine practice as a practical communication strategy against vaccine hesitancy.

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ID 703- Regional trends in childhood vaccination coverage in Brazil before and after the COVID-19 pandemic: implications for Primary Health Care

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Context: Childhood immunization coverage has declined globally since the COVID-19 pandemic, raising concerns about the capacity of Primary Health Care (PHC) to sustain routine preventive services. In Brazil, PHC teams coordinate the childhood vaccination pathway, including neonatal follow-up, routine infant care and outreach activities. However, regional disparities and post-pandemic behavioral changes may affect the ability of PHC to maintain vaccination coverage.

Objectives: To assess regional trends in childhood vaccination coverage in Brazil from 2016 to 2022, comparing pre-pandemic and post-pandemic periods and identifying vaccines most affected within the PHC child care continuum.

Methods: This ecological time-series study used secondary data from the National Immunization Program. Five childhood vaccines representing key stages of PHC-based child care were analyzed: BCG, Hepatitis B (30 days), Pentavalent, Poliomyelitis (1 year) and Yellow Fever. Annual coverage (%) was compiled for the five Brazilian macro-regions from 2016 to 2022. Temporal trends were estimated using Prais–Winsten regression, generating Annual Percent Change (APC) and p-values. The time frame was structured to evaluate changes between the pre-pandemic period (2016–2019) and the post-pandemic period (2020–2022).

Results: BCG coverage showed a borderline decline in the Southeast and a significant decline in the Centre-West. Pentavalent vaccination declined significantly in the North, Southeast and Centre-West. Poliomyelitis coverage decreased significantly in the Southeast and Centre-West. Yellow fever vaccination declined significantly in endemic regions, while increasing borderline in the Northeast. Hepatitis B (30 days) remained stable across all regions.

Discussion: The findings indicate progressive erosion of childhood immunization within PHC, especially for vaccines that depend on continuous engagement with PHC teams. Beyond operational disruptions, the post-pandemic period has been marked by growing vaccine hesitancy, misinformation and the circulation of antivaccine narratives, which have disproportionately affected parental confidence in routine childhood immunization. These behavioral factors may have amplified pre-existing regional inequalities and hindered the effectiveness of PHC-based strategies such as active outreach, counseling and community engagement.

Conclusion: Childhood vaccination coverage in Brazil declined unevenly, with significant reductions in key PHC-dependent vaccines. Strengthening PHC capacity, rebuilding vaccine confidence and implementing evidence-based communication strategies are essential to reverse post-pandemic declines and address emerging vaccine hesitancy.

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Violences

ID 2091- The House of Women: a resource for all women, healthcare professionals and society

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Context: Between 2000 and 2018, nearly one in three women worldwide had experienced physical or sexual violence. This violence had an impact on their health (physical, mental, sexual and reproductive). With regard to primary healthcare, numerous resources have been developed to help caregivers identify and care for women who are victims of domestic violence. In France, in 2016, the first House of Women was created to offer a single, multidisciplinary and local care pathway and treatment facility. In 2021, a House of Women project was launched in Annonay (a rural commune of 16 359 inhabitants located in the Ardèche department).

Objectives: To explore the expectations of healthcare professionals in Annonay regarding the creation of House of Women.

Methods: A qualitative study using a grounded theory approach was conducted with healthcare professionals through individual interviews in Annonay in 2024 until sufficient data. Theoretical sampling was based on type of profession, mode of practice (primary care or hospital), age and gender. The COREQ 32 criteria were followed. This work was approved by a Ethics Committee.

Results: Fifteen healthcare professionals participated. They described the House of Women as a referral center for all women, offering a warm welcome, a listening ear and information. Professionals disagreed as to whether it should be located in the city center or more hidden, in the hospital or not. They agreed it had to be accessible geographically and temporally. Its team had to be benevolent and reassuring. It was also imagined as a centralized and multidisciplinary team for an optimized pathway in complete safety. It was seen as a necessary reflex for society, with preventive and educational actions at a population level.

Discussion: Whether or not the Women's Centre is located within the hospital, can it not nevertheless provide a reassuring and welcoming environment? A qualitative study conducted in the United Kingdom among hospitalised patients on their perception of the hospital revealed that they perceived it as a favourable environment.

Conclusion: This work could be useful for projects to set up Houses of Women. Next step is an evaluation of the house of women by users..

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ID 1408- Gender-Based Violence detection and management in Primary Health Care in Spain: A Scoping Review.

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Context: Gender-based violence (GBV) is a major public health issue with severe consequences for women's physical, mental, and social well-being. Primary Health Care (PHC) is a key entry point for prevention, early detection, and coordinated management of GBV. Spain has developed a strong legal, policy, and institutional framework to support health-sector responses, yet the extent and consistency of PHC implementation remain uneven across regions.

Objectives: To map and synthesize existing evidence on GBV detection and management strategies within PHC and emergency health services in Spain, identifying best practices, barriers, enablers, and gaps requiring further investigation.

Methods: A scoping review was conducted following the Arksey and O'Malley framework and PRISMA-ScR guidelines. Literature published between 2006 and 2024 was searched in PubMed, Scopus, ScienceDirect, and Web of Science, complemented by grey literature from institutional repositories and national observatories. Studies addressing GBV detection, clinical management, or professional training in Spanish PHC or emergency settings were included. Data were extracted and synthesized thematically, integrating quantitative and qualitative evidence.

Results: Of 869 records identified, 76 studies and 20 grey literature sources met the inclusion criteria, including 13 Good Practices officially recognized by the Spanish National Health System. Evidence shows that standardized protocols, validated screening tools, structured training, and intersectoral coordination improve detection, documentation, and referral. However, implementation varies widely among autonomous communities. Persistent barriers include limited consultation time, insufficient training, inconsistent data recording, and fragmented coordination. Vulnerable groups—such as adolescents, migrant women, and Roma women—remain underserved, and few studies evaluate long-term outcomes or sustainability of interventions.

Discussion: Findings illustrate the progressive institutionalization of GBV responses within Spanish PHC, supported by national policies and mechanisms for knowledge translation (Catalogue of Good Practices). Successful models emphasize socio-educational interventions, improved information systems, training networks, and intersectoral collaboration. Nevertheless, heterogeneity in implementation and limited evaluation highlight the need to strengthen monitoring, integrate GBV indicators into electronic health systems, and ensure sustained professional training.

Conclusion: Spain has made substantial progress in integrating GBV prevention and care into PHC, yet inconsistent implementation and limited evaluation hinder system-wide impact. Enhancing coordination, data integration, and long-term assessment is essential to ensure equitable, effective, and sustainable GBV responses across regions.

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ID 1183- Development of a digital health tool (Eu-Decido) to support Brazilian women experiencing intimate partner violence in primary healthcare

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Context: Intimate partner violence (IPV) is a public health problem, and primary healthcare (PHC) professionals are key in support women. Digital health tools can assist professionals in developing safety planning for women, but studies on such tools are scarce.

Objectives: We developed and assessed the feasibility of a digital health tool (app and website) to support decision-making and safety planning for Brazilian women experiencing IPV in PHC settings.

Methods: We previously developed a prototype named "Eu-Decido" (I-Decide) with survivors and professionals from a specialized IPV service in XXXXXX Brazil. In the current phase, we evaluated Eu-Decido through qualitative research with participants from two PHC Units. We conducted 17 in-depth interviews with women and two Focus Groups Discussions with PHC professionals (n=31), including doctors, nurses and allied health staff. Data were recorded, transcribed, coded and subjected to thematic analysis through data triangulation and feminist/gender theoretical perspectives.

Results: Participants indicated that Eu-Decido is highly feasible for PHC settings, highlighting important issues: 1) PHC teams often lack confidence in caring for abused women, and Eu-Decido provided them with reliable information to develop a safety plan for their patients; 2) women found the tool viable for supporting their decision-making, helping them understand their exposure to IPV and assess their risks; 3) both groups felt that Eu-Decido provides updated information on women's rights and available help, though user safety measures need improvement, as many partners monitor women's devices.

Discussion: PHC is universal and accessible across all 5,570 Brazilian municipalities and is considered the main gateway to care for abused women. Eu-Decido can be a valuable support tool for PHC professionals. However, refinements and additional research are needed to expand the applicability of our local study to the broader Brazilian context.

Conclusion: The perspectives of professionals and the needs of women in PHC are informing the refinement of the current prototype, resulting in version 2.0. This new version will be submitted to a longitudinal evaluation with 400 women from across Brazil. If proven efficient and safe, the plan is for Eu-Decido to be made available free of charge for national use, supporting PHC professionals in providing comprehensive care for women experiencing IPV.

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ID 412- Structural Determinants of Women's Attitudes Toward Intimate Partner Violence

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Context: Gender norms and structural inequalities strongly influence women's perceptions of intimate partner violence (IPV). Understanding how gender role attitudes shape responses to IPV is essential for informing preventive public health strategies.

Objectives: To examine the relationship between women's gender role attitudes and their attitudes toward IPV and assess how sociodemographic characteristics and generational differences influence these perceptions.

Methods: This cross-sectional study included 1,091 women aged ≥18 years registered at XXX University Family Health Centers. Participants were randomly selected and stratified by generational cohort (X, Y, Z). Data were collected using a sociodemographic questionnaire, the Gender Roles Attitude Scale (GRAS), and the ISKEBE Attitude Scale. Descriptive statistics, Spearman correlations, Mann–Whitney U/Kruskal–Wallis tests, linear regression, and logistic regression analyses were performed (α=0.05).

Results: Participants' mean age was 36.5 years; 75.2% held a university degree and 68.4% were employed. Lifetime IPV exposure included physical (16.5%), sexual (15.3%), psychological (41.4%), and economic violence (18.9%). Higher GRAS and ISKEBE scores were associated with higher education, employment, adequate income, and younger generations (all $p<0.001$). GRAS and ISKEBE scores showed moderate-to-strong positive correlations (ρ=0.52–0.69). Regression analyses identified

education and generational cohort as the strongest predictors of egalitarian and anti-violence attitudes. Logistic regression showed that low income, lower education, and being separated or without a partner increased the risk of IPV, whereas attitudinal scales did not independently predict exposure.

Discussion: Education, employment and higher economic status were consistently associated with more egalitarian and violence-rejecting attitudes, while Generation Z women displayed the strongest opposition to IPV. Exposure analyses showed that psychological and economic violence are easily normalized, whereas witnessing violence significantly shaped identity- and body-related attitudinal subscales. Marital status and economic security emerged as key predictors across all violence types, highlighting their protective roles. The lack of a direct association between attitudinal scales and IPV exposure underscores the complexity of contextual and intergenerational influences.

Conclusion: Women's attitudes toward IPV and gender equality are shaped primarily by structural determinants—education, economic status, and generational context. Younger generations show stronger egalitarian and anti-violence orientations, highlighting the need for policies that enhance educational opportunities, financial empowerment, and generational engagement to reduce IPV.

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ID 312- My trauma can be my superpower – a qualitative study of GP survivors' experiences working with domestic and family violence survivors.

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Context: Domestic and family violence (DFV) is common both in the community with one in four females subjected to intimate partner violence and one in two adults being survivors of child abuse. It is also common amongst healthcare workers including doctors. DFV survivors frequently present to primary care where general practitioners (GPs) who are survivors of DFV are likely to encounter them. General practice is unique as GPs look after whole families and have continuity of care. There have been no qualitative studies in general practice focusing on survivor GPs experiences when working with survivors of DFV.

Objectives: What are the experiences of survivors GPs when working with survivors of DFV?

Methods: This study used a phenomenological qualitative approach to gain a deep understanding of [country] GP DFV survivors' experiences when working with DFV survivors in their clinics. Participants were [country] GPs who self-identified as survivors of all forms of DFV. Purposive sampling was used to recruit participants from two [country] GP online groups. Semi-structured interviews took place and were audio recorded and transcribed verbatim. Reflexive thematic analysis was undertaken.

Results: Participants (20) were female and worked in a wide range of locations throughout [country]. All participants saw survivors of DFV in their clinics, and most saw more than their colleagues. Four themes were identified: Identifying with DFV survivors; wearing a cloak of professionalism; my experiences are my superpower to support survivors; going above and beyond.

Discussion: This is the first qualitative study to focus on survivor GPs experiences when working with DFV survivors. Secondary re-traumatisation was common, particularly when participants identified with DFV survivors. Despite this, participants experienced post-traumatic growth and were able to better identify, work with and advocate for their survivor patients because of their own DFV experiences. Views on reciprocal sharing were mixed due to the tension between remaining professional and improving rapport with survivor patients, an area which remains controversial amongst health professionals.

Conclusion: Survivor GPs would benefit from support due to their high case-load of DFV and to improve well-being. Further research is recommended to investigate how best to support survivors GPs.

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ID 62- Testing culturally competent domestic violence and abuse management for South Asian women in Australian primary care: HARMONY a cluster randomised trial

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Context: Immigrant women can experience high rates of domestic violence and abuse (DVA) and migration trauma and may seek help for DVA related mental and physical ill-health in primary care in diaspora countries. General practitioners (GPs) have limited DVA training or support to manage culturally-competent DVA primary care practice.

Objectives: HARMONY aimed to increase culturally-competent DVA identification and referral among all, but especially South-Asian women, attending Australian GP clinics.

Methods: 24 GP clinics recruited among South-Asian communities in Northwest and Southeast XXX, for a pragmatic waitlisted cluster trial, following CONSORT guidelines. Eligible clinics (i) employed ≥1 South Asian GPs, (ii) used 1 of 2 electronic software programs and (iii) agreed to anonymised, aggregated data extraction. Clinics randomised using computer minimisation. HARMONY's intervention comprised a) GP DVA educator and bilingual South-Asian DVA advocate co-delivering accredited culturally-competent DVA training, and b) 12 months follow-up support by DVA advocate to intervention clinics. Comparison clinics offered routine care. We extracted aggregated, anonymised routine data for primary outcomes of DVA identification and referral, and South-Asian ethnicity, at 12 and 15 months. Adjusted, intention-to-treat analysis using Poisson regression.

Results: Five of 24 GP clinics withdrew before the trial began, as COVID-19 impacted. At baseline, GPs documented DVA in 0.6% of non-South Asian, but 0.4% South-Asian women (all patients=48,362), and none recorded DVA referrals. Identification trended up in both arms, but we found no evidence of difference in DVA identification at 12 months in Intervention (0.98%) vs Comparison (0.88%), IRR 1.17 (0.60 to 2.28) or 15 months Intervention 1.01% vs Comparison 0.96%, IRR 1.17 (0.60 – 2.67). Referrals were rare (Int 14/252 vs Comp 6/199). 6/14 Intervention referrals were South-Asian women. No adverse events were recorded.

Discussion: HARMONY's model of care drew on culturally safe DVA best practice and previous GP DVA trials. We found no evidence for a significant effect on DVA identification or referral in a challenging COVID-19 pandemic. We did find that providing GP clinics serving migrant/refugee populations with cross-cultural training and support motivates improvement from a very low DVA identification rate.

Conclusion: In an increasingly diverse world, the HARMONY model of culturally safe DVA care should be further tested.

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ID 47- Systematic screening of intimate partner violence among female patients hospitalized at Nîmes University Hospital

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Context: WHO defines Intimate partner violence (IPV) as any behaviour within an intimate relationship that causes physical, sexual or psychological harm. In France, in 2023, we estimate

271 000 victims of IPV, 85% of whom were women. Since 2019, The French National Authority for Health recommends sytematic screening for violence due to its significant impact on the overall health of victims. The hospital is an ideal place to conduct this screening, offering a safe environment, a multidisciplinary care and an access to facilities such as La Maison des Femmes for women victims of violence.

Objectives: The main outcom of this study was to investigate the prevalence of IPV among female patients hospitalized at xxx University Hospital using the self-questionnaire WAST.

Methods: This was a single-center, cross-sectional observational study conducted during two 48h hours study sessions in March and April 2025. Any woman over 18, who had been in a previous relationship, spoke French, was able to read in French and non opposing after informations was eligible to participate.

Results: 126 women were included with a participation rate of 70 %. The prevalence of women victims of intimate partner violence recently was estimated at 1,6%.

Discussion: Our prevalence (1,6%) is lower than other french studies using the questionnaire WAST, but concurrently the average age of our patients was higher meaning that there may have been a recruitment bias. Even if the WAST questionnaire was an excellent tool to screen recent events and to act quickly , we realized through this study that we were missing all the women victims of past IPV events. Yet we know now that domestic violence, regardless of when it occurred, has a significant impact on overall health. Looking ahead, we would like to expend the screening to all patients, male and female, for all cases of IPV through their lifetime and to conduct a multicenter study.

Conclusion: Our study showed that at least one woman recently victim of IPV is hospitalized each day at xxxUniversity Hospital. It seems essential to encourage the healthcare workers to systematically screen all patients for IPV and to make it an integral part of our care habits.

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Wait… did you say weight?

ID 2260- Weight stigma experienced or perceived by adult patients with obesity in primary care: A mixed-methods systematic review

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Context: Weight stigma is widespread across all healthcare settings, where it has been shown to contribute to poor physical health outcomes, as well as to the persistence of obesity. Its impact in primary care setting deserves to be detailed.

Objectives: To synthesize evidence on weight stigma experienced or perceived by adults living with obesity in primary care, based on patient reports or data obtained from sources external to both patient and caregiver.

Methods: We conducted a mixed-methods systematic review using a convergent integrated design to combine quantitative and qualitative evidence through thematic synthesis. Five databases (PubMed, PsycInfo, Web of Science, Embase, Cairn) and grey literature were searched in 11/2025. Study selection, data extraction, and quality appraisal (MMAT 2018) were performed independently by two reviewers. Adult participants (≥18 years) with obesity (BMI ≥30 kg/m^2) were included if experiences of weight stigma were investigated within primary care settings.

Results: Twenty-five studies met the inclusion criteria (13 qualitative, 11 quantitative, 1 mixed). Weight stigma emerged at three levels: (1) in patient–provider relationships, manifested through negative assumptions, disrespectful communication, non-verbal cues, and anticipation of judgment; (2) in obesity management, characterized by either insufficient or excessive

focus on weight, oversimplified lifestyle advice, lack of referral and follow-up, limited provider training, and communication issues; and (3) in overall care beyond obesity, with frequent attribution of any health problem to excess weight, perceived lower quality of general care, and lower screening rates for cancers. Despite widespread negative experiences, several studies also reported positive care interactions and supportive relationships.

Discussion: This review suggests a need to develop research on weight stigma from men's perpective, but also from patients who are not engaged in care. It might also be interesting to study weight stigma more extensively, through direct or indirect observation of consultations or through analysis of health databases.

Conclusion: Weight stigma in primary care affects not only weight management discussions but also overall healthcare delivery for patients living with obesity. While interventions to reduce weight stigma in clinical settings appear relevant, stigma frequently arises upstream of medical interactions and reflects broader societal attitudes. Comprehensive strategies targeting individual, educational, and structural determinants of stigma are warranted.

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ID 2211- Relationship Between Nutritional Status and Systemic Immune–Inflammation Indices Across BMI Categories

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Context: This original article highlights the association between nutritional status and systemic inflammation across different BMI categories.

Objectives: This study aimed to determine the relationship between nutritional status and systemic inflammation using four validated nutrition indices—Hemoglobin, Albumin, Lymphocyte, and Platelet (HALP) score, Prognostic Nutritional Index (PNI), Controlling Nutritional Status (CONUT) score, and Nutritional Risk Index (NRI)—and three immune-inflammation biomarkers—Systemic Immune-Inflammation Index (SII), neutrophil-to-lymphocyte ratio (NLR), and platelet-to-lymphocyte ratio (PLR)—in healthy adults with varying body mass index (BMI) levels.

Methods: This retrospective study included 290 clinically healthy adults aged 18–60 years, categorized by BMI. Individuals with chronic diseases, medication use, or morbid obesity (BMI ≥ 40 kg/m²) were excluded. Nutrition scores (HALP, PNI, NRI, CONUT) and systemic immune-inflammation indices (SII, NLR, PLR) were calculated from laboratory data. For the comparisons of SII, PLR, NLR, PNI, HALP, NRI, and CONUT values between groups, age was adjusted for, and an ANCOVA test was performed.

Results: Among the systemic immune-inflammation indices, SII and NLR were significantly higher in both the overweight and obesity groups. The CONUT score, a negative indicator of nutritional status, demonstrated positive correlations with SII, NLR, and PLR in the overweight group and with PLR in the obesity group. Although PNI showed significant inverse correlations with SII, PLR, and NLR in both groups, the mean PNI values remained above 50, indicating overall normal nutritional status in the study population. HALP was inversely correlated with SII, PLR, and NLR in both groups.

Discussion: Unlike many prior studies that focused on hospitalized or chronically ill patients, our inclusion of individuals without known chronic diseases allows for a clearer evaluation of subclinical inflammatory and nutritional dynamics related to adiposity. The use of a wide array of validated indices—both nutritional and inflammatory—provides a comprehensive and multidimensional assessment of immune-nutritional interactions in the context of increasing BMI.

Conclusion: Our study demonstrates that higher BMI is associated with increased levels of systemic immune-inflammatory markers. Among the nutritional indices examined, the HALP score appears to reflect the inverse relationship between nutrition and inflammation most effectively. This index may be useful for early identification of

subclinical inflammation in overweight and/or obesity populations

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ID 2040- Obesity; an innovative interprofessional approach in a region

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Context: The prevalence of overweight and obesity is increasing worldwide and is associated with cardiovascular morbidity, musculoskeletal complaints, depression, and reduced societal participation. In the region of XXXX, the prevalence of overweight was 57% and that of obesity 30% in 2024. These figures are strongly influenced by social determinants of health. Addressing obesity therefore requires an interprofessional approach that extends beyond healthcare into prevention, social support and education. Our aim is to develop and implement an integrated regional approach to overweight and obesity that connects primary care, social services, citizens, and interprofessional education.

Methods: In the region of XXXX, a unique funding opportunity enabled the development of a one-year program, with the prospect of continuation for three additional years. Starting March 1st, 2026, the program consists of three interconnected components in a region with over 500.000 inhabitants: a. A managed care approach initiated in all willing general practices, involving general practitioners, practice assistants, lifestyle coaches, and social workers. b. Vouchers for inhabitants to support changes in their living environment that promote a healthy lifestyle. c. Interprofessional community-based education involving students from social work, sports, nursing, physiotherapy, dietetics, and medical school.

Originality: To our knowledge, this is the first initiative in which general practice, social care, citizens and education are systematically connected at a regional level around the theme of overweight and obesity.

Lessons learned and future implication: Municipalities aim to fulfil their statutory preventive tasks; social work seeks a stronger role in obesity guidance; general practitioners wish to identify and appropriately refer patients while addressing medical causes where needed. Citizens emphasize

Discussion: Societal causes cannot be solved by healthcare alone. However, connecting the various stakeholders with varying goals and funding is very difficult.

Conclusion: Preparing this program on obesity highlighted the complexity of truly understanding and integrating diverse perspectives. Nevertheless, by maintaining a shared societal goal, a comprehensive regional approach was achieved, including a key role for general practice. The first findings can be shared at WONCA2026.

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ID 1469- Obesity and Weight Loss: Comparison of Lived Experiences Before Bariatric Surgery and During the First Postoperative Year Within the Same Cohort — An Anthropological Contribution to Primary Care

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Context: Recent epidemiological projections, including Lancet reports, indicate that obesity continues to rise globally and in Europe, where nearly 60% of adults are overweight or obese. Weight-related stigma from healthcare providers has been strongly associated with degraded care experiences and negative health outcomes. Understanding the lived experience of obesity and weight loss is therefore essential to reduce clinician bias and to support patients effectively through the physical, psychological, and social transformations associated with weight-loss interventions, particularly in the era of emerging pharmacological obesity treatments.

Objectives: To explore patients' lived experience before bariatric surgery and during the first postoperative year, and to identify practical recommendations directly suggested by patients to inform care in primary care settings.

Methods: A longitudinal qualitative study in the Île-de-France region included 17 adults. Semi-structured interviews were conducted preoperatively in 2024 and at one-year post-operation in 2025. Interviews were audio-recorded, anonymized, and transcribed verbatim for secure analysis. Inductive thematic analysis followed Braun & Clarke's methodology, with manual coding and double reading. Rigor was ensured using Yong's COREQ-32 checklist. Ethics approval and GDPR compliance were obtained. To date, 16 of the 17 patients have been followed up, with the final patient expected to be included.

Results: Preoperatively, three main themes emerged: suffering related to social and medical judgment, ambivalent relationship with body and food, and mixed anticipation of surgery combining hope and anxiety. At one year postoperatively, patients reported deep improvements in self-esteem, a generally positive experience, and significant changes in social, familial, and professional interactions. A persistent need for individualized, holistic support remained.

Discussion: These findings highlight the limitations of purely biomedical follow-up. Patient narratives reveal how physical, psychological, and social transformations profoundly affect experiences of obesity and weight loss. They underscore the importance of empathetic, patient-centered approaches in primary care, and illustrate how clinicians' awareness of stigma and subjective experience can shape care outcomes.

Conclusion: The study provides practical insights directly suggested by patients. Impactful verbatims and patient-derived recommendations could help improve support for those undergoing bariatric surgery, and enrich the broader care of patients with obesity within primary care practice. Keywords: Obesity; Bariatric Surgery; Family Practice; Qualitative Research; Body Image;

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ID 764- The association between perceived stress and abdominal obesity in Korean adults: 2022–2023 Korea national health and nutrition examination survey

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Context: Stress is a prevalent issue in modern society. Abdominal obesity is a key component of metabolic disease, and a major driving factor of all-cause and cardiovascular mortality. Although previous studies have linked stress with obesity or metabolic disorder, specific evidence regarding stress and abdominal obesity in recent nationally representative Korean populations remains limited.

Objectives: To investigate the association between the level of perceived stress and the risk of abdominal obesity among Korean adults, and to determine whether this association according to sex.

Methods: This cross-sectional study included 9,525 Korean adults aged 19 years or older (4,151 males and 5,374 females) who participated in the Korea National Health and Nutrition Examination Survey conducted from 2022 to 2023. Perceived stress level was assessed via a self-administered questionnaire. Abdominal obesity was defined as waist circumference ≥90 cm in males and ≥85 cm in females, based on sex-specific cutoffs according to Korean adult criteria. Weighted multivariable logistic regression analysis adjusting for age, sex, socioeconomic factors, and health behaviors was utilized to evaluate the association between perceived stress and abdominal obesity.

Results: In a weighted multivariable logistic regression analysis adjusting for age, sex, socioeconomic factors, and health behaviors, the high-stress group had higher odds of abdominal obesity than the low-stress group (OR 1.34; 95% CI 1.20–1.50; $p<0.001$). The association also persisted when stratified by sex. Among males, the odds ratio was 1.35 (95% CI 1.15–1.57; $p<0.001$), and among females, the odds ratio was 1.37 (95% CI 1.16–1.63; $p<0.001$).

Discussion: Higher levels of perceived stress may contribute to an increased risk of abdominal obesity in Korean adults. This finding aligns with the established biological mechanisms linking stress and visceral fat accumulation by increasing cortisol secretion via the hypothalamic–pituitary–adrenal axis, as well as behavioral pathways including overeating and sedentary lifestyle.

Conclusion: Among Korean adults, higher levels of perceived stress were associated with abdominal obesity. Similar odds ratios in males and females suggest that stress may influence abdominal fat accumulation regardless of sex. These findings highlight stress management as an important strategy for the prevention of abdominal obesity and metabolic diseases in Korean primary care.

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ID 434- Using Theatre to Tackle Weight Stigma in Primary Care: A Participatory Study on Empathy and Professional Awareness

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Context: Weight-related stigma negatively affects the doctor–patient relationship by reducing trust, empathy, and quality of communication. Health professionals may hold implicit biases that hinder patient-centred care, yet conventional training rarely addresses this issue effectively. Participatory and arts-based methods, particularly theatre, have shown promise in engaging professionals emotionally and reflectively. However, evidence on theatre as a tool to address weight stigma in primary care remains limited.

Objectives: To co-design, implement, and evaluate a participatory theatre-based intervention aimed at increasing awareness of weight stigma and strengthening empathy among primary care professionals.

Methods: This participatory study was conducted within a French community health network (CPTS) and comprised three stages: (1) a systematic literature review on theatre-based interventions targeting healthcare communication and the doctor–patient relationship; (2) co-construction of a play based on lived experiences shared by patients, healthcare workers, and community partners, followed by a local performance in June 2024; (3) quantitative evaluation of empathy using the Jefferson Scale of Physician Empathy (JSPE), administered to attending professionals before the performance, immediately after, and three months later. Descriptive and comparative statistics were used to analyse changes in JSPE scores over time.

Results: The literature review identified 16 studies, most reporting short-term improvements in empathy, attitudes, or communication skills following theatre interventions. The co-developed play was attended by 74 participants, including general practitioners, nurses, pharmacists, dietitians, and allied health professionals, as well as community members with lived experience. Among the 63 professionals who completed the JSPE, scores increased from 111.36 at baseline to 118.66 immediately after the play (p=0.001) and remained elevated at 116.50 three months later (p=0.015).

Discussion: The study drew strength from its participatory development process and from the use of a validated empathy scale. The positive shift in empathy scores indicates that theatre may facilitate emotional resonance and critical reflection among healthcare professionals. The absence of a control group is a limit.

Conclusion: Participatory theatre is a promising, transferable approach to raising awareness of weight stigma and fostering empathy among primary care professionals. Its sustained effects at three months support its potential as a tool for continuous professional development and for improving patient-centred care in community settings.

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Addictions

ID 1651- How do parents of adolescents understand and conceptualize video game addiction?

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Context: With 83% of adolescents playing video games weekly, general practitioners are increasingly confronted with issues related to gaming among young people. Despite the inclusion of diagnostic criteria for gaming disorder in the ICD-11 in 2018, little is known about how parents perceive this condition. In the context of the widespread presence of video games and persistent parental concerns, we identified a lack of studies exploring parents' representations of video game addiction.

Objectives: To explore the representations of video game addiction by parents of adolescents.

Methods: We conducted a qualitative study using thematic analysis of semi-structured individual interviews with parents of gaming and non-gaming adolescents. Sampling followed a purposive theoretical strategy. Participants were recruited through information posters in the general practice waiting room, at a youth center, outside a school, and via social media. Data were analyzed thematically, associated with data triangulation.

Results: Twelve interviews were conducted, including two after reaching thematic saturation. Parents expressed ambivalence between recognizing the social and recreational benefits of video games and fearing the risks of addiction. While many reported concerns about potential negative effects on their adolescent's health and behavior, they also described challenges in supervising gaming, which was often perceived as excessive. Parental representations were elaborated by their own gaming experiences or by media narratives. Video game addiction was commonly associated with loss of control over playtime, preoccupation with gaming, and excessive use that disrupts daily professional, social, or family functioning.

Discussion: This study underlines the need to clarify diagnostic criteria for gaming disorder to better distinguish "excessive use" from a true pathological condition. Its main strengths lie in its originality and adherence to methodology. Limitations include potential recruitment bias linked to the use of QR codes, favoring participants comfortable with digital tools, and the voluntary nature of participation.

Conclusion: Parents demonstrated awareness of the risks associated with problematic video game use. The study suggests several areas for improvement, including providing training and support for parents and incorporating validated diagnostic tools into the routine medical monitoring of adolescents in general practice.

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ID 1428- Psychoactive substance use among university students: a cross-sectional study

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Context: General practitioners (GPs) play a central role in preventing addictions and screening for psychoactive substance (PAS) use among young adults. Early, systematic detection of commonly used PAS is recommended, yet screening is often directed only toward patients perceived as at risk. Existing research at University XXX has focused exclusively on medical students, leaving PAS use across other academic disciplines unexplored.

Objectives: The primary objective was to assess the prevalence of PAS use among students from all disciplines at University XXX. The secondary objective was to identify factors associated with the use of alcohol, tobacco, and cannabis.

Methods: A cross-sectional quantitative study was conducted between November 2022 and April 2023 among all adult students at University XXX. An anonymous online questionnaire, disseminated via email and social media, collected sociodemographic characteristics and current PAS use. Descriptive statistics and univariate analyses were performed to identify factors associated with PAS use.

Results: Among the 1498 responses received, 1475 were included. Participants had a median age of 20 years, and 75.7% were women. The most commonly used PAS were alcohol (36.7%), tobacco (12%), and cannabis (7%). Factors associated with alcohol use included male sex (p<0.001), living independently (p<0.001), paid employment (p=0.01), and regular physical activity (p<0.001). Factors associated with tobacco use included living independently (p<0.01), paid employment (p<0.001), and clear anxiety symptoms (p<0.001). Factors associated with cannabis use included male sex (p<0.001) and paid employment (p<0.001).

Discussion: This study gathered a large, multidisciplinary student sample, providing valuable insight into PAS use across academic fields. Although selection and reporting biases cannot be excluded, the findings may help GPs prioritize which PAS to screen for in student populations, either routinely or based on patient profiles.

Conclusion: PAS use is common among university students and varies with demographic, psychosocial, and lifestyle factors. These results underscore the importance of targeted screening strategies in general practice to enhance early detection and brief intervention among young adults.

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ID 648- Impact du sémaglutide sur les dépenses en alcool et tabac : comparaison entre utilisateurs et non-utilisateurs

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Context: Despite increasing awareness of semaglutide use for weight management worldwide, the broader economic, psychological, and behavioral impacts of semaglutide are less well characterized. In the limited evidence available, once-weekly semaglutide has been associated with reduced alcohol and tobacco consumption.

Objectives: Using a US consumer database, we aimed to investigate this hypothesis, comparing household spending on groceries, alcohol, and tobacco between people using semaglutide for weight management and those not using a glucagon-like peptide-1 receptor agonist (GLP-1RA).

Methods: Data came from two 12-month periods before each of five quarterly survey waves (Apr 2024–Apr 2025) in Numerator's US omnichannel panel (>200,000 households). Grocery (including alcohol) and tobacco spending were captured via scanned receipts and quarterly surveys with demographics, medication use, and behavior. Households were classified as having at least one branded semaglutide user for weight management or no GLP-1RA users based on surveys. For each wave, we computed the difference in year-over-year percent change in grocery spending between semaglutide and non-GLP-1RA households; mean differences across waves are reported in percentage points.

Results: As of April 2025, most participants were ≥45 years (S 74.6%; N 67.4%) and female (S 83.7%; N 76.3%). Race/ethnicity: White (S 71.5%; N 66.0%), Black (S 18.7%; N 13.8%), Hispanic (S 7.4%; N 14.6%). Household size was mainly one (S 19.6%; N 28.2%) or two (S 40.0%; N 35.0%); the top census division was South Atlantic (S 20.1%; N 22.7%). More semaglutide households had income ≥$125K (S 46.6%; N 38.3%). Current smokers: S 7.0%, N 8.3%; former smokers: S 19.2%, N 17.1%. Mean year-over-year grocery spending change was −1.1 percentage points for semaglutide versus non-GLP-1RA users, indicating relatively lower spending growth.

Discussion: Notably, there were greater mean change differences in spending on alcohol (−4.7% points) and tobacco products/accessories (−17.8% points) for semaglutide users.

Conclusion: The results of this analysis provide insights indicating that semaglutide use for weight management may be associated with reductions in the consumption of alcohol and tobacco products. More extensive behavioral studies are warranted to validate these findings.

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ID 771- The mediating effect of substance use in the path between childhood trauma and risky sexual behaviors among incarcerated women

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Context: Risky Sexual Behaviors (RSBs) are a significant public health concern leading to both short- and long-term reproductive health issues. Among incarcerated women, RSBs are highly prevalent and often linked to Adverse Childhood Experiences (ACEs) and Substance Use (SU).

Objectives: This study aimed to examine the associations between ACEs, SU, and RSBs among incarcerated women with a specific focus on the mediating role of SU in the path from ACEs to RSBs.

Methods: A cross-sectional study was conducted in July 2024 among a sample of incarcerated adult women in a correctional facility in XXX. We used the validated Arabic version of the Adverse Childhood Experiences International Questionnaire (ACE-IQ). The questionnaire was anonymous and participation was voluntary.

Results: A total of 165 female inmates completed the questionnaire with a mean age of 31 ± 14 years. Among them, 93.9% reported exposure to at least one ACE, with the most common category being childhood community violence (73.3%). Tobacco use was reported by 55.8% of participants, while one-third reported alcohol and drug consumption. RSBs, including unsafe sex and multiple partnerships, were reported by 36.4% of the women. We found that SU was a mediator in the path from childhood sexual abuse and community violence to RSBs.

Discussion: Unfortunately, few studies have examined this mediating effect worldwide, limiting our comparison. Across four recent studies conducted in the United States, researchers reported that higher ACEs were associated with increased alcohol use and a trend toward having more sexual partners. SU was found to fully mediate the relationship between childhood sexual abuse and sexually transmitted infections. Regarding developing countries, a pilot study conducted in Uganda found that ACEs and SU were predictors of RSB among emerging adults, although it did not examine the mediating factor effect.

Conclusion: Prevention strategies should prioritize trauma-informed interventions that integrate SU treatment as a core component of programs targeting sexual health and rehabilitation among incarcerated women.

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ID 736- Impact of smartphone overuse on sleep quality and anxiety among young adults: a narrative review

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Context: Smartphone overuse has become a widespread phenomenon among young adults, raising concerns about its effects on sleep regulation and mental health. Excessive nighttime use is associated with delayed sleep onset, reduced sleep duration, and increased anxiety symptoms. Understanding these associations is essential for clinicians in primary care and mental health, who increasingly encounter patients presenting with sleep disturbances and anxiety related to digital habits.

Objectives: To synthesize current evidence on the association between problematic smartphone use, sleep quality, and anxiety among young adults, and to identify clinical patterns and intervention opportunities relevant for primary care.

Methods: A narrative review was conducted using peer-reviewed literature retrieved from PubMed, Google Scholar, and the Cochrane Library. Articles published from 2010 to 2025 were included. Eligible studies assessed smartphone use patterns, validated sleep measures, and anxiety outcomes in populations aged 18–35 years. Research from diverse international and low-to-middle-income settings was incorporated to ensure broad

applicability. Extracted material was organized thematically across physiological mechanisms, behavioral patterns, associated clinical consequences, and intervention strategies, allowing identification of consistent trends and practical insights.

Results: Evidence consistently shows that problematic smartphone use, particularly during evening hours, is associated with shorter sleep duration, poorer subjective sleep quality, and increased insomnia symptoms. Higher anxiety levels are also reported among frequent or compulsive smartphone users. Mechanisms include circadian disruption, cognitive-emotional hyperarousal, and maladaptive coping behaviors. Regional studies demonstrate high smartphone engagement and parallel associations with sleep and anxiety disturbances. Interventions such as structured sleep hygiene education, limitation of evening screen exposure, digital-use monitoring tools, and brief cognitive-behavioral strategies show promising effects on both sleep and anxiety outcomes.

Discussion: The literature consistently demonstrates that smartphone overuse negatively affects both sleep quality and anxiety among young adults. Recognizing these patterns is crucial for early intervention in primary care and mental health services. Behavioral strategies such as digital curfews, reduced screen exposure before bedtime, and psychoeducation on sleep hygiene show promising benefits. However, more research is needed to evaluate structured interventions tailored to digitally connected populations.

Conclusion: Addressing smartphone use can improve sleep quality and reduce anxiety, supporting better overall mental health outcomes in young adults.

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ID 340- From First Contact to Care Trajectory: A Qualitative Study of Individuals Experiencing Problematic Gambling in Quebec (Canada)

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Context: In the Province of Quebec (Canada), the specialized helpline Gambling : Help and Referral (GHR) serves as the first point of contact for many individuals experiencing problematic gambling. In 2024, GHR received 8,060 calls and chats, 73% of which resulted in referrals to other services (e.g., primary care, addiction rehabilitation centers, tele-counseling, Gamblers Anonymous). However, little is known about the trajectory of these individuals following their initial contact with GHR.

Objectives: This study aimed to (1) describe the health and social service trajectories of individuals after contacting GHR, and (2) understand their care experiences and needs.

Methods: In this descriptive qualitative study, two semi-structured interviews, separated by 9-12 months intervals, were conducted with individuals (n = 46) at medium-to-high risk of problem gambling according to the Problem Gambling Severity Index (i.e, a score ≥ 3) who had contacted GHR within the past 3 months seeking help for this issue. We asked open-ended questions about their gambling habits and their experiences with health and social services to explore their care trajectories and identify future needs. Interviews were recorded and transcribed for thematic analysis with NVivo software.

Results: Semi-structured interviews revealed complex trajectories and highlighted major challenges related to accessibility, coordination and continuity of care. Results underscore the high prevalence of comorbidities associated with problematic gambling, including substance use (34.8%), depressive symptoms (32.6%), and alcohol use (23.9%). Data analysis is currently underway. Findings will be presented at the WONCA Europe Conference in June 2026.

Discussion: This study explores the complex care trajectories reported by individuals seeking help for gambling-related harm, with particular attention to issues of accessibility, service coordination, and continuity of care. Our findings are consistent with existing literature that emphasizes the difficulty of

maintaining continuous follow-up with individuals experiencing problematic gambling.

Conclusion: This study will shed new light on the challenges individuals with problematic gambling face along their care trajectories and offer insights to improve the health and social services targeting this population.

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ID 70- Virtual patient simulation for undergraduates: usability and learning perceptions

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Context: Addictive disorders impose heavy burdens on health systems and society, yet university students in a range of disciplines, including future primary care physicians, often receive little structured preparation for working with such clients. Stigmatizing attitudes and limited clinical exposure reduce readiness for relational and ethical challenges in generalist practice. Experiential learning is critical for developing interpersonal skills that align with the core competencies of general practice medicine.

Objectives: This study aimed to evaluate the perceived usability and educational value of interactive virtual patient (VP) simulations, designed to train undergraduate and graduate students in interpersonal and reflective skills relevant to primary care settings involving addictions.

Methods: We employed a quantitative-dominant design, enriched by qualitative data. Participants completed three VP scenarios (alcohol, gambling, problematic internet use) that mimic first-contact. After each scenario they completed a 9-item questionnaire measuring usability (effectiveness, efficiency, satisfaction) and three open-ended questions exploring perceptions. Descriptive statistics, Kruskal-Wallis and Mann-Whitney tests analysed quantitative data and subgroup differences (scenario, gender, study level). Open responses underwent deductive thematic analysis following Braun and Clarke's approach (2006).

Results: A total of 92 responses were included (71 undergraduate, 21 master's). Usability ratings were high (means 2.17–2.74 on a 0–3 scale) with no major differences across scenarios; women rated the "emotional realism" item higher than men ($p = .016$). More advanced undergraduates rated the simulation as a more valuable addition to traditional teaching and showed greater willingness to reuse the tool (all ps $< .05$). Qualitative findings highlighted enhanced clinical reasoning, increased comfort with relational skills, realistic immersive experience and the safe "trial-and-error" environment. Many participants viewed the simulation as more engaging and practical than standard lectures or case studies.

Discussion: Early exposure to simulated interpersonal challenges in addictive behaviours can strengthen relational and reflective competencies essential to primary care.

Conclusion: High usability and positive perceptions support integrating such VP tools into curricula as accessible experiential learning that prepares students for the interpersonal and ethical demands of generalist practice.

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Artificial intelligence

ID 2237- Assessment of clinical competence using AI-standardized clinical examination

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Context: Ensuring that health professionals meet verified thresholds of clinical competence is fundamental to societal expectations for safe, high-quality care. Competency-based medical education therefore requires assessment methods that are

frequent, scalable, and standardised across settings. However, Objective Structured Clinical Examinations (OSCEs)—the current reference standard—are resource-intensive and difficult to scale. AI-Standardized Clinical Examinations (ASCEs), using conversational virtual patients with automated scoring, have been proposed as a potential solution. Although a recent randomised trial demonstrated their effectiveness for training purposes, their validity as a scalable instrument for assessing clinical competence remains unknown.

Objectives: Can an AI-simulated, AI-scored clinical examination provide a valid and reliable assessment of clinical competence compared with a synchronised, human-graded national OSCE?

Methods: We conducted a multicentre prospective cohort study across six French medical schools. Among 948 eligible students, 586 completed a synchronised 10-station ASCE using conversational virtual patients approximately six weeks before undertaking the national 10-station OSCE. To assess scoring reliability, 20 ASCE transcripts were independently rated by eight expert examiners, yielding 143 completed transcript evaluations.

Results: ASCE performance was significantly associated with national OSCE scores (Spearman ρ = 0·57; P < 0·001; range across centres 0·48–0·72). Between-centre variance in ASCE scoring was minimal in mixed linear models (ICC = 0·006; model R^2 = 31%). Expert raters demonstrated strong inter-rater agreement for clinical skills (Krippendorff α = 0·80) and moderate agreement for communication and professional attitude (α = 0·70). Using the majority expert rating as the reference standard, automated scoring with GPT-4.1 did not differ significantly from expert assessment. Internal consistency was acceptable for a 10-station ASCE (Cronbach α = 0·67) and was projected to exceed 0·80 with 20 stations.

Discussion: ASCE scores were strong predictors of national OSCE performance, with consistent accuracy and negligible center influence. Secondary analyses showed acceptable reliability and expert agreement, and automated scoring matched expert performance, supporting ASCEs as scalable complements to traditional clinical competence assessment.

Conclusion: This work represents the first large-scale, multicentre validation study demonstrating that AI-based clinical examinations can provide standardised, reproducible, and scalable assessment of clinical competence, with potential implications for the development of digital infrastructures supporting large-scale clinical assessment, accreditation, and continuous professional evaluation.

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ID 1972- AI-Standardized Clinical Examination Training on OSCE Performance

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Context: Objective Structured Clinical Examinations (OSCEs) are universally recognized as the gold standard for assessing clinical competence. However, they remain highly resource-intensive to organize, severely limiting the frequency and scalability of student training opportunities. While Generative Artificial Intelligence (AI) shows promise in medicine, randomized controlled trials evaluating its direct impact on high-stakes examination performance are lacking.

Objectives: This study evaluated the efficacy of an AI-Standardized Clinical Examination (ASCE) framework, powered by GPT-4 Turbo (DocSimulator™), on medical students' faculty OSCE performance. Secondary objectives assessed emotional readiness, exam-related stress, student satisfaction, and the perceived realism of the AI-generated patient encounters.

Methods: We conducted a single-blind, two-site randomized controlled trial including 247 early-clerkship medical students from November 2023 to January 2024. Participants were stratified by site and randomized to ASCE training (n=125) or standard training (n=122). The intervention group had 24/7 access to 16 expert-authored scenarios, enabling text-based interaction with virtual patients and immediate, detailed automated feedback. A

physical examination station (otoscopy) served as a control to ensure intervention specificity. The primary outcome was analyzed in the intention-to-treat population.

Results: The ASCE group achieved significantly higher OSCE scores compared to controls (median 11.4 vs. 10.7 out of 20; p=0.02; 95% CI 0 to 1.2). Notably, exam absenteeism was significantly lower in the intervention group (0.8% vs. 4.9%). Post-intervention data showed that ASCE improved emotional readiness (p<0.001) and reduced stress (p=0.02). In-session feedback indicated high acceptance: 80% of users felt they interacted with authentic patients, and 67% felt evaluated by teachers. Post-hoc analysis confirmed a positive dose-response relationship between platform engagement and exam scores (p=0.01).

Discussion: Although the score improvement was modest, suggesting subtle enhancements across multiple domains rather than a single skill, the marked improvement in emotional preparedness establishes ASCE as a powerful pedagogical adjunct. Unlike traditional methods constrained by standardized patient availability, ASCE offers scalable, standardized training. However, it cannot currently replace physical examination training.

Conclusion: ASCE training significantly enhances clinical reasoning and student confidence while addressing critical logistical challenges. As a scalable solution for diverse scenarios, AI-driven simulation represents a transformative, resource-efficient standard for modern medical education curricula.

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ID 748- Acceptability of using Artificial Intelligence for pre-diagnosis in teleconsultation : dual study involving General Practitioners and patients.

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Context: The COVID-19 health crisis has had a positive impact on the rise of digital health tools. The healthcare system is increasingly centered on predictive, data-driven governance models enabled by Artificial Intelligence (AI). Numerous conversational agents, commonly referred to as chatbots, now guide patients online or by telephone throughout their care pathway. However, few studies have examined these chatbots, which could, in the near future, interact with patients prior to a teleconsultation and provide general practitioners (GPs) with a preliminary pre-diagnosis.

Objectives: This study aimed to evaluate the acceptability of AI-driven pre-diagnosis in teleconsultations by examining GPs' and patients' intention to use a health chatbot.

Methods: A quantitative study was conducted between July and December 2024 using two online self-administered questionnaires completed by GPs (recruited through professional networks) and patients (users of a teleconsultation platform). A research model was developed based on established measurement scales from the scientific literature, including the Technology Acceptance Model (Davis) and the Source Credibility framework (Ohanian).

Results: A total of 223 GPs and 249 patients participated in the study. Among physicians, most reported an intention to use the health chatbot. Attitude and social influence emerged as the two main factors positively influencing GPs' intention to use AI, whereas perceived risks exerted a negative effect. Among patients, the results highlight the central role of the chatbot's perceived humanity and perceived social presence. Social influence, self-efficacy, and perceived risks also significantly affected their intention to use the chatbot.

Discussion: A key strength of this study is its inclusion of the two main stakeholders in teleconsultation: patients and healthcare professionals. Both groups demonstrated an overall optimistic outlook regarding the future use of such chatbots, which aligns with findings from comparable studies outside the healthcare sector. GPs and patients alike value the human dimension of care, even in a teleconsultation context. Strengthening assurances around responsibility, integrity, security, and respect for the patient could help mitigate currently perceived risks.

Conclusion: The acceptability of using AI for pre-diagnosis in teleconsultations is high among both patients and GPs. Nevertheless, several limitations were identified, which should be carefully

addressed to ensure safe, effective, and responsible implementation of this technology.

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ID 560- Proper use of generative IA in healthcare: the first guidance from the French National Authority for Health (HAS)

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Context: Generative artificial intelligence (AI) systems are becoming increasingly widespread. These systems are being developed in the healthcare sector and have numerous applications in general practice. However, their use carries significant risks that must be managed. In order to promote quality and humanism in practice, the HAS has published its first guidelines for the proper use of generative AI in healthcare, intended for professionals, whether or not they are experts in the field.

Methods: The method used is based on a critical analysis of scientific literature, interviews with stakeholders, and a review by targeted stakeholders within the ecosystem.

Originality: This first guide on AI by the HAS provides the first framework in France for the use of generative AI in the healthcare sector. Particularly innovative, notably by its educational philosophy, it promote a didactic and pragmatic approach. It is divided.

Lessons learned and future implication: Every use of a generative AI system must be conscious, supervised, and reasoned. 4 guidelines are recommended: Learn: professionals familiarise themselves with how the generative AI system works and how to use it. Verify: professionals pay attention

Discussion: These recommendations are advisory. Thus, their implementation must be ensured. In order for these recommendations to be understandable and implementable by inexperienced users, they do not cover all issues associated with the use of AI. This guide will therefore need to be supplemented by further work. To this end, the HAS is developing additional recommendations to help healthcare institutions implement AI systems.

Conclusion: The HAS published the first guidelines for the use of generative AI in healthcare, with a rigorous scientific approach. This guide, the first of its kind in France, is designed to be pragmatic, grounded in reality and useful.

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ID 823- Artificial Intelligence: Defining the Ideal Tool by and for General Practitioners in France

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Context: Artificial intelligence (AI) is rapidly transforming healthcare, with applications ranging from imaging and diagnostics to administrative support. However, its use in general practice remains limited, despite the central role of general practitioners (GPs) in the healthcare system. Understanding their expectations, needs, and concerns is crucial to designing tools that are both ethically sound and operationally useful in primary care.

Objectives: To explore the perceptions, expectations, and reservations of general practitioners in the XXX region regarding the use of artificial intelligence in clinical practice, in order to identify the features of an ideal, acceptable, and ethically integrated AI tool.

Methods: A qualitative study inspired by grounded theory was conducted between February and May 2024 among eleven community-based GPs (both established practitioners and locums). Semi-structured interviews were recorded, transcribed verbatim, anonymized, and analyzed through double coding and triangulation. Conceptual categories were developed to construct an explanatory model. The study followed COREQ

criteria and complied with all ethical and data-protection standards (RGPD).

Results: Participants expressed interest in AI tools that are simple, intuitive, and seamlessly integrated into existing medical software. AI was perceived as a potential support for clinical decision-making and a way to reduce administrative workload. Nevertheless, significant concerns persisted: data reliability, loss of professional autonomy, alteration of the doctor–patient relationship, and the risk of dehumanizing care. GPs emphasized the need for transparency of algorithms, human oversight, and direct involvement of physicians in the design and validation of these tools. AI should assist, not replace, the clinician's judgment.

Discussion: GPs view AI as a pragmatic opportunity to ease cognitive and administrative burdens, provided it respects the singularity of the clinical encounter. Their cautious optimism reflects both curiosity and ethical vigilance. Insufficient training and lack of exposure to AI technologies reinforce the need for participatory, co-design approaches involving frontline physicians.

Conclusion: Artificial intelligence in general practice should be designed by and for physicians. By incorporating user needs—simplicity, reliability, human supervision, and ethical transparency—AI can become a genuine tool for enhancing care quality without compromising the human relationship at the core of medicine.

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ID 129- AI-Enhanced Learning in General Practice: Opportunities, Challenges, and Future Directions

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Context: The integration of artificial intelligence (AI) into medical education is profoundly reshaping pedagogical approaches in general practice. Advanced AI tools—from intelligent tutors to augmented reality systems—enable personalized learning, enhance performance analysis, and foster reflective practice. However, these innovations bring significant challenges related to training, ethics, and educational accountability. In an era where digital proficiency is essential, examining the role of AI in preparing future general practitioners is both urgent and foundational for the profession.

Objectives: This study aims to explore how AI enriches learning for medical students and practitioners in continuing education, identify the observed pedagogical benefits, and examine the ethical, curricular, and organizational challenges crucial to its sustainable implementation.

Methods: A narrative literature review (2020–2025) was conducted using PubMed, Scopus, and Consensus.app, focusing on the keywords "artificial intelligence," "medical education," "general practice," "simulation," and "ethics." Publications were analyzed through three lenses: educational innovation, curricular integration, and ethical considerations. Additionally, a thematic mapping of research trends was provided to highlight emerging domains in this field.

Results: Findings reveal that AI facilitates personalized learning trajectories (adaptive feedback, gap identification), enhances clinical simulation (via AR/VR), and supports data-driven clinical decision-making. Nonetheless, significant obstacles include insufficient AI-specific training, disparities in technological access, and risks related to algorithmic bias. AI-integrated educational approaches remain heterogeneous and lack standardization, although several pilot programs show promise for broader adoption.

Discussion: AI-augmented learning opens new horizons for general practice education, strengthening active pedagogy and practitioner reflexivity. Success requires robust ethical governance, comprehensive digital training embedded in curricula, and ongoing interdisciplinary dialogue between educators, computer scientists, and clinicians.

Conclusion: AI is a powerful driver for training the 21st-century general practitioner. Its successful integration must preserve humanistic aspects of care, promote equitable access, and support the development of critical and ethical competencies.

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ID 128- Empathy and Shared Vulnerability in the Age of Artificial Intelligence: Rethinking Care Ethics and the Humanization of Healthcare

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Context: The deployment of artificial intelligence (AI) in healthcare is accelerating, simultaneously promising enhanced efficiency and raising profound questions regarding the human dimensions of care. Central issues emerge around empathy, shared vulnerability, and care ethics, as AI's capabilities challenge the irreplaceable quality of authentic human-to-human healthcare interactions.

Objectives: This review aims to critically examine how AI's incorporation into clinical practice influences core values of empathy, mutual vulnerability, and the ethical obligations of caregivers. The goal is to identify both the risks and opportunities presented by AI in upholding humanistic care, and to propose frameworks for ensuring technology remains a servant—not a substitute—for relationship-centered care.

Methods: A systematic literature review was conducted using the Consensus platform, Semantic Scholar, PubMed, and other databases. From roughly 980 initial publications, 50 highly relevant and recent peer-reviewed studies were selected. Thematic analysis focused on interdisciplinary perspectives—philosophy, ethics, sociology, and clinical evidence—exploring theoretical foundations and practical impacts of AI on empathy, care ethics, and vulnerability.

Results: Findings reveal a robust consensus: AI can streamline clinical workflows and free provider time but cannot genuinely replicate the depth, reciprocity, or transformative impact of human empathy. Simulated empathy from chatbots or care robots is usually perceived as superficial, risking decreased trust and relational authenticity. Conversely, AI—used judiciously—may reinforce relationship-based care by enabling professionals to concentrate on emotional and ethical engagement. Shared vulnerability, central to therapeutic alliance, remains largely unprogrammable and is best supported through direct human connection. Additional risks include potential exacerbation of inequities, clinical depersonalization, and ethical ambiguities in algorithmic decision-making.

Discussion: Empathy and vulnerability are not merely "soft skills" but pivotal determinants of patient outcomes, trust, and justice in healthcare. Care ethics, alongside alternative frameworks (Ubuntu, co-design), offers critical guidance. The literature strongly advocates for rigorous ethical oversight and sustained co-creation with clinicians, patients, and communities—to ensure technology complements rather than displaces care.

Conclusion: AI can support the humanization of care if developed and deployed within ethically robust, relationship-centered models. Ultimately, authentic empathy, recognition of vulnerability, and ethically guided practice must remain at the heart of healthcare, with AI as a tool enhancing—never replacing—the essence of care.

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Cancer

ID 2158- Persistent hoarseness as an initial presentation of laryngeal cancer: A case report

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Context: Laryngeal cancer is a common head and neck malignancy, strongly associated with tobacco use. Early symptoms may be subtle and are frequently first encountered in primary care. Persistent hoarseness lasting longer than three weeks—particularly in high-risk individuals—should prompt urgent evaluation. Family physicians play a critical role in recognizing red-flag symptoms and initiating timely referral.

Methods: A 62-year-old man presented to a family medicine clinic with progressive hoarseness lasting

one month. He also reported sore throat and unintentional weight loss of 7 kg over the same period. He was an active heavy smoker (approximately three packs per day) with a family history of lung cancer. He denied fever, night sweats, or dyspnea. Physical examination revealed marked dysphonia and a firm, non-tender left cervical lymph node measuring approximately 2 cm. Vital signs and basic measurements were within normal limits. Given the persistence of hoarseness, heavy tobacco exposure, weight loss, and cervical lymphadenopathy, a laryngeal malignancy was strongly suspected, and the patient was urgently referred to otorhinolaryngology. Three weeks later, the patient returned with hospital records. Fiberoptic and direct laryngoscopy revealed a suspicious laryngeal lesion, and biopsy confirmed squamous cell carcinoma of the larynx.

Originality: This case illustrates how a common symptom such as hoarseness can represent an underlying malignancy and emphasizes the pivotal gatekeeping role of primary care in early cancer detection.

Lessons learned and future implication: Persistent hoarseness beyond three weeks should always be evaluated carefully in primary care. Smoking history, weight loss, and cervical lymphadenopathy are critical red flags. Family physicians should maintain a low threshold for urgent referral, as ear

Discussion: Laryngeal cancer often presents with voice changes before advanced symptoms develop. In busy clinical settings, hoarseness may be misattributed to benign causes. This case demonstrates how systematic assessment and awareness of risk factors in primary care can prevent diagnostic delay.

Conclusion: Primary care physicians are essential in the early identification of laryngeal cancer. Careful history-taking, focused examination, and timely referral enable earlier diagnosis and improved patient outcomes. MeSH keywords (plain text): Laryngeal Neoplasms; Hoarseness; Primary Health Care; Smoking; Early Diagnosis; Squamous Cell Carcinoma

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ID 1842- Lung cancer screening in smokers: Practices of general practitioners University Internship Supervisor in the Gers and Haute-Garonne departments

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Context: Lung cancer is the leading cause of cancer death in France. Tobacco is the risk factor. Scientific societies have advocated for lung cancer screening in smokers using low-dose chest CT scans. However, there are currently no official recommendations in France.

Objectives: To assess the practices of general practitioners who are also University Internship Supervisor in two french departments regarding lung cancer screening in smokers by low-dose chest CT scan.

Methods: It is an observational study conducted among general practitioners practicing in two french departments. The questionnaire, administered in « face to face », was based on a smoker patient previously selected by each practitioners from their patient base, according to the screening criteria defined by the French Society of Pulmonology.

Results: 60 general practitioners were recruited. 24 physicians prescribed a screening examination for the selected patient. 9 physicians still prescribed chest X-rays. 14 CT scans were nevertheless prescribed, 6 of which were low-dose scans, distributed equally between the physicians in the department n°1 (n = 3) and the department n°2 (n = 3). The lack of recommendations from the French National Authority for Health (HAS) remains the main obstacle for 62.9% of doctors. Access limitations to imaging facilities were cited by 40.7% of practitionners. Doctors who did not prescribe screening prioritized smoking cessation (83.3%).

Discussion: Our study highlights a heterogeneity of practices concerning the prescription of low-dose chest CT scans, without however revealing a statistically significant difference between two territories. Although the majority of the doctors surveyed are unfamiliar with low-dose chest CT scans, they nevertheless recognize their central role in lung cancer screening. Practitioners who do not

prescribe this screening prefer to focus their action on smoking cessation. The lack of clear and official recommendations appears to be the main obstacle to prescribing a low-dose chest CT scan. It would therefore be necessary to develop harmonized recommendations adapted to primary care.

Conclusion: The practices of general practitioners regarding lung cancer screening are heterogeneous. The majority do not perform low-dose chest CT scans. The lack of recommendations adapted to primary care is the main obstacle. It would therefore be necessary to develop harmonized recommendations.

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ID 1283- Evaluation of a telephone intervention to improve colorectal cancer screening: assessment of participant's feedback

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Context: Colorectal cancer screening is an effective way to reduce mortality and lower the cost of cancer care. Since 2024, the health insurance system has been providing general practitioners (GPs) with a list of their patients who are not up to date with their screening. Twenty-six medical students contacted the patients on their supervisors' lists by telephone to offer them screening.

Objectives: The aim of this study was to assess the medical student's feedback about the intervention.

Methods: It was a qualitative study conducted using an approach inspired by focus groups. The focus groups were led by three investigators throughout the intervention, at fifteen-day intervals, via videoconference to allow as many people as possible to participate. The videoconferences were recorded and transcribed. A thematic analysis was conducted between each meeting by the investigators and a sociologist.

Results: Four focus groups lasting an average of 1.5 hours were held. The phone calls were well received by patients, who felt that their local healthcare professionals were committed to their care. Many had not felt concerned by the screenings and changed their perspective following the call. The main reason for refusing colorectal cancer screening were anxiety, being asymptomatic or having a serious illness at the time. The medical students were satisfied to be participating in improving prevention in the region. One of the difficulties they encountered was the time-consuming nature of the intervention. They also noted inconsistencies in the participation of pharmacies in the delivery of kits, with some reported deviations such as billing for this service.

Discussion: This study showed that both patients and healthcare professionals welcomed this telephone intervention. The reasons for not being up to date for colorectal cancer screening identified are consistent with the findings of other studies.There are several limitations in this study particularly with regard to information bias.

Conclusion: This telephone intervention was well received and might increase the rate of colorectal cancer screening. This time-consuming work is difficult to replicate on the scale of a general practitioner within their own patient base. However, it can be replicated within the framework of coordinated care, for example with the help of medical assistants.

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ID 932- Experiences of General Practitioners and Their Influence on Organized Cancer Screening in Patients with Severe Psychiatric Disorders: A Qualitative Study

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Context: Schizophrenia and bipolar disorder are among the most severe psychiatric disorders (SPD) and affect 0.4% and 2% of the general population, respectively. The life expectancy of these patients is reduced by about 13 years compared to the rest of

the general population. Cancer is the second leading cause of death. However, they are less likely to benefit from organized cancer screening programs.

Objectives: The aim of this study was to understand general practitioners' perceptions and experiences of patients with TPS, as well as their effects on the implementation of organized screening programs.

Methods: Qualitative study inspired by grounded theory, conducted using semi-structured interviews with private general practitioners who treat patients with schizophrenia or bipolar disorder. The interviews were recorded, transcribed, and analyzed using an inductive thematic approach.

Results: Twenty-five interviews were conducted between October 2023 and February 2024. The doctors interviewed discussed the difficulties they encountered in establishing a solid therapeutic alliance with these patients. They were able to express their perceptions of STPs, as well as the specific obstacles associated with organized screening. Finally, the study highlighted several factors—such as the anticipation of refusal or the fear of complex care in the event of a positive screening result—that could lead to organized screening not being systematically offered to all patients and, in fact, result in a kind of selection of patients to be screened.

Discussion: The results of this study help explain the difficulties these patients encounter in accessing organized screening. However, these inequalities in access do not appear sufficient to account for the difference in cancer-related mortality compared with the general population. The findings highlight the need for personalized support for these patients. Evaluating the impact of a systematic preventive medical examination at the initiation of psychiatric care could be particularly relevant.

Conclusion: This study highlighted the perceptions that general practitioners had of patients with TPS, as well as the possible consequences of these perceptions on organized screening, which could lead to the selection of patients for screening.

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ID 902- Clinical Nutrition Intervention for 75-Year-Old Female with Pancreatic Head Adenocarcinoma with Liver Metastasis: A Biomedical and Psychosocial Multidisciplinary Approach

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Context: Pancreatic cancer is major global health burden and the seventh leading cause of cancer mortality. It is complex malignancy shaped by genetic and environmental factors, with about 10% inherited in an autosomal dominant pattern. Adenocarcinoma is most common type, typically diagnosed around age 70, and often carries a poor prognosis due to late detection and aggressive progression. Treatment varies by tumor type, stage, and patient condition, ranging from surgery and chemotherapy to targeted therapy, immunotherapy, and palliative care. Nutritional compromise is frequent in advanced disease, complicating outcomes further.

Methods: This case describes 75-year-old immunocompromised female with pancreatic head adenocarcinoma, diffuse intraductal papillary mucinous neoplasm, and liver metastasis. Before medical and surgical interventions, comprehensive laboratory and imaging studies were performed. Nutritional screening guided tailored care plan that included total parenteral nutrition, enteral feeding, oral supplements, multivitamins, and trace elements, all adjusted to meet adequacy. Family members played central role in supporting adherence and strengthening psychosocial resilience.

Originality: The distinctiveness of this case lies in combining biomedical management with structured nutritional intervention and family-centered psychosocial support. While pancreatic adenocarcinoma cases are widely reported, the deliberate focus on correcting under

Lessons learned and future implication: This case underscores nutrition as a cornerstone of

readiness in complex malignancies and highlights family engagement in resilience building. Future directions include standardized nutrition protocols in cancer pathways, community-based nutrition educati

Discussion: The outcome illustrates that liberty in health is achieved when patients are empowered through adequate nutrition, equity is advanced when vulnerabilities are addressed through multidisciplinary care, and fraternity is embodied when families and healthcare providers collaborate. Success in cancer management is not solely technical but deeply dependent on holistic preparation.

Conclusion: This case exemplifies how biomedical, nutritional, and psychosocial integration can transform outcomes in advanced pancreatic cancer. It advocates liberty through patient empowerment, equity through comprehensive care, and fraternity through family and community solidarity, principles resonant with 30th WONCA Europe Conference theme and global primary care values.

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ID 491- Effect of using a decision support tool for organized breast cancer screening by mammography in France

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Context: The decision support tool XX (DST) was designed to assist French women in making shared decisions about whether or not to participate in organized breast cancer screening (OBCS) by mammography. The effects of this DST on women and their general practitioners (GPs) are to be evaluated.

Objectives: Main objective: To evaluate the effect of a trial incorporating the DST XX on the level of decision-making conflict regarding the choice of whether or not to participate among women invited to participate in OBCS. Secondary Objectives: To evaluate women's intention to participate in OBCS, the implementation of shared decision-making, their knowledge of OBCS, and their care pathways after receiving the invitation in OBCS.

Methods: Design: Randomized controlled trial with two arms conducted in a region of France (February–September 2025). Cluster randomization of 2767 GPs. Participants: 20000 women aged 50–74 invited to the OBCS in January 2025 by the National Health Insurance Fund and having a GP. Intervention: In the experimental arm, women and their GPs received a letter encouraging them to implement shared decision-making and a flyer presenting the DST. In the control arm, women and GPs continued screening as usual. Primary endpoint and secondary endpoints: Overall score on the Decision Conflict Scale (DCS - 16 items). Data collected via questionnaire 2 months after presentation of the DST. Scores on the Measures of Decision scale (1 item), Shared Decision Making Questionnaire (9 items), number of correct answers on the knowledge questionnaire (10 items), description of healthcare professionals seen by women. Statistical analysis: Comparison of scores between arms using mixed covariance analysis.

Results: 3104 questionnaires were received (out of 1522 needed to conclude that there was a difference). The results, which are currently being analyzed, will be presented at the conference. A decrease in decision conflict is expected in the experimental group, with no change in intention to participate.

Discussion: This study will evaluate the effect of DST on a large scale in a routine care setting.

Conclusion: This DST, made available to women and all professionals in the OBCS, would promote interaction between women and GPs, could improve women's adherence to screening, and could limit health inequalities.

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ID 360- Participation in cervical cancer screening among eligible LGBTIA+ individuals in the XXX region : a cross-sectional quantitative study.

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Context: Cervical cancer remains a major public health issue in XXX, with a significant development of organized screening programs in recent years. However, lesbian and bisexual women, transgender men, and non-binary individuals represent a population often overlooked by prevention policies. Several studies report numerous forms of discrimination leading to lower access to healthcare.

Objectives: This study aims to investigate the participation rate in cervical cancer screening among eligible LGBTIA+ individuals in the XXX region and to identify the factors influencing screening participation.

Methods: An anonymous questionnaire was distributed online from March to July 2025 through LGBTIA+ associations. Lesbian and bisexual women, transgender men, and non-binary individuals aged 25 to 65 years and residing in the XXX region were included. The primary outcome was being up-to-date with cervical cancer screening. A univariate analysis was then conducted to identify the factors influencing screening participation.

Results: A total of 226 participants were included. The screening participation rate was 65.0%. Factors significantly associated with a higher screening rate were age, department of residence, having a general practitioner and discussing sexual orientation with the healthcare provider performing the cervical smear. Among the main barriers reported were negative experiences during gynecological consultations (29.1%) and the lack of screening proposal from healthcare provider (16.5%).

Discussion: This study is one of the few that includes transgender and non-binary individuals. However, the recruitment by LGBTIA+ associations introduces a selection bias, favoring younger, urban, and more informed participants, which may overestimate the screening rate. Nevertheless, the rate is similar to other XXX studies, such as XXX, which found a screening rate of 64,7% and also highlights the importance of the general practitioner and discussing sexual orientation in encouraging participation in screening.

Conclusion: The disparities in cervical cancer screening among LGBTIA+ individuals highlighted in this study emphasize the need for more inclusive communication and improved training for healthcare providers to enhance the therapeutic alliance. The lack of data and epidemiological studies hinders the improvements of LGBTIA+ individuals healthcare. It is therefore essential to continue this work with large-scale quantitative studies, on STIs in general, to develop truly inclusive and equitable prevention policies.

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Chronic diseases

ID 1654- Implementation of a Healthcare Pathway for Chronic Pain Patients within a Primary Care Team: A Case Study

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Context: Chronic pain affects 23 million people in France and is one of the leading reasons for consultations with general practitioners (GPs). Despite having over 250 chronic pain centers nationwide, these facilities are overwhelmed, with waiting times of up to eight months. In response, the French National Authority for Health (HAS) proposed a “Healthcare Pathway for People with Chronic Pain” in 2023. However, no institutional resources are available to implement this pathway in primary care.

Methods: A chronic pain healthcare pathway was implemented within a Primary Care Team in a specific region. Developed collaboratively by various healthcare professionals, the pathway involved a

self-assessment of pain by a paramedic, followed by a consultation with the GP to review the assessment and set treatment goals. A multi-professional meeting, including a pain specialist, formulated a treatment plan. Six months later, an assessment was conducted. Over two years, 30 chronic pain patients were managed locally, with only two referred to hospital-based teams. This process involved a one-hour paramedic consultation, a GP consultation, and a multi-disciplinary consultation for each patient, requiring financial resources to cover associated costs.

Originality: To our knowledge, this is the first French study to describe the implementation of a multi-disciplinary chronic pain pathway in primary care.

Lessons learned and future implication: Successful implementation of a primary care pathway depends on clearly defining each professional's role. Coordination and continuous patient monitoring are crucial for effective care, allowing caregivers to focus on quality care. Adequate human and finan

Discussion: The integration of a pathway in primary care, supported by tele-expertise during multi-disciplinary meetings, ensures efficient chronic pain management in the community. However, it requires a GP involved in pain management and a dedicated coordinator for vigilant patient monitoring. Financial support is essential for the pathway's long-term sustainability.

Conclusion: This experience demonstrates the feasibility of a primary care pain pathway. However, its successful implementation requires adequate human and financial resources, which are not currently planned by public health authorities.

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ID 1727- Upper extremity activity levels and pain in older adults: an observational study in assisted living facilities

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Context: Upper limb musculoskeletal disorders have been extensively studied in the workplace. In older adults, their prevalence and consequences, in terms of associated activity limitations and pain, remain largely unexplored, except in a few studies focusing on shoulder pain.

Objectives: To quantify the prevalence of activity limitations and pain associated with upper limb dysfunction, among independent older adults living in assisted living facilities.

Methods: A cross-sectional, declarative study is ongoing in three assisted living facilities in XXX, XXX. At least 162 residents aged 75 years or older will complete a self-administered questionnaire. Exclusion criteria included cognitive disorders hindering questionnaire comprehension or being under guardianship or conservatorship. The Disabilities of the Arm, Shoulder and Hand (DASH) score and sociodemographic characteristics were described using R. The study was approved by the Ethics Committee of XXX (No. XXX).

Results: Among the 78 residents (63 women) currently included, the average DASH score was 28.5 ± 22.9 (0 = no disability; 100 = most severe disability). Upper extremity pain was reported by 64% of residents; 86% of them experienced shoulder pain, 44% hand pain, 26% wrist pain, and 12% elbow pain. Additionally, 26% of the residents who experienced pain had not informed their general practitioner of this issue.

Discussion: In these preliminary results, DASH scores and pain prevalence were elevated, with substantial underreporting to the general practitioner. This may reflect specific resident characteristics, including recruitment location and a higher inclusion age threshold than in previous studies. High interindividual variability in DASH

scores was also observed. These findings highlight the potential value of systematic screening in primary care to limit the risk of functional decline, but should be interpreted cautiously given their preliminary nature.

Conclusion: Upper limb activity level restrictions and pain were common in the study population. The full dataset will be obtained in February 2026. Descriptive statistics will be updated, and associations between residents' characteristics and outcomes will be explored to assess the generalizability of the results to a broader population of older adults.

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ID 1415- Challenges in managing early-to-moderate chronic kidney disease in primary care: a systematic review in high-income countries

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Context: Early identification and management of chronic kidney disease (CKD) - affecting 850 million people worldwide - are essential to slow progression and reduce complications. Yet, underdiagnosis remains common despite clear screening tools (creatinine, albuminuria). This reflects persistent gaps in care coordination between primary and specialist teams, undermining timely intervention and optimal patient outcomes.

Objectives: This systematic review aimed to describe how early-to-moderate CKD is identified and managed in high-income countries, and to assess initiatives designed to improve care.

Methods: Outpatients with early-to-moderate CKD (stages 1–3b) and healthcare professionals involved in their care. We searched, MEDLINE, Embase, Cochrane Library, Knowledge Translation+, and PDQ-Evidence for descriptive, qualitative, mixed-methods, and interventional studies focusing on early-to-moderate CKD management in high-income countrie Data were extracted using JBI tools. We conducted a convergent integrated synthesis.

Results: Ninety studies were included (46 descriptive, 23 qualitative/mixed-methods, 21 interventional), involving 33.4 million patients and 3,180 professionals. Primary care management of early-to-moderate CKD was consistently suboptimal, with limited guideline knowledge leading to inadequate albuminuria screening, poor coding, insufficient follow-up, and medication errors. Coordination with nephrologists was inconsistent, referral criteria were variably applied, and many eligible patients were not referred. Patients frequently lacked awareness of their diagnosis and encountered barriers to self-management. Interventional studies showed modest effects: educational programs alone rarely improved screening or prescribing; screening campaigns increased testing but had uncertain cost-effectiveness; and digital decision-support tools improved specific processes but yielded inconsistent clinical benefits. The most effective strategies were multimodal interventions, combining decision-support systems, practice facilitators or trained nurses, structured monitoring, and patient education, which improved CKD identification, albuminuria testing, blood pressure control, and medication safety.

Discussion: This review reveals a gap between guidelines and real-world practice in CKD management in primary care, marked by challenges in screening, diagnosis and coordination with nephrologists. Multimodal interventions (digital tools, interprofessional teams) improve guideline adherence, though effectiveness varies. Heterogeneity in study designs and outcomes precluded meta-analysis.

Conclusion: Early-to-moderate CKD care remains suboptimal. Improving outcomes requires integrated, multimodal interventions supporting primary care teams, enhancing coordination with nephrology, and empowering patients.

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ID 1372- Optimizing Dyslipidemia Management in Primary Care Following the 2025 ESC/EAS Focused Guideline Update

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Context: Dyslipidemia remains a main risk among modifiable ones for atherosclerotic cardiovascular disease. The updated 2025 focused on the ESC/EAS Guidelines highlights new evidence and recommendations that impact primary prevention, pharmacotherapy, and risk assessment approaches which offers clear updates for family physicians and especially the way they handle patient`s treatment.

Objectives: To summarize changes in practical updates in dyslipidemia management for general practitioners, highlighting recent methods of assessing cardiovascular risk, pharmacological strategies, while integrating doable steps into regular clinic visits.

Methods: We conducted a narrative synthesis based on the 2025 ESC/EAS updated guidelines, along with newer research and recent publications on implementation in general practice with tools meant to facilitate its do ability. The examination highlighted how strong the underlying evidence was, while also pointing out actual factors that matter for doctors working in primary care.

Results: The 2025 ESC/EAS guidelines offer general practitioners a significant shift in approaches; especially while evaluating cardiovascular risks, also a variety of treating options and strategies for dyslipidemia. Family physicians should adopt tools like SCORE2, including risk modifiers, and consider non statin therapies if there is indication. Applying these recommendations has shown that is not only able to reduce cardiovascular risk but also may ensure equitable preventive care in the local primary care settings.

Discussion: Updated guidelines significantly affect the way cardiovascular disease`s prevention is managed in primary care clinics; since updated risk assessment strategies must now fit with wider choice of treatment using the new guidelines. Moving forward, a challenge will be to provide fair availability of advanced medications while also using tests that adjust risk assessments in special cases.

Conclusion: The 2025 ESC/EAS guidelines offer general practitioners a significant shift in approaches; especially while evaluating cardiovascular risks, also a variety of treating options and strategies for dyslipidemia. Family physicians should adopt tools like SCORE2, including risk modifiers, and consider non statin therapies if there is indication. Applying these recommendations has shown that is not only able to reduce cardiovascular risk but also may ensure equitable preventive care in the local primary care settings.

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ID 1315- Performance of the HEAR score in excluding acute coronary syndrome

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Context: Chest pain is among the most frequent complaints in patients presenting to the emergency department, and acute coronary syndrome (ACS) remains a diagnostic challenge for clinicians. The HEAR score is a clinical tool developed to identify patients at low risk for ACS.

Objectives: This study aimed to evaluate the performance of the HEAR score in excluding ACS and predicting major adverse cardiovascular events (MACE) within six weeks.

Methods: We conducted a prospective, descriptive, and analytical study at the emergency department of Mongi Slim Hospital between January 1, 2022, and September 30, 2023. Patients presenting with acute non-traumatic chest pain were included. The HEAR score was calculated for each patient, and a follow-up telephone contact was performed after six weeks to identify any MACE.

Results: A total of 277 patients were enrolled, with a mean age of 63 ± 16.5 years and a male-to-female ratio of 1.9.Based on the HEAR score,38.3% were

classified as low risk,49.1% as intermediate risk, and 12.6% as high risk. ACS was diagnosed in 27.8% of patients, with only 0.9% in the low-risk group. The HEAR score showed an area under the curve (AUC) of 0.85 ($p < 0.01$;95% CI [0.80–0.89]). A threshold of <4 had a sensitivity of 98.7%,specificity of 52.8%, positive predictive value (PPV) of 45.6%,negative predictive value (NPV) of 98.2%,and likelihood ratio (LR-) of 0.02 for excluding ACS.HEAR score <4 was predictive of absence of ACS in univariate analysis ($p < 0.01$; OR = 1.78; 95% CI [1.56–2.04]). Within six weeks,21%of patients experienced MACE.The AUC for predicting MACE was 0.74 ($p < 0.01$; 95% CI [0.68–0.80]), with a HEAR cutoff <3 showing sensitivity 98.2%,specificity 33.6%,PPV 27.9%,NPV 98.7%, and LR- 0.05.HEAR score <4 predicted the absence of MACE ($p < 0.01$; OR = 5; 95% CI [4.9–7.2]).

Discussion: Previous studies support these findings.Mirfazaelian et al.demonstrated that HEAR score cutoffs<2,<3,and<4 in the emergency department had high sensitivity and NPV,with<2 being sufficient for early discharge.Similarly,Šljivo et al.reported high sensitivity and NPV for 30-day MACE in 2024.

Conclusion: The HEAR score is a simple and reliable clinical tool to rule out ACS in low-risk patients,aiding rapid triage and decision-making in the emergency setting.

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ID 960- Exercise prescription for adults with chronic kidney disease in primary care: a narrative review

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Context: Chronic kidney disease (CKD) is associated with accelerated functional decline, elevated cardiovascular risk, and increased mortality. Evidence suggests that structured physical activity can improve functional capacity, blood pressure control, and metabolic health in CKD populations; however, exercise prescription tailored for primary care delivery remains underdeveloped.

Objectives: To synthesize current evidence on exercise interventions applicable to adults with CKD in primary care settings and to identify practical components for safe, feasible, and effective exercise prescription.

Methods: This integrative review followed a systematic search in PubMed using MeSH descriptors (“Chronic Kidney Disease,” “Exercise,” “Primary Health Care”) combined with Title/Abstract terms. Inclusion criteria encompassed adults (≥18 years) with CKD undergoing exercise interventions feasible for primary care, including randomized trials, observational studies, and protocols. Exclusion criteria comprised pediatric populations, inadequate kidney disease characterization, case reports, editorials, and studies conducted exclusively in tertiary settings without primary care transferability. Ten studies were identified; four met eligibility criteria after independent screening. Data were extracted using standardized forms addressing design, population characteristics, exercise modality, feasibility, safety, and outcomes.

Results: Included studies comprised one randomized controlled trial, two observational cohorts, and one protocol, representing diverse CKD populations and exercise modalities. A 12-month supervised aerobic-resistance program in stage G3b–4 CKD significantly improved six-minute walk distance and mobility without exercise-related adverse events. Observational data from kidney transplant recipients showed higher physical activity levels were independently associated with fewer cardiovascular risk factors. Isometric exercise protocols demonstrated high feasibility (59% attendance) and clinically meaningful systolic blood pressure reductions in community settings. One population-based protocol incorporated multi-component primary care, including structured physical activity assessment, to prevent frailty progression.

Discussion: Evidence demonstrates that structured exercise—particularly combined aerobic-resistance training and simplified isometric protocols—is feasible, safe, and beneficial across CKD stages. Protocol heterogeneity and limited representation of early CKD highlight the need for pragmatic, primary-care-based trials with standardized measures.

Conclusion: Exercise prescription for adults with CKD is a safe, feasible, and clinically meaningful intervention. Primary care represents an effective platform for implementing low-complexity, evidence-based exercise programs that preserve functional capacity and mitigate cardiovascular risk.

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ID 642- French primary care management of celiac disease has been steadily increasing over the past 10 years

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Context: While celiac disease (CD) prevalence is common (≈1%), most adult cases remain undiagnosed. In adults, diagnosis currently requires duodenal biopsies. In children, however, high anti-transglutaminase antibody (tTG) levels (≥10× normal) plus positive anti-endomysial antibodies (EMA) are sufficient for diagnosis, avoiding biopsies as per ESPGHAN guidelines. CD management relies on a strict lifelong gluten-free diet, requiring regular clinical and serological follow-up, including repeated serological testing. However, primary care screening and follow-up practices for CD in France remain unknown.

Objectives: To assess national and regional trends in CD management in primary care through the prescription of specific celiac antibodies.

Methods: Using OPENBio data from the French national health insurance, we analysed prescriptions of anti-transglutaminase and anti-endomysial antibodies by general practitioners in metropolitan France (2014–2024). We included IgA and IgG serological tests for both antibodies. Overseas regions were excluded due to incomplete data. The primary endpoint was the national prescription rate (per 10,000 inhabitants/year). Secondary endpoints were regional rates to compare activity and identify high/low prescription areas. Statistical analysis included trend analysis via linear regression (2014–2024), Student's t-test, and two-way ANOVA (region/year).

Results: We found a significant increase in CD serology prescriptions, from 17.3 per 10,000 inhabitants in 2014 to 36.5 in 2024, representing an average annual growth of 7.7%. A slight drop occurred during the 2020 COVID-19 crisis (4.2 fewer prescriptions/10,000, ~16% decrease). Among the tests prescribed, 84% were anti-tTG and 16% anti-EMA Regional disparities were observed, with a prescription gradient increasing from Southeast to Northwest. For example, Provence-Alpes-Côte d'Azur had 2.3 times more prescriptions than Pays de la Loire, consistently over 10 years.

Discussion: Prescriptions of anti-transglutaminase and anti-endomysial antibodies in France have increased by ~7.7% annually over the past decade. This may partly reflect the 2012 ESPGHAN guideline allowing paediatric diagnosis based solely on serology. The regional gradient (higher in the Southeast) could be linked to proximity to Italy, where CD screening is a public health priority.

Conclusion: Future work will examine the impact of primary care antibody prescriptions on confirmed CD diagnoses using hospital data (PMSI). Keywords: Celiac Disease, Serologic Tests, Antibodies, Primary Healthcare

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Covid and respiratory diseases

ID 2280- Activity related to long COVID in French general practice in 2023-2024

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Context: Long COVID has emerged as a significant public health concern. General practitioners (GPs) are the first point of contact for managing these

patients, but data on the related workload remains limited.

Objectives: This study aimed to assess the impact of long COVID on GPs' workload in France over one year and to identify factors associated with higher consultation volumes.

Methods: We conducted a longitudinal prospective study from June 2023 to May 2024 involving 141 GPs recruited through the French Sentinel network and the National College of General Practitioners. Monthly, GPs reported the number of distinct long COVID patients seen (WHO criteria); the same patient could be reported across multiple months. Multivariate logistic regression analyses identified factors associated with cumulative monthly patients reports at or above the sample mean.

Results: GPs reported a mean of 0.72 distinct long COVID patients per month (SD = 1.39), corresponding to a cumulative total of nine over 12 months (used as threshold). Most GPs (77.3%) reported below the threshold; 22.7% at or above. GPs' self-reported overall workload (three levels) was significantly associated with reporting at or above threshold. Compared with GPs reporting moderate workload, those with strong and very strong self-reported workloads had ORs of 1.18 (95% CI [0.29–5.34]) and 5.65 (95% CI [1.31–30.2], p = 0.017), respectively. GPs comfortable managing anxiety/depressive were less likely to report at or above threshold (OR = 0.18, 95% CI [0.03-0.88], p = 0.033). Higher patient volumes trended toward access to dedicated resources (OR = 3.03, 95% CI [1.00-10.2], p = 0.051).

Discussion: The low observed workload contrasts with international (30–51%) and French (4–8%), prevalence estimates, potentially reflecting definition or methodological differences between studies. The negative association between managing anxiety/depression comfortably and the number of long COVID cases is likely explained by GPs attributing overlapping symptoms to anxiety or depression rather than retaining a long COVID diagnosis.

Conclusion: Long COVID represents a low workload for French GPs. The negative association between confidence in managing anxiety/depression and long COVID patient volumes warrants further investigation to understand how GPs conceptualize and diagnose this complex condition.

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ID 2162- Fixed Drug Eruption After Nirmatrelvir/Ritonavir: A Case Report

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Context: Fixed drug eruption (FDE) is a type IV hypersensitivity reaction characterised by well-demarcated erythematous macules or plaques that recur at the same site after re-exposure to the causative drug. It accounts for 2.5–22% of cutaneous adverse drug reactions, with rising incidence due to increased drug use and awareness. FDE affects all ages and both sexes, most commonly adults aged 20–40 years. Typical triggers include antibiotics, non-steroidal anti-inflammatory drugs, and paracetamol. Lesions usually appear within 48–72 hours after exposure and often resolve with residual hyperpigmentation. Diagnosis is mainly clinical and may be supported by skin biopsy. Management includes discontinuation of the offending drug and topical corticosteroids.

Methods: A 55-year-old overweight man with type 2 diabetes developed malaise, myalgia, respiratory symptoms, and fever. He tested positive for COVID-19 and was treated with nirmatrelvir 300 mg plus ritonavir 100 mg twice daily for five days, with rapid improvement. Twelve days after starting treatment, he noticed a ring-shaped erythema in the right groin.

Originality: This is the first reported case of FDE associated with nirmatrelvir/ritonavir.

Lessons learned and future implication: Suspected Lyme disease was treated with azithromycin without effect, and the lesion enlarged and darkened. Antifungal therapy was also ineffective. Laboratory tests were normal and there was no systemic involvement. Dermatological assessment suggested FDE

Discussion: Nirmatrelvir/ritonavir is widely used in patients at risk of severe COVID-19. Reported adverse effects are mostly mild, while cutaneous reactions are uncommon. Re-exposure to the causative drug should be avoided, as recurrence may be more severe and progress to generalised bullous FDE.

Conclusion: As use of this therapy continues, awareness of possible cutaneous adverse reactions is essential for early recognition and prevention of serious complications.

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ID 1625- Do RAAS inhibitors protect from hospitalization amongst primary care patients with proven SARS-Cov-2 infection in the French region of Yvelines?

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Context: The COVID-19 pandemic significantly disrupted primary care organization, prompting innovative responses such as the establishment of numerous ambulatory COVID-19 consultation centers in the Yvelines department, France. These centers enabled real-time epidemiological work by centralizing clinical data, addressing the increasing need for primary care data to inform healthcare improvements. Among the scientific debates sparked by the pandemic, the role of angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin II receptor blockers (ARBs)—common first-line antihypertensive treatments—in COVID-19 progression has been particularly contentious. Since the ACE2 receptor serves as the entry point for SARS-CoV-2, and its expression is altered by these medications, their potential impact on disease severity has been closely examined.

Objectives: This study aimed to assess whether exposure to ACEIs or ARBs in outpatient COVID-19 care in Trappes (Yvelines, France) influenced the risk of developing severe disease requiring hospitalization.

Methods: The research included 296 adult patients with positive PCR tests who consulted at the Trappes COVID-19 center. Data were collected via physician-completed questionnaires and medical record reviews. Univariate and multivariate logistic analyses were performed to evaluate the risk of hospital referral

Results: 47 patients were treated with renin-angiotensin-aldosterone system (RAAS) inhibitors. These patients were older and had more comorbidities. Statistical analysis revealed a significant association between RAAS inhibitor use and increased risk of hospitalization (OR = 1.17 [1.03–1.34]).

Discussion: While this study highlights long-term ACEI/ARB treatment as a risk marker for hospitalization among COVID-19 patients, the finding may reflect underlying comorbidities or local socio-economic factors rather than a direct drug effect. Previous meta-analyses have not confirmed a harmful impact of these treatments on COVID-19 outcomes. Limitations include potential biases from questionnaire-based data collection and lack of systematic follow-up. Conducted during the first two pandemic waves, the results may not apply to current, less virulent SARS-CoV-2 variants

Conclusion: This research underscores the value of regional primary care databases for identifying population-specific risk factors. Routine data collection could enable general practitioners to better identify at-risk patients and tailor their care, potentially adjusting treatments at the local or regional level as needed.

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ID 1137- Overprescribing in acute respiratory disease, increasing antibiotic resistance: Practice-Based Reflection on the benefits of Point of Care Ultrasound

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Context: The overprescribing of antibiotics in acute lung disease is considered a global health problem because it is a major driver of antimicrobial resistance (AMR), which leads to increased morbidity, mortality, and healthcare costs worldwide. Lung ultrasound(LUS) demonstrates high diagnostic accuracy in the assessment of patients with acute respiratory disease. For pneumonia, pooled meta-analyses report sensitivity ranging from 88% to 95% and specificity from 94% to 98% when compared to chest radiography or CT. In the emergency setting, lung ultrasound outperforms chest radiography in sensitivity while maintaining similar specificity. A doctor can become competent at performing LUS assessment for the diagnosis of pneumonia after a focused training program consisting of 2 to 5 hours of didactic and hands-on instruction, followed by 20–25 supervised examinations.

Methods: Review of current published literature

Originality: Most systematic reviews focus on either the diagnostic performance of lung ultrasound, the epidemiology and drivers of antibiotic overprescribing in acute respiratory disease, or the feasibility and training requirements for point-of-care ultrasound in ge

Lessons learned and future implication: Several key lessons emerge First, lung ultrasound is a highly accurate, rapid, and noninvasive diagnostic tool Second, overprescribing antibiotics for acute lung disease is driven by diagnostic uncertainty and patient expectations, especially in primary

Discussion: Lung ultrasound reduces diagnostic uncertainty. The diagnostic accuracy is achievable by family physicians after focused, practical training, with competence improving further with ongoing practice and feedback. There is a need to train family doctors in the use of LUS. This is likely to have a significant positive impact in reducing inappropriate use of antibiotic prescribing which in turn will slow down antibiotic resistance. Healthcare systems would benefit from potential cost savings and improved equity. However this would require investment in education, equipment, and quality assurance infrastructure.

Conclusion: The successful implementation of LUS in primary care requires tailored, longitudinal training programs, ongoing mentorship, and system-level support to overcome barriers such as equipment access, supervision, and workflow integration. When these are addressed, family doctors report increased confidence, skill, and frequency of LUS use, with positive impact on clinical decision-making and resource utilization.

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ID 1111- What healthcare utilization for long Covid ?

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Context: The global cumulative incidence of Post-COVID-19 condition, or long COVID, is estimated at 409 million individuals, with a persistent prevalence ranging between 6% and 7% of adults. Its symptoms, numerous and unspecific, undoubtedly impact the quality of life of those affected. Many factors have been associated with poorer recovery (e.g. smoking, obesity). Factors associated with a better quality of life have been little studied.

Objectives: To identify healthcare utilization profiles associated with a better quality of life among members of the "Tous Partenaires COVID" a large audience national association of patients with long COVID.

Methods: A self-administered online questionnaire was sent to the members of the association. The questionnaire included the criteria of the WHO definition of long COVID. It focused on the current health status felt by the participants using the standardized EQ-5D-5L scale, and listed a panel of

interventions (e.g. rehabilitation program), social support (e.g. support from relatives) and life changes (e.g. workstation adjustment) that were perceived (or not) as helpful by the subjects interviewed. Comorbidities before COVID-19, the period of onset of the acute infection and the notion of vaccination against SARS-CoV-2 were also recorded.

Results: Four profiles of healthcare utilization were identified among patients with long COVID: complex care involving several specialists and rehabilitation, specialized medical care without rehabilitation, follow-up by general practitioner alone, and minimal use of the conventional medical system. Patients without conventional medical follow-up and those followed only by a general practitioner reported a higher perceived quality of life. Conversely, patients receiving more complex care displayed lower quality of life scores, suggesting that sophisticated medical care does not always correlate with perceived health improvement.

Discussion: These paradoxical results could be due to a causal bias, with the most disabled and distressed subjects receiving complex care and the least symptomatic subjects receiving lighter care. But they also raise questions about the potentially iatrogenic impact of healthcare system utilization in the context of “medically unexplained” somatic symptoms, which may contribute to their reinforcement and persistence.

Conclusion: Access to ultra-specialized healthcare services may not be correlated with a better quality of life.

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ID 50- Cognitive impairment after SARS-CoV2 pandemic in primary care

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Context: The SARS-CoV-2 pandemic has drawn attention to its potential neurocognitive sequelae, with evidence suggesting post-infectious impairments in memory, attention, and executive functions. However, community-based data in Primary Care remain limited. This study explores whether a history of COVID-19 is associated with cognitive decline and which sociodemographic factors influence cognitive performance.

Objectives: To identify cognitive differences between patients with and without prior COVID-19 infection, evaluate the influence of age, sex, and educational level, and determine which cognitive domains are most affected in the post-pandemic period.

Methods: A cross-sectional observational study was conducted during 2024–2025 at XXXXXXXXXXXX. The self-administered SAGE questionnaire was applied to 380 patients aged ≥14 years. Sociodemographic variables, history of COVID-19, hospitalization, and ICU stay were analyzed. A SAGE score <17 points was considered indicative of cognitive impairment.

Results: The mean SAGE score was 18.4 ± 3.9. The overall prevalence of cognitive impairment (SAGE < 17) was 22.9%. There was no significant association between prior COVID-19 infection and global cognitive impairment ($p = 0.409$). Lower scores were strongly associated with older age (≥60 years; $p<0.001$) and low educational level ($p<0.001$), while sex showed no significant effect. The “money” subtest, which assesses simple calculations and functional reasoning, showed a modest but significant difference ($p = 0.021$).

Discussion: These findings suggest that age and education remain the strongest determinants of cognitive performance, while the impact of COVID-19 infection itself appears minimal in community-dwelling individuals. The slight difference in financial-calculation performance may reflect specific-domain cognitive reserve rather than a

direct viral effect. These results are consistent with large community cohorts reporting limited long-term cognitive effects after mild COVID-19.

Conclusion: In this Primary Care sample, no direct cognitive impact of prior SARS-CoV-2 infection was found. Older age and lower education were confirmed as key predictors of cognitive decline. The SAGE test proved useful and sensitive for detecting subtle cognitive changes and is recommended for routine screening in vulnerable populations.

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Deaf people care

ID 1465- What are the representations of deaf users regarding their access to the primary care system?

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Context: In a healthcare system designed primarily by and for hearing people, access to quality care remains difficult for French Deaf people who speak French Sign Language (LSF).

Objectives: To explore deaf user's perceptions of their access to the primary healthcare system.

Methods: Qualitative study. Ten semi-structured interviews were conducted in French Sign Language (LSF) with deaf citizens. Data analysis was performed using IPA (Interpretative Phenomenological Analysis).

Results: Deaf citizens aspire to access common law in their outpatient care pathways. In practice, they must constantly compromise between quality care, autonomy, and respect for privacy. Medical consultations with hearing physicians become the scene of depersonalization of the deaf patient: stigmatization, infantilization, animalization, and discrimination create the foundation for a dysfunctional therapeutic relationship in which the patient invariably adapts to the physician. Deaf people seam to view health solely through the prism of the absence of symptoms or illnesses. They declare themselves to be in good health while associating their health with negative concepts. While the respondents expect a Deaf leader to change the system at the collective level, the hearing general practitioner remains identified as a lever for improvement at the individual level when he or she practices a patient-centered approach, even in the absence of mastery of LSF.

Discussion: The authors discuss a multifactorial inability for deaf people to express their feelings, linked to an ableist society where the social violence they experience remains invisible, fueling a climate of insecurity and a form of resignation. The study highlights the methodological limitations of intercultural research conducted here by investigators from the dominant group, particularly when the analysis is based on comments translated into the dominant language.

Conclusion: Deaf people live in a vulnerable system that seams to limit the expression of their vulnerability and to shape atypical representations of health. Their study requires an inclusive methodology integrating deaf researchers to guarantee the quality of intercultural research and to carry out data analysis directly in the language of the respondents (LSF).

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ID 1445- What are the motivations of doctors who treat deaf patients in sign language?

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Context: Deaf speakers of French Sign Language (LSF) belong to a linguistic and cultural minority that suffers from unequal access to primary care. The 1990s and the AIDS epidemic were the context for the awareness of institutions with the creation of the first specialized LSF care units (UASS). The first

generation of signing doctors working in these units, now numbering twenty-three are retiring. It is difficult to find replacements. One can wonder about the impact, in the medium term, of this shortage of signing doctors on the sustainability of UASS and access to quality primary care for the Deaf.

Objectives: To explore the perceptions that physicians have of their motivations to initiate, maintain or interrupt a care activity for Deaf patients in sign language.

Methods: Qualitative study. 18 semi-structured interviews were carried out with physicians concerned with sign language throughout France by two investigators. Data analysis was performed by IPA (Phenomenological Interpretation) after triangulating the data at three levels.

Results: There seems to be a decisional balance of health professionals, the result of which leads to initiating, maintaining or interrupting a care activity with Deaf patients. There is a balance between factors of narcissistic valorization (the founding experience generates fascination, indignation, and a sense of power which is accompanied by the emergence of archetypal savior traits with the intention of repairing the wrongs) and downgrading factors (the difficulties inherent in the healthcare system generate frustration, isolation, exhaustion, and a feeling of helplessness which is accompanied by the disillusionment of not being the expected savior).

Discussion: Caring for Deaf people highlights the societal value of the medical profession. The signing physician cares for the Deaf person by addressing their sociological deafness : In the promotion of autonomy, in the acceptance of the Deaf person whose cognitive and communicational specificities are taken into account; in the attempt to overcome the social obstacles experienced by the person.

Conclusion: The doctor seems to initiate, maintain or interrupt an exercise with the Deaf depending on the representation he has of his power to provide them with quality care.The caregiver takes on a role of savior in his practice with the Deaf.

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ID 1384- Sexual Health of deaf sign language users of a French Deaf care unit

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Context: 2025 marks in France the 20th anniversary of the promulgation of the law for equal rights and opportunities and the 30th anniversary of the first Deaf unit providing care in sign language. Since then, around twenty units offer Deaf sign language users the liberty to benefit from intelligible primary care consultations in order to promote equitable access to care. Teams of these units are mixed: deaf and hearing caregivers work fraternally to offer a caring environment where disability disappears, embracing humanity. The prevalence of sexually transmitted infections (STIs) keeps increasing. Their complications are multiple : hepatitis, infertility, cancers (Human Papilloma Viruses - HPV). In France, compared to the general population, deaf people experience poorer sexual health. Studies show limited access to information due to illiteracy and language barriers. Their reporting of STIs is higher. Deaf women experience 2 to 3 times more sexual violence and more than a third who have been pregnant report having had an abortion. Deaf seem to be less informed about HPV and its preventive vaccination.

Objectives: To describe the sexual health and to estimate the HPV vaccination of deaf sign language users of a French Deaf care unit.

Methods: Quantitative, descriptive, retrospective, unicentric cohort study with 8 substudies. Data collected from 5000 adult deaf patients' medical reports from a French Deaf care unit from 2004 to early 2025 (sociodemographic characteristics, medical history, Contraceptive method, STIs screening and diagnosis, abortion history, personal history of violence.

Results: At abstract submission, the study is in the data collection phase. The results presented are intermediate outcomes. We hypothesize high rates of STIs and abortions, low rates of HPV vaccination. Overexposure to violence might be an associated risk factor.

Discussion: This study will describe the state of health of the deaf population and may propose ways to improve medical practices, particularly in terms of prevention and early diagnosis, which could be objectively validated by a new prospective study.

Conclusion: The implementation of effective public health policies requires a thorough understanding of the health status of target populations. We encourage the development of national and international collaborative studies in deaf people's health.

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ID 1376- Cardiovascular risk and diabetes mellitus type 2 of deaf sign language users of a French Deaf care unit.

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Context: 2025 marks in France the 20th anniversary of the promulgation of the law for equal rights and opportunities and the 30th anniversary of the first Deaf unit providing care in sign language. Since then, around twenty units offer Deaf sign language users the liberty to benefit from intelligible primary care consultations in order to promote equitable access to care. Teams of these units are mixed: deaf and hearing caregivers work fraternally to offer a caring environment where disability disappears, embracing humanity. Cardiovascular diseases are the leading cause of death globally. In France it represents the 2nd leading cause of mortality with 25% of deaths. The global diabetes prevalence has risen to 14% (France 6%) with multiple medical and economic consequences. Scientific data concerning deaf people are scarce. They are thought to have more pronounced cardiovascular risk factors and higher diabetes-related morbidity.Significant difficulties in monitoring and managing these diseases could be linked to the language barrier and their low level of health literacy.

Objectives: To estimate the prevalence of cardiovascular risk factors, diabetes mellitus type 2 and its severe complications of deaf sign language users of a French Deaf care unit.

Methods: Quantitative, descriptive, retrospective, unicentric cohort study with 8 substudies. Data collected from 5000 adult deaf patients' medical reports from a French Deaf care unit from 2004 to early 2025 (sociodemographic characteristics, personnel and family medical history and cardiovascular risk factors, diabetes type, glycated hemoglobin, complications, médication).

Results: At abstract submission, the study is in the data collection phase. The results presented are intermediate outcomes. We hypothesize a cardiovascular excess morbidity with higher biological markers, an advanced diagnostic stage and the presence of complications.

Discussion: This study will describe the state of health of the deaf population and may propose ways to improve medical practices, particularly in terms of prevention and therapeutic education, which could be objectively validated by a new prospective study.

Conclusion: The implementation of effective public health policies requires a thorough understanding of the health status of target populations. We encourage the development of national and international collaborative studies in deaf people's health.

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ID 1363- Mental Health of deaf sign language users of a French Deaf care unit

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Context: 2025 marks in France the 20th anniversary of the promulgation of the law for equal rights and opportunities and the 30th anniversary of the first Deaf unit providing care in sign language. Since then, around twenty units offer Deaf sign language users the liberty to benefit from intelligible primary care consultations in order to promote equitable access to care. Teams of these units are mixed: deaf and hearing caregivers work fraternally to offer a caring environment where disability disappears, embracing humanity. Mental Health is a Global Public Health Issue. In France, 20% of the population is affected by a mental illness and its psychotropic medicines consumption continues to increase. Deaf sign language users present a multifactorial vulnerability. Research shows excessive psychiatric morbidity with higher rates of suicidal throughs (x5) and attempted suicide(x3). Deaf sign language users experience social isolation and exhaustion due to illiteracy and language barriers. These social environment factors lead to feelings of loneliness and situational anxiety and depression.

Objectives: To describe the mental health and to identify associated factors of deaf sign language users of a French Deaf care unit.

Methods: Quantitative, descriptive, retrospective, unicentric cohort study with 8 substudies. Data collected from 5000 adult deaf patients' medical reports from a French Deaf care unit from 2004 to early 2025 (sociodemographic characteristics, medical history, suicidal behavior, family mental health history, addictive behavior, mental health treatments, personal history of violence).

Results: At abstract submission, the study is in the data collection phase. The results presented are intermediate outcomes. We hypothesize a higher psychotropic medicines medication and excessive rates of suicidal throughs. Overexposure to all kinds of violence might be an associated factor.

Discussion: This study will describe the state of health of the deaf population and may propose ways to improve medical practices, particularly in terms of mental health issues screening, which could be objectively validated by a new prospective study.

Conclusion: The implementation of effective public health policies requires a thorough understanding of the health status of target populations. We encourage the development of national and international collaborative studies in deaf people's health.

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ID 1346- Diagnosis screening programs participation and neoplasm staging at diagnosis of deaf sign language users of a French Deaf care unit

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Context: 2025 marks in France the 20th anniversary of the promulgation of the law for equal rights and opportunities and the 30th anniversary of the first Deaf unit providing care in sign language. Since then, around twenty units offer Deaf sign language users the liberty to benefit from intelligible primary care consultations in order to promote equitable access to care. Teams of these units are mixed: deaf and hearing caregivers work fraternally to offer a caring environment where disability disappears, embracing humanity. Cancer is the leading cause of death in France and justifies national organized screening programs, but general population participation rates remain low 48% for breast cancer, 34% for colorectal cancer, and 59% for cervical cancer. Deaf sign language users present a multifactorial vulnerability. Illiteracy and language

barriers lead to exclusion from prevention campaigns and limited access to mass media. The literature shows lower participation in some organized screenings as well as for some cancers a more advanced-stage at the time of diagnosis.

Objectives: To estimate French national diagnosis screening programs participation and to describe neoplasm staging at diagnosis of deaf sign language users of a French Deaf care unit.

Methods: Quantitative, descriptive, retrospective, unicentric cohort study with 8 substudies. Data collected from 5000 adult deaf patients' medical reports from a French Deaf care unit from 2004 to early 2025 (sociodemographic characteristics, medical history, screening programs participation. If cancer : target organs, diagnostic staging, remission information, cancer risk factors, cancer family history).

Results: At abstract submission, the study is in the data collection phase. The results presented are intermediate outcomes. We hypothesize lower participation in screenings and a more advanced diagnostic stage than the general population, consistent with scientific publications.

Discussion: This study will describe the state of health of the deaf population and may propose ways to improve medical practices, particularly in terms of prevention, which could be objectively validated by a new prospective study.

Conclusion: The implementation of effective public health policies requires a thorough understanding of the health status of target populations. We encourage the development of national and international collaborative studies in deaf people's health.

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Dermatology

ID 1631- Training of general practitioners in dermoscopy: systematic literature review

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Context: Dermoscopy is a non-invasive skin examination technique that uses a dermoscope. Its effectiveness is well established for the early diagnosis of melanoma and for the evaluation of skin lesions in primary care. However, its integration into the daily practice of general practitioners (GPs) remains limited, partly due to insufficient training.

Objectives: The objective of this study was to provide an overview of dermoscopy training programs for general practitioners reported in the literature.

Methods: A systematic literature review was conducted using the PubMed and Cochrane databases. Eligible studies described dermoscopy training for general practitioners or GP trainees. Excluded were literature reviews, studies focusing solely on teledermoscopy, artificial intelligence, or specific dermatological conditions. Methodological quality was assessed using the Cochrane Risk of Bias tool for randomized controlled trials and the Newcastle-Ottawa Scale for observational studies.

Results: Eighteen studies were included. Six main themes emerged: training content, format, duration, outcome measures, timing of evaluation, and prior training. Dermoscopy training improved knowledge, diagnostic confidence, and clinical impact among general practitioners. All studies reported post-training improvement.

Discussion: This review shows that, regardless of format, dermoscopy training significantly enhances the knowledge, diagnostic confidence, and clinical practice of general practitioners. Some studies demonstrated reductions in unnecessary biopsies and referrals to specialists. The included studies, however, presented methodological limitations such as selection bias, lack of long-term follow-up, and absence of local data. These remained obstacles to a generalization of the results.

Conclusion: This literature review evaluated dermoscopy training for general practitioners. It showed that dermoscopy training allowed an improvement in diagnostic knowledge, clinical confidence, and the use of dermoscopy in daily

practice, regardless of the training format. The findings support the implementation of structured training programs combining theoretical input, clinical cases, and simple visual tools. Teaching dermoscopy in general practice could represent a lever to improve the early detection of skin cancers and to optimize the management of pigmented lesions. Its more systematic integration into initial and continuing medical education curricula could contribute to more effective patient care. Progressive integration of such training into GP residency curricula appears relevant.

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ID 1591- Highlighting of a potential effect of melanoderma on the diagnostic abilities of general practitioners in children with atopic dermatitis

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Context: General Practitioners (GP) frequently encounter Atopic dermatitis (AD) as it's the most common dermatologic children's disease. Black skins have particularities that change the way dermatologic diseases looks. It has been shown in international studies that "migrans erythema" and "pityriasis versicolor" were more difficult to diagnosed due to this. There is an under-representation of melanodermic patients in pedagogic supports (<2% in the SAURAT, <12% in American atlas)

Objectives: The primary endpoint was the rate's comparison of diagnosis of eczema on melanodermic patients vs on leucodermic patients

Methods: A quantitative multicentric analytic cross-sectional study was run. This work took the participation of 54 GP working in French metropolis. Regional recruitment of the first 8 doctors appearing on Google, using a computer with no browsing history. The survey was tested beforehand and consisted in 2 parts: 1/ descriptive on GP 2/ iconographies with 7 photos of children seen in consultation (leucodermic children (n=2), melanodermic (n=4), distractor (n=1)). Photos were presented without clinical context, one per page without possibility of backtracking. Participants knew that the study focused on dermatology in melanodermic children, but not on DA. . Numbers of subjects to be included = 53. Responses were coded in « good », « false » and « don't know ». The « don't know » category was counted as « false ».

Results: Of the 65 participants, 54 were included in the analysis (378 responses). The analysis focused on 324 responses after excluding the distractor. Rate of incorrect diagnosis were 35,19% on white patients and 86,57% on melanodermic patients – difference statistically significant ($p < 0,0001$)

Discussion: This study's strength are: statistical methods with calculation of sample size and statistical power, original iconographies and impossibility of backtracking. Its limitations are the number of iconographies proposed, a possible selection bias. This study is questioning the loss of chance of melanodermic children toward eczema treatment

Conclusion: AD is children's most frequent skin's disease. Thus, GP are meant to make the diagnosis of it daily. However, the lack of diversity and learning's methods way too stigmatizing during health studies leads to wanderings, errors and diagnosis delayed when diseases occurred on melanodermic children.

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ID 1594- Treatment of mild to moderate acne in patients with dark skin: a systematic review of the literature

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Context: Acne is a common condition. In individuals with dark skin, it is often associated with post-inflammatory hyperpigmentation, which can affect quality of life. However, there are no specific xxx recommendations for this population.

Objectives: What treatments are effective for mild to moderate acne in individuals with dark skin?

Methods: A systematic review of the literature (SR) was conducted in accordance with PRISMA guidelines. The Embase and Medline databases were searched from January 1995 to March 1, 2024. Articles were selected using a double-blind method, first by reading the titles, then the abstracts, and finally the full texts. The articles included had to evaluate drug treatments for mild to moderate acne in patients with dark skinned. Dark skinned was defined with phototype IV to VI Fitzpatrick and/or of Afro-Caribbean, African-american, or sub-Saharan African origin. The ROBIS, ROBINS1, and ROB2 grids were used to assess quality. Finally, efficacy measured by changes in acne grade, lesions, post-inflammatory hyperpigmentation, and tolerance were extracted.

Results: 1,928 references were identified, 1,738 of which were excluded after reading the titles and abstracts. Sixteen studies were selected for full-text review, including eight post-hoc analyses of randomized controlled trials, two randomized controlled trials, six prospective studies. The included studies focused exclusively on topical treatments. The quality of the studies was low. There was little data on the use of benzoyl peroxide alone. Retinoids, azelaic acid, and combinations including benzoyl peroxide appear to be effective against acne and post-inflammatory hyperpigmentation, with good tolerability.

Discussion: The literature on acne treatment in people with dark skin remains limited, and there is a lack of studies of good methodological quality, limiting the generalizability of the results of this SR. The heterogeneity of the studies prevented the performance of a meta-analysis. In addition, the absence of articles evaluating cyclins and other oral treatments is a significant limitation.

Conclusion: Given the prevalence of acne and the specific characteristics of dark-skinned patients consulting general practitioners, it seems necessary to promote high-quality research to address the possible specificities of treatment in this population.

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ID 301- Representations and future prospects for the use of dermatoscopes in skin cancer screening by general practitioners in XXX.

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Context: Skin lesions are a frequent reason for seeking medical care. In XXX, the incidence of melanoma reached three times the national incidence, making early detection essential. The declining number of dermatologists, population ageing and the development of digital tools, including teledermatology, have contributed to the rise of dermoscopy in general practice. It broadens the scope of competence of general practitioners (GPs).

Objectives: To explore the perceptions and perspectives of GPs regarding the use of dermatoscope in the screening of skin cancers in primary care.

Methods: A qualitative study using semi-structured interviews was conducted with GPs who owned and used a dermatoscope. The interview guide explored the place of dermatology in their daily practice, their motivations for acquiring a dermatoscope, and how its use had shaped their diagnostic confidence, workflow, and patient interactions. Verbatims were analyzed using an approach informed by grounded theory.

Results: GPs described the dermatoscope as an object of pleasure and constraint, of reassurance and fear of exceeding their limits. For GPs, it reduced diagnostic uncertainty and provided a sense of security when evaluating ambiguous lesions. This increased confidence helped them feel more legitimate in managing dermatological complaints. They feel that it enhanced patients' trust and conveyed the impression of a more thorough examination, improving acceptance of medical decisions like referral or monitoring. Beyond reassurance, dermatoscopy improved patient pathways by facilitating triage, accelerating referrals when needed, and helping GPs assess the urgency of lesions. The notion of pleasure was linked to the diversity of practice that this gave them. The anticipated integration of AI into dermatoscopic assessment was viewed as a

promising tool to further strengthen diagnostic accuracy.

Discussion: For GPs, using a dermatoscope seems to have more interests than limits. By reducing uncertainty and diversifying GPS practices, the dermatoscope could help prevent professional exhaustion. As it redefins the role of GPs in skin cancer screening, it would be interesting to explore dermatologists' views on the contribution of the development of dermatoscopy in general medicine.

Conclusion: Early dissemination of dermatoscopic training and raising patient awareness of the role of GPs in skin screening are key levers for strengthening skin cancer prevention in XXX.

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ID 898- Persistent urticarial lesions as a manifestation of urticarial vasculitis

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Context: Urticarial vasculitis (UV) is a type of small-vessel vasculitis that can resemble common urticaria. Due to its rarity, it poses a diagnostic challenge given its possible clinical behavior and implications.

Methods: A healthy 29-year-old woman with a history of atopic dermatitis in childhood visits her family doctor due to a 6-month history of weekly outbreaks of pruritic erythematous wheal-like lesions over the entire body surface, lasting more than 48 hours despite treatment with corticosteroids and antihistamines, and leaving behind violaceous residual marks. She also presents, following the intake of dexketoprofen, with facial and plantar angioedema, for which her physician refers her to the hospital emergency department after administering intramuscular adrenaline. A general blood test reveals normal platelet counts, immunoglobulin levels, and tryptase values. She is advised to avoid nonsteroidal anti-inflammatory drugs (NSAIDs) and referred to an allergy specialist. After three months, with persistent urticarial-type lesions despite high doses of corticosteroids and antihistamines, she is evaluated in the Allergy Department, where montelukast is added and new blood work is requested. Given normal complement levels but elevated antinuclear antibodies (ANA) and acute-phase reactants, she is referred to Dermatology for a skin biopsy. The biopsy result is consistent with urticarial vasculitis. She begins treatment with omalizumab, showing favorable progress.

Originality: In this clinical case, although complement levels were normal and no systemic involvement was present, the lack of response to conventional treatments required the introduction of a biologic agent. Moreover, worsening secondary to NSAID administration is

Lessons learned and future implication: To prevent unnecessary treatments and clinical worsening, it would be advisable to perform an early punch biopsy and order tests for acute-phase reactants and ANA at the primary care level.

Discussion: Early evaluation by Dermatology may be a key tool for prompt diagnosis, given that many cases mimic common urticaria.

Conclusion: It is important to emphasize the need to recognize persistent urticarial lesions as a potential manifestation of vasculitis through early biopsy, in order to avoid systemic deterioration and ineffective overtreatment.

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ID 475- Tele-expertise: perspectives and motivations of general practitioners using a tele-expertise platform for dermatological advice

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Context: Facing delays and limited access to dermatologists, general practitioners (GPs) increasingly rely on tele-expertise.

Objectives: This study analyzes the geographical distribution of GPs using an hospital's dermatologic tele-expertise network (TLX-N) and the factors influencing its use.

Methods: A quantitative descriptive study was conducted using responses to a 23 items online questionnaire sent, between april and may 2024, to GPs who had used the platform at least once since 2022. The postal codes were used to locate the respondents from the different TLX-N medical centers. Comparative analyses (Wilcoxon-Mann-Whitney, Chi2) were performed to identify factors influencing the use of TLX-N from GPs inside or outside its perimeter of action. A multivariate analysis (logistic regression) was conducted on selected variables based on Akaike's information criterion, to identify factors influencing the frequency of requests.

Results: A total of 274 GPs were contacted, 120 responses were included and analyzed. Respondents were mostly women (74,2%), established practitioners (70,8%), working in a multidisciplinary practice (84,1%), mean age was 37,6 ± 9,1 years old. The median distance to a TLX-N center was 5,1 km (IQR 1,6–9,4 km). In comparison to GPs inside the TLX-N perimeter of action, those outside were using tele-expertise by lack of nearby correspondents ($p<0,05$), they also expressed greater difficulties obtaining face-to-face consultations when required ($p<0,05$) and most of them discovered TLX-N thanks to the online platform's indexing system ($p<0,05$). GPs outside the perimeter (OR 2,49; CI 1,15-5,58; $p<0,05$) and using TLX-N for its educational aspect (OR 3,07; CI 1,17-8,52; $p<0,05$) were associated with higher use frequency.

Discussion: This study is innovant as few studies described a perimeter of action for tele-expertise centers. Despite a high response rate, some analyses lacked statistical power due to the limited sample size. Postal code localization had limited precision, but most respondents were close to TLX-N centers and not necessarily in medically underserved areas, consistent with previous studies from the same region.

Conclusion: Tele-expertise proved its effectiveness for GPs seeking a dermatological advice, although its implementation must be tailored to the diverse needs across the territory. Keywords : Telemedicine, general practice, primary care, dermatology.

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Diabetes

ID 1824- Did the mandatory GLP-1 receptor agonist prescription-support form introduced in France in February 2025 change general practitioners' prescribing?

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Context: Glucagon-like peptide-1 receptor agonists (GLP-1RAs) used in type 2 diabetes promote weight loss, which has led to international misuse. In France, misuse affected 1.3% of patients in 2024, according to data from the French national health insurance (FNHI) system. However, in February 2025, the FNHI introduced a 2-minutes mandatory prescription-support form for all doctors, requiring information it already holds (diabetes status, associated antidiabetic treatments). Because reimbursement indications (ITR) are more restrictive than marketing authorisation, this measure may encourage overprescription of metformin in previously intolerant patients...

Objectives: To assess whether the introduction of this mandatory form has been associated with changes in prescribing patterns for GLP-1RAs and metformin in ambulatory care.

Methods: We conducted a retrospective, descriptive, population-based study using open-access national reimbursement data from the FNHI (Médic'AM). All reimbursed non-insulin antidiabetic drugs dispensed in community pharmacies between January 2019 and July 2025 were included. Monthly numbers of reimbursed boxes of GLP-1RAs and metformin (alone or in combinations) were analysed. Prescribing volumes during the six months before and after February 2025 were analyzed.

Results: Between 2019 and 2024, reimbursed GLP-1RA dispensations increased from 3.1 to 6.3 million boxes annually, while metformin dispensations remained stable (31.5 to 32.1 million boxes). In the six months following implementation of the prescription-support form, monthly GLP-1RA dispensations increased by 9.0%, with no interruption of the prior upward trend. Over the same period, metformin dispensations increased by 2.6%, driven by metformin monotherapy (+3.9%); metformin reached its highest June–July levels in six years.

Discussion: Administrative measure did not reduce the use of GLP-1RAs and may have encouraged adaptive prescribing behaviours focused on compliance with reimbursement rather than clinical appropriateness. Main strength of our work is the use of comprehensive national reimbursement data, limiting selection bias. Main limitation is that we only know the reimbursement: there is no individual clinical indication, information on tolerance, compliance, prescriber characteristics... We also lack hindsight: this work will be completed to track changes in prescribing.

Conclusion: This untargeted administrative measure generated additional low-added value administrative workload, equivalent to approximately 10 full-time general practitioners for one year! Regulatory strategies targeting atypical prescriptions (to non-diabetic patients) may be more effective.

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ID 1732- Description of the evolution of dispensing of non-insulin antidiabetic drugs in France from 2014 to 2024 based on data from the French national health insurance system

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Context: Type 2 diabetes is a major and growing public health concern in France, with innovative therapies such as SGLT2 inhibitors (SGLT2i) and GLP-1 receptor agonists (GLP-1RAs) reshaping treatment recommendations.

Objectives: We aimed to describe the evolution of non-insulin antidiabetic drug prescriptions trends in France between 2014 and 2024.

Methods: We conducted a retrospective descriptive study based on the Open Medic database from French National Health Insurance, covering annual outpatient drug dispensing in pharmacies that were at least partially reimbursed. All patients who were dispensed at least one non-insulin antidiabetic drug between 2014 and 2024 were included. The primary endpoint of this study was the number of packages of non-insulin antidiabetic drugs dispensed in France between 2014 and 2024. Stratified analyses were conducted according to age group, gender and prescriber specialty.

Results: From 2014 to 2024, over 633 million boxes of reimbursed non-insulin antidiabetic drugs were dispensed. Metformin remained the most dispensed treatment during the study period, accounting for 42% of all non-insulin antidiabetic dispensed in 2024. Sulfonylureas declined steadily (from 23% in 2014 to 11% in 2024), while SGLT2i and GLP-1RAs grew sharply after 2019 and surpassed sulfonylureas by 2024, representing 18% and 11% of all non-insulin antidiabetic dispensed, respectively. Endocrinologists were quicker to prescribe these innovative therapies, which were also more commonly initiated in younger patients than other non-insulin antidiabetic drugs. Although dispensed volumes remained relatively stable, total expenditures increased by 66% between 2018 and 2024, with SGLT2 inhibitors and GLP-1 receptor agonists accounting for nearly 80% of antidiabetic drug costs in 2024.

Discussion: These findings illustrate rapid alignment of French clinical practice with international evidence supporting SGLT2i and GLP-1RAs. Their early predominance among endocrinologists and younger patients likely reflects cautious initial use of new therapies, followed by broader diffusion as familiarity increased. However, the widespread uptake of these high-cost agents raises concerns regarding long-term financial sustainability.

Conclusion: Over the study period, metformin remained the most frequently dispensed treatment. The introduction of SGLT2i and newer GLP1-ARs was accompanied by a decline in the use of

sulfonylureas. Despite relatively stable overall dispensing volumes, expenditures have increased substantially, driven by the higher cost of innovative treatments.

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ID 1589- Representations of type 2 diabetic patients over the age of 65 regarding continuous glucose monitors in general practice in Ile-de-France

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Context: The growing prevalence of diabetes and the increase in the number of elderly people pose challenges for the future. This is happening in a context of digital expansion in healthcare through new technologies such as continuous glucose monitors (CGMs). The perceptions of type 2 diabetic patients regarding digital tools have been little studied, particularly the perceptions of people over the age of 65.

Objectives: Study the perceptions of patients over 65 years of age with type 2 diabetes regarding CGMs.

Methods: The study was qualitative research based on grounded theory. The population of interest consisted of people over the age of 65 with type 2 diabetes who were eligible for CGMs and had a general practitioner. Recruitment was carried out using theoretical sampling. Twelve semi-structured interviews were conducted with audio recording and triangulation until data saturation was achieved. An explanatory model with a scheme was created.

Results: Diabetes status and digital development are two factors contributing to discrimination felt by participants and their social exclusion. Mastering new technologies, particularly CGMs, enables elderly people with diabetes to maintain their independence and integrate into society. However, there are still limitations to the autonomy provided by sensors: measurement reliability, obsession with numbers, and dependence on installation. Finally, the fear of dehumanisation is less than that of a decline in medical demographics and is offset by trust in the attending physician.

Discussion: The strengths of the study are: its relevance to the current context and its rigorous methodology (length of interviews, triangulation, logbook monitoring). The limitations are: a possible social desirability bias and the principal investigator's lack of previous experience. Innovative study with a population that is rarely surveyed.

Conclusion: The perception of elderly diabetic patients appears to be positive regarding CGMs, which seem to offer a solution for improving their quality of life. Support and consideration of the criteria for recommending CGMs to elderly diabetic patients must be provided. General practitioners appear to be key players in supporting elderly patients in adopting these new technologies.

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ID 1524- Long-term Effectiveness of the National Diabetes Quality Assessment Program on Clinical and Economic Outcomes in Patients with Multiple Chronic Conditions

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Context: South Korea has implemented the pay-for-performance program based on the Health Insurance Review and Assessment Service (HIRA) quality assessment for over a decade.

Objectives: This study examined the long-term clinical and economic effectiveness of the National Diabetes Quality Assessment Program (NDQAP) for patients with diabetes and multiple chronic conditions (MCCs).

Methods: From the National Health Insurance Claims Database, 428,911 individuals with diabetes

who visited a primary care clinic from 1 July 2015 to 30 June 2016 were included and followed up until 31 December 2023. Subgroup analyses were conducted according to the presence of comorbid hypertension and dyslipidemia. The primary exposure was the quality of primary care institutions, defined by accreditation status and performance on quality indicators. Cox proportional hazards models estimated hazard ratios (HRs) and 95% confidence intervals (CIs) for diabetes complications and all-cause mortality. Medical costs were analyzed using Gamma generalized linear models.

Results: During the mean follow-up duration of 7.2 years, utilization of high-quality institutions was associated with a decreased risk of macrovascular complications and all-cause mortality. Consistent results were observed across all patient groups. Among patients with diabetes, hypertension, and dyslipidemia, individuals managed in high-quality institutions had a lower risk of all-cause mortality (HR 0.95; 95% CI 0.92–0.97), cardiovascular disease (HR 0.93; 95% CI 0.92–0.95), cerebrovascular disease (HR 0.93; 95% CI 0.91–0.95), peripheral vascular disease (HR 0.90; 95% CI 0.88–0.91), and heart failure (HR 0.90; 95% CI 0.88–0.93) than those who were not managed in high-quality institutions. Individuals managed in institutions with higher quality indicator scores incurred 14–18% lower total medical costs.

Discussion: The achievement of NDQAP indicators was associated with a decreased risk of diabetes complications, all-cause mortality, and long-term healthcare expenditures for patients with MCCs.

Conclusion: These findings support strengthening financial incentives for institutions that improve health outcomes and reduce healthcare costs in South Korea.

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ID 1357- The role of family doctor in psychical rehabilitation of the patients with diabetes mellitus

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Context: Diabetes mellitus is a complex chronic disease that requires continuous medical care and in which, beyond glycemic control. many strategies to reduce multifactorial risks are required. Moderate or intense physical exercise is recommended at all stages of diabetes, being able to prevent complications of the disease and optimize the quality of life of patients.

Methods: The present paper specifies the practical aspects of establishing and individualizing kinetic programs in diabetes in a primary care setting, trying to answer the questions: how much, how and in what way is physical rehabilitation in diabetic patients performed? The principles of the kinetic programs are presented, but also the basic rules for the application of the rehabilitation program and the ways of achieving the isotonic or isometric effort in these patients. The contraindications but also the precautions related to the physical training of diabetic patients cannot be missing.

Originality: This topic is extremely little known in the specialized literature and is very little applied in the practice of the family doctor. But the efficiency of the recovery program proposed in the paper is very high, therefore we try to share our practical expe

Lessons learned and future implication: The lesson to be learned from this work is that the family doctor must know and recommend an adapted, supervised and progressive physical exercise program for each patient with diabetes under his care.

Discussion: Physical rehabilitation is an integral part of Diabetes Self Management Education and Support (DSMES) and should be encouraged in all patients with diabetes! Physical exercise is indicated in all stages of DM and is part of the therapeutic objectives in DM: -prevention of complications -optimizing the quality of life - movement therapy acts on the pathogenic links of DM - into the SMART program (specific, measurable, achievable, realistic, in time)

Conclusion: The implication of family doctor in the supervised psysical training programms, strictly individualized, progressive and applied as a true lifestyleof patients with diabetes mellitus,along with diet and recommended medication will reduce the complications of the disease, will significantly improve the quality of life of these patients and will increase their life expectancy.

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ID 903- Patients' Understanding of HbA1c and Its Role in Type 2 Diabetes Self-Management: A Qualitative Study

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Context: Type 2 diabetes melitus (T2DM) affects 5.6% of French population with an increasing prevalence. HbA1c is the standard biomarker for long-term monitoring in T2DM. While its biomedical value is well established, much less is known about how patients perceive HbA1c and how they integrate it into their daily self-management. Understanding these representations is essential for improving therapeutic education and shared decision-making in primary care. This study explores the personal meanings and emotional representations patients attribute to HbA1c, capillary blood glucose monitoring, and continuous glucose monitoring (CGM).

Objectives: Exploring how patients with T2DM understand and interpret HbA1c, how they relate it to their daily glucose self-monitoring practices, and how these perceptions shape their sense of control and autonomy.

Methods: This qualitative study, inspired by grounded theory, was conducted between August 2023 and April 2024. Eleven semi-structured interviews were carried out with adults living with T2DM, recruited in general practice and a rehab center. Interviews were audio-recorded, transcribed verbatim and analysed via open, axial, and selective coding with methodological triangulation.

Results: HbA1c is perceived as important: a tool for knowledge and control, a target to aim. Self-monitoring of blood glucose allows daily monitoring and adaptation of lifestyle. CGM appears more precise but for complex cases. HbA1c limits are the inability to act on it and the feeling to be left unprotected from T2DM complications. The core idea was the refusal to endure the disease as the focal point from positive perceptions of HbA1c: helping keeping control of diabetes, and negative ones with the will to preserve freedom and autonomy.

Discussion: Patients attribute strong symbolic value to HbA1c. Its lack of immediate actionability explains why daily capillary monitoring remains emotionally and practically essential. Therefore, those results are questioning the recommendations about T2DM monitoring. Most importantly, it questions the goal of patients to reduce the burden of the disease and its treatments with regards to the actual guidelines.

Conclusion: This study highlights perceptions, concerns and expectations from type 2 diabetes patients, that we hope will help professionals providing better patient education and patient centered approach of care.

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ID 307- Cardiovascular risk estimation in patients with type 2 diabetes mellitus: clinical classification versus SCORE2-Diabete.

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Context: Type 2 diabetes mellitus (T2DM) is a major determinant of cardiovascular (CV) diseases. Statins significantly reduce CV events in high- and very high-risk patients. The 2021 European Society of Cardiology (ESC) guidelines classified most patients with T2DM in primary prevention as having "high" or "very high" CV risk according to diabetes complications. In contrast, the 2023 ESC guidelines introduced the SCORE2-Diabetes, which integrates diabetes-specific parameters (such as age, gender,

HbA1c…) to enable more individualized CV risk assessment.

Objectives: To compare (1) CV risk estimations according to ESC 2021 and SCORE2-Diabetes classifications, and (2) the proportion of patients with statin indication (high and very high risk), in an ambulatory population of patients with T2DM.

Methods: We conducted a retrospective observational study across 15 general practices. Data from pro.ameli.fr and electronic medical records of the investigating general practitioners were used to collect diabetes- and CV-related characteristics of patients aged 40–69 years with T2DM and no prior CV disease. Agreement between the ESC 2021 and SCORE2-Diabetes classifications was evaluated using Cohen's kappa coefficient. Comparisons were performed with McNemar's test and multivariable logistic regression.

Results: Among 817 patients screened, 209 patients with T2DM were included (men: 45%; mean age: 57 ± 9 years; mean HbA1c: 7.8 ± 1.6%). According to ESC 2021, 42% of patients were classified as high or very high CV risk, compared with 34% using SCORE2-Diabetes (p=0,004). Agreement between classifications was poor (κ= 0.16). Discrepancies were mainly driven by the inclusion of age ($p < 0.01$) and blood pressure ($p = 0.01$) increasing CV risk in the SCORE2-Diabetes, and by the albumin–creatinine ratio ($p < 0.01$) in ESC 2021.

Discussion: This study provides the first comparison of ESC 2021 and SCORE2-Diabetes risk classifications in a real-world ambulatory population. However, our sample may not be fully representative, and no randomized clinical trials have yet assessed statin prescription outcomes based on SCORE2-Diabetes.

Conclusion: Implementation of the SCORE2-Diabetes resulted in lower estimated CV risk and may reduce statin prescriptions among patients with T2DM in primary prevention. Further studies are warranted to evaluate the clinical, economic, and iatrogenic implications of such reclassification.

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End of life

ID 2174- State of knowledge on French healthcare professionals' views regarding medical aid in dying

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Context: Medical aid in dying (MAiD) remains illegal in France. In May 2025, however, the French National Assembly voted in favor of its legalization, primarily based on the conclusions of Report No. 139 of the National Consultative Ethics Committee and the Citizens' Convention.

Objectives: This study aims to provide an overview of current knowledge and healthcare professionals' views on medical aid in dying since the enactment of the Claeys–Leonetti law in 2016.

Methods: A systematic literature review was conducted using PubMed, Scopus, and HAL databases to identify articles published between 2016 and 2025 addressing medical aid in dying, euthanasia, and assisted suicide from the perspective of general practitioners. Study selection was performed independently by two reviewers using a double-blind process.

Results: A total of 206 articles were initially identified. After title and abstract screening, eight articles were included for analysis. The analysis was ongoing at the time of abstract submission.

Discussion: This study aims to contribute to a better understanding of French healthcare professionals' views on medical aid in dying. Future analyses may explore how these views relate to the indications proposed in Opinion No. 139 of the National Consultative Ethics Committee. Additional perspectives include considering the broader context of healthcare system constraints, such as access to palliative care and medical workforce distribution, as well as examining existing literature on requests for euthanasia and their evolution over time.

Conclusion: This article provides an overview of current knowledge on healthcare professionals' opinions regarding medical aid in dying, its legalization, and its implementation in practice. It

highlights the diversity of perspectives reported in the literature and lays the groundwork for future research exploring professionals' experiences, perceptions, and practical challenges related to this practice.

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ID 2153- Evolving views on assisted dying among general practitioners in La Réunion : a grounded theory study

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Context: Assisted dying is a debate at the crossroads of legal, societal and medical issues in France. Representations of end-of-life care are shaped by cultural and religious frameworks. XXXXXXX is a culturally diverse, multi-faith setting where different traditions coexist and remain highly present in daily life. This makes it a relevant place to explore how GPs' representations of assisted dying evolve over time, in an environment where multiple factors likely to shape representations are simultaneously present.

Objectives: To explore how general practitioners' (GPs) representations of assisted dying evolve over time and to identify factors shaping this evolution.

Methods: Qualitative grounded theory study. Semi-structured interviews were conducted with qualified private-practice GPs living in the research setting for at least two years (June-October 2024). Sampling aimed at maximum variation (sex, age, origin, religious/spiritual beliefs, time living in the place, palliative care training). Analysis was iterative (open coding and integrative analysis) to build an explanatory model; four interviews were triangulated during open coding. Transcripts and the analysis were returned to participants for possible amendments; a reflexive logbook was kept.

Results: Eight GPs (4 women/4 men; mean age 58 years) were interviewed; theoretical saturation was reached after six interviews and confirmed with two additional interviews. Three influences shaped representations: personal beliefs (religious/spiritual/cultural), lived experiences (professional and personal end-of-life encounters), and the legislative framework. A salient paradox emerged: several GPs reported that their views had not changed, yet their narratives revealed shifts over time. These shifts included a movement toward patient-centred relational ethics ("care"), emphasising patient autonomy while recognising the conscience clause. Positions remained diverse, for example some considered assisted dying acceptable only in accredited centres rather than at home.

Discussion: The coexistence of "stability claims" with narrative change suggests that representations are dynamic and sometimes only partially conscious. This paradox can be understood as tension between institutional norms, lived experience and belief systems, helping to interpret ambivalence in clinical positioning.

Conclusion: In a plural cultural and religious environment, supporting GPs' reflective processes through ethics discussion spaces, training and strong palliative care resources may help them accompany patients with humanity and respect, especially if the legislative landscape changes.

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ID 1653- Does training in palliative care improve the ability of GPs to identify palliative care patients within their practice?

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Context: Identifying palliative care needs in primary care is a significant challenge for general practitioners (GPs), particularly in anticipating the needs of patients and their families. Despite the availability of support tools in France (French National Authority for Health, 2016), these tools are often poorly known or underused. This study examines whether training in palliative care improves GPs' ability to identify palliative care patients.

Objectives: To evaluate the impact of palliative care training on the criteria used by GPs to initiate palliative care.

Methods: A quantitative study was conducted with an anonymous questionnaire distributed to GPs between January and March 2024. The questionnaire assessed the clinical criteria and tools used by trained and untrained GPs to identify palliative care situations, specifically comparing the use of PICT-FR, Pallia10, and the "surprise question" (“Would you be surprised if the patient were to die within the next 12 months?”). Descriptive and analytical analyses were performed using Chi-square and Student's t-tests.

Results: 196 physicians (39% response rate) participated. GPs trained in palliative care were more likely to use specific tools, such as Pallia10 and SPICT-FR (27% vs. 5%, p<0.01), while untrained GPs mainly relied on the "surprise question" (39%). The most commonly used criteria for identifying palliative situations were patient frailty and rapid disease progression (over 80%), with no significant difference between trained and untrained physicians. However, trained GPs more frequently used additional criteria, such as persistent symptoms (p=0.02) and inhalation pneumonia (p=0.01).

Discussion: This study highlights the importance of encouraging dialogue on palliative care in primary care, particularly in the context of end-of-life care. While training improved palliative assessments, familiarity with home-based care criteria remains limited, even among trained physicians. Additionally, much training occurs in hospital settings, which may not address home-based care needs adequately.

Conclusion: Training significantly improves the identification and assessment of palliative care situations in primary care. Early discussions with patients, families, and caregivers lead to more appropriate, respectful care aligned with patient wishes.

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ID 1810- Implementation of Assisted Dying: Advance Reflections of General Practitioners in the Champagne-Ardenne Region

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Context: Assisted Death (AD), adopted at first reading by the French National Assembly on May 27, 2025, is part of the ongoing evolution of end-of-life legislation.

Objectives: To assess General Practitioners’ (GPs) expectations regarding the implementation of AD based on the most recent version of the law.

Methods: A qualitative study inspired by grounded theory. Data were collected via semi-structured interviews with GPs practicing in the Champagne-Ardenne region.

Results: GPs perceive themselves as central actors in the implementation of AD, due to the trust-based relationships they maintain with their patients. They highlight the need to clarify practical conditions of application, as well as the necessity for dedicated structures and multidisciplinary teams. The legal framework is perceived as restrictive, with unclear eligibility criteria and a fifteen-day waiting period considered ill-suited to collegial decision-making processes. This practice is expected to generate a significant emotional burden and, in some cases, internal moral distress, requiring professional support and, at times, recourse to the conscience clause. Palliative care services remain essential stakeholders in patient management.

Discussion: A specific organizational model for AD may emerge in France, combining dedicated structures with a network of trained GPs, like the Swiss and Belgian models. The further development of palliative care appears necessary. AD confronts GPs with moral and ethical questioning, involving inner conflicts and uncertainty, linked to their values, personal experiences, and conceptions of care.

Conclusion: GPs are likely to be involved as first-line providers in coordination with end-of-life professionals. AD raises organizational, psychological, and ethical challenges, confronting GPs with their personal and professional values,

while maintaining the constant objective of respecting the physician–patient relationship.

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ID 101- When a Patient Dies: Inside the General Practitioner's Experience

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Context: Death, increasingly medicalized and often hidden in Western societies, remains a central yet challenging experience in general practice. General practitioners (GPs), who accompany patients and families over time, are frequently confronted with loss, often without specific training in grief or end-of-life care. This proximity, combined with emotional exposure and professional demands, questions the meaning of care, the physician's humanity, and the resources needed to preserve professional balance.

Objectives: To explore how general practitioners in the Hauts-de-France region experience the death of their patients, and to identify its human, relational, and professional repercussions.

Methods: A qualitative study inspired by grounded theory was conducted among community-based general practitioners who had experienced the death of a patient. Ten semi-structured interviews were carried out between March 2024 and May 2025, recorded, transcribed anonymously, and analyzed through open coding and data triangulation. Conceptual categories were developed to construct an explanatory model. The study met COREQ quality criteria and complied with all ethical and data protection standards.

Results: Being a GP is a vocation involving daily confrontation with illness, suffering, and death. Physicians build deep relationships with patients, leading to emotional reactions—sadness, guilt, sometimes relief—depending on context. These experiences often provoke existential reflections and highlight the physician's vulnerability. To cope, GPs mobilize resilience strategies such as peer support, life balance, or personal beliefs. Experience and mentorship strengthen emotional intelligence and empathy, allowing physicians to transform these encounters into growth and deeper understanding of care. The patient's death thus becomes both a challenge and a formative experience shaping professional identity.

Discussion: Facing patients' deaths profoundly affects GPs, challenging their vocation and the boundary between personal and professional life. Emotional exposure can cause distress but also foster meaning and resilience. The lack of structured training supports the need for educational approaches that develop emotional competence and peer support.

Conclusion: A patient's death is not merely clinical but an existential experience shaping GPs' identity. Recognizing and supporting this process promotes empathy, resilience, and a more humanistic practice of medicine.

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Finding help, in digital tools or humans

ID 1853- Oral and dental pathologies in children: development and evaluation of a tool for the general practitioner

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Context: Early childhood caries is a very common condition. Poor oral health can have multiple consequences in children. General practitioners play a fundamental role in follow-up and can have a decisive role in the prevention of pediatric oral health problems, even though they may not feel competent.

Objectives: The objective of this study is to determine whether providing an information sheet leads to an improvement in general practitioners' satisfaction and perceived competence in the management of oral and dental pathologies.

Methods: We developed guideline-based information sheets that are both concise and clear. A Microsoft Forms questionnaire was created and

distributed electronically to practicing general practitioners. At the end of the survey, they received the summary sheets. A second questionnaire was administered 4 to 6 months after the first. The data were analyzed using pivot tables.

Results: 31 general practitioners responded to the first questionnaire, and 24 to the second. 55% of respondents frequently addressed oral health. 52% of the participants reported frequently feeling unsettled by the topic, and 55% stated that they felt uncomfortable with it. Half of the respondents frequently referred children to a dentist. Self-assessment of satisfaction and competence regarding pediatric oral and dental pathologies revealed a mean score of 4/10. The mean score attributed to physicians' perceived need for training was 7.35/10. More than 90% of the sample acknowledged the usefulness of the questionnaire. After 6 months, satisfaction and perceived competence remained stable

Discussion: The material addresses a genuine need for training in routine clinical practice. The number of participants was insufficient to allow extrapolation of the results. Most respondents were clinical trainers, who are likely to be more involved in continuing medical education and teaching.

Conclusion: Oral and dental pathologies represent a major issue in pediatrics. The tool developed was considered useful by the physicians and wider dissemination would likely lead to improved management of these conditions.

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ID 1630- What are the experiences of caregivers acting as interpreters during the healthcare journey of the person they are assisting?

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Context: Being a caregiver and acting as an interpreter is a combination of two roles: the duty to help one's loved one is coupled with the need to transmit information between the doctor and the person being cared for. The complexity of these intertwined roles raises questions about communication challenges.

Objectives: To study the experiences of caregivers acting as interpreters in order to explore the different dimensions of assistance in situations of language barriers, and to understand the impact of these experiences on their health and quality of life.

Methods: Qualitative study. Ten semi-structured interviews were conducted with caregivers acting as interpreters by a researcher. Data analysis was carried out using an interpretive phenomenological approach.

Results: Like a savior, the caregiver acting as an interpreter assumes the transgenerational responsibility of caring for their non-native-speaking relative, whose vulnerability is compounded by the language barrier. Their mission is built and established in filial love and familial duty. The challenges are numerous, notably finding the right balance of closeness in the caregiving relationship, and their appropriate role, as a neutral interpreter, in medical consultations. The narcissistic reward of caregiving is uncertain: sometimes the devaluation fuels disappointment and burdens the caregiver, who seeks recognition; at other times, the rewards reinforce the caregiver's development of quasi-professional skills.

Discussion: The right balance of closeness in the triangular relationship between doctor, patient, and interpreter reveals three positions in the discourse: patient-centered, physician-centered, and interpreter-centered. The link between care and dependence is close when it comes to the transmission of information: between empowering the person being cared for and maintaining control through censorship, filtering, or the complete disclosure of information by the caregiver.

Conclusion: Preserving the autonomy of the person being cared for, requires a delicate balancing act in the dual role of caregiver and interpreter. The caregiver acting as an interpreter's introspection on their experiences seems to strengthen their sense of self-worth. Providing them with a space for discussion and the exchange of best practices to reflect on these challenges appears beneficial. It also seems relevant to examine the dynamics associated with the post-caregiving period.

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ID 1671- The experiences of young adult caregivers in France: a qualitative study

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Context: A young adult caregiver is a person between the ages of 18 and 25 who regularly helps someone in their circle to cope with a physical or mental illness or disability. Few studies in France have examined their experiences.

Objectives: The primary objective is to understand the experiences of young adult caregivers in order to monitor them in general practice. The secondary objective is to identify the specific characteristics of this population that should be taken into account in general practice consultations.

Methods: Qualitative study with semi-structured individual interviews, inspired by grounded theory. It was conducted with eight young adults aged between 18 and 25 who were caregivers according to the MACA-YC 18 score categories. Recruitment was carried out using posters displayed in locations frequented by students and through caregiver associations on social media.

Results: The assistance provided has multiple consequences on the life of the young adult caregiver: consequences on their physical and mental health, on their development and personal growth, on their family, relationships, and place in society. This leads to overinvestment in the person being cared for and a desire to escape.

Discussion: This work has resulted in an explanatory model in the form of a diagram. Many different and varied concepts have been addressed in which the general practitioner plays a key role. However, this population is not very visible and is often overlooked. Strengths: originality in a topical and under-researched field. Diverse recruitment of caregivers and their pathologies. Limitations: few participants aged between 18 and 20 with relatives only within the family.

Conclusion: Other projects to improve screening and more comprehensive care, particularly through general practitioners, would appear to be necessary to improve the experience of young adult caregivers.

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ID 1359- Analysis of adherence to the use of a rapid diagnostic test measuring CRP: a qualitative study among general practitioners in Franche-Comté

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Context: In 2024, antibiotic prescriptions by general practitioners in France increased by 6.2%. France has become the second largest consumer of antibiotics in Europe, despite many awareness campaigns. The ICARE study, conducted among general practitioners in Franche-Comté, assessed the volume of antibiotic prescriptions after one year of using a rapid diagnostic test to measure CRP.

Objectives: At the same time, an ancillary qualitative study was conducted to analyse general practitioners' use of this rapid diagnostic test during consultations.

Methods: The qualitative study was conducted through semi-structured interviews with 25 general practitioners recruited after a reasoned sampling process. Data analysis was based on the grounded theory approach.

Results: Rapid CRP testing in the doctor's office represents an evolution in medical practice and

responds to the need to remove uncertainty and provide an objective result to guide patient care. The use of this tool improves the quality of care and contributes to the rational prescription of antibiotics. It strengthens the doctor-patient relationship by helping to educate patients on the proper use of antibiotics and improving adherence to the medical care offered. However, its effective use remains correlated with its acceptability by general practitioners, who must embrace this rapid diagnostic test.

Conclusion: Enhancing personal fulfilment through the use of a tool and responding to professional motivations (the shift towards evidence-based medicine) are driving greater uptake among general practitioners. A medico-economic study would provide arguments in favour of continuing the use of rapid diagnostic test and rolling it out on a larger scale.

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ID 940- Feelings of caregivers of dependent adults under 60 years old

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Context: In France, there are around 11 millions caregivers. Despite this number, the society's interest in caregivers is recent. Moreover, there are 2,2 millions dependent adults between 20 and 60. And there are only studies about how caregivers of dependent elderlies feel.

Objectives: Seeks how caregivers of under 60 years old dependent adults feel.

Methods: This is a qualitative study, done by semi-directed interviews of 10 caregivers, after recruitment by purposive sampling.

Results: Caregivers are new beings in evolution, especially because of the modifications of their relationships with the patient and medical staff. This produces changes in their personality with a state of hypervigilance and concerns about the future. Caregivers develop an ambivalence between their burden, inducing exhaustion, and total devotion towards the patient. But also caregiving leads them to be positive and develop their resilience. Their new status has a lot of consequences on their health, career, family and hobbies. Caregivers need to adapt their life every day. They become patient's experts and find helps around them. They regret the lack of respite solution.

Discussion: Our study is the first to study caregivers of under 60 years old dependent adults. There are many similarities between our study and the one about caregivers of dependent elderlies but also some specificities in our results, especially ambivalence.

Conclusion: The need of rest is a major requirement in the caregivers' life. They deplore the lack of these offers. They note the importance of best information on existing aids, with the creation of a single contact and administrative simplification.

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ID 737- AutomédiQ: to shed the light on self-medication

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Context: Self-medication is a common practice that has been poorly studied in France. However, its prevalence is estimated at 67% worldwide. It can have a significant impact on patients due to drug interactions and adverse effects. Despite good practice recommendations, there is no validated French tool for studying it. Yet exploring it is essential in primary care in order to understand patients' practices.

Objectives: To create a validated tool for self-medication study : the AutomédiQ self-questionnaire.

Methods: A three step patient-centered method was used. First, the tool was created using a nominal group and validated by an expert group. Second, user testing was conducted with patients recruted from two community pharmacies and two general practices. It was conducted in two stages : patients answered the questionnaire using the “think-aloud method” and were invited to provide feedbacks after completion. Finally, with the contribution of a social psychologist, the tool was validated through an eDelphi method involving international french-speaking experts.

Results: AutomédiQ was designed as an online self-questionary accessible via QR code or web link. The nominal group composed of 17 professionals designed an initial questionnaire with 28 questions. The expert group's review narrowed the questionnaire down to 17 questions by transforming 11 questions into sub-questions exploring the methods, habits and determinants of self-medication. Four testing cycles were conducted, including three with patients. Finally the eDelphi process involved two cycles with the participation of 15 international experts in self-medication, questionnaire design and primary healthcare. This process led to the validation of the final version of AutomediQ.

Discussion: AutomédiQ's strength lies in its original design, which follows a rigorous approach and a validated method. It was developed with a focus on future patients. However, it does have some weaknesses. It focuses on pain to ensure acceptable length of completion. It will require a method adapted for people with limited computer skills and adjustments according to the national contexts of French-speaking countries.

Conclusion: AutomédiQ is the first validated self-questionnaire in French for studying self-medication for pain. An initial project using AutomédiQ is planned to assess its usability in large scale. Numerous studies will follow to shed light on self-medication practices.

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ID 674- Reimagining multimorbidity care: The potential of digital twins in primary care

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Context: Multimorbidity is a global issue that places a significant burden on patients, healthcare providers, and the healthcare systems. Clinical guidelines and digital systems focus on single-disease management, leaving GPs to manage multimorbidity with limited support. In healthcare, digital twins(DT) are evolving digital models of patients, organs, or processes that continuously integrate real-time data, enabling simulation, prediction, and personalization of clinical decision-making. Hospital-based specialties have demonstrated the usefulness of DTs in predicting clinical outcomes and assisting in patient-specific decision-making.

Objectives: To appraise how DTs are being used across various clinical specialties To evaluate how this technology can be used in multi-morbidity in primary care(PC). To identify potential barriers to the adaptation of this technology.

Methods: This commentary reflects the author's perspective, based on existing literature and recent developments in digital health.

Results: Potential role: Personalised care in multimorbidity: DTs can simulate interactions between drugs and diseases. Decision support: Prediction of patient risk and response to treatment. Patient engagement: Sharing DT visualisations with patients regarding their health trajectory. Workflow and resource optimisation. Challenges to adaptation: Ethical concerns regarding patient privacy and risk of misuse of data. Increased clinician workload. Worsening health inequalities. Data integration: Most healthcare data remains fragmented. Computational costs.

Discussion: Current applications of DTs in healthcare: 3D DTs of heart are being used to facilitate simulation of arrhythmias, personalised ablation procedures, risk assessment, and recurrence prediction. DT models have been proposed that could prioritise patients requiring

urgent care, recommend treatment, and suggest optimal time to step down from critical care. DTs are being utilised in hospital workflow optimization to analyse patient flow and clinical demand patterns. DTs can be used in virtual clinical trials, resulting in accelerated drug development with minimal patient safety risk. They can forecast tumor growth and evolution, assisting clinicians in understanding disease trajectory.

Conclusion: DTs warrant revolutionary changes in healthcare. With their introduction in PC, they can help with management of multimorbidity and shared decision-making with patients. However, there are potential barriers complicating its adoption. Efforts are needed to establish feasible and adaptable models of DTs that can be safely incorporated into PC, for the benefit of PC workforce and patients.

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Gender

ID 2111- CULTURAL COMPETENCE MATRIX IN HEALTHCARE FOR WORKING WITH SEXUAL AND GENDER MINORITIES: contributions to practice and professional training

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Context: Sexual and gender minorities face higher health risks, worsened by discriminatory care and healthcare professionals' lack of cultural competence. The study developed and validated a Cultural Competence Matrix to guide including equitable healthcare practice.

Objectives: Describe aspects of a Cultural Competency Matrix in healthcare for working with Sexual and Gender Minorities and its contributions to professional practice and training.

Methods: he participatory study used the Nominal Group Technique to validate a cultural competency matrix for healthcare with Sexual and Gender Minorities. Six online groups with 21 participants—LGBTQIA+ users, experienced health professionals, and faculty—generated, discussed, and voted on ideas. The matrix was then revised and reformulated based on consensus and systematic analysis.

Results: The results consisted of the development of a cultural competency matrix composed of four domains, organized into knowledge, skills, and attitudes. The first domain addresses gender identities and sexual orientations, emphasizing core concepts, inclusive language, and respect for difference. The second focuses on the biopsychosocial aspects of LGBTQIA+ health, grounded in the Social Determination of Health and promoting non-reductionist clinical practice. The third domain concerns the professional–user relationship, highlighting nonviolent communication, welcoming practices, and the recognition and mitigation of biases. The fourth domain encompasses health care networks, support systems, and territory, reinforcing integral, intersectoral care and the defense of the rights of Sexual and Gender Minorities.

Discussion: The cultural competency matrix supports marginalized populations, strengthens collective health, and upholds the principles of Brazil's health system. It guides professional practice, informs training curricula, and fosters the education of sensitive, critical, and inclusive healthcare professionals.

Conclusion: The cultural competency matrix aims to train professionals who are culturally sensitive, open, and self-aware, going beyond technical skills. It emphasizes adaptability to cultural changes and fosters critical, flexible, and transformative practice.

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ID 2007- La perception des personnes transgenres des consultations ou des soins avec des professionnel.le.s de santé

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Context: Les personnes transgenres ou en non-conformité de genre (incluant non binaire, genderfluid, agenre) sont sujettes à des discriminations entraînant un stress minoritaire lié au genre, des inégalités en matière de santé et des difficultés d'accès aux soins.

Objectives: L'objectif de l'étude était d'explorer les attentes et les besoins des personnes transgenres dans leur relation avec tous·tes les professionnel·les de santé, en recueillant leurs ressentis et vécus en situations de soins.

Methods: Une étude qualitative utilisant des entretiens individuels semi-dirigés a été menée auprès de 9 adultes transgenres. Le recrutement est passé par des associations LGBTQIA+ de la région XXX par mail, réseaux sociaux et contacts personnels. L'analyse des données a été basée sur une analyse thématique avec construction d'un modèle explicatif, inspirée de la phénoménologie interprétative. Une triangulation des données a été réalisée conjointement par les deux investigatrices.

Results: Les personnes transgenres rapportaient des difficultés d'accès aux soins dans un système de santé jugé discriminatoire et violent envers les minorités de genre. Pour surmonter ces freins aux consultations, les personnes transgenres élaboraient des stratégies d'adaptation, notamment le recours à l'automédication. Elles attendaient des professionnel·les de santé une prise en charge bienveillante et individualisée et un accueil adapté. Enfin, la formation de tous·tes les acteur·rices de la santé aux questions de santé des personnes transgenres semblait nécessaire pour améliorer leur santé et leur intégration dans le système de santé.

Discussion: Les critères COREQ ont été suivis. Le mode de recrutement via des associations LGBTQIA+ a pu sélectionner des personnes plus militantes . La grande majorité des participant·es vivaient en zone urbaine. La littérature retrouve des difficultés d'accès aux soins liées à un manque de professionnel·les formé·es et compétent·es, ainsi qu'un frein financier. Elle retrouve également des stratégies d'adaptation : réseaux de pairs et automédication. Enfin, la nécessité de formation apparaît dans la littérature internationale

Conclusion: Les personnes transgenres vivent dans une société et un système de santé où elles se sentent discriminées, touchées par les inégalités de santé et obligées de s'adapter. Une meilleure formation de tous·tes les professionnel·les de santé pour améliorer l'accueil et la qualité des soins est attendue par les personnes transgenres.

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ID 1829- Consideration of gender stereotypes in the clinical practice of french military general practitioners — a qualitative thesis based on semi-structured interviews

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Context: Gender is a key determinant of health equity, yet gender stereotypes are still inconsistently considered in clinical reasoning. In military primary care, general practitioners also perform fitness-for-duty assessments and advise command, which may increase the impact of gendered expectations on decision-making.

Objectives: To explore how military general practitioners perceive the influence of gender stereotypes on clinical practice and occupational/aptitude decisions, and to describe the strategies they use to manage this influence.

Methods: Qualitative study using semi-structured interviews with active-duty military general practitioners from different service branches. Participants were purposively recruited to maximize diversity (age, gender, populations served). Interviews were audio-recorded, transcribed and anonymised, then analysed using grounded theory with open and axial coding. Themes were synthesised and used to build a typology of physician profiles.

Results: Twenty-one interviews were analysed. Three main axes emerged: (1) gender sensitivity, (2) clinical fields perceived as influenced by stereotypes, and (3) management strategies. Understanding of the sex/gender distinction was uneven and rarely mobilised explicitly. Stereotypes were framed either as biased generalisations to avoid or as pragmatic reference points. Reported affected fields included sports-related injuries, mental health, sexual health, and fitness-for-duty assessments. Management strategies were mostly individual (standardised templates, deliberate questioning, case-by-case adaptation), with limited collective or institutional support. Five physician profiles were identified; gender sensitivity did not consistently predict whether participants spontaneously recognised stereotype-related influences.

Discussion: Gender stereotypes may shape both care and occupational decisions, but recognition often requires a context that encourages reflexivity. Reliance on individual vigilance can lead to variable practices and uneven equity. Institutional training, structured clinical tools, and peer-reflection spaces could help translate awareness into routine practice.

Conclusion: Gender stereotypes influence military general practice across several clinical domains. Embedding reflexivity and gender competence into training and organisational routines may reduce variability and support more equitable care and assessments.

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ID 1221- Transgender individuals Expectations of their General Practitioners in XXX: A Scoping Review

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Context: In XXX, an increasing number of individuals identify as transgender, and related health needs are rising. In 2023, the World Professional Association for Transgender Health (WPATH) recommended that primary care professionals, particularly general practitioners (GPs), address these needs. In XXX, GPs play an increasingly central role in transgender healthcare, yet evidence in this area remains scarce. While WPATH outlines health objectives identified by medical professionals, the expectations of transgender people toward GPs remain insufficiently documented, and no review has addressed this to date.

Objectives: The primary objective of this study was to identify, in the scientific literature, the expectations of transgender adults toward their GPs in XXX. The secondary objective was to provide an overview of the current state of research in this field

Methods: A scoping review was conducted by one investigator using PubMed, Cairn, SUDOC, Google Scholar, PsycINFO, LiSSa, and Cochrane. The main MeSH terms used were “primary care,” “general practice,” “transgender,” and “transsexualism.” All studies published before 01/08/2023 were included. Literature reviews and other non-primary sources were excluded. Extracted data were synthesized thematically and included: expectations of transgender individuals toward their GP, study type, study quality (STROBE/SRQR), and publication status.

Results: Expectations fell into two categories: “general,” applicable to any patient population, and “specific,” related to transgender health needs. These aligned with core GP competencies. The most frequent were: relational and communication skills (comforting environment, active listening, absence of misgendering), assistance with administrative procedures for long-term condition status, management of hormone therapy, guidance through the care pathway, facilitation of access to healthcare, and ongoing GP training. Primary care research on this topic is substantial but lacks published data and quantification of the relative importance of these expectations.

Discussion: This study is novel in exploring grey literature within French primary care and follows PRISMA-ScR guidelines (22/22), with findings comparable to international studies. Potential selection bias due to a single reviewer and the lack of a dedicated MeSH term for transgender identities was mitigated through multiple search strategies.

Conclusion: Transgender patients express realistic expectations aligned with GP competencies, and

this review clarifies these expectations while underscoring the need for further quantitative research.

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ID 719- Rural Realities in Primary Care: Insights from Older Sexual and/or Gender Minority Adults and Clinicians. A qualitative study

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Context: The number of sexual and/or gender minority (SGM) adults in Canada is rising, including among seniors. Many continue to face health inequities such as stigma in care, limited support, unmet health needs, and lasting reluctance to seek help after previous negative experiences. Most available evidence comes from urban settings, leaving little understanding of rural contexts, where reduced anonymity and scarce inclusive services may strongly shape how SGM older adults engage with primary care.

Objectives: (1) To describe how rural SGM older adults experience consultations with family doctors and (2) to examine how rural family physicians and other primary healthcare providers perceive the care they provide.

Methods: This qualitative descriptive study, approved by a Research Ethics Board, draws on Minority Stress Theory and Bradshaw's model of need. Semi-structured interviews were conducted with rural SGM adults aged ≥65 (n=15) and with rural family physicians and other healthcare providers (n=12). An inductive–deductive thematic approach informed the analysis.

Results: Four themes emerged from the initial interviews. Managing identity in small communities: several participants adjusted or withheld parts of their identity to avoid stigma or unwanted attention. Recognition in clinical encounters: experiences ranged from subtle affirmation to feeling unseen or misidentified, often due to inconsistent documentation of names or pronouns and a gap between clinical neutrality and patients' sense of erasure. Structural barriers: clinicians reported limited SGM-specific tools and training, while patients avoided certain services out of fear of being recognized in their community. Relational strengths: continuity and long-standing relationships helped build trust and, when present, allowed for more open communication, with clinicians noting that some patients shared aspects of their identity for the first time in this safe relational context

Discussion: Preliminary insights suggest that rurality intensifies identity-management pressures and that well-intentioned neutrality can inadvertently reinforce feelings of invisibility. Limited resources and visibility concern further hinder access to affirming care, although strong continuity can help counterbalance these challenges.

Conclusion: By bringing forward voices rarely heard in small-community health research, this study points to the need for rural-adapted strategies while drawing on the relational strengths of close-knit communities to enhance identity-affirming primary care for SGM older adults.

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Gender

ID 675- Sexual orientation and gender: General practitioners' comfort in addressing these topics during consultations and their level of knowledge.

Orientation sexuelle et genre : aisance de l'abord en consultation et connaissances des médecins généralistes,

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Context: Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) individuals are at increased

risk of mental health issues, substance abuse, sexually transmitted infections, discrimination and suicide attempts. For general practitioners (GP), these topics are difficult to address, even though a better understanding of patients' status could improve prevention, screening and therapeutic alliance.

Objectives: To assess the GPs' ease of discussing sexual orientation and gender during consultations. Secondary objectives focused on knowledge of health specificities of LGBTQI+ patients and training.

Methods: Descriptive study using an anonymous online questionnaire distributed in 2025 to GPs and interns in XXXX. The primary endpoint was the level of comfort in addressing sexual orientation and gender issues. The questionnaire explored seven themes. A descriptive and then comparative analysis was performed based on the level of comfort. The study was validated by an ethics committee.

Results: The average age of 305 respondents was 36, with 68.9% being women. The level of ease in addressing sexual orientation and gender issues during consultations was moderate (5.35/10), significantly higher among doctors who had received specific training ($p < 0.001$). The majority reported knowing the definitions of sexual orientations (81.3%). 81.6% had received no initial or continuing training, and 77.7% wanted it. The majority had not noted the increased risk of chronic diseases in these patients. The frequency with which sexual orientation was discussed was significantly correlated with the level of comfort, specific training and professional status ($p < 0.001$).

Discussion: The results, in line with the literature, highlight the need to develop specific training to improve the reception and care of these patients. GPs could thus take care of the patient as a whole, better understand their health issues and improve their practices. However, addressing sexual orientation is not a recent issue and difficulties persist over time, even though many guides and tools already exist to help healthcare professionals. Qualitative studies would be useful to explore these barriers.

Conclusion: GPs report an average level of ease when discussing patients' sexual orientation during consultations, despite the existence of numerous guides and tools. It would be interesting to explore the persistent barriers to discussion during consultations.

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ID 149- Factors influencing primary care clinicians' self-efficacy and delivery of gender-affirming care: a mixed-methods study in Montérégie, Québec

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Context: Family physicians, nurse practitioners, and residents increasingly encounter patients experiencing gender incongruence or questioning their gender identity. Yet few provide gender-affirming care directly, often referring patients to tertiary centers. In Québec, long waiting times—up to two years in expertise centers—delay essential interventions that protect mental health. Concentrating such care in tertiary settings reinforces a pathologizing view of gender diversity and leaves primary care teams uncertain about their competencies. Despite the growing importance of gender-affirming services, data on clinicians' self-efficacy remain scarce, particularly in Canada and Québec. This study addresses this gap by examining factors influencing self-efficacy and the provision of gender-affirming care within community and university-affiliated primary care settings.

Objectives: To identify factors influencing primary care clinicians' self-efficacy and delivery of gender-affirming care through four aims: (1) describe clinicians' self-efficacy across care dimensions; (2) identify personal, professional, and organizational factors associated with higher self-efficacy; (3) explore perceived barriers and facilitators; and (4) generate recommendations to improve training, support, and care organization.

Methods: Following Creswell and Plano Clark's (2018) framework, a sequential explanatory mixed-methods design (QUAN→QUAL) is being implemented. Data collection is now underway among family physicians, nurse practitioners, and

residents working in public and university-affiliated family medicine groups (GMF/GMF-U). The quantitative phase uses a structured online questionnaire assessing general self-efficacy with the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), perceived competence in gender-affirming care, and perceived barriers and facilitators. Descriptive and inferential analyses (correlation and multiple regression) will identify associations between self-efficacy and contextual variables. The qualitative phase includes semi-structured interviews to deepen understanding of modifiable mechanisms. Ethical approval has been obtained from the Research Ethics Committee of the CISSS de la Montérégie-Centre.

Results: Preliminary analyses suggest overall low self-efficacy among clinicians, with higher confidence associated with prior exposure to transgender and gender-diverse patients, targeted training, and supportive clinical environments.

Discussion: These early trends highlight the need to strengthen training, sustained exposure, and organizational support in academic primary care to better serve transgender and gender-diverse patients.

Conclusion: This study will provide actionable, evidence-informed recommendations to enhance education and system design, supporting more humanistic, equitable, and accessible gender-affirming care.

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Geriatrics

ID 1892- Healthy aging centers (YAŞAM) in Türkiye: a primary care–focused, comprehensive healthcare model for individuals aged 80 years and over.

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Context: Global life expectancy has reached 73.5 years, and the population aged 80 years and over is projected to triple by 2050, reaching 426 million. Population aging is associated with multimorbidity, functional decline, cognitive impairment, frailty, and increased social care needs. Therefore, accessible and continuous healthcare models for older adults are essential. In response, XXX launched the Healthy Aging Centers (XXX) in 2023 as an innovative healthcare service model for individuals aged 80 years and over. This study aims to introduce the XXX outpatient clinic model, and emphasize the role of primary healthcare and family medicine in supporting healthy aging through screening, follow-up, and risk assessment.

Methods: XXX outpatient clinics operate within Ministry of Health–affiliated facilities and provide comprehensive medical, functional, and psychosocial assessments. Care is delivered by multidisciplinary teams including a geriatrician (if available), a family physician or internist, a nurse, and elderly care staff, with additional professionals involved as needed. Assessments are conducted in outpatient clinics, at home, or via telehealth, addressing frailty, fall risk, nutrition, cognition, depression, medication use, and chronic diseases.

Originality: Before the establishment of XXX outpatient clinics, similar initiatives in XXX were fragmented, lacked a strong clinical identity, and were not primarily lifestyle-oriented. The XXX model represents a novel organizational approach addressing this gap.

Lessons learned and future implication: XXX clinics have improved quality of life through early diagnosis and continuous follow-up. However, limited staffing and inadequate technological infrastructure currently restrict coverage and telehealth effectiveness. Expanding human resources and stren

Discussion: From a family medicine perspective, early diagnosis of chronic diseases, monitoring of polypharmacy, assessment of frailty and fall risk, and screening for malnutrition, cognitive decline,

and depression are essential components of healthy aging. XXX outpatient clinics support early risk detection and strengthen preventive care services.

Conclusion: The XXX outpatient clinic model provides an accessible, integrated, primary care–based health service for older individuals in XXX. Aligned with the holistic principles of family medicine, it supports healthy aging and equitable access to healthcare, promotes independence, and improves care coordination within the healthcare system. Keywords: Frail Elderly, Healthy Ageing, Health Equity, Preventive Care, Primary Health Care

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ID 1883- The challenge of home care patients' loneliness: how can it be addressed in rural primary care?

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Context: Rural primary care faces a growing burden of unwanted loneliness in an ageing population, especially among home-care patients with multimorbidity and functional dependency. Loneliness is linked to higher mortality, depression, cognitive decline and service use, making it a key target for community-based, low-intensity interventions that can complement overstretched health services.

Methods: In a rural basic health area in XXX, a peer-to-peer companionship programme has been implemented within the home-care service since 2025. Non-professional peers with similar lived experiences offer emotional support, active listening and practical help to home-care patients reporting unwanted loneliness, following four phases: structured training, matching of peers and users, regular telephone or digital contacts, and monitoring by the primary care team. The programme is grounded in principles of empowerment, recovery, horizontality and community participation, aligning with European evidence on peer support and group-based psychosocial interventions for loneliness.

Originality: Unlike most European initiatives, which rely mainly on volunteers or group activities, this programme integrates trained peers with lived experience directly into rural home-care pathways. It positions peer support as a core element of the care plan for h

Lessons learned and future implication: Early experience suggests positive impact on both recipients and peers, with perceived improvements in emotional wellbeing, reduced social isolation and the creation of informal support networks. The structured training and careful matching process are cr

Discussion: International evidence indicates that peer-based and psychosocial group interventions can reduce loneliness and depressive symptoms in older adults, especially when embedded in primary care and community networks. However, these programmes are sensitive to organisational support, supervision and role clarity; without adequate integration into multidisciplinary teams, their potential for improving mental health and system efficiency is diminished.

Conclusion: A rural peer-to-peer companionship model for unwanted loneliness in home-care patients appears feasible, acceptable and potentially scalable to other regions and conditions, provided that training, coordination and evaluation are ensured.

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ID 1879- Building block therapy in the primary rural approach to home care patients' loneliness

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Context: Loneliness is highly prevalent among home care patients and is associated with worse physical and mental health outcomes, increased healthcare utilization and higher mortality risk. In a rural primary care centre in XXX, around 80% of the home care population report unwanted loneliness, adding emotional and social complexity to already fragile clinical situations. There is a need for innovative, low-cost, relationship-centred interventions that can be integrated into routine domiciliary care.

Methods: We structured construction-block therapy programme for home care patients who explicitly expressed loneliness. Sessions are guided by life-story headings (identity, childhood and youth, favourite places, memorable anecdotes, future plans), using construction bricks as symbolic and metaphorical tools to build personal narratives. The facilitator poses sequential challenges, individually or in small groups, and patients respond by creating models that serve as anchors for emotional expression, active listening and practical problem-solving around social support.

Originality: While positive psychology-based LEGO therapy has been described mainly in children with autism, its use in older, frail adults with loneliness is almost unexplored. This rural experience adapts a highly structured, gamified narrative method to domiciliary

Lessons learned and future implication: Construction-block therapy facilitates emotional disclosure, improves perceived social connection and helps patients reformulate negative internal narratives into more hopeful life stories. Collaborative building fosters a sense of belonging and supports

Discussion: Narrative-based positive psychological interventions are promising for loneliness, but evidence in adults and in rural contexts remains limited and methodologically heterogeneous. This experience suggests that structured, story-centred brick therapy can operationalise key mechanisms of loneliness interventions within routine primary care home visits.

Conclusion: A rural, home-based construction-block therapy model appears to be a scalable, context-adaptable approach to address unwanted loneliness among frail home care patients, enhancing emotional wellbeing, social connection and personal meaning.

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ID 1623- The challenge of advanced frailty: how can it be addressed in rural primary care?

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Context: Primary health care must undergo a transformation to address population ageing and remain sustainable. Population ageing entails more complex health problems, which must be faced with fewer professionals and resources. This makes it necessary to seek new care models.

Methods: We present an innovative, frailty-focused basic care unit (BCU) in a rural area of XXX, with 700 patients (100 of them receiving home care) accounting for one fifth of the centre's visits but responsible for 70% of the pharmacy budget. The unit is integrated and self-managed by two nurses, a case manager, a family physician, an internist and an administrative officer, coordinated with a social worker, a clinical psychologist and a social one, a physiotherapist, an occupational therapist and a dietitian, the palliative care team, an intermediate-care geriatrician and a hospital-at-home service.

Originality: In Europe, chronic care management models are predominantly based on the Chronic Care Model and on integrated care programmes for multimorbidity, with interventions such as risk stratification, clinical pathways, multiprofessional teams and growing use of

Lessons learned and future implication: This BCU makes it possible to provide comprehensive,

proactive, patient-centred care tailored to the needs of an ageing rural population, improving quality of life, reducing polypharmacy, decreasing the burden on the health system and improving the unit c

Discussion: Despite sub-specialisation in frailty care, there are significant differences between patients requiring hospital-level care at home and the rest of the BCU caseload, such as high multimorbidity, risk of institutionalisation and a high dependency burden. International experience suggests that specialised home-based services reduce hospital days and readmissions, but are highly sensitive to organisation, staffing and professional skill mix; without this sub-specialisation, the potential for efficiency and sustainability of the overall model is weakened, so it must be considered in the immediate future.

Conclusion: This is a scalable solution for other health regions that offers answers to the threefold complexity (clinical, social and system-level) posed by these patients.

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ID 159- Cognitive Red Flags in SAGE Test: Early Predictors of Cognitive Decline in Primary Care

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Context: Early detection of cognitive decline is crucial for timely intervention and prevention. Even in individuals with normal global cognitive performance, subtle domain-specific deficits may serve as “red flags” (RF) that predict future cognitive impairment. This study analyzes the presence of such red flags in cognitively normal individuals, their association with sociodemographic and clinical variables, and their potential predictive value for different dementia profiles.

Objectives: To identify early cognitive alterations in patients with normal total SAGE scores (≥17); to evaluate their relationship with age, sex, education, and COVID-19 history; and to explore possible cognitive profiles (Alzheimer’s, vascular, Lewy body) associated with specific patterns of red flags.

Methods: A cross-sectional observational study was conducted between 2024–2025 at XXXXXX. The Self-Administered Gerocognitive Examination (SAGE) was administered to 380 participants aged ≥14 years. Cases with scores ≥17 but with ≥2 altered sensitive items (memory, clock drawing, money, sequence, triangles) were classified as red-flag positive. Sociodemographic data, COVID-19 history, depression, and functional status (ABVD) were recorded. Statistical analyses included chi-square, t-tests, relative risk (RR), and odds ratios (OR), with $p<0.05$ considered significant.

Results: Red flags were identified in 84 participants (28.7%) despite normal SAGE scores. RF prevalence increased with age (40.5% in 60–79 years) and was twice as high in participants with primary education compared to those with university studies (RR=2.1–2.25; $p<0.001$). The most affected items were clock drawing, immediate memory, and visuospatial reasoning. Among those <60 years, 42.9% presented at least one RF: 66.7% with memory deficits (suggestive of early Alzheimer’s), 21.1% with executive dysfunction (vascular profile), and 12.2% with visuospatial impairment (Lewy body profile). COVID-19 history showed no significant association. Functional and depressive symptoms were more frequent in red-flag positive cases.

Discussion: Cognitive red flags reveal early domain-specific deficits that may precede global decline. Education emerged as the strongest protective factor, supporting the role of cognitive reserve. The SAGE test’s item-level analysis enhances sensitivity for early detection in Primary Care.

Conclusion: Red flags in cognitively normal individuals may identify prodromal cognitive decline. Their systematic detection and follow-up in Primary Care could improve early diagnosis, guide tailored interventions, and reduce future clinical and social burden.

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ID 55- Weekly capillary INR monitoring reduces VKA-related iatrogenesis in elderly nursing home residents: a cluster randomized trial

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Context: Vitamin K antagonists (VKA) have a narrow therapeutic margin and are associated with a high risk of iatrogenic complications. In nursing homes, 13% of patients are treated with VKAs, often with a time in therapeutic range (TTR) below the recommended 65%. International Normalised Ratio (INR) measured by capillary puncture allows more frequent assessment than venous sampling.

Objectives: To compare the difference in TTR and number of venous and haemorrhagic events between INR monitoring by weekly capillary (INRc) testing versus monthly venous (INRv) testing.

Methods: This prospective, superiority, cluster-randomised study recruited patients living in French nursing homes treated with VKA for > 6 months with a target INR range of 2.5 [2-3] or 3 [2.5-3.5]. Exclusion criteria were life expectancy < 1 month and Karnofky index ≤ 20%. Nursing homes were randomised to control group (monthly INRv) or intervention group (weekly INRc). The primary outcome was TTR, calculated using Rosendaal's method and compared using mixed linear regression. Patients were recruited from November 2022 to November 2023 and followed for 6 months.

Results: Fifteen nursing homes were randomised: nine in the intervention group (26 residents, 429 venous INR measurements) and seven in the control group (19 residents, 226 venous INR measurements). The sample size was not reached due to recruitment difficulties during the Covid-19 pandemic. The TTR increased by 25%, (95% CI :[5.1; 45], $p < 0.05$), with capillary monitoring. No major bleeding or thrombotic events and no hospitalisations were reported. There is no difference based on age (under or over 90 years). The intracluster correlation coefficient between INRv and INRcap is excellent at 0.89 [0.84; 0.92].

Discussion: Few studies in primary care focus exclusively on frail, dependent older adults, despite their higher risk of iatrogenic harm. Despite not reaching the anticipated sample size, the increase in TTR was statistically significant with INRc. The TTR with the weekly monitoring was 68%, exceeding the level of 65% recommended by NICE Guideline.

Conclusion: Weekly INRc monitoring improves anticoagulation control and reduces the risk of VKA-related iatrogenic events in elderly nursing home residents.

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Good prescribing

ID 1944- Efficacy and safety of topical diclofenac in the treatment of knee osteoarthritis: a systematic review and meta-analysis

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Context: Knee osteoarthritis is a common condition that causes debilitating pain. The painkillers and anti-inflammatory drugs commonly used orally can cause serious side effects. In order to limit these, clinical practice guidelines describe topical non-steroidal anti-inflammatory drugs as an attractive first-line option. Among the molecules available, diclofenac is the most commonly prescribed.

Objectives: The objective of our study is to evaluate the efficacy and safety of topical diclofenac in the treatment of knee osteoarthritis.

Methods: We conducted a systematic review in the Cochrane, PubMed, and Embase databases, with a meta-analysis of randomized controlled trials (RCTs) evaluating the efficacy and safety of topical diclofenac versus placebo in knee osteoarthritis. The risk of bias was assessed using the RoB2 tool. The outcomes of the selected RCTs were meta-analyzed using RevMan software, and their level of evidence was assessed using the Rebuild the Evidence Based (REB) method.

Results: Of the 2,463 articles identified, 13 RCTs were included, eight of which had a low risk of bias and from which data were extracted. The primary outcome measures (POMs) meta-analyzed were pain assessment and functional disability at 12 weeks of treatment according to the subscales of the Western Ontario and McMaster Universities Osteoarthritis Index. Diclofenac was statistically superior to placebo, with a standardized mean difference respectively of -1.49 [-2.14, -0.83] (95% CI), p<0.01 and -4.98 [-7.15, -2.80] (95% CI), p<0.01. For these two POMs, the REB method concluded that there was “strong evidence.” Secondarily, safety was analyzed, showing no significant difference in the overall occurrence of adverse effects. Subgroup analysis shows more frequent skin dryness in the diclofenac group and less frequent erythema.

Discussion: These results are consistent with those found in the literature. This work enabled the evidence to be graded according to the REB method.

Conclusion: This systematic review and meta-analysis showed superiority at 12 weeks of treatment with topical diclofenac compared to placebo in relieving pain and functional impairment in knee osteoarthritis, with a high level of evidence and no serious adverse effects.

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ID 1807- Misuse of pain medication in primary care

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Context: In 2015, France was the third largest consumer of analgesics in Europe and the largest consumer of paracetamol. In France, 43% of reasons for consulting a general practitioner are related to pain and 57% of patients consulting a general practitioner received a prescription for analgesics.

Objectives: Determine the prevalence of qualitative misuse of analgesic treatments in patients followed up in general practice at least once during the past year. The secondary objectives were to determine which drug classes were affected and the reasons for misuse.

Methods: Nationwide, multicentre cross-sectional study of a population of adult patients who consulted their general practitioner at least once during the inclusion period. Recruitment was carried out in general medical offices throughout France between January 2022 and June 2022. Data was collected using a self-administered questionnaire.

Results: A total of 910 participants were recruited, 639 (70%) of whom were women, with an average age of 53 (± 18). Among them, 98 (11%) were identified as having misused at least one analgesic treatment. There was a correlation between analgesic misuse and lower educational achievement. The five most commonly used classes of drugs were, in descending order, paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs), codeine, tramadol and opium. Among the most commonly used classes of drugs, patients mainly misused antidepressants (48%), followed by tramadol (18%), opium (16%), morphine (13%) and codeine (11%). Finally, the main reasons given were ‘to feel better’ (55%), ‘to sleep’ (39%) and ‘to relax/counter stress’ (25%).

Discussion: The strength of this study lies in its original approach, as it focuses on primary care and was conducted directly in general practitioners' offices. In order to limit recall bias and facilitate the identification of medications containing analgesics, the analgesic treatments studied were listed under

their various trade names. The representativeness of the sample is questionable, as only patients who were able to visit a general practitioner could be included. The 31 patients excluded from the study due to missing data are not comparable to the 910 patients in terms of age and professional status. The existence of social desirability and memory bias when completing the self-administered questionnaire cannot be excluded.

Conclusion: It appears difficult to target a population at risk of misuse in primary care, encouraging the systematisation of prevention messages before introducing or dispensing pain relief treatment and taking the time to assess their personal use.

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ID 37- Appropriate Antibiotic Use: A Lever for Sustainable Healthcare

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Context: Antimicrobial resistance is a growing threat to global public health. It is central to the “One Health” concept, connecting human, animal, and environmental health. In XXX, action plans have been implemented to promote the appropriate use of antibiotics and curb the rise of bacterial resistance. At the same time, eco-prescribing is emerging as a new public health priority in response to the environmental crisis. XXX, the fourth highest antibiotic-prescribing country in XXX, is estimated to deliver nearly 50% unnecessary or inappropriate antibiotic prescriptions. General practitioners, who issue around 80% of all antibiotic prescriptions, stand at the center of this dual challenge.

Methods: The principles of appropriate antibiotic use and eco-prescribing were compared. Both approaches share a common logic: prescribing less and prescribing better to protect public health and the environment. Appropriate antibiotic use is structured around five principles: correct indication, correct drug, correct dosage, correct duration, and reassessment. Eco-prescribing relies on three pillars: prescribing less, prescribing better, and reducing the environmental impact of prescriptions. The first two overlap with appropriate antibiotic use. Several simple strategies can reduce environmental impact: prioritizing the oral route, reducing packaging, and shortening treatment durations. Different scores assess the environmental impact of medications, including the PBT score (persistence, bioaccumulation, toxicity) and the CO_2 emission score. These indicators may diverge: for example, among fluoroquinolones, ofloxacin emits 28% less CO_2 than levofloxacin but has a higher PBT index.

Originality: Embedding eco-prescribing within antibiotic stewardship strategies constitutes a novel and forward-looking approach, particularly rarely examined in primary care.

Lessons learned and future implication: The environmental impact of antibiotics goes beyond existing scoring systems and must also account for their effects on the microbiota and on antimicrobial resistance. These limitations highlight the need to develop antibiotic-specific indicators that int

Discussion: Beyond measurement tools, reducing unnecessary prescriptions remains the most effective lever. Eco-prescribing offers an additional lever and may enhance general practitioners’ awareness of appropriate antibiotic use by emphasizing its major environmental dimension.

Conclusion: Prescribing less and prescribing better. Through their shared co-benefits, these two major public health challenges reinforce one another and provide strong motivation for healthcare professionals.

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ID 978- Declarative antibiotics prescription and management of male urinary tract infections in France: a national survey of

general practitioners using computer-generated clinical vignettes

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Context: General practitioners (GPs) consider male urinary tract infections (mUTIs) to be diagnostically challenging.

Objectives: This study sought to identify factors associated with declared antibiotic prescribing intentions by French GPs for the management of mUTIs.

Methods: A national observational practice survey was conducted using an online questionnaire comprising five randomly generated clinical vignettes presenting urinary symptoms in men. GPs indicated their prescribing intentions and diagnostic approach. The primary outcome was declared antibiotic prescribing intent (immediate, delayed, or none). Secondary outcomes included declared performance of digital rectal examination (DRE), urine dipstick testing, and requests for full blood count (FBC), prostate-specific antigen (PSA) testing, or urinary tract/prostate ultrasound. Descriptive analysis was performed and multivariable linear models were used to identify factors associated with antibiotic prescribing.

Results: Of 2,202 vignettes analysed (515 GPs), immediate antibiotic therapy was declared for 45.5%, delayed prescription for 36.3%, and no antibiotics for 18.1%. Intrinsic factors independently associated with immediate antibiotic prescribing were fever and burning on urination, followed by low-grade fever, urinary frequency, haematuria, and pelvic pain. The only extrinsic factor was a history of immunosuppression. Declared investigation rates were high: urine culture (96.6%), dipstick testing (61.4%), and PSA testing (21.2%). Fever positively influenced FBC requests, whilst burning on urination showed inverse association. Low-grade fever or burning on urination were associated with reduced ultrasound ordering. Antibiotic choice was predominantly (68%) a 14-day fluoroquinolone regimen, with levofloxacin most commonly prescribed.

Discussion: Declared investigation rates substantially overestimated actual practice reported in the literature, suggesting a gap between intentions and real-world behaviour. PSA testing, though lacking guideline support, was requested in selected cases. GPs consistently declared prescribing fluoroquinolones regardless of infection severity, aligning with French Infectious Diseases Society (SPILF) therapeutic guidelines but conflicting with French National Agency for Medicines and Health Products Safety (ANSM) warnings. A small minority declared prescribing fluoroquinolone-sparing agents such as nitrofurantoin or pivmecillinam, contrary to current recommendations.

Conclusion: Fever and burning on urination are the main determinants of immediate antibiotic prescribing for mUTIs. Updated French guidelines are anticipated in 2026, based on Northern European countries' fluoroquinolone-sparing approaches, aiming to reduce broad-spectrum antibiotic consumption whilst maintaining therapeutic efficacy.

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ID 787- Analysis of antibiotic prescriptions for Lyme borreliosis by French general practitioners between 2012 and 2022

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Context: With the increasing incidence of Lyme borreliosis (LB) in France and its growing media coverage, general practitioners (GPs) are encountering this disease more frequently. They also face a complex infection that presents diagnostic and therapeutic challenges.

Objectives: This study aimed to analyze the antibiotic prescriptions issued by French GPs for LB and to compare them with existing recommendations.

Methods: We conducted an observational, retrospective practice-based study using the THIN Cegedim database, covering the period from 2012 to 2022. The study was divided into three periods: 2012–2018 (T1), 2018–2019 (T2), and 2019–2022 (T3), in order to compare the evolution of prescriptions with the guidelines in force. Each prescription received a quality score (score 1: correct antibiotic chosen, but errors in dosage and duration; score 2: correct antibiotic, with either dosage or duration incorrect; score 3: correct antibiotic choice with correct dosage and duration).

Results: In total, 8,408 patients and 3,010 GPs from the 13 French regions were included. We identified 9,802 cases of erythema migrans (97.6%), 230 cases of Lyme arthritis (2.2%), and 11 cases of neuroborreliosis (0.1%). GPs prescribed the correct antibiotic in most cases (88.97% of prescriptions with an appropriate antibiotic). For erythema migrans, the quality of prescriptions rated as score 1 improved over time (T1: 14.8%; T2: 17.4%; T3: 37.7%; p=0.02), there was a slight increase in score 2 (T1: 35.9%; T2: 44.1%; T3: 38.2%; p=0.06), and a decrease in score 3 (T1: 38.2%; T2: 25.6%; T3: 13.4%; p=0.017). The study period was associated with poorer selection of treatment duration by GPs (p<0.001). The patient's age and sex, as well as the region where the GPs practiced, were not associated with prescription quality.

Discussion: While GPs often prescribe the correct antibiotic, they face challenges regarding dosage and particularly treatment duration. This could be explained by the time required to implement a recommendation in routine care, as evidenced by the longer duration of period 1 of our study compared to periods 2 and 3.

Conclusion: Targeted prescribing support tools for LB could help address these issues and improve adherence to recommendations.

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ID 575- Quality evaluation of French guidelines in primary care infectious disease: An AGREE II assessment

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Context: Antibiotic prescription, its nature and its duration are a very common decision-making situation in primary care practice. Clinical practice guidelines (CPGs) are regularly emitted by various organisations on this topic.

Objectives: Our goal is to run a quality appraisal of the current French guidelines, for the most common primary care infectious pathologies.

Methods: We collected all primary care CPGs that are currently prevailing in France through a systematic review of the french website Antibioclic®. For each of these guidelines, a quality assessment was run by 3 independent reviewers, by means of the Appraisal of Guidelines for REsearch & Evaluation II instrument. The main outcome was a 'reliability score', defined as the sum of the scores in domains 'rigour of development' and 'editorial independence'. To be considered 'reliable', the CPG had to reach a 60% threshold in these two domains. Secondary outcomes were as follows: global quality score of CPGs, number and ratio of CPGs for which a systematic review has been conducted during its conception.

Results: Over the 43 CPGs that have been assessed, none reached the 60%-threshold as to the reliability score. Only one CPG (2.33%) gets an over-60% quality assessment in the domain of rigour of development (D3), whereas three CPGs (6.98%) reach this threshold in the domain of editorial independence (D6). One CPG (2.33%) met the quality threshold of 60% as to overall assessment. Rigour of development and editorial independence are the domains that obtained the lowest average score, respectively, 11% and 21%. Overall assessment received an average score of 29%. A systematic review of the literature was mentioned for 10 CPGs (23.26%).

Discussion: Most clinical practice guidelines in infectious diseases for primary care do not meet minimum quality criteria. This raises questions both about the recommendations issued for antibiotic prescriptions and about the reliability of these guidelines.

Conclusion: There is a lack of quality in the development process of the current French guidelines in primary care infectiology. This process should be reconsidered, with higher insistence as to its quality

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ID 385- Assessing the quality of evidence cited in French clinical practice guidelines for infectious diseases in primary care

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Context: Guidelines help practitioners make decisions in their daily practice. To be reliable, they must present the level of evidence for the recommendations (GRADE A, B, C, AE from the French National Authority for Health).

Objectives: To assess the level of evidence supporting antibiotic therapy recommendations inprimary care.

Methods: After collecting the clinical practice guidelines (CPGs) listed on the Antibioclic®website (https://antibioclic.com), each recommendation regarding whether or not to prescribeantibiotics was evaluated based on whether it included a GRADE classification by the French National Authority for Health (HAS): A, B, C, or Expert Opinion (EO). The sources cited by the CPGs were reviewed. The recommendations and studies had to answer the question: ‘‘Should antibiotic therapy be prescribed in this situation?’’ The possible answers were ‘‘yes,’’ ‘‘no,’’ or‘‘conditional yes,’’ meaning delayed prescription. The primary outcome was the percentage of recommendations for which supporting studies were cited, in comparison to the stated GRADE.

Results: A total of 152 recommendations from 49 CPGs on antibiotic prescription were analyzed. In all, 71.7% did not mention a level of evidence, 3.3% were classified as GRADE A, and 9.2% as GRADE B. Upon reviewing the studies used to justify the recommendations, high-qualityevidence was identified for only 7.9% of the recommendations, while 80.9% had no referenced studies.

Discussion: More than three-quarters of antibiotic prescription recommendations in primary care do not have an indicated level of evidence (no GRADE). When a GRADE (A, B, C, AE) was mentioned, only 5/41 (12%) were level A. These results concern the most common situations in general practice and do not apply to hospitalised patients. Thus, most recommendations in favour of prescribing antibiotics in primary care are not based on a high level of evidence (only 14.5% had a GRADE of A or B).

Conclusion: Most French recommendations regarding antibiotic prescription in primary caredo not provide the level of evidence supporting them

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GPs and their multiple patients

ID 2099- Designing an addiction module for a lifestyle medicine curriculum in family medicine

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Context: Addictive substances, including tobacco, alcohol, and other psychoactive drugs, constitute a major burden on individual and public health. Family physicians play a central role in prevention, early detection, brief intervention, and long-term follow-up of substance use disorders. Lifestyle medicine, with its focus on behaviour change, patient empowerment, and holistic care, provides a suitable framework for addressing addiction in primary care. However, addiction-related competencies are often fragmented or insufficiently integrated into family medicine training curricula.

Objectives: This study aims to design an education module on addictive substances within a lifestyle medicine curriculum for family physicians. The module is based on predefined learning objectives

addressing knowledge, skills, and attitudes related to addictive substances and addiction management in primary care.

Methods: Following a completed needs analysis and learning objective development phase, core competencies for the addiction module were defined. These include defining risky and addictive substances; explaining their biological, psychological, and social effects; recognising stigma and common misconceptions; developing empathetic attitudes; assessing addiction severity; applying evidence-based prevention and counselling strategies; establishing effective communication; developing individualised management plans; and referring patients to appropriate treatment services. Educational strategies and assessment methods are currently being mapped to these objectives using principles of adult learning, experiential learning, and lifestyle medicine education.

Results: The proposed module integrates interactive and practice-oriented educational methods, such as case-based discussions, reflective exercises, skills training, and simulated patient encounters. The curriculum framework aims to strengthen family physicians' competencies in both clinical management and person-centred communication while promoting stigma-sensitive and empathetic care approaches.

Discussion: Aligning addiction education with lifestyle medicine principles enables a comprehensive and behaviour-focused approach that goes beyond disease-centred models. This structured curriculum design supports the development of sustainable competencies relevant to real-life primary care settings.

Conclusion: This study presents a systematic approach to translating addiction-related learning objectives into an educational module within a lifestyle medicine curriculum for family medicine. The proposed framework may guide future curriculum development initiatives and contribute to more effective, compassionate, and integrated addiction care in primary care practice.

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ID 1918- Experiences of general practitioners when they receive gifts from their patients

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Context: General practitioners frequently receive gifts from their patients, although accepting gifts in exchange for medical services is prohibited. This practice can have consequences for the unique doctor-patient relationship and its ethical and professional aspects.

Objectives: Explore the experiences and perceptions of XXX general practitioners when they receive gifts from their patients.

Methods: This qualitative study was inspired by interpretive phenomenology and used semi-structured individual interviews conducted either face-to-face or by videoconference. Twelve general practitioners were recruited. Data were analysed using triangulation.

Results: The gift was part of a socio-cultural ritual that fostered exchanges between doctor and patient and could be understood as a symbolic expression of occasional gratitude, sometimes expected by physicians, and reflecting the care relationship. By maintaining a form of reciprocity, it echoed this relationship and appeared more agonistic than purely altruistic in nature. In some cases, it reflected a patient's desire to strengthen or rebalance the relationship, or to seek a secondary benefit. Physicians expressed concerns about possible attempts at corruption, which could lead to expectations or forms of control. Gifts and expressions of gratitude were also perceived as potentially intrusive, encroaching on the consultation or the physician's private sphere. Several physicians emphasized the need to reflect on their own conception of gift-giving throughout their practice, in order to define professional boundaries and establish a framework consistent with their personal values.

Discussion: Drawing on the work of sociologists such as Mauss and Sherry, and combined with the specific features of the care relationship, a new conceptual framework emerges that helps to understand the place of gifts within medical

practice. To limit confirmation bias and the halo effect, a logbook was maintained and data analysis was triangulated. However, the limited heterogeneity of the sample may have resulted in insufficient data. In addition, the researcher's gender may have influenced the exploration of certain themes, particularly those related to the potential sexualization of gifts.

Conclusion: Through the issue of gifts, the general practitioner is led to reflect on the context of the consultation and to question the nature of the doctor–patient relationship, including professional boundaries and expectations.

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ID 1273- Prehospital Management of Cardiorespiratory Arrest: Assessment of Knowledge Among Family Physicians

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Context: Cardiorespiratory arrest (CRA) represents the most critical medical emergency. As frontline providers, family physicians are often required to intervene before the arrival of specialized emergency teams, giving them a pivotal role in the early management of out-of-hospital CRA.

Objectives: The aim of this study was to assess the theoretical knowledge of family physicians regarding prehospital CRA management.

Methods: We conducted a two-month cross-sectional descriptive study using an anonymous self-administered questionnaire distributed via Google Forms. The survey consisted of two sections: demographic and training-related information, followed by an assessment component comprising 15 multiple-choice questions inspired by the European Resuscitation Council guidelines.

Results: A total of 110 responses were collected from physicians with a mean age of 34 ± 7 years and a sex ratio of 0.32. Thirty-eight participants (34.6%) were practicing physicians with an average of 9±7 years of experience. Nearly half had received theoretical training during specialty coursework (14.5%), postgraduate training sessions (31.8%), or complementary certification courses (5.5%). Practical simulation-based training had been completed by 79% of participants, with 38.5% trained within the past year. Forty-three physicians (39%) had previously managed an out-of-hospital CRA. The mean score was 11 ± 2 (range: 4–15), and 58 participants (52.7%) achieved a "satisfactory" score (≥11). A satisfactory level was significantly associated with previous theoretical training (p=0.01), practical simulation training (p=0.004), recent training within the past year (p= 0.004), and prior experience in emergency medical services (p=0.04).

Discussion: In a study done by Zajic et al.[1] they concluded that prehospital physicians make decisions to start or withhold resuscitation routinely and base those mostly on situational information and immediately available patient information known to impact outcomes. A clinical paper written by Nagashima et al.[2] evaluated how the presence of prehospital physicians impacts survival outcomes in out of hospital cardiac arrest patients, particularly those undergoing extracorporeal CPR (ECPR). Findings suggest a positive survival effect when a physician is present during prehospital care, indicating the value of physician expertise in acute cardiac arrest management.

Conclusion: Continuous, up-to-date theoretical and practical training in out-of-hospital CRA management is essential to strengthen early intervention quality and ensure adherence to evolving international resuscitation guidelines.

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ID 1218- General Practitioners' Attire in XXX: A Descriptive Study

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Context: Several studies have examined the impact of physician attire during consultations, showing its influence on the doctor–patient relationship. However, there is no consensus regarding general

practitioners' (GPs) dress code in office practice, and no descriptive study has comprehensively assessed this in XXX.

Objectives: The primary objective was to describe the attire of general practitioners in XXX. Secondary objectives included assessing the influence of the COVID-19 pandemic on GPs' attire and exploring their reflections on, and reasons for, choosing their professional clothing.

Methods: A descriptive, observational, cross-sectional, quantitative study was conducted in XXX. A random sample of 1,113 GPs was recruited via standardized telephone calls. Data were collected using a questionnaire. Independence of variables was assessed using Chi-square tests or Fisher's exact tests.

Results: Among 1,113 contacted GPs, 362 responses were obtained. In 2022, the most frequently worn attire was semi-formal (25.1%), followed by the white coat (23.4%), white top (20.4%), casual (20.4%), formal (8%), and full white outfit (2.2%). Grouped categories showed that "professional" attire was most common (46.4%), followed by "formal/semi-formal" (33.1%) and "casual" (20.4%). COVID-19 influenced attire toward more professional clothing ($p < 0.001$). The majority of GPs believed that attire affects first impressions (85.4%) and the doctor–patient relationship (77.9%), and reflected on their attire choices (77.6%). Main reasons for attire selection were hygiene, comfort, professionalism, and patient trust. Differences by gender were observed: women prioritized professionalism and comfort, while men emphasized patient trust and perceived empathy ($p < 0.05$).

Discussion: Our findings align with international data indicating that attire impacts patients' first impressions and the doctor–patient relationship. The study population is representative of regional and national GP demographics, supporting external validity. Although the study faced potential selection and measurement biases, these were mitigated through standardized recruitment, photographic examples of attire, and validated questionnaires. Overall, our results suggest that physician attire is a relevant, modifiable factor in clinical practice, shaped by personal, cultural, and situational considerations, with implications for patient perception and the professional image of general practitioners.

Conclusion: Attire choices affect patient perception and the doctor–patient relationship, suggesting that awareness of attire can guide clinical practice and inform medical training for general practitioners.

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ID 981- Improving the detection of addictive disorders in primary care: pluriprofessional nominal groups

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Context: France is one of the European countries most affected by the consumption of alcohol, tobacco and illicit substances. These uses represent the leading cause of avoidable mortality, with almost 115,000 deaths annually. Despite HAS recommendations in favor of early detection using standardized tools, such screening remains difficult to implement in primary care. Patients fear judgment and stigmatization, while healthcare professionals cite frustration at failure, fear of hindering the doctor-patient relationship, and lack of resources for management. Other primary care professionals, such as physiotherapists, midwives, dental surgeons, nurses or pharmacists, sometimes feel illegitimate to broach these subjects, even though they enjoy a close relationship with patients.

Objectives: Identify what could help primary care professionals to address addictive disorders with their patients.

Methods: A qualitative study was conducted using nominal groups, bringing together general practitioners, nurses, midwives, pharmacists, physiotherapists and dental surgeons. They had to have a primary care practice and were not required to be experts in addictology. Participants were asked to respond to the question "In your practice, what would help you address addictive behaviors with your patients?" Each session followed a standardized procedure: individual formulation of ideas, pooling, clarification and voting. The responses were analyzed to extract the priority ideas according to the participants.

Results: Two nominal groups of 12 and 10 participants respectively, lasting 131 and 122 minutes, were conducted in July and October 2024. The nominal groups yielded 12 and 16 main ideas respectively. At the end of the vote, a 50% cut-off was used to retain 8 ideas expressed by primary care professionals to help them deal with addictive disorders with their patients.

Discussion: These elements aim to reassure, legitimize and equip primary care professionals to engage in dialogue about addictive behaviors. They underline the importance of everyone's role, the need for a non-judgmental framework, and the value of simple tools adapted to daily practice.

Conclusion: The results will be validated using the Delphi method with a multi-professional panel, including primary care professionals, public health experts and patients.

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ID 955- What questions should be asked when dealing with addictive disorders in general practice?

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Context: Early detection of addictive disorders in primary care is recommended but remains underutilized. General practitioners would like examples of questions to ask about addictive disorders during consultations. There is no validated test that can detect all types of addiction.

Objectives: To determine the most appropriate validated questions for broaching the subject of addiction during consultation.

Methods: We selected 15 non-substance-focused questions by cross-referencing data from validated tests, the DSM-V, and nominal groups. A quantitative study was conducted between November 2024 and April 2025 among general practitioners and interns recruited in private practices, health centers, and at national conferences. Participants rated their comfort level with asking each of the 15 questions on a Likert scale.

Results: A total of 201 general practitioners responded. The sample was diverse in terms of status, gender, type, and location of practice. The three highest-ranked questions were: “Have you ever tried unsuccessfully to reduce or stop a consumption or behavior?” (Q4), “Has a consumption or behavior ever caused you problems?” (Q6), and “Do you need a substance or behavior to relax, feel better, or cope?” " (Q7). The question about the patient's social circle (Q13) was the lowest rated.

Discussion: Three questions emerged as particularly useful for GPs in dealing with addictions, asking about the difficulty of quitting, the problems involved and using to feel better. Their convergence with recognized tools confirms their clinical relevance, while the low value of questions focusing on the entourage illustrates the fear of being intrusive.

Conclusion: This study highlights three simple, validated, and cross-sectional formulations that general practitioners perceive as appropriate for broaching the subject of addiction. Testing them in real-life conditions and adapting them to other primary care professions is a relevant avenue for further research.

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ID 496- Exercise Addiction in Primary Care: Prevalence, Associated Factors, and Patient–GP Dialogue in a Community-Based Sample

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Context: Exercise addiction (EA) is characterised by compulsive physical activity despite physical or psychological harm. Although its prevalence is well described in athletic and fitness populations, little is known about its presence in routine primary care.

Understanding EA within general practice is essential, as early identification may prevent physical, social and psychological complications. The patient–GP dialogue around exercise could play a role in detecting at-risk individuals.

Objectives: Estimate the prevalence of exercise addiction among adult primary care patients, and to identify associated behavioural, clinical, and communication-related factors, including discussions about exercise with GP.

Methods: A cross-sectional multicentre study was conducted from June 2024 to January 2025 across general practices belonging to a Territorial Professional Health Community (CPTS) in northern France. Adult patients completed an anonymous self-administered questionnaire assessing sociodemographics, physical activity habits, substance use, and sport practices. Exercise addiction risk was measured using the Exercise Addiction Inventory. Participants reported whether they discussed exercise with their GP. Analyses (logistic regression models) were performed on the full sample and on the subgroup of participants reporting regular physical activity.

Results: Among 402 respondents (64.4% women), 6.2% (95% CI 3.8–8.6) were at risk of EA. Independent associations included self-medication (OR 12.1), use of rehydration drinks (OR 37.5), and discussing physical activity with the GP (OR 3.1). In the physically active subgroup (n = 290), 8.6% (95% CI 5.4–11.8) were at risk. Associated factors included self-medication (OR 35.7), rehydration drink use (OR 36.0), endurance sports (OR 4.7), combat sports (OR 35.5), and exercising ≥4 times per week (OR 10.2).

Discussion: This study provides a primary care–based estimate of EA, suggesting that EA may be more common than expected. The strong associations with specific sports and health-related behaviours highlight red flags that GPs can monitor. At-risk individuals appear more likely to discuss physical activity with their GP, suggesting an opportunity for early detection.

Conclusion: Exercise addiction may affect up to one in twelve physically active primary care patients. Increased GP awareness, targeted screening, and structured dialogue about exercise behaviours could support earlier recognition and tailored counselling. Further research is needed to refine screening strategies and assess management approaches within primary care.

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GPs working conditions

ID 2242- Evaluation of the online reputation of general practitioners by their patients in the Landes department in 2024

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Context: The online reputation of general practitioners is an expanding phenomenon and raises ethical, legal, and practical issues in the context of the growing digitization of healthcare services. Google®, through its business listings, has become the main platform for such evaluations.

Objectives: The aim of our study was to examine the nature and determinants of online reviews concerning general practitioners in the Landes department in France, published on Google in 2024.

Methods: A mixed-methods observational study combined a cross-sectional quantitative analysis of the Google® list of general practitioners (GPs) and healthcare facilities identified via the Health Insurance in October 2024, and a qualitative analysis of published reviews. Data collected included ratings, reviewer status presence of written comments, and GP characteristics (gender, practice type, location, additional activities). A thematic categorization of comments was conducted into three main domains: doctor–patient relationship, medical competence, and office organization.

Results: Among the 473 GP and healthcare structures studied, 63% had a Google® listing, and 58% had received at least one review. The average rating was 4.2/5, with 92.3% of extreme evaluations. Qualitative analysis of 3,036 published reviews revealed a predominance of relational criteria: listening (669 mentions), kindness (638),

and competence (645). In contrast, organizational aspects (reception, appointment scheduling, punctuality) were less often mentioned and more frequently associated with negative comments. GP practicing in rural areas, those with a specific medical focus, or those working alone generally received more positive evaluations. Conversely, healthcare structures, though receiving more reviews, were rated less favorably overall. Practice setting emerged as a major discriminating factor in the nature of comments. Lastly, reviewers identified as "Local Guides" (27.5% of evaluators) gave more moderate ratings.

Discussion: The online reputation of GP is generally positive but highly polarized. It is primarily shaped by relational aspects of care, rather than technical or organizational criteria. Google® has established itself as the central platform for digital reputation, accounting for 93% of reviews. Our comprehensive data did not include the age of GP and may change with the territory.

Conclusion: These findings offer valuable insights into patient expectations and could serve as a lever for improving practices in general medicine.

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ID 1866- Reducing abusive requests for medical certificates: collaboration between certificats-absurdes.fr and eleven Departmental Medical Councils in France

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Context: The number of practising general practitioners in France is decreasing, while the population is growing and ageing. Preserving medical time has become a priority, particularly by reducing administrative workload. General practitioners estimate spending on average 1.5 to 2 hours per week dealing with unjustified medical certificates. To address this issue, a collaborative initiative was launched between the website XXX and eleven Departmental Medical Councils (Conseils Départementaux de l'Ordre des Médecins, CDOM) to provide evidence-based responses on whether medical certificate requests were justified or not.

Objectives: To describe the types of medical certificate requests considered abusive by general practitioners and reported to CDOMs through this initiative.

Methods: We conducted a prospective, multicentre, descriptive study from July 2023 to December 2025 (2,5 years) involving the following CDOMs: XXXXXXXXXXXXX. General practitioners affiliated with these CDOMs could submit requests they considered abusive by email. A personalised response was written by author, then provided to both the physician and the requester, including references to applicable legislation when relevant. All complaints received were included. Each request was classified by domain (insurance contracts, school-related, sport, work, healthcare, etc.), and its legal status was assessed through a review of LegiFrance and CDOM regulatory guidance.

Results: A total of 423 complaints were received: 285 from the XXXX department (67%). Requests mainly concerned insurance or disability contracts (N=180; 43%), school or extracurricular settings (N=78; 18%), work and healthcare-related issues (N=47; 11%), and other requests such as training or sport (N=118; 28%). Overall, 78% of requests were judged abusive, or illegal (including breaches of medical confidentiality).

Discussion: The main strength of this study is its longitudinal and multicentre design, confirming the high frequency of medical certificate requests without legal basis, particularly from insurance providers and the school sector. Limitations include restricted geographical coverage (11 of 99 CDOMs) and variable physician engagement between departments. A qualitative study could help further improve the initiative.

Conclusion: This work supports targeted communication with institutions to prioritise action on the most problematic certificate requests: insurance, schools, and sports. Scaling up this initiative at the national level, in collaboration with the National Medical Council or French Nationa Health Insurance would be helpful.

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ID 1646- Perceptions of private general practitioners in northern France faced with requests for remote consultations from their families.

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Context: A doctor's family may ask them for a diagnosis, a prescription, a certificate... In this age of telemedicine and tele-expertise, in a hyperconnected society, it has become easy to ask a relative who is a doctor for medical advice via their personal messaging service. However, few studies have looked at how these family doctors feel about this.

Objectives: To understand and explore the views of private general practitioners in (XXX) on remote consultations conducted via unsecured tools (personal email, text messages, social media) at the request of their family members, and the consequences on their personal and professional lives.

Methods: Qualitative study using semi-structured individual interviews, audio-recorded with general practitioners practising privately in (XXX). Full verbatim transcription followed by analysis of the transcripts and non-verbal communication data on an ongoing basis according to phenomenology, with triangulation of coding. Interviews stopped once sufficient data had been collected.

Results: Thirteen general practitioners participated. They consider the requests easy and quick to deal with, but exhausting because they are recurring. The satisfaction and pride of having helped their loved ones was overshadowed by the anxiety caused by more complex requests. The lack of objectivity and the absence of elements found in a face-to-face consultation, such as an in-depth interview or clinical examination, could result in a loss of opportunity for the requesting parent.

Discussion: Receiving requests from loved ones is inevitable, especially in areas with a shortage of medical professionals. One must learn to be a doctor for one's family from university onwards, and sometimes know how to impose a formal framework and rules to protect oneself... or choose to refuse, know how to say no and refer the patient to a colleague for objective care.

Conclusion: Any doctor may be called upon by a member of their family and must be prepared for this. But educating families also seems essential: their doctor, with their strengths and weaknesses, must be able to enjoy moments of relaxation with or without them, and they must be allowed 'to simply not work outside of working hours'.

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ID 1513- TAMGE: Study of working time, activity, and modes of private and salaried practice in outpatient general medicine in Nouvelle-Aquitaine and Île-de-France.

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Context: French general practice is undergoing profound transformations, marked by increasing waiting time for a general practitioner, feminization of the profession, and a shift toward salaried practice, creating a dual system amidst access-to-care tensions

Objectives: To describe and compare the real-world activity (care, coordination, and administration)—and working conditions of General Practitioners (GPs) based on their practice model (private/mixed versus exclusive salaried) in two contrasting regions: Nouvelle-Aquitaine and Île-de-France.

Methods: Across-sectional observational study was conducted in 2025. From 1,787 eligible respondents, 499 GPs provided detailed prospective data regarding a randomized typical workday.

Results: The study reveals two distinct, complementary ecosystems. Among exclusive private GPs (N=356), most worked in group offices (56.4%), private health centers (“Maison de santé” 27.0%), or solo practice (22.5%). Exclusive salaried GPs (N=92) were predominantly based in public health centers (“Centre de santé”, 70.7%), with additional activity in hospital facilities (37.0%). The private/mixed model (81.6% of the sample)is characterized by high intensity: 22.1 procedures/day, 9.3-hour workday. It remains the pillar of longitudinal follow-up (78.6% of patients seen are their own), out-of-hours duties (40.0% participation), and training (48.4% are internship supervisors(‘’MSU’’).However, 60.4% report excessive administrative burden By contrast the salaried model (18.4% of the sample) offers a protected framework: shorter days (8.4 hours)and fewer procedures(16.4/day).It acts as a social "safety net," managing significantly more patients with economic difficulties(45.7% vs. 17.0%) and those without designated primary GP (13.1% vs. 3.7%). However, continuity of care is lower (35.6% own patients), and appointment non-attendance is higher (9.9% vs. 3.0%).Various others results come from analyses according to regions, GPs ’age and MSUs ’activity

Discussion: TAMGE highlight new needs to optimize patients’ pathways according to populations, health services and traditional or new health providers involved.

Conclusion: TAMGE report the functional duality of French primary care: a private sector ensuring volume and continuity but facing administrative saturation, and a salaried sector focused on access for vulnerable populations. Future policies must apply differentiated support to alleviate administrative weight on private GPs and secure medical training capacity, which currently relies heavily on the private sector.

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ID 1081- Factors influencing the establishment of general practitioners in France and its overseas territories from 1998 to 2024

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Context: The difficulty of accessing primary care is a key issue at the national level, as evidenced by the recent debate on restrictions on the freedom to settle. The lack of general practitioners in France exacerbates inequalities in access to healthcare, a phenomenon aggravated by the dysfunctional nature of the French healthcare system. The establishment of new doctors therefore appears to be essential to guarantee access to healthcare for all. In this regard, healthcare authorities can play a key role in encouraging general practitioners to set up practices by using levers that have yet to be identified.

Objectives: Main objective: Identify the motivations, sustainability, and obstacles to the establishment of young French general practitioners exercising in private practice. Secondary

Objectives: identify political drivers for establishment, identify trends according to profiles (interns, established practitioners, substitute practitioners), identify whether the study methodology has an impact on the results.

Methods: A systematic review of the literature was conducted to answer the question. Bibliographic databases (Medline, Web of Science, Cairn) were searched using an original search equation. Studies were selected in duplicate and each article was analyzed individually. Determinants were extracted from the included studies and classified into categories and then subcategories. A subgroup analysis was performed according to the profile of the physicians interviewed and the methodology of the studies.

Results: The systematic review included 81 original articles and theses. The analysis identified eight categories of determinants. The most frequently cited determinants are those related to the organization of care, both professional and private. The subgroup analysis identified the main determinants for setting up practice: the partner's place of work, setting up in a group practice, and simplification of administrative procedures.

Discussion: This study is systematic and original. Its main limitations are the analysis of individual articles, the biases inherent in each methodology (quantitative and qualitative), and the lack of data on the sustainability of physicians' practices after setting up.

Conclusion: This review could offer useful insights to decision-makers on how to promote the long-term retention of general practitioners.

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ID 975- Factors associated with the well-being of family physicians practicing in Quebec: Results from a Canadian survey

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Context: According to the Canadian Medical Association, over 50% of family physicians are experiencing professional burnout. The lack of well-being among family physicians has significant impacts at both the individual and healthcare system levels. Few studies have examined the well-being of family physicians from a multidimensional perspective, while evaluating the relative importance of associated factors.

Objectives: The purpose of this study was to examine the relative importance of individual factors and external factors associated with their level of well-being.

Methods: Cross-sectional study design based on a survey of family physicians conducted between December 2023 and July 2024, to all practicing family physicians in Quebec. An ordinal logistic regression was performed.The main measure was the 9-item Physician Well-Being Index (PWBI). According to the index, a score of 3 or higher indicates a risk of low well-being. The independent variables (demographic and organizational charcteristics), chosen according to Brigham et al.'s (2018) framework.

Results: Participants in this study were family physicians practising in Quebec, Canada (N=1252). Nearly two thirds (62.5%) of participants were at risk of low well-being. In order of importance, the major factors associated with well-being were satisfaction with work-life balance, feeling fulfilled in one's role as a family physicians, often facing excessive expectations or verbal abuse from their patients, satisfaction with human resources, and finally, awareness of governmental actions aimed at improving family physicians' well-being and job satisfaction.

Discussion: Nearly two thirds of family physicians in Quebec showed poor well-being, similar to the 57% found in Belgium Cholewa et al (2024). Satisfaction with work-life balance was the most influential factor for their well-being. Other important aspects included feeling fulfilled in one's role as a family physicians, frequently facing excessive expectations or verbal abuse from patients, satisfaction with human resources, and awareness of governmental actions aimed at improving family physicians' well-being and job satisfaction. This study contributes to the scientific literature, notably by prioritizing factors influencing family physicians' well-being and proposing a framework for prioritizing interventions.

Conclusion: The results of this study show a low level of well-being among family physicians and highlight priorities for policy and interventions aimed at improving the well-being of family physicians.

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ID 657- The experience of recently retired general practitioners

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Context: Retirement is a lived process that can be complex, questioning the identity of the newly retired individual. A genuine topic of political relevance, retirement also concerns physicians, whose demographics have been closely monitored for several decades in the face of growing medical desertification. Moreover, the profession of general practitioner appears to carry strong intrinsic value, imbued with meaning and significant social recognition.

Objectives: To explore the lived experience of the transition in social status from active general practitioner to retired physician.

Methods: A qualitative phenomenological study conducted with general practitioners retired for less than five years. Data were collected through participants' narratives (semi-structured interviews) and a verbal association method. The study was carried out by a single investigator with interview guide and data triangulation.

Results: The study was based on twelve interviews and twenty verbal association between 2022 and 2023. The analysis identified the main components of the retired general practitioner's lived experience. First, in relation to the Other, the patient, particularly regarding recognition and the absence thereof. Second, in relation to the self, especially around the themes of meaning and the identity of the retired physician. Finally, as a major component, the changed relationship to time.

Discussion: The strengths of the study lie mainly in the originality of its subject, the lack of substantial literature on this topic, and its dual methodology. However, its limitations stem from its qualitative nature: recruitment, saturation and data collection, and finally the potential social desirability bias. The discussion revisits the central dichotomy of the topic through the works of various philosophers, sociologists, and physicians: The experience in relation to the Other (Does the patient make us doctors? Desire and absence of the patient, feeling of abandonment, the infinite time of the patient). The experience in relation to oneself (Loss, reconstruction of meaning, identity: sameness/selfhood, time and duration, finitude).

Conclusion: The experience of retired general practitioners appears as a major paradigm shift that is often unanticipated, triggering numerous and sometimes profound cross-cutting questions. The analysis of this lived experience reflects their capacity to adapt to this new stage of life confronting them with the limits of body and time.

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How to make a baby?

ID 1888- Promoting pre-conception health in primary care: the importance of ever earlier prevention

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Context: According to the DoHad concept, many chronic diseases in adulthood (diabetes, cancer, cardiovascular disease, reproductive health, mental and behavioural disorders, etc.) may have their origins in the prenatal period, linked to exposure to environmental factors. The intrauterine period, particularly early during embryogenesis, is a period of high sensitivity to these factors. Environmental factors also affect gametogenesis, particularly sperm quality, which can lead to developmental abnormalities that may be passed on to future children. Promoting preconception health therefore represents a major opportunity for population health. However, professionals lack the resources to address environmental and preconception health.

Objectives: The aim of this project is to develop a communication tool to promote overall health and environmental health among adults who are likely to have children.

Methods: A multidisciplinary team (geneticist, midwife and general practitioner) led this project, which was part of an interventional research programme. The stages consisted of: reviewing the literature, developing an initial framework for the support material, setting up a committee of experts from other disciplines (occupational physicians,

paediatricians, gynaecologists, public health specialists) as well as associations and patients, who were involved in developing the support material through iterative reviews and proposals during various consultation rounds. The FALC (easy to read and understand) guide was used to develop the material.

Results: This inter-professional collaboration with patients resulted in the production of a leaflet based on the concept of the exposome, addressing the various relevant exposure factors: diet, air quality, cosmetics, toxins, medical factors, occupational exposure and stress. It takes a positive approach, focusing on resources.

Discussion: It is intended for distribution to healthcare professionals who are in contact with the relevant population in order to encourage open dialogue about overall health in the pre-conception period, during dedicated consultations or otherwise. It is suitable for those planning to become parents, but the overall health aspect also applies to people who are not planning to become parents or are undecided. Accessibility is not sufficient for people with difficulties accessing written language in particular.

Conclusion: Additional work is planned to adapt teaching materials and methods in particular to the level of health literacy.

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ID 2041- Characteristics of fathers of children with fetal alcohol spectrum disorder in Reunion Island

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Context: Fetal alcohol spectrum disorder (FASD) represents the leading cause of non-genetic neurodevelopmental disability worldwide and remains a major challenge for primary healthcare systems. While maternal alcohol exposure has been extensively studied, paternal factors have received far less attention. Fathers may influence alcohol-related behaviors during pregnancy, family functioning, and long-term child outcomes. A better understanding of paternal characteristics, perceptions, and involvement is therefore essential to inform more inclusive prevention and support strategies in family medicine.

Objectives: This study aimed to characterize the sociodemographic profiles, alcohol and substance use patterns, levels of involvement, and perceptions of fathers of children diagnosed with FASD.

Methods: A cross-sectional descriptive study was conducted among fathers of children diagnosed with FASD on Reunion Island. Eligible participants were biological fathers who agreed to take part in the study. Data were collected using semi-structured, interviewer-administered questionnaires covering sociodemographic characteristics, health status, substance use, paternal involvement, and perceptions of fatherhood and FASD. Quantitative data were analyzed using descriptive statistics, and qualitative data were examined through thematic analysis to identify recurring patterns and perceptions.

Results: Ten fathers were included. Most participants experienced social vulnerability, characterized by low educational attainment, unstable employment, and limited access to health information. Alcohol consumption prior to pregnancy was frequent, with several fathers reporting regular use. Following the child's birth, many fathers described a reduction in alcohol consumption, often linked to increased parental responsibility. Paternal involvement during pregnancy and child-rearing varied according to relationship status and family context; however, a strong willingness to support both the child and the mother was consistently expressed. Although general awareness of the risks associated with alcohol use during pregnancy was high, knowledge of FASD as a clinical entity, including its diagnosis and long-term consequences, remained limited.

Discussion: These findings suggested a discrepancy between general prevention messages and fathers' understanding of FASD, highlighting an unmet need for targeted paternal education in primary care settings.

Conclusion: Fathers of children with FASD demonstrate both social vulnerability and adaptive behavioral changes following parenthood. Integrating fathers more systematically into

prevention, counseling, and support interventions may strengthen family-centered approaches to fetal alcohol exposure and improve equity in primary healthcare.

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ID 1518- Dedicated consultation for first-time fathers during pregnancy in general practice: patient satisfaction and needs

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Context: In France, a prenatal consultation for the co-parent is provided for in the Public Health Code, yet it remains poorly known. No study has evaluated the feasibility or acceptability of a consultation dedicated to first-time expectant fathers in general practice

Objectives: To determine whether this consultation meets first-time expectant fathers needs and to identify areas for improvement to optimize its implementation and dissemination

Methods: A multicentric quantitative descriptive cross-sectional observational study was conducted among French-speaking adult expectant fathers. After a consultation enriched by our DES work and delivered by a volunteer general practitioner, participants completed a questionnaire assessing the content, their satisfaction, and their suggestions for improvement.

Results: Sixteen men participated. None were aware of the existence of such a consultation. It was considered relevant, ideally offered early in pregnancy and conducted by a general practitioner. The most relevant topics concerned the partner and the unborn child. Physical health topics generated less interest, while mental health, although positively perceived, remained secondary.

Discussion: Recruitment difficulties highlight the low visibility of this service and the challenge of mobilizing expectant fathers. The results confirm the feasibility and value of a dedicated space for expectant fathers, and stress the need to raise awareness among men and healthcare professionals

Conclusion: This study supports the relevance of a prenatal consultation for first-time expectant fathers in general practice, highlights the general practitioner's key role in including them in perinatal care pathway and paves the way for further studies evaluating its impact.

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ID 1517- Experimentation of a Dedicated Consultation for First-Time Fathers During Pregnancy in General Practice: General Practitioners' Perspectives

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Context: In France, the Public Health Code provides for a consultation dedicated to the co-parent during pregnancy. In practice, its feasibility remains unknown, and no study has assessed the opinions of general practitioners after implementing it.

Objectives: To evaluate the opinions and experiences of general practitioners who participated in a pilot consultation dedicated to first-time fathers during pregnancy, as well as their perception of a consultation guide.

Methods: This was a quantitative, cross-sectional, multicenter observational and descriptive study involving general practitioners. The questionnary assessed their opinions and experiences regarding the consultation and the guide, as well as their suggestions for improvement.

Results: Fourteen general practitioners conducted 16 consultations with future first-time fathers. All the topics addressed received favorable feedback, particularly those related to mental health, childbirth, physical health, and sexuality. General practitioners reported feeling comfortable and legitimate in conducting the consultation but emphasized its time-consuming nature and the absence of financial compensation

Discussion: These results confirm general practitioners' interest in providing a consultation dedicated to fathers and its practical feasibility. The consultation guide appears to be a valuable tool to further develop to support practitioners. This pilot experiment, unprecedented in France, warrants further investigation on a larger scale.

Conclusion: This work highlights the central role of the general practitioner in the comprehensive support of parenthood. The consultation with the expectant father represents a key opportunity for screening, prevention, parental support, and fostering greater paternal involvement with the future child.

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ID 941- Overview of General Practitioners' and Patients' Knowledge About Gamete Donation

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Context: The demand for gamete donation is increasing, notably due to new laws regulating it. The number of donors remains stable and insufficient, leading to prolonged waiting times. The main barrier to donation appears to be a lack of information among patients, but also among physicians, who should be key providers of this information.

Objectives: The main objective is to study, on one hand, the knowledge of patients eligible for gamete donation (women aged 18 to 37 and men aged 18 to 44) on the topic, and on the other hand, the knowledge of practicing general practitioners regarding the subject

Methods: This is a descriptive quantitative study based on two knowledge questionnaires addressed to physicians and patients of gamete-donation age. The distribution was carried out through the departmental Medical Councils as well as via social media

Results: A total of 68 patient responses and 95 physician responses were analyzed. Patients and physicians achieved overall mean scores that were not significantly different, 6.95/15 and 7.63/15, respectively. Physicians performed better regarding the practical aspects of donation and the regulations compared to patients. Physicians who had previously discussed the topic with their patients had a statistically higher mean score than those who had not. Ninety-six percent of patients indicated they would not be uncomfortable if their physician raised the issue of gamete donation during a consultation. Nearly 43% of patients said they might consider donating in the future. Ninety-three percent of physicians considered an informational document useful, preferably in the form of a brochure.

Discussion: Since the 2011 decree, the general practitioner has been at the center of providing information on gamete donation. The sample size is insufficient to generalize the results nationally. It appears necessary to strengthen initial medical training, offer continuing education to those who wish, and consider creating a mixed informational resource aimed at both physicians and patients to meet their needs.

Conclusion: Gamete donation is a topic at the heart of current concerns, requiring the enhancement of healthcare professionals' knowledge in order to meet the growing demand from patients.

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ID 925- Prevalence of smoking during pregnancy and associated social inequalities in developed countries over the 1995–2020 period: A systematic review

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Context: Smoking during pregnancy (SDP) is an important source of preventable morbidity and mortality for both mother and child.

Objectives: The aim of this study was to describe changes in the prevalence of SDP between 1995 and 2020, in developed countries (Human Development Index >0.8 in 2020) and associated social inequalities.

Methods: A systematic review was conducted based on a search in PubMed, Embase and PsycInfo databases and government sources. Study selection and data extraction: Published studies between January 1995 and March 2020, for which the primary outcome was to assess the national prevalence of SDP and the secondary outcome was to describe related socio-economic data were included in the analysis. The selected articles had to be written in English, Spanish, French or Italian. The articles were selected after successive reading of the titles, abstracts and full-length text. An independent double reading with intervention of a third reader in case of disagreement allowed including 35 articles from 14 countries in the analysis.

Results: The prevalence of SDP differed across the countries studied despite com-parable levels of development. After 2015, the prevalence of SDP ranged between 4.2% in Sweden and 16.6% in France. It was associated with socio-economic factors. The prevalence of SDP slowly decreased over time, but this overall trend masked in-equalities within populations. In Canada, France and the United States, the prevalence decreased more rapidly in women of higher socio-economic status, and inequalities in maternal smoking were more marked in these countries. In the other countries, inequalities tended to decrease but remained significant.

Discussion: The study was conducted using rigorous methodology (PROSPERO registration, diverse databases, validation of the search equation by a methodologist) and reported according to PRISMA Equity 2021 guidelines. However, the articles included in the analysis were compared while they sometimes used different methodologies and timeframes. Furthermore, smoking status was most often self-reported, which may lead to an underestimation of prevalence rates.

Conclusion: During pregnancy, that is a period described as a window of opportunity, smoking and social vulnerability factors need to be detected to implement targeted prevention strategies aiming at reducing related social inequalities

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ID 480- Barriers and facilitators to antenatal care by general practitioners

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Context: Most pregnant women are followed by a gynecologist while only a minority of them are followed by their general practitioners (GP). However, those are allowed to manage antenatal care in case of low risk pregnancy.

Objectives: The aim of this study is to explore the different barriers and facilitators to antenatal care by GP.

Methods: A narrative literature review was conducted using a methodology borrowed from the Scoping review. Five databases were explored : Pubmed, Cochrane, ScienceDirect, PsycINFO and Cismef. Inclusion and exclusion criteria were established. Studies dated from 2015 to 2025, written in English or French, addressing antenatal care and involving management by GP, were included. Studies were excluded if they focused exclusively on management by the gynecologist or midwife, or if they focused exclusively on childbirth, high risk pregnancies, or abortions.

Results: Twenty-four studies were included in our review. Key barriers included the link between the discontinuation of childbirth practice by GP and the decrease in pregnancy follow-ups, the lack of training, the lack of interprofessional coordination and collaboration, insufficient time, inadequate remuneration, and weak continuity of care. Main facilitators included the exposure to training, positive interprofessional collaboration experiences and practice in rural areas or shared-care programs.

Discussion: Five main categories of barriers and facilitators were identified : organizational, institutional, interpersonal, individual, and professional. The main barriers appeared at the organizational and institutional levels. The professional environment influences clinical practice, with GP providing more antenatal care in rural than in urban areas. Differences between

healthcare systems across countries can also be observed, influencing the involvement of GP in pregnancy care. Moreover, eight studies emphasized the important role of GP in addressing perinatal mental health and vulnerability, highlighting the benefits and centrality of their role in antenatal care.

Conclusion: To encourage and support physicians in providing more antenatal care, it would be essential to strengthen care coordination with other professionals, enhance medical training, and encourage policymakers to improve funding for pregnancy follow-up consultations. Further research on patients' perceptions of antenatal care by GP would be valuable to complement our study.

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Humanism in care

ID 2014- Violences médicales involontaires en soins primaires ; une revue de littérature

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Context: Les violences médicales principalement explorées sont les institutionnelles et les gynécologiques. Elles sont pourtant présentes en soins primaires.

Objectives: Cette revue de la littérature avait pour objectif de faire l'état des lieux des violences involontaires de soignants envers les patients en soins primaires et d'identifier les pistes de solutions.

Methods: La recherche documentaire a été réalisée selon les recommandations PRISMA , de mai à juin 2025. Les bases de données consultées étaient : PubMed, Cairn.info, Lissa et Cochrane Library. Les équations de recherche ont été élaborées à partir de termes MeSH combinés par des opérateurs booléens (« AND », « OR », « NOT »). Les principaux termes utilisés étaient "Primary health care", "family physician", "Violence", "discrimination", "stigmatization", "patient mistreatment", combinés avec des termes d'exclusion tels que "hospital", "emergency care", "surgery". Un enregristement sur PROSPERO a été fait.

Results: Ce travail a mis en évidence de multiples formes de maltraitance, surtout sous forme de discriminations, stigmatisations et d'iniquités des soins. Elle touche en premier lieu les populations marginalisées et vulnérables, (telles que les minorités raciales et ethniques, les personnes LGBTQ+, les femmes, les personnes âgées, les patients en situation de précarité socio-économique, en situation de handicap, ou souffrant de troubles psychiatriques, d'addictions ou d'obésité). Ces expériences peuvent impacter les patients sous plusieurs formes: atteinte de la dignité et de l'autonomie, détérioration de la relation thérapeutique, impacts psychologiques et physiques.

Discussion: La force de ce travail est sa rigueur méthodolique et son originalité. Ses limites portent sur le peu d'articles traitant spécifiquement des soins primaires. Ces éléments correspondent aux données de la littérature, dans le domaine de l'obstétrique ou des soins institutionnelles. La normalisation des maltraitances retrouvée dans les différents types de soins impose un questionnement éthique sur sa genèse et sa persistance. Elles peuvent être expliquées par le résultat de mécanismes de défense de la part des soignants en proies à leurs propres difficultés mais aussi plus largement par des violences systémiques reflétant un problème sociétal.

Conclusion: Optimiser la relation soignant-soigné par le biais d'une formation de communication, interculturelle et continue semble être, malgré des preuves d'efficacité demeurant limitées, la solution la plus prometteuse.

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ID 1937- From Rape Culture to an Ethics of Care: What Tools Are Available to General Practitioners (GPs) to Heal and (Re)think Trauma in the Context of Gender-Based and Sexual Violence?

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Context: Research on trauma related to gender-based and sexual violence (GBSV) shows long-lasting effects on physical, psychological, and social health, exacerbated by silence, shame, and institutional denial. In societies shaped by a rape culture in which rape myths and victim-blaming persist, healthcare systems may—sometimes unintentionally—reproduce relations of domination. General practitioners (GPs) occupy a strategic position to identify, listen to, and support victims, yet they often remain insufficiently trained in comprehensive approaches to gendered social relations.

Objectives: This paper provides an overview of current knowledge articulated with materialist approaches to gendered social relations and aims to highlight concrete implications for general practitioners in order to improve listening practices and strengthen the quality of care.

Methods: The article is based on a narrative and critical review of the literature in public health and the sociology of violence against women, including recent work on rape culture, combined with a multi-sited fieldwork approach. The findings are analyzed from a materialist perspective attentive to social determinants of health, power relations, and institutional forms of violence and silencing within care settings.

Results: Rape culture—and more broadly popular culture through the banalization and normalization of violence—shapes professional representations and practices, including those of general practitioners.

Discussion: A materialist approach to gendered social relations makes it possible to understand GBSV as structural violence intertwined with economic inequalities and gender hierarchies. For general practitioners, this entails shifting perspectives by questioning the power relations that run through patients' life trajectories and the clinical relationship itself.

Conclusion: Training general practitioners (GPs) on these issues is essential to ensure safe and reparative care. Integrating tools for identifying GBSV, practicing active listening, and developing critical reflection on rape culture and gendered social relations into both initial and continuing medical education is a central condition for establishing a genuine ethics of care.

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ID 1574- Description of the feelings experienced by general practitioners when accompanying patients in distress in palliative care situations

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Context: The concept of distress has been developed to describe the specific experiences of patients in palliative care. This concept makes it possible to de-psychiatrising these situations.

Objectives: The aim of this study was to explore general practitioners' feelings about the distress of palliative care patients and to better understand the patient-doctor relationship in these situations.

Methods: The epistemological approach of the study was based on a constructivist paradigm. Interpretative phenomenological analysis was used in this qualitative study involving semi-structured interviews. General practitioners were included through snowball sampling

Results: Ten general practitioners were included, five men and five women. Seven themes were identified, intertwined to form two distinct cycles. The first cycle showed total commitment to the patient on the part of doctors who, faced with death and distress, felt a trying limitation. This limitation led to a feeling of failure, forcing the doctor to seek control. The second cycle showed the establishment of a unique relationship with the patient, evoking emotion in the doctor but also a positive feeling of usefulness and value.

Discussion: The total commitment of general practitioners corresponds to the ideal they impose on themselves. Faced with death and distress, this ideal is shaken. The doctor is tested and struggles with this experience. The establishment of a unique relationship with the patient counterbalances this negative experience. At this point, the doctor meets the patient in a unique human relationship. This relationship generates appropriate and reactive emotions in the doctor. The doctor is no longer experiencing hardship, but emotion. Ultimately, it is this relational commitment that gives meaning to the care of these patients, with a deep positive sense of usefulness, value and enjoy.

Conclusion: General practitioners are committed to their patients in distress in palliative care situations. This commitment generates a deep sense of usefulness and meaning when they manage to establish a unique human relationship with the patient.

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ID 1172- Beyond the medical examination: from clinical touch to human connection – a qualitative study

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Context: In a context where notions of body, intimacy and consent are gaining prominence, medical touch, although central to physical examination, is increasingly questioned. While the patient's experience has been widely studied, the perspective of general practitioners remains insufficiently explored.

Objectives: This study aimed to explore how they experience medical touch during consultations.

Methods: Qualitative study inspired by Grounded Theory, conducted among twelve general practitioners in the Île-de-France region, recruited through purposive sampling. Individual semi-structured interviews were recorded, transcribed and analysed through iterative open, axial and theoretical coding, with triangulation between multiple researchers.

Results: Medical touch appears as an adjusted, secure and co-constructed act, evolving from a technical gesture toward a humanizing interaction. It is perceived as a gesture of clinical rigor, a relational language of presence, and a practice framed by communication, consent and sociocultural norms, shaped over time by experience and continuity of care.

Discussion: Our findings suggest that medical touch, once perceived mainly as a clinical routine validating the physician's role, has evolved into a reflective, relational and ethical act. This shift mirrors societal changes regarding intimacy, consent and professional boundaries. Compared with the literature, our results move beyond Goffman's notion of touch as a social ritual reassuring the patient, and align more closely with contemporary perspectives. Laugier and Andrieu describe touch as an ethical mediation between two vulnerable subjects, which resonates with doctors' emphasis on transparency, consent and shared decision-making. Moreover, philosophers such as Merleau-Ponty and Serres highlight touch as a bodily language of presence and recognition a dimension strongly echoed by our participants, who see touch as a silent but meaningful mode of communication. Overall, medical touch appears as a multidimensional practice that combines technical skill, relational sensitivity and ethical responsibility. It embodies the transition from a paternalistic model toward a partnership-based doctor–patient relationship, where trust, consent and co-construction are central.

Conclusion: Medical touch emerges as a multidimensional skill technical, relational and ethical moving beyond examination to become a bodily language of care, reflecting a shift toward a trust-based partnership model in the doctor–patient relationship.

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ID 928- Status of Taboos in Gynecological Health, Their Existence and Impact on Women's Access to Healthcare in France

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Context: The concept of taboo, which emerged in the 18th century, is nowadays defined as 'that which is kept silent out of fear, modesty, or a system of religious prohibitions applied to what is considered sacred or impure.' Yet, 'it calls for silence even though its function is to speak.' This work focuses on taboos specifically related to gynecological health, as the practice of gynecology is becoming increasingly common among general practitioners.

Objectives: To determine whether or not French adult women perceive the existence of taboos surrounding their gynecological health, to identify what these taboo subjects are, and to assess their consequences on women's use of healthcare services

Methods: This is a descriptive, cross-sectional quantitative epidemiological study, conducted using an anonymous online self-questionnaire distributed via social media.

Results: More than one in two women consider that taboos exist regarding their gynecological health. Age, number of children, and marital status appear to influence the presence of taboos. Each of the topics mentioned is considered at least somewhat taboo, with those that seem to stand out the most being urinary incontinence, issues related to sexuality, and sexual violence. The impacts on healthcare-seeking behavior are mainly anxiety and apprehension at the idea of consulting a healthcare professional, but also hesitation and delay before seeking care.

Discussion: This quantitative work made it possible to address the topics we had initially considered as potentially taboo. Following an open-ended question on 'other taboos,' around twenty additional subjects emerged. It would be interesting to complement this study with qualitative research in order to ask women directly about what is taboo for them — but how can one inquire about what cannot be spoken?

Conclusion: Gynecological health taboos appear to be a reality for some women in France. It is essential for physicians to overcome their own taboos and to ask patients about these issues in order to improve women's healthcare. It could be worthwhile to distribute the questionnaire more widely to obtain a sample that is more representative of the entire French territory, and possibly to explore the situation among minors as well.

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ID 732- Medical Humanities and Well-being of General Practitioners: A Comparative Inventory of Francophone Postgraduate Educational Initiatives

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Context: General practitioners' well-being is crucial for the profession's sustainability. Previous work suggested that physician well-being depends on two key factors: optimized working conditions and a sense of meaning in practice. This relationship relies on medical humanities (philosophy, anthropology, arts, literature) fostering reflection, empathy, and resilience. Recent studies show their role in preventing burnout and strengthening professional identity. This project continues reflections from Dublin and Lisbon, with the conviction that physicians must learn to protect themselves from specific professional risks. To conduct a comparative inventory of medical humanities initiatives in Francophone postgraduate general practice training, identifying approaches, objectives, and perceived effects.

Methods: First, a review of postgraduate general practice curricula from Francophone universities in France, Belgium, Switzerland, and Luxembourg was conducted to identify courses related to medical humanities, including hours and teaching formats. Then, a short questionnaire was distributed to the same departments to identify objectives (reflection, empathy, professional posture, burnout prevention) and explore perceived impacts. The Francophone

scope ensures linguistic and pedagogical coherence while enabling meaningful comparison.

Originality: This work is original in its focus on postgraduate general practice training and its comparative approach across Francophone countries. It addresses a gap by linking medical humanities education to professional well-being, proposing a practical inventory

Lessons learned and future implication: A structured inventory will provide concrete examples of humanities-based initiatives and highlight best practices. These insights can inform curriculum design to strengthen resilience and empathy in future general practitioners. Ultimately, integrating h

Discussion: This work highlights the need for structured integration of humanities in GP training. Beyond listing initiatives, the challenge lies in translating these insights into actionable curricular reforms. Building networks among educators may foster innovation and mutual support, ensuring that future practitioners develop not only clinical expertise but also reflective capacity and resilience.

Conclusion: This inventory aims to foster collective reflection on teaching medical humanities to enrich GP training and support a more human, reflective, and fulfilling practice.

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ID 38- Humanism in General Practice: a qualitative exploration of GPs' and bereaved informal caregivers' experiences of their relationship

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Context: The French Code of Medical Ethics emphasizes that doctors must support patients until death, maintain quality of life and dignity, and comfort loved ones. Support for informal caregivers begins before death and continues afterward, with bereavement support representing the final stage of the palliative care pathway. This ethical commitment reflects the humanistic foundations of general practice. At home, General Practitioners (GPs) play an essential role. However, no psychological study has yet explored caregivers' experiences of GP care and its effects on grief.

Objectives: The aim of this study is to identify the GPs' behaviors influencing the grieving process of bereaved informal caregivers, highlighting those perceived as beneficial.

Methods: This exploratory qualitative study was approved by an ethics committee in 2023 (IRB00013412, "CHU de Clermont Ferrand IRB #1", IRB number 2023-CF224). Participants included informal caregivers of patients receiving end-of-life care at home and GPs, recruited via social networks and snowball sampling. Semi-structured interviews were conducted in France in 2024-2025 by a psychologist and audio recorded. After transcription, data were analyzed using grounded theory, followed by analysis with the Alceste software. The recordings were subsequently deleted.

Results: Preliminary results are based on 11 interviews with bereaved informal caregivers and 6 with GPs. Caregivers supported spouses, children, or friends through diverse illness trajectories, including cancer, neurodegenerative diseases, and amyotrophic lateral sclerosis. Their described GPs' behaviors influencing grief, such as providing practical help, offering appropriate medical information, working in partnership, being present after death, showing sustained interest, and adopting a holistic approach. GPs report their practices, the obstacles they face, and their needs. Final results are expected by late 2025.

Discussion: While informal caregivers are often considered primarily vulnerable, this study suggests they also value being recognized as partners in care. These findings offer a novel humanistic perspective on GP –caregiver interactions and may inform primary care practice internationally, providing a basis for future cross-cultural research.

Conclusion: Ultimately, this study highlights the deeply human dimension of the care relationship at the end of life.

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Inequity in Access to healthcare

ID 2191- Equity in Action: When Primary Health Care Gets Disability Assessment Right — Lessons from Nakuru, Kenya

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Context: Globally, disability affects over 1.3 billion people and is associated with poorer health outcomes, limited service access, and structural exclusion. The World Health Organization identifies disability inclusion as central to Universal Health Coverage and Primary Health Care (PHC), promoting integrated, people-centred services and hub-and-spoke models to bring specialist care closer to communities. Kenya's constitutional and policy frameworks align with this vision, recognising disability assessment and certification as statutory public services. However, in practice, assessment has remained facility-based, sequential, and medically oriented, resulting in delays, high costs, and attrition, especially in rural areas. In Nakuru County, these gaps prompted piloting a PHC-aligned, multidisciplinary outreach model to deliver integrated, end-to-end disability assessment.

Methods: Between October and December 2025, Nakuru County piloted a multidisciplinary PHC hub-and-spoke disability outreach across 13 sites in four sub-counties. Mobile community hubs enabled single-encounter medical, functional, and social assessment by integrated teams, supported by Community Health Promoters. Of 2,098 assessments, 1,670 were completed through outreach, compared with 428 routine facility-based assessments pending certification during parallel hospital-based service delivery period.

Originality: Innovatively, the model integrates end-to-end multidisciplinary disability assessment into PHC outreach, embedding community spokes and enabling direct comparison with routine facility-based services.

Lessons learned and future implication: Integrated multidisciplinary PHC assessments improved completion, equity, and access, but sustainability requires dedicated financing, appropriate infrastructure, advanced diagnostics, and planned workforce support to institutionalise community-based disa

Discussion: This experience demonstrates that community-anchored, multidisciplinary PHC disability assessment advances equity by reducing geographic, financial, and procedural barriers that disproportionately exclude persons with disabilities. Bringing assessment closer to communities improved completion, reduced caregiver burden, and enabled timely access to services. While system constraints persist, the model shows equity gains when disability assessment is treated as an integrated PHC function.

Conclusion: As health systems advance toward UHC through PHC, disability assessment must be integrated by design and financed sustainably. This case shows hub-and-spoke models improve equity. Embedding assessments within the Social Health Authority benefits package enables reimbursement, supports scale-up, and institutionalises inclusive disability services.

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ID 2026- Perceived Health Effects of Racial Discrimination: A Qualitative Study in France

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Context: France ranks among European countries with the highest perceived racial discrimination (Defender of Rights, 2025). Individuals reporting discrimination are 1.9 times more likely to have poor health (INSEE, 2024), yet few studies explore their health experiences.

Objectives: To explore how individuals experiencing racial discrimination perceive their health, identify their coping strategies, and examine discrimination's effects on healthcare experiences.

Methods: Phenomenological qualitative study. Population: 12 participants (11 women, 1 man, mean age 33 years), recruited via social media, self-reporting racial discrimination. Semi-structured interviews (average duration: 47 minutes) conducted between December 2023 and February 2024, audio-recorded and transcribed. Analysis: Interpretive phenomenological approach with experiential labeling, data triangulation by two researchers. Approval from the CNGE Ethics Committee, GDPR compliance, informed consent obtained.

Results: Participants described persistent hypervigilance, sleep disturbances, and anxiety, directly attributing these to repeated experiences of racial discrimination. Many reported intrusive memories of discriminatory events and a pervasive sense of alertness across professional, social, and healthcare settings. Coping strategies included self-censorship, overperformance to counter negative stereotypes, and linguistic or vestimentary adjustments to mitigate racial bias, all of which contributed to chronic psychological fatigue and emotional exhaustion. While most reported good physical health, some associated somatic symptoms like chronic pain or digestive issues with prolonged stress.

Discussion: Findings align with racial trauma theory (Carter, 2007), where chronic discrimination acts as a stressor causing psychological distress. The stereotype threat (Ka-Sy, 2013) and racial burden (Soumahoro, 2020) were evident in coping strategies like overperformance, reflecting the emotional labor of navigating bias. Distrust in healthcare mirrors studies showing racial biases in diagnosis and pain management (Benard, 2023; Fau, 2021). Preference for racialized physicians highlights the need for culturally concordant care (Saha et al., 1999). The link between stress and physical symptoms (e.g., fibromyalgia) supports frameworks of embodied inequality (Krieger, 2005), though the young sample (mean age 33) may limit physical health findings.

Conclusion: Racial discrimination significantly affects perceived health, particularly mental well-being, and undermines trust in healthcare. Patient-centered approaches and provider training on unconscious bias are critical to address these inequities. Further research should explore long-term physical health effects and scalable interventions.

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ID 1638- Shared community-hospital position in the Paris region in France: a scheme for the most precarious patients

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Context: The French healthcare system should guarantee accessible, effective healthcare for all, regardless of their social level. This system is currently facing numerous challenges and the structural fragmentation between community-based general practice and hospital care contributes to difficulties in health system navigation for service users, disproportionately affecting populations facing the greatest barriers to care. As part of the creation of shared community-hospital positions, several general practitioners (GPs) split their time between a multidisciplinary healthcare center (HCC) and a public hospital in Paris.

Objectives: The objectives of this study were to assess the socio-demographic characteristics of patients managed at the HCC as part of this scheme and the factors associated with this management.

Methods: Two physicians working part-time at the public hospital and part-time at the HCC saw patients who were not registered with a GP, referred by other hospital departments, in an inpatient assessment consultation. The aim was to set up a community-based follow-up within a HCC located near the hospital, where the same physicians would practice as GPs. Patients were included between November 2018 and November 2022. A retrospective, descriptive and analytical study of the medical files was conducted, with collection of the patients' medical and social data.

Results: Of 1,175 eligible patients, 725 were managed at the HCC. Patients starting to be followed at the HCC were significantly more likely to benefit from a state social protection scheme, reflecting a precarious social situation. The adjusted odds ratio was 2.13 [1.29-3.45] for the social protection of people in an irregular situation and

1.82 [1.16-2.78] for the means-tested social protection.

Discussion: This study was the first French study to assess the shared community-hospital position scheme. The large sample size allowed obtaining robust results in the multivariate analyzes.This study showed the importance of this innovative scheme for access to primary care for precarious patients, and the benefits of the collaboration between community medicine and hospitals.

Conclusion: This innovative scheme, connecting the community and the hospital, attractive to physicians and ultimately allowing a more integrated healthcare system shows its relevance and needs to be financed and sustained, along with the implementation of measures with social and medico-economic impacts.

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ID 1598- Co-constructing a health autonomy evaluation tool for socially vulnerable adults: a participatory study using Nominal Group and Think Aloud Methods

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Context: People experiencing social vulnerability face major barriers to healthcare access, and fragmented care pathways. Strengthening patients' autonomy in health is essential in reducing social health inequalities. *** is a multidisciplinary care-coordination and patient-support programme implemented in * to assist adults experiencing social vulnerability and chronic conditions in acquiring autonomy in health. Given the diversity of user profiles and the multi-level nature of its interventions, no existing standardised tool can adequately capture the multifaceted benefits of e.CARE's accompaniment.

Objectives: To develop a co-constructed evaluation tool measuring the level of health autonomy among adults experiencing social vulnerability.

Methods: We used an innovative participatory design combining two qualitative approaches. (1) Nominal Group Technique—a structured consensus method—with health and social care professionals to generate, clarify, and prioritise evaluation items. (2) Think Aloud individual interviews with service users to assess item comprehension, identify ambiguities, and refine wording. Data were analysed thematically and triangulated to produce a consensual, user-validated tool.

Results: From 46 initial propositions, 22 were clarified, and 15 priority items were selected during the Nominal Group session. Think Aloud interviews revealed lexical barriers and the importance of concrete, accessible language. Based on user feedback, several items were reformulated or merged. The final tool comprises 13 items, capturing three interconnected dimensions: • Health literacy (understanding illness, treatment, rights) • Empowerment (self-efficacy, decision-making, perceived respect) • Navigation of the healthcare system (booking appointments, anticipating renewals, planning care).

Discussion: The participatory design is a major strength, combining a structured consensus method with direct user feedback to ensure relevance and acceptability. The small number of service users included in the Think Aloud phase remains a limitation. Importantly, completing the grid requires human accompaniment, as it fosters dialogue, clarifies misunderstandings, and supports users with low literacy. This co-constructed tool offers a promising way to document changes in health autonomy and to evaluate the contribution of programmes such as e.CARE.

Conclusion: This co-constructed tool, adapted for primary care, provides a practical way to assess health autonomy among vulnerable adults. Future work is needed to evaluate its acceptability and feasibility across diverse programmes supporting people in situations of social vulnerability.

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ID 1423- Caring behind walls: a qualitative ethnographic study of primary care practice in Belgian closed detention centers.

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Context: In XXX, closed detention centres are administrative facilities for people with irregular migration status. Although not part of the penal system, they operate through carceral logics : surveillance, restricted movement, and institutional opacity. General practitioners (GPs) occasionally intervene in these settings despite the absence of a defined first-line mandate. The clinical encounter thus unfolds at the intersection of healthcare, migration control, and structural vulnerability.

Objectives: To explore and analyse how GPs and other external caregivers experience, understand and navigate the ethical, practical and emotional tensions involved in providing care within XXX closed centres.

Methods: A qualitative, inductive approach grounded in the principles of in-home or insider ethnography. Fieldwork consisted of five visits to closed centres between May 2023 and May 2025 during voluntary GP missions. Data sources included a field journal, observation of clinical encounters and institutional routines, a recorded multidisciplinary focus group (GPs, psychologists, psychiatrists, lawyers), and documentary analysis. A reflexive thematic analysis was conducted.

Results: Six major tensions emerged. Practitioners described an emotional shock linked to the carceral environment and detainees' distress. External GPs occupied an ambiguous position, moving between caregiver, evaluator and witness to institutional violence. Material and organisational constraints (limited access, scarce equipment, reduced confidentiality) strained the therapeutic relationship. Practitioners adopted adaptive strategies such as relational caution and selective engagement. Small acts of care served as micro-resistances that helped preserve a sense of ethical agency.

Discussion: These tensions reflect structural effects of a system oriented toward surveillance rather than care. Institutional configurations reshape the therapeutic relationship, constrain clinical judgment, and fragment the GP's role. Closed centres create a significant "ethical burden" and the study highlights how context can fundamentally alter core principles of primary care such as continuity, confidentiality, and patient-centredness.

Conclusion: Providing care in closed centres exposes GPs to significant ethical and emotional challenges. These results highlight the need for clearer institutional frameworks, specialised training on detention health and broader debate on the limits of healthcare within migration enforcement systems. Beyond clinical implications, this study also contributes to medical anthropology by documenting how institutional settings shape moral experience, professional identity and the possibilities of care within coercive environments.

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ID 567- Underreporting of Occupational Diseases among Farmers: General Practitioners' Perspectives in Northern XXX

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Context: Underrecognition of occupational diseases is a multifactorial phenomenon, beginning with insufficient reporting. Farmers are particularly vulnerable to health inequalities notably due to their specific relationship with healthcare. For them, the general practitioner is often the first and only point of contact, including for occupational health issues. This study explores the factors contributing to the underreporting of occupational diseases encountered by general practitioners (GPs) in their care of farmers.

Objectives: To identify the barriers perceived by general practitioners to the reporting of occupational diseases among farmers.

Methods: A self-administered questionnaire was distributed to general practitioners working in rural or semi-rural areas within the five Territorial Professional Health Communities (CPTS) of northern XXX, excluding the urban areas of XXX and XXX. Data collection took place from October 2024 to May 2025. Descriptive analysis of frequencies and percentages was performed.

Results: Forty-five physicians participated, and thirty-eight questionnaires were included in the analysis. None of the respondents had received continuing medical education related to farmers' occupational health within the past five years. 63.2% felt able to answer occupational health questions from their farming patients. 39.5% had never issued an Initial Medical Certificate (CMI) for an occupational disease. The most frequently reported obstacle was the existence of other possible etiological factors (81.6%), while the most limiting barrier was the lack of knowledge of the official occupational disease tables and their criteria. 86.8% of participants reported being unaware of the role of the Regional Committees for the Recognition of Occupational Diseases (CRRMP)

Discussion: Findings highlight a significant lack of training and resources among GPs regarding agricultural occupational health. Combined with regulatory complexity, this lack of means contributes to persistent underreporting, despite GPs' central role in identifying potential occupational diseases.

Conclusion: Although general practitioners are on the front line for farmers' occupational health, they are not adequately equipped for this responsibility. Strengthening both initial and continuing education, improving collaborative and surveillance mechanisms, and developing practical consultation tools are key to enhancing recognition of occupational diseases in the agricultural sector.

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ID 261- Care Pathways of underserved Patients: A Qualitative Study Exploring Factors Influencing Patients' Choice of Secondary Care Providers

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Context: The availability of specialist care is limited in underserved areas, like in the department of Lozère. Patients are compelled to seek consultations outside of Lozère, and sometimes they forego care altogether.

Objectives: This study aims to explore the factors that influence patients in underserved areas (example: Lozère) in their choice of specialist healthcare professional within their care pathway.

Methods: This is a qualitative study. A thematic analysis was conducted based on semi-structured individual interviews with patients from Lozère, carried out from May 2023 to November 2024. The sampling was purposive with maximum variation. Triangulation of the analysis allowed for the identification of 7 themes and the achievement of data saturation after 10 interviews.

Results: The factors influencing a patient's choice are trust, the central role of the treating physician, the practitioner's reputation, the patient's self-management skills, and the anticipation of their specific needs. There is a limitation of available alternatives and a lack of knowledge about the healthcare options to make a choice.

Discussion: The choice of specialist physician is multifactorial and complex. The results highlight the need to improve information and access to specialist care in Lozère. The study emphasizes the importance of a patient-centered approach, while taking into account local specificities and the challenges related to medical desertification.

Conclusion: Choosing a secondary care professional for a patient involves various determining factors. A patient-centered approach with AI assistance could help patients choose their practitioner.

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Inequity in Access to healthcare

ID 2204- Chronically ill patients receiving ongoing care at the West French Guyana Hospital Centre are being referred to private general practitioners.

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Context: In a territory subject to low healthcare provision, high migration and great precariousness, renunciation of healthcare among precarious populations is frequent. The reorientation of these patients in an adapted care pathway in (XXX) is confronted with the test of their reality of life, coming up against elements going beyond the presence or not of social coverage.

Objectives: To understand and explore how chronically ill people in (xxx) feel about and experience their care in private practice, after opening up social rights.

Methods: Qualitative survey by semi-directed interviews at the Permanent Access to Health Care (PASS) of the (xxx) Hospital Center. The patients included had a known chronic illness previously treated by the PASS service, and had been redirected by the latter into the common rights system via a medical letter, after opening up social rights.

Results: Fourteen patients were interviewed. Without social rights, access to care is possible, but the patient's ability to take action is limited, both administratively and logistically. The presence of caregivers becomes essential. The PASS favors access for all, and is sometimes seen as an obligatory temporary stop-off point in their care pathway. Here, patients strengthen or acquire a desire for regular care and follow-up. Once redirected into the mainstream system, they find themselves in a proactive position, giving themselves the means to manage their illness. The General practitioner's role as coordinator is established, and the quality of the doctor-patient relationship is paramount. His role thus goes beyond that of prescribing medication, propelling him to the status of overall referent, with the task of reducing the obstacles inherent in each patient's care pathway.

Discussion: The care pathway for precarious populations in (xxx) is fraught with logistical and administrative difficulties. The hospital-city link, via the PASS service, appears to be a pivotal period for efficient disease management. The presence of caregivers and the therapeutic relationship are key elements for precarious populations suffering from chronic pathologies.

Conclusion: The development of an adapted transport network, local administrative assistance and therapeutic education networks should be worked on. Finally, it would be interesting to explore the experience of private practitioners regarding the care of these patients.

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ID 1504- Mediterranean Syndrome : GP residents' beliefs and narratives about a racial prejudice

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Context: The chain of stigma - categorisation → stereotypes → prejudice → discrimination - runs throughout society, and healthcare professionals are no exception. Medical professionals often mirror public representations, which can lead to unequal care. Cognitive biases contribute to social health inequalities through discriminatory refusals or differentiated treatment. The "Mediterranean syndrome", labeled a discriminatory stereotype by the French Defender of Rights, is often informally invoked in clinical practice. This study investigates how GP residents perceive and learn about this term.

Objectives: To explore the representations of general practice residents at Sorbonne University regarding the Mediterranean syndrome.

Methods: A qualitative study inspired by grounded theory was conducted using semi-structured interviews and verbal association techniques. Participants were first to third-year GP residents at Sorbonne University.

Results: Ten residents participated in interviews, and 46 took part in the verbal association phase. Residents perceived the Mediterranean syndrome as a vague concept, informally transmitted among peers. It appeared to function as a protective mechanism against addressing racism and medical bias, particularly in challenging or complex care situations. Participants oscillated between criticism, justification, and resignation, reflecting the tension between the ideal of medical neutrality, hierarchical constraints, and the persistence of stereotypes through professional socialisation.

Discussion: The pseudo-scientific framing of the Mediterranean syndrome contributes to its persistence, giving the illusion of a medical category while legitimising racial prejudice. Often described as an urban legend, it illustrates how stereotypes are transmitted within medical culture, particularly in contexts of clinical uncertainty. Findings highlight the need to teach students to tolerate uncertainty, reinforce patient-centered care, increase awareness of historical roots of racial bias, and address power dynamics in clinical training to foster reflective practice.

Conclusion: Residents' representations reveal the persistence of stereotypes in medical education and difficulty managing uncertainty and critical thinking, constrained by the ideal of neutrality. A threefold approach - recognising limitations, deepening knowledge, and remaining vigilant against discrimination -can promote a fairer, more reflective, and humane medicine. Keywords: general practice, residents, bias, discrimination, racism, health

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ID 650- Ressenti et vécu du consentement aux soins chez les personnes en situation de grande précarité

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Context: Les personnes en situation de grande précarité vivent régulièrement des situations de non recours ou de renoncement aux soins pour de multiples raisons. Dans ce contexte, quel est le vécu et le ressenti du consentement aux soins chez les personnes en situation de grande précarité ?

Objectives: Cette étude avait pour objectif d'explorer le ressenti et le vécu des patients francophones en situation de grande précarité concernant l'information donnée sur leur santé et leurs soins, ainsi que leur accès au consentement aux soins.

Methods: Une étude qualitative par entretiens individuels semi-dirigés a été réalisée auprès de personnes en situation de grande précarité fréquentant des accueils de jour associatifs à XXX. L'analyse des données a été menée selon une méthode phénoménologique interprétative, avec une triangulation des données. Un schéma modélisant les données a été réalisé.

Results: Douze entretiens ont été réalisés entre janvier et avril 2025. L'analyse des résultats a mis en évidence l'impact des expériences antérieures de soins non consentis, les qualités attendues du soignant, les responsabilités ressenties par les participants dans la construction de la relation de confiance dans les soins. La notion de consentement aux soins semblait moins essentielle que le respect de la dignité reconnaissant l'expertise du patient, respectant son corps et intimité, accueillant avec bienveillance sa situation sociale. La majorité des participants mettait en avant la notion de discrimination dans les soins en lien avec leur situation sociale.

Discussion: Les attentes des participants concernant la relation soignante étaient similaires à celles de la population générale retrouvées dans la littérature. Des particularités en lien avec la situation sociale des participants ressortaient comme un rapport au corps particulier et l'assimilation des soignant aux autres représentants de la société. La notion de consentement sous forme de processus comme décrit dans la littérature

aujourd'hui semblait plus proche de la définition des participants.

Conclusion: Il serait intéressant d'étudier les représentations des soignants envers les patients en situation de grande précarité en vue d'améliorer la formation des soignants. Il pourrait également être intéressant de questionner les soignants sur la notion de dignité dans les soins et les manières de questionner et respecter la dignité de chaque patient.

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ID 624- Association between patients' socio-professional group and additional diagnostic tests prescription in general practice: analysis of the R2IMG database

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Context: Social inequalities in health (SIH) are associated with poorer health outcomes. While many studies have examined this issue, no recent XXX study has investigated a potential association between SIH and possible under- or over-prescription of diagnostic tests in certain socio-professional groups (SPG).

Objectives: The primary objective was to assess the association between the number of diagnostic tests prescribed per general practice consultation and patients' SPG.

Methods: An observational, multicenter, cross-sectional study was conducted using the XXX general practice consultations database. Consultations of non-retired adult patients for whom the profession was specified were included. SPG was used as a socioeconomic marker, grouped into three categories (advantaged – aSPG, intermediate – iSPG, and disadvantaged – dSPG). The primary outcome was the comparison of the mean number of tests prescribed per consultation by SPG. Secondary outcomes focused on the proportion of consultations with at least one test prescribed and on the analysis by test type. Descriptive and comparative analysis (Chi-square, Fisher's exact test, ANOVA) were performed, followed by multivariate logistic regression.

Results: Of the 951 consultations in the database, 340 met the inclusion criteria. On average, 0,50 test were prescribed per consultation in aSPG, 0,40 in iSPG, and 0,51 in dSPG (p = 0,38). At least one test was prescribed in 31,01% of consultations in aSPG, 32,56% in iSPG and 36,43% in dSPG (p = 0,80). After adjustement, no significant association was found : compared with dSPG, the prescription-rate OR was 0,87 [0,48-1,58] for iSPG and 0,80 [0,43-1,48] for aSPG.

Discussion: Our study did not find a significant difference in the number of tests prescribed based on SPG, which is consistent with European litterature but differs from American studies. The influence of the social protection system could explain these results. The data analyzed reflect diverse practices, but the sample size was limited by missing data. A study examining differences across successive consultations and accouting for health status severity would be valuable.

Conclusion: In light of social inequalities in health and their consequences, it remains important to pursue research on this topic and to promote mechanisms that ensure equitable access to healthcare for all patients.

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ID 353- Patients affected by racism and social inequalities in health: a scoping review

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Context: Social inequalities in health are a determinant of health. In English-language literature, racism is described as a social inequality in health. Being a victim of racism is a cardiovascular, metabolic and psychiatric risk factor. In France, the current legislative framework prohibits the collection of ethnic data in the field of health, in an

effort to protect against discrimination. This prohibition makes it difficult to document social inequalities in health linked to racism. Surveys such as TeO and TeO2 provide indirect indicators, without allowing for an in-depth analysis of the effects of structural racism on the health of populations. This statistical invisibility limits the possibilities for research, evaluation and action in public health.

Objectives: Explore how racism is conceptualised and analysed as a social health inequality in French-language scientific literature.

Methods: Scoping review exploring the MEDLINE-PubMed, Cairn and LiSSa databases according to PRISMA-SCR recommendations

Results: The search equations found 3,965 articles. After the selection process, 11 articles were chosen for review. Of these, two were from Quebec and nine were from France. The selected publications included six author opinions in the form of literary essays, an analysis of French literature, a comparative essay between France and the United States, a quantitative multiple regression study conducted in France, a qualitative study, and a descriptive French study.

Discussion: This scoping review found that French-language scientific literature addresses racism as a factor in social inequalities in health to a limited extent. The few available publications are predominantly feature authors' opinions. The results of this review suggest that incorporating an intersectional approach, taking into account the intertwining of ethno-racial discrimination, gender, socio-economic status and other social determinants, would allow for a better understanding of the mechanisms underlying social inequalities in health. This approach explores the power relations or structural contexts in which risk factors occur. Intersectionality provides a critical analytical framework for revealing the blind spots of conventional research.

Conclusion: An intersectional approach is compatible with the principles of person-centred general practice and could contribute to the development of primary care research, enabling more appropriate and equitable patient care and fostering more inclusive public health policies.

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ID 253- Career paths of general practitioners practising in City Policy Priority Neighborhoods in Seine-Saint-Denis (France)

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Context: Seine-Saint-Denis is one of France's most precarious departements, with a lower medical demography than its neighbouring departments. There are few factors that encourage GPs to set up practice here. Despite this, some GPs decide to practice here.

Objectives: The aim of this study was to retrace the career paths of GPs who practice or have practiced in Seine-Saint-Denis' priority urban districts.

Methods: A qualitative study inspired by biographical research was carried out with 11 general practitioners. The interviews and their analysis were triangulated by two researchers. Diagrams tracing each individual's career path, any turning points or periods of continuity were produced.

Results: Various factors appeared to influence the career paths of the GPs interviewed. The main one was being from the département. Other factors, related to primary and secondary socialisations, also played a role, notably family, friends, the type or mode of practice structure, and university practice. Most of the doctors' careers in the study were marked by an awareness of the social health inequalities affecting the population of Seine-Saint-Denis. For most, this awareness was accompanied by a commitment to activism and/or associations. The complexity of practice in Seine-Saint-Denis was mainly due to the many medical and social problems faced by patients, and to the language barrier. In order to maintain their practice in Seine-Saint-Denis, despite this complexity, practitioners were considering adaptations in the future, notably by diversifying their practice or creating their own practice structure.

Discussion: Three different career paths were highlighted by this research, and these paths and

profiles are found in the literature. The profile of several doctors interviewed was linked to the concept of social medicine, also identified in the literature. The originality of this work lies in highlighting the importance of the territory of origin as well as the primary and secondary socialisation of GPs in their respective paths.

Conclusion: This study has highlighted several characteristics of the career paths of GPs practicing in priority urban districts in Seine-Saint-Denis. Being from the department of Seine-Saint-Denis and having an awareness of social inequalities in health seem to have a particular influence on the career paths of GPs practicing in the area.

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ID 43- Gouvernance hospitalière et IA clinique en Côte d'Ivoire : vers une régulation éthique des pratiques médicales augmentées

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Context: L'accès équitable aux soins de santé primaires est un enjeu central de santé publique dans de nombreux pays. En France comme en Côte d'Ivoire, le territoire de résidence influence fortement la possibilité de recevoir des soins en temps utile et de qualité. Le code postal devient ainsi un indicateur social et sanitaire à part entière, révélateur d'inégalités systémiques dans l'organisation des soins.

Methods: Ce travail repose sur une approche comparative, nourrie par des expériences cliniques de terrain en médecine générale dans deux contextes géographiques : une zone rurale sous-dotée en France, et une zone périurbaine en Côte d'Ivoire. L'analyse qualitative s'appuie sur l'observation de situations concrètes de patients confrontés à des difficultés d'accès aux soins, croisées avec une revue succincte de données contextuelles et démographiques.

Originality: La perspective croisée Nord-Sud apporte un éclairage original sur les mécanismes communs et spécifiques des inégalités d'accès. Malgré des différences structurelles majeures entre les deux pays, des points de convergence apparaissent : concentration des r

Lessons learned and future implication: Des stratégies locales émergent dans les deux contextes : développement de la télémédecine, mobilisation communautaire, organisation de consultations mobiles, travail interprofessionnel. Ces initiatives montrent l'importance d'adapter les réponses aux réa

Discussion: L'accès aux soins ne peut être pensé indépendamment du territoire et des inégalités socioéconomiques qui s'y attachent. La médecine générale, en tant que porte d'entrée du système de santé, a un rôle clé à jouer pour identifier, alerter et agir contre ces disparités. Cela suppose une reconnaissance politique et institutionnelle de cette fonction sociale du soin.

Conclusion: Garantir un accès équitable aux soins primaires, quel que soit le code postal, est un enjeu éthique et sanitaire universel. Il exige une approche territoriale, participative et centrée sur les réalités de chaque population.

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Interprofessionnal 1

ID 1831- Patients on neuroleptics: the role of the IPA in the MSP

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Context: Patients with psychiatric disorders are exposed to cardio-metabolic complications when treated with second-generation neuroleptics. How can IPA in MSP improve prevention and identification of cardiovascular risk factors in such patients ?

Objectives: Main objective: to evaluate the application of the ANSM recommendations and hygienic and dietary rules in patients treated with second-generation neuroleptics followed by the IPA in MSP. Secondary objective: to compare the care of

patients exclusively followed by the general practitioner with the joint follow-up with the IPA, in order to measure the contribution of IPA work.

Methods: Multicenter retrospective observational study from January to December 2024 via WEDA software. Two groups compared: patients followed by the general practitioner alone (GP) and those followed by the GP/IPA duo in two MSPs. The presence or absence of: sex, age, weight, BMI, umbilical circumference, blood glucose, lipid profile, blood pressure, tobacco, alcohol, illicit substances were recorded Inclusion criteria: adult patients, patients falling within the scope of the IPA treated with second-generation neuroleptics. Comparisons of the data from the GP and GP/IPA groups were performed with a chi-2 assay with the biostatTGV software.

Results: 103 cases were reviewed. 41 were followed by GPs/IPAs. There is an increase in the number of items recorded by IPAs in the files compared to the activity of the GPs. For weight, blood sugar and lipid profile, this increase is statistically significant.

Discussion: IPAs know and apply medical recommendations. Their work improves record-keeping in primary care. As indicated in the international literature, the GP/IPA dyad reinforces the quality of follow-up in primary care. Strengths: Poorly studied population, data from real practice, enhancement of the role of the IPA. Limitations: Few IPAs working in primary care, retrospective study, recommendations dating from 2010. Opening: Creation of a consultation grid for the IPA. It could be subject to later validation.

Conclusion: Collaboration between professionals in MSPs, particularly between GPs and IPAs, can improve the health of these patients.

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ID 1554- Preventing falls among the elderly: an initiative in a multi-professional health center in Paris's 14th arrondissement

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Context: The XXX population is aging. In 2020, people over 65 represented 20,5% of the population, compared to 19,7% in 2018. By 2040, one in four persons in four will be over 65. One in three people over the age of 65 falls each year, resulting in more than 9300 deaths. This morbidity and mortality rate inspired the team of the XXX multi-professional health center (MHC) in XXX t to look at this issue. The goal was to reduce falls among older adults by addressing modifiable risk factors.

Methods: The target audience was patients over the age of 70 consulting at the MHC in XXX. We conducted an information campaign to the target audience consulting at the MHC the opportunity to make an appointment for a general medical consultation dedicated to the risk of falls. The assessment was carried out using a questionnaire completed with the physician covering nutritional status, physical activity, walking, rapid cognitive assessment, environmental assessment, and prescription review. A satisfaction questionnaire was then given to the patient. The analysis of the results focused on the number of flyers distributed, the number of consultations carried out, and the satisfaction questionnaire.

Originality: The intervention made it possible to offer general medical consultations dedicated to the prevention of falls to these elderly patients.

Lessons learned and future implication: We realized 13 dedicated consultations between October and November 2024. 70% of patients had never discussed the risks of falls with a healthcare professional. One-third of patients were offered a change in their prescription, 80% specialized care, and 7

Discussion: The main strength was the implementation of personalized actions. The main issue is recruitment bias, as it didn't include patients who were being treated at home.

Conclusion: Falls are associated with considerable morbidity and mortality. Our MHC is part of a prevention initiative aimed at the local population through dedicated consultations, highlighting that the subject is rarely discussed even though action can be taken.

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ID 1251- Collaborations Between General Practitioners and Other Health Professionals: Trends and Territorial Disparities

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Context: A series of panel surveys conducted among representative samples of self-employed general practitioners has been carried out in different regions of YYY, since the mid-2000s. Its aim is to shed light on the practices, working conditions, and opinions of these professionals, as well as their evolution and the existence of territorial specificities.

Objectives: The aim of this survey was to explore interprofessional collaborations: the frequency and content of exchanges with colleagues specialized in general practice or other medical disciplines, and with other health professionals.

Methods: A total of 1,550 practitioners in YYY, including 300 in the XXX region, were surveyed on this topic in 2022. Data collection was conducted online (self-administered questionnaire) or by telephone. Analyses accounted for the sampling design (complex stratification) and non-response adjustment.

Results: In 2022, nurses were the health professionals with whom general practitioners in the XXX region most frequently exchanged information: 68% reported sharing medical information with them at least once a week or daily; 58% exchanged with other general practitioners, 57% with pharmacists, 54% with physicians from other specialties, and 17% with physiotherapists.

Discussion: Compared to a similar survey conducted fifteen years earlier, the proportions of practitioners regularly exchanging with general practitioner colleagues and with nurses have increased significantly, while those related to exchanges with specialists and pharmacists remained stable. Moreover, general practitioners in the XXX region differ from their counterparts in other regions by engaging in more frequent exchanges with other physicians (organization of appointments or hospital admissions, or when seeking opinions on diagnoses or patient management).

Conclusion: These results highlight changes and territorial disparities in interprofessional collaboration practices. They can be linked to both local and national organizational changes within the healthcare system, as well as to evolving population needs.

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ID 407- Pharmaceutical interventions in self-medication, focus on referrals for consultation: a descriptive study in community pharmacies

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Context: The dispensing pharmacist plays a pivotal role in patient's care. Its main mission is to secure and optimize the dispensing act. In this context, the pharmacist may be required to carry out a pharmaceutical intervention (PI), which is defined as "a proposal for a modification of the therapy made at the initiative of the pharmacist, […]". In cases where the pharmacist observes that the limit of the pharmacy advice has been reached, the patient has a "reinforced obligation" to refer to a qualified practitioner. Consequently, he carries out a PI and assumes responsibility for the guidance.

Objectives: The objective of this study is to describe the characteristics of the orientation when the pharmaceutical intervention resulted in a referral to another health professional.

Methods: This is a cross-sectional descriptive study of Pharmaceutical Interventions (PIs) in self-medication. The PIs were collected in 201 dispensing pharmacies (2017 – 2024).

Results: 978 PIs in self-medication led to referral to consultation. With regard to the practitioner to whom the patient is referred, the majority of cases are attributable to general practitioners (n = 740; 75.7%), dentist (n=140; 14.3%) or to emergency department (n=53; 5.4%) Referral to a physician was mainly proposed for pain (n=210; 26.9%). The primary reason for referral was identified as the necessity for a clinical examination (n=512; 65.5%). With regard to the consultation period recommended by the provider, consultations of an urgent nature pertained to 9.4% (n=92) of PIs.

Discussion: General practitioners were the primary health professionals targeted, which is consistent with the fact that they can refer patients to a specialist when necessary. Although representing a minority, referral to emergency consultations indicated a tendency for patients to attend pharmacies for critical cases. A concrete example of this phenomenon is the presence of ocular complaints, which are often underestimated by patients.

Conclusion: Detecting emergency criteria or need for diagnosis or medical act, the pharmacist plays an important role in guiding the patient through the healthcare system in a context of tension in access to care. In doing so, it improves patient care by avoiding a delay in diagnosis or the occurrence of adverse effects.

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ID 740- General practitioners' referral practices for patients with upper limb and spinal musculoskeletal disorders

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Context: Musculoskeletal disorders (MSDs) represent 20.6% of general practitioner (GP) consultations. However, GP' referral practices has been scarcely documented.

Objectives: To describe and analyse GPs' referral practices, regarding upper limb and spinal MSDs.

Methods: This cross-sectional survey was conducted among private GPs' practices between June and September 2025. GPs were asked to complete an online questionnaire about their last patient aged 18 or over, who consulted for MSD symptoms. The questionnaire focused on upper-limb MSDs for GPs who completed they thesis in an odd-numbered year, and on spinal MSDs otherwise. Analyses were performed using R. This study was approved by the Ethics Committee of Rennes University Hospital (no. 25.50).

Results: A total of 197 patient records (110 women, 87 men, aged 49.4 ± 13.7 years) were analysed; 41% described upper limb and 59% spinal MSDs. At least one referral was mentioned in 91% of records, among witch 91% concerned a paramedical professional, 54% a medical doctor, and 13% a non-medical professional. Paramedical referrals for upper limb MSDs were more frequent in case of rotator cuff syndrome diagnosis ($p<0.05$) and among younger GPs ($p<0.05$). For spinal MSDs, paramedical referrals were more frequent after a prior consultation of that GP ($p<0.05$). Medical referrals were more frequent among established GPs ($p<0.05$), in case of radiating symptoms ($p<0.01$), severity criteria ($p<0.001$), symptoms lasting for 6 weeks to 3 months ($p<0.001$), diagnosis of cervicobrachial neuralgia ($p<0.01$), orthosis prescription ($p<0.05$) or an application for social support for disabilities from the MDPH ($p<0.05$).

Discussion: Paramedical referrals were the most represented, suggesting that MSDs are predominantly managed in primary care. The referral rate was high compared with the literature, which probably reflect a memory bias when GPs are asked to report on their last consultation for MSDs. Referral patterns were particularly influenced by MSDs' characteristics.

Conclusion: The design of research on MSDs must take into account the referral pattern, to ensure the inclusion of the clinical forms relevant to the research objective.

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ID 474- Perceptions of primary care research in french interprofessional health teams : a collective path towards recognition and equity

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Context: primary care research, a key element in improving the quality of primary healthcare, remains underdeveloped in France despite the multiplication of supportive measures. Community health centers (MSPs – Maisons de Santé Pluriprofessionnelles) have been identified as key environments for developing practice-based research networks due to their shared clinical information systems and commitment to quality improvement. Yet, few of them have actually engaged in it. Understanding how healthcare professionals perceive research may help explain this paradox.

Objectives: this study aimed to explore the representations and attitudes toward primary care research among professionals working in a French MSP to identify barriers and facilitators to research engagement.

Methods: we conducted a qualitative study using a grounded theory approach. Data were collected through a focus group and an individual interview with members of an interprofessional team, including a patient partner. Transcripts were coded using open, axial, and selective coding to identify emerging patterns.

Results: participants expressed a strong emotional and professional distance from traditional images of research, perceived as cold, and disconnected from their clinical reality, contrasted with their warm, experiential, and patient-centered practice. However, their collective engagement in empirically-driven, quality-improvement projects revealed underlying research-compatible competencies: evaluation skills, interprofessional collaboration, and structured care processes. Although unaware of it, teams were enacting principles akin to participatory health research and democratic engagement. Research was seen as a potential driver of internal legitimacy and external recognition, particularly when supported by tailored mentorship and grounded in everyday clinical practice.

Discussion: the study highlights how their empirical initiatives could be leveraged into research programs without disrupting clinical activity, provided that acculturation and contextualized support are offered. This overlap between quality improvement and research aligns with humanistic values and promotes equity in health systems. Recognizing experiential knowledge and fostering collaborative inquiry could catalyze a cultural shift toward inclusive and meaningful research in primary care.

Conclusion: primary care teams hold untapped potential to lead research from within their practice settings. By offering tailored support grounded in participatory approaches and interprofessional frameworks, MSPs teams can be better equipped to engage in research, thereby enhancing the quality and equity of care delivery.

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ID 403- Communication between midwives and general practitioners for the post-partum medical follow-up of their patient : a qualitative study by semi-structured interviews in a CPTS' territory of the North of France.

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Context: The XXX has the higher maternal mortality rate according to the 7th ENCMM. Suicide was the first cause of mortality (17%). The majority of the factors were avoidable.The lack of inter professional communication and the lack of access with medical support by the patient were the principal factors in studied cases, with the lack of description of their vulnerabilities.

Objectives: Studying on a chosen area the communication between midwifes (MW) and general practitionner (GP) in primary care in the post partum period

Methods: A qualitative study with semi-directive interwiew were done for july 2023 to may 2024. We interwiewed six MW and six GP who worked in a XXX area in XXX. A triangulated analysis was inspired from grounded theory. The transcription was verbatim.

Results: MW and GP centralized medical informations to the mother who were the mind actor of their communication. The caregivers felt competent and attentive in post partum period, but they wanted to empowered the mother for her medical follow-up. The GP met the patient while the pediatrical follow-up or the gynecologic one if it was done. MW, GP and mothers seemed to prioritize the baby medical follow-up. The post-partum follow-up was annexed to the baby's one.

Discussion: The patient is a essential partner for MW and GP communication. Her empowerement by the caregivers were granted. However, caregivers have not to divert from the post partum follow-up because of maternal risk of vulnerabilities and let her alone.

Conclusion: As an essential partner between MWs and GPs, patient could have a post partum medical record. Hospital at home program could be more proposed as soon as post partum depression is diagnosed. Caregivers have to be pay attention due to the highest maternal suicide rate in the post partum period.

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Interprofessionnal

ID 2291- Appropriation and selection of indicators for the MSProgress quality support tool in multi-professional health centers: a mixed-method study

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Context: The development of a quality approach within multi-professional health centres (MSPs) is key to improving the quality of care. This requires operational and accessible tools, in particular indicators that enable MSPs to self-assess over time. In 2022, a qualitative study involving semi-structured group interviews in seven MSPs, followed by a consensus method, led to the development of MSProgress, a prototype tool consisting of quantitative care indicators that can be retrieved from the Health Insurance databases. Then, in 2023, a second study made it possible to adjust and consolidate the tool before it could be deployed and evaluated on a larger scale.

Objectives: The objective of this study is to examine how the MSProgress tool is being adopted, to describe the team's indicator selection process and to understand the tool's effects on the structuring of the quality approach in MSPs.

Methods: A mixed study was conducted among 32 MSPs in the XXX region, 12 of which participated in the development of the tool and 20 of which did not. The qualitative part was based on semi-structured group interviews with professionals with analysis by triangulation using a general inductive method by thematization. The quantitative part used anonymous individual questionnaires distributed to MSPs professionals.

Results: There are multiple approaches to quality: from lack of knowledge to routine integration, the trajectories of appropriation vary according to acculturation to indicators, the uses of shared information systems, internal logic and territorial contexts. The mechanisms of decision-making are

complexe: the central role of driving duos (coordinators and medical leaders), the ambivalence of collective bodies, the differentiated weight of voices according to profession, and the importance of informal negotiations.

Discussion: MSProgress does not create cooperation but makes it visible, sometimes reinforcing it, sometimes putting it to the test. Far from being a uniform model, the appropriation of the tool appears to be a local factory of quality, situated, traversed by implicit hierarchies and ongoing negotiations.

Conclusion: The results of this study have highlighted the processes of indicator selection by teams and the organisational dynamics underlying these choices. Support for teams appears essential to reduce differences in maturity in relation to indicators.

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ID 2272- Pilot study of the MSProgress quality support tool in multi-professional health centers

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Context: The development of quality procedures within multi-professional health centers (MSPs) is key to improving the quality of care. It requires operational and accessible tools, particularly indicators that enable structures to self-assess over time. In 2022, a qualitative study using semi-structured group interviews in seven MSPs, followed by a consensus method, led to the development of MSProgress, a prototype tool consisting of quantitative indicators that can be queried in the Health Insurance databases.

Objectives: The objective of this pilot study is to test the prototype tool with MSPs in order to gather collective and individual opinions on the form, understanding, and use of this tool.

Methods: A mixed study was conducted among 11 MSPs in the XXX region, six of which participated in the development of the tool and five of which did not. The sample was constituted by theoretical maximum variation. The qualitative part was based on semi-structured group interviews with professionals from these MSPs, with triangulation analysis using a general inductive method by thematization. The quantitative part used individual anonymous questionnaires distributed to professionals from these MSPs.

Results: The teams surveyed were enthusiastic about the form and use of the tool, pointing in particular to the value of having access to new data and being able to self-assess. The tool was found to be understandable, easy to use as a team, and relevant for monitoring patient care by 95%, 84%, and 88% of professionals, respectively. Comparing the results with the average for other MSPs in the region and tracking changes in indicators over time was considered interesting by 84% and 98% of them, respectively.

Discussion: One of the strengths of this work lies in the mixed method used to gather the opinions of MSP professionals at both the collective and individual levels, both from those who participated in the development of the tool and those who did not contribute to it. One of the limitations of the tool remains its restriction to the patient base of the treating physician.

Conclusion: The feedback provided enabled the prototype to be improved before its deployment and evaluation at the regional level.

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ID 2252- Une salle d'apaisement pour les soignants : Un élément d'amélioration de la santé mentale des professionnels de santé en France ?

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Context: Healthcare professionals are particularly exposed to stress and burnout. They are among the professions with one of the highest suicide rates in

France. Since the COVID 19 epidemic, these professionals have also been suffering from a loss of meaning in their activities, due in part to their working conditions (understaffing, unsuitable workloads and care rhythms, physical/verbal violence, red tape, etc.).

Objectives: To raise caregivers' awareness, change their outlook and take care of their mental health, this study looked into the benefits of setting up a soothing room at the heart of the care structure, for use by caregivers. This would be a space dedicated to caregivers, using the Snoezelen universe to offer a cocoon of safety, and tools validated by neuroscience (such as mindfulness meditation, breathing exercises, micro-naps and yoga). This space would be set up by experts in co-development as well as preventive and integrative medicine.

Methods: Through a mainly qualitative study, we interviewed caregivers (10 individualized semi-directive interviews) working in a non-programmed care center (CSNP) in the Pays de Gex (01). We sought to understand their perception of work and mental health, as well as non-medicinal approaches to health. Finally, we were interested in their feelings about the implementation and feasibility of a new-generation soothing room (MERCY Space type).

Results: These interviews enabled us to gain a better understanding of the issues, false beliefs and difficulties surrounding the mental health of healthcare professionals. Indeed, there is still a great deal of prejudice, ignorance and fear surrounding the subject, not only among caregivers but also among managers of healthcare facilities.

Discussion: Thanks to this study, we were able to draw up mental health recommendations on three levels (caregivers, managers, image of mental health). One of these recommendations is to set up a MERCY Space-type soothing room in healthcare establishments.

Conclusion: In view of the obstacles (time for caregivers, budget for managers), it is essential to see these spaces as a gateway to a global, virtuous and humanistic approach to mental health for caregivers.

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ID 1401- Identifying indicators for assessing the impact of nurses in general practice on multidisciplinary team functioning

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Context: Primary care faces increasing pressure due to population ageing, multimorbidity and workforce shortages. Nurses in general practice (GP) are increasingly involved in strengthening interprofessional collaboration within multidisciplinary teams. However, the indicators that best describe interprofessional collaboration in GP remain unclear.

Objectives: To identify indicators that can assess interprofessional collaboration in general practice.

Methods: Indicators were identified through a systematic review of Cochrane Library, PubMed (Medline) and Embase, complemented by expert consultation (n = 8) via co-creation workshops. Following project team review, indicators were categorised using the SEIPS work-system framework (persons, tasks, tools, organisation, internal and external environment).

Results: Sixty-seven studies met the inclusion criteria, yielding 673 indicators related to team functioning. Experts proposed an additional 42 indicators. Most literature-derived indicators fell within the SEIPS domains of organisation (n = 326) and persons (n = 246). Core themes included shared vision, clarity of roles, communication quality, leadership, team culture and structured decision-making. Expert consultation added indicators related to task expansion, mental well-being, efficiency, onboarding processes, and external collaboration. Three clusters emerged as central to interprofessional collaboration in GP: (1) shared vision on the nurse's role, (2) breadth and depth of task reallocation, and (3) frequency and structure of multidisciplinary meetings.

Discussion: The identification process revealed a substantial heterogeneity in the indicators

describing interprofessional collaboration, reflecting considerable variation in definitions and measurement approaches across studies. The limited number of GP-specific indicators highlights an evidence gap on team-level effects of nurses, necessitating a broader primary-care perspective. The SEIPS model proved the most suitable framework, capturing the complexity of multidisciplinary team functioning more comprehensively than alternative models.

Conclusion: This study provides a comprehensive, evidence-informed set of indicators for assessing interprofessional collaboration in GP. For general practices, these indicators offer practical guidance for identifying and strengthening organisational and relational factors that support effective teamwork. For research, they form an essential foundation for developing an assessment instrument to systematically evaluate interprofessional collaboration. Further research is needed to deepen understanding of collaborative processes and to inform interventions that promote sustainable, high-quality teamwork in GP.

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ID 1246- Nurse professionals' educational activities in General Practice: part of a national, EU supported project in the Czech Republic

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Context: With both the population and the healthcare workforce ageing, and hospital care costs rising, strengthening primary care has become essential. Delegating selected clinical tasks to nurses is increasingly considered to reduce GP workload, but this requires structured education and competency-based training to ensure safe and effective practice.

Methods: A three-year nationwide project Support for education in primary care for general practitioners, paediatric general practitioners, and support for regional accessibility of healthcare (Project registration number: CZ.03.02.02/00/24_060/0005126), co-financed by the European Social Fund through the Employment Plus Operational Programme and the state budget of the Czech Republic, was launched by the Institute for Postgraduate Medical Education in 2025. The project includes several key activities focusing on 1. Regional GP education, 2. Competency-based education, methodology of specialty training and improvement of the assessment of education, providing education for trainers in GP, 3. Education for nurses in GP, implemented initially as a pilot program. The presented work focuses on key activity 3.

Originality: To meet GP nurses' educational needs, pilot structured courses were introduced. Because education in general practice had not previously been systematically developed, demand for the inaugural course in October 2025 was exceptionally high. Four courses ar

Lessons learned and future implication: The courses aim to establish a foundation for GP nurses' educational activities, assess current learning needs, and promote professional development. They also foster teamwork, improve care coordination, and strengthen interprofessional communication with

Discussion: To what extent is the education of GP nurses a fundamental prerequisite for strengthening their role in primary care? It equips nurses with specific skills that serve as the basis for assuming expanded responsibilities and improving patient care delivery, and deserves to be recognized.

Conclusion: Implementing nationwide GP nurses' education requires a coordinated, well-resourced effort.This EU-supported project, led by Institute for Postgraduate Health Education, represents a significant methodological advancement and provides a sustainable framework for future national and regional educational initiatives targeting nurses in general practice.

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ID 1100- Interprofessional communication through prescription: perception of allied

health professionals (nurses, speech therapists, physioherapists)

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Context: An effective healthcare system relies on structured primary care. In France, the general practitioner plays a central role in coordinating care, particularly in prescribing interventions by paramedical professionals. The initiation of care is contingent on the general practitioner writing a prescription, which often serves as the sole medium of interprofessional communication at this stage.

Objectives: This research explores the challenges and issues of interprofessional communication via medical prescription between general practitioners and health professionals in the context of ambulatory care in the french healthcare system.

Methods: This is a qualitative study using grounded theory, based on focus group interviews conducted with allied-health professionals practicing one of the following three professions in primary care : physiotherapists, speech therapists, or nurses.

Results: Interprofessional communication, which is crucial to patient care, is often reduced to medical prescription. Allied-health professionals report frequent prescribing errors, a lack of feedback from general practitioners on their assessments, and under-use of digital communication tools. They express a desire for direct exchanges.

Discussion: Communication through prescribing is limited by a nomenclature governing the acts performed by the various health professionals. Thus, a dual use of the prescription is observed : as a tool for transmitting medical information and as an administrative and financial document. This original communication is part of a constantly evolving ambulatory system. Exchanges are mainly unilateral, from the GP to the Allied-health professionals. An implicit hierarchy between them hinders dialogue and collaboration. However, allied-health professionals recognize the general practitioner as an essential care coordinator. Mutual trust is fundamental to improving communication and optimizing patient care.

Conclusion: Interprofessional communication between general practitioners and allied health professionals is complex. It reflects both the organization of the various professional groups and the constraints on the healthcare system. However, exchanges cannot be reduced to medical prescriptions. Direct, two-way communication is required to improve patient care.

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ID 258- Protecting medical confidentiality in home-based end-of-life care: insights from primary care professionals

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Context: Medical confidentiality in home-based end-of-life care raises major ethical, relational, and organizational challenges for primary care clinicians. The home setting, the frequent presence of relatives, the involvement of multiple professionals, and the emotional intensity of this period can weaken usual confidentiality boundaries. Despite its centrality in the doctor–patient relationship, few studies explore how general practitioners and home-based palliative care teams experience and manage these dilemmas in practice.

Objectives: To explore how healthcare professionals understand, protect, and negotiate medical confidentiality in home-based end-of-life situations; to identify ethical tensions and practical barriers; and to highlight potential levers for safer, person-centred communication.

Methods: A qualitative study using grounded theory methodology was conducted. Semi-structured interviews were carried out with general practitioners, home-hospitalization physicians, and palliative care professionals involved in home-based end-of-life care. Data were analysed through open, axial, and selective coding with constant comparison until theoretical saturation. A double-coding process strengthened internal validity. All data were fully anonymized.

Results: Eight categories emerged. (1) Identifying legitimate interlocutors: uncertainty often exists about who may receive information. (2) Protecting vulnerable patients: "reverse confidentiality," where relatives request that information be withheld, was frequently reported. (3) Coordinating without breaches: unclear definitions of the "care team" hinder secure information-sharing. (4) Choosing communication tools: paper is seen as simple but exposed; digital tools offer security but remain heterogeneous and sometimes impractical. (5) Supporting caregivers: their involvement is essential yet may destabilize confidentiality. (6) Managing emergencies: time pressure can lead to unintentional breaches. (7) Balancing family expectations: clinicians negotiate between legal obligations and maintaining relational alliance. (8) Maintaining trust: confidentiality is viewed as key to safe end-of-life care.

Discussion: Confidentiality at home in end-of-life care is a dynamic negotiation shaped by relational and organizational factors. The findings underline the need for clearer shared rules, secure tools, and structured ethical reflection within primary care teams.

Conclusion: Strengthening confidentiality in home-based end-of-life care requires clarifying team boundaries, improving shared communication tools, supporting caregivers, and reinforcing ethical training. These levers help preserve trust—an essential thread in the final moments of care.

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Medical education

ID 1975- Observational study of a primary care teaching program in undergraduate medical education

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Context: In XXX, most of undergraduate medical education takes place in hospitals and it has been noted that students have little knowledge of primary care and general medicine. As a result, an optional "Primary Care" course was introduced in 2023–2024 for medical students.

Objectives: To describe and evaluate an optional primary care teaching program implemented for second-cycle medical students.

Methods: This was a mixed-methods observational study combining qualitative and quantitative approaches, conducted among students who participated during the 2024–2025 academic year. Data collection was carried out through direct, in-person, non-participant observation using an observation grid equivalent to a structured field note logbook. The evaluation of the optional course was conducted using a questionnaire distributed to participants.

Results: The program consisted of 34 hours of teaching sessions, 8 hours of clinical placement and 14 hours of independent work covering four main themes: chronic diseases, women's health, child and adolescent health, and occupational health. Teaching methods were diverse and primarily based on clinical cases and small-group work, supplemented by role-playing activities and multimedia resources. Student attention appeared to be greater when teaching methods were varied, based on real clinical situations, and when group work was limited to short durations. Students gave the course an average rating of 7.67/10 and largely recommended it. The most appreciated teaching methods were discussions based on clinical situations encountered by teachers in general practice, small-group work on clinical cases, and the use of alternative materials (videos, graphic novels, testimonials).

Discussion: Primary care remains insufficiently visible to second-cycle medical students despite their interest. Highlighting this specialty early in medical education could lead to a better understanding of the role and place of general practitioners in the healthcare system.

Conclusion: Primary care teaching in the second cycle of medical studies should be further developed using innovative teaching methods. Keywords: primary care, professionalism, medical students

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ID 1941- Descriptive study of debriefing following simulated consultation for general practice residents

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Context: In X, communication skills training for general practice residents begins with a simulated consultation followed by a debriefing. Debriefing is a well-established educational tool that aims to engage learners and support skills acquisition. Debriefings need to be refined in order to fulfill these goals.

Objectives: The primary objective of this study was to explore how debriefing sessions are conducted. The secondary objective was to explore structural components of debriefing associated with hight facilitation.

Methods: We performed a quantitative analysis of transcripts from 48 simulated consultation debriefing sessions. Several criteria were assessed: speaking time, whether or not each phase of a four-phases debriefing structure were present (reaction, description, analysis, synthesis), the number of educational points addressed, the number of learning recommandation made to the learner, and the level of facilitation, assessed using a Likert scale.

Results: Facilitation was rated as hight in 31% of debriefing sessions. The learner's mean speaking time was 4 minutes and 29 seconds, representing 29% of the total debriefing duration. Learners addressed an average of 3.8 educational points, compared with 6 points addressed by teachers. Learners formulated an average of 0.8 learning recommandations, versus 2.5 by teachers. When facilitation was hight, learner speaking time was higher ($p < 0.001$) and communication students addressed more educational points ($p=0.006$) .

Discussion: Debriefing can be more or less reflective in nature. Hight facilitation reflects a reflective debriefing, in which the learner is placed at the center of the learning process and the teacher acts as a catalyst for reflection. Reflective debriefings are associated with better knowledge retention, increased motivation, and enhanced self-assessment skills. However, to allow novice learners to focus on core concepts, a more explicit approche, characterized by a lower facilitation, may be used.

Conclusion: Reflective debriefing, characterized by hight facilitation and associated with greater learner speaking time and learner-generated educational points, appears to promote durable learning. Further research could explore the role of reflexivity in interprofessional debriefing within primary care settings.

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ID 1710- Personalised formative Objective Structured Clinical Examinations including individual debriefing: a new tool for undergraduate students experiencing difficulties in their general practice placement

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Context: The general practice placement during the second cycle of medical education allows students to be supervised by university-accredited general practitioner tutors. This setting promotes observation and guided practice of consultations, offering a privileged opportunity to identify potential student difficulties, whether in communication, doctor–patient relationship, physical examination, or clinical reasoning. However, for students identified as having difficulties in one or more of these skills, the duration of the placement, which is mostly 3 to 6 weeks in region XXX, does not allow for optimal progress.

Objectives: The primary objective of this study was to explore the experiences of students who participated in a formative Objective Structured Clinical Examination (OSCE) that included individual debriefing following a general practice placement during which difficulties were observed.

Methods: This was a qualitative study using an interpretative phenomenological approach,

conducted among 4th- and 5th-year medical students. Students experiencing difficulties were identified using an internship assessment form based on the skills listed in the Learning Progress Booklet. The selected students took part in a formative and personalized OSCE session followed by an individual debriefing. Two months later, semi-structured interviews were conducted with volunteer participants to explore their perceptions.

Results: Seventeen of the twenty-four students selected participated in interviews between March 2023 and March 2024. They appreciated the clarity of instructions, the supportive environment and the individualized feedback, which helped build their confidence, understand theirs difficulties and support their progress. Analysis of interviews led to the identification of four distinct student profiles: the emotive, overwhelmed by stress and self-doubt; the perfectionist, driven by a pursuit of excellence; the technician, focused on methodological rigor; and the uninvolved, displaying limited engagement.

Discussion: The formative OSCE, combined with individual debriefing, proved to be an interesting tool to support students based on their specific needs. To our knowledge, this study is the first to describe profiles of students experiencing difficulties in their second-cycle general medicine placement.

Conclusion: A larger-scale evaluation is needed to confirm its long-term benefits on clinical skills and its feasibility.

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ID 933- Ecology of care for patients encountered in the progressive case studies of the French National Ranking Examination between 2016-2022.

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Context: The ecology of care, theorized by White (1961), conceptualizes the population's use of health services and highlights the pivotal role of primary care (PC) and its main providers, general practitioners (GPs). The content of high-stakes examinations guides students' learning and may convey a specific vision of the health system. In France, medical students take a national ranking examination in their 6th year, which determines their choice of specialty. No study had described the ecology of care for patients encountered in this examination.

Objectives: To describe the ecology of care for patients encountered in the French National Ranking Examination (ECNi) between 2016 and 2022.

Methods: A quantitative descriptive study was conducted on all questions from the progressive case studies of the ECNi between 2016 and 2022. The levels of care (primary/secondary/tertiary) and the care settings (ambulatory/hospital) were assessed by two researchers blinded to the other's findings, with recourse to a third party if there was disagreement. To model the ecology of care for patients present in the ECNi case studies, White's methodology was used and adapted to the data. A monthly rate of healthcare utilization per 1000 patients is presented.

Results: In total, 1,858 questions from 126 progressive case studies were examined. The ecology of care shows that for 1000 patients who sought care at least once during a month (consultation or hospitalization), 355 consulted a GP at least once, 566 consulted another specialist, and 152 were admitted to a tertiary care hospital.

Discussion: This is the first study to evaluate the ecology of care in a high-stakes examination. The levels/settings were not always explicitly stated; however, a double reading helped to limit this bias.

Conclusion: The ECNi presented an unbalanced ecology of care, overrepresenting secondary and tertiary utilization compared to general practice, relative to the reality of the French health system. This discrepancy could bias students' clinical reasoning and negatively influence their perception of general practice, as well as their career orientation.

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ID 931- The Place of Primary Care in the French National Ranking Examinations (ECNi) from 2016–2022

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Context: Primary care (PC) and its main actors, general practitioners, are facing a crisis of attractiveness. The choice of general practice is influenced by experiences gained throughout medical training. In France, between 2016 and 2022, all medical students took a National Ranking Examination (ECNi) in their 6th year, which determined their choice of specialty and residency location. Based on the principle that assessments can influence learning and potentially career choices ('assessment drives learning'), we aimed to describe the representation of PC in the ECNi.

Objectives: To quantify the proportion of progressive case study questions in the ECNi (2016–2022) that place the student in a Primary Care context and to describe the characteristics of these questions.

Methods: All questions from the progressive case studies of the ECNi between 2016 and 2022 were studied. The healthcare level (primary, secondary, or tertiary) and the characteristics of the questions (fundamental, clinical, skills assessed, and complexity according to the revised Bloom's taxonomy) were assessed by two researchers blinded to the other's findings, with recourse to a third party in case of disagreement.

Results: Out of 1,858 questions analyzed, 407 (21.9%) were related to a Primary Care context. This proportion varied from 7.8% in 2017 to 34.3% in 2020. The competencies most frequently assessed in this context were clinical examination (21.1%), management strategy (19.9%), and medical interview (19.7%).

Discussion: This is the first study evaluating the place of PC in a high-stakes ranking examination. The contexts (setting/specialty) were not always explicit; however, a double reading helped to limit this bias.

Conclusion: PC was underrepresented in the ECNi compared to its importance in the health system. This imbalance could contribute to a poor understanding of the role and missions of general practice by limiting students' exposure to its specificities via the assessment. It thus appears necessary to better represent PC in medical education assessment methods. The introduction of Objective Structured Clinical Examinations (OSCEs) in the new ranking examinations (EDN/ECOS) since 2023 represents an opportunity to better highlight PC-specific competencies.

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ID 371- Evolution of the attractiveness of the general practice specialty in France from 2004 to 2024

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Context: In France, the specialty "general practice" was created in 2004. It is accessible after a national competitive examination taken by sixth-year medical students. Students choose their specialty according to their ranking.

Objectives: To evaluate the attractiveness of the "general practice" specialty in France from 2004 to 2024.

Methods: This was a retrospective descriptive study including all students assigned after the national ranking exam at the end of the sixth year (Legifrance database). The data collected included: year of the exam, gender, rank, specialty, and residency city. Unfilled positions were also recorded. An attractiveness indicator "I" was calculated for general practice, then for each training city. The indicator ranges from 0 (high attractiveness) to 1 (low attractiveness).

Results: Between 2004 and 2024, 141,477 students were assigned to residency positions across 28 cities, of whom 61,504 (43.4%) entered general practice. Women account for 64% of the students

ranked in general practice. Over 20 years, 91.4% of the positions opened in general practice were filled. The percentage of unfilled general practice positions decreased from 33.1% in 2004 to 1.5% in 2024. Over the study period, general practice became more attractive in France: I = 0.91 in 2004; I = 0.78 in 2024 ($p < 0.05$). The three most attractive cities for general practice were Rennes (I = 0.68), Grenoble (I = 0.68), and Nantes (I = 0.72), while the least attractive were Reims (I = 0.87), Limoges (I = 0.89), and Amiens (I = 0.89). Over the period 2010–2024, the attractiveness of general practice was higher among women than among men (0.85 in 2010 to 0.77 in 2024 vs. 0.89 in 2010 to 0.80 in 2024, $p < 0.05$).

Discussion: The "I" indicator accounts for the variability in the number of positions offered over time, allowing comparisons across years and cities.

Conclusion: The attractiveness of general practice has improved since the creation of its specialty in 2004. Differences in attractiveness persist between training cities.

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ID 205- Factors influencing the choice of « General Practice » as a specialty among French medical students in their clinical studies in the Île-de-France region

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Context: Despite increases in physician numbers in France, the aging of both the population and the medical workforce has expanded underserved areas. General practice, the primary care specialty, faces declining student interest, particularly in the Île-de-France region. Understanding the determinants of specialty choice is essential to address this crisis.

Objectives: To identify factors influencing specialty selection among medical students using Beaulieu's validated French-language questionnaire, adapted to the French medical education context.

Methods: The adapted questionnaire was distributed to three cohorts of medical students across three Parisian universities. Responses from 792 students (19.82% intending to pursue general practice) were analyzed using exploratory factor analysis and logistic regression.

Results: Factor analysis yielded constructs that diverged from the original validation, with certain questionnaire items requiring individual treatment. The logistic regression model explained over 60% of variance in specialty choice. Intention to pursue general practice was significantly associated with completion of ambulatory general medicine clerkships during clinical training, societal commitment, and preference for reduced training requirements. Conversely, perceived limited scope of practice, hospital career orientation, and completion of clerkships in the desired future specialty were negatively associated with choosing general practice.

Discussion: These findings highlight the critical role of ambulatory clerkship exposure and suggest that inadequate representation of general practice during medical training may contribute to declining interest in the field.

Conclusion: General practice selection is primarily driven by desires for professional autonomy and flexibility, yet the specialty remains underrepresented in students' clinical experiences.

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Medical education

ID 2202- Understanding autonomous learning in general practice after initial training: a qualitative study

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Context: After completion of initial training, general practitioners must continuously update their competencies to respond to evolving clinical and organisational demands. Lifelong learning is

central to professional responsibility, quality of care, and patient safety in primary care. However, how general practitioners engage in autonomous learning in everyday practice remains insufficiently explored.

Objectives: The primary objective of this study was to explore how general practitioners learn autonomously after their initial training. We aimed to identify learning strategies, sources, facilitating and limiting factors, and the role of reflexivity in self-directed learning within primary care.

Methods: We conducted a qualitative, non-interventional study between April and September 2024 in a primary care setting. Using iterative theoretically reasoned sampling, nine general practitioners were recruited. Data were collected through semi-structured interviews focusing on learning experiences, learning processes, and situations triggering learning in routine practice. Data were analysed using a qualitative approach inspired by grounded theory, with iterative coding and constant comparison to identify emerging themes.

Results: General practitioners reported diverse learning strategies combining formal, informal, and experiential learning. Sources included continuing professional development activities, medical literature, online resources, digital tools, peer groups, and interactions with specialists, students, other healthcare professionals, and patients. Learning was often triggered by clinical situations, uncertainties, or perceived limits. Reflexivity emerged as a central process, enabling physicians to analyse their actions, recognise learning needs, and adapt their practices. Facilitating factors included intrinsic motivation, professional responsibility, access to resources, peer support, and opportunities for interaction. Barriers included time constraints, organisational workload, administrative burden, motivational fluctuations, and difficulties accessing or evaluating information. Participants described ambivalent feelings, combining satisfaction and stimulation with frustration, fatigue, and concerns about keeping up with evolving medical knowledge.

Discussion: Autonomous learning among general practitioners appears as a complex, dynamic, and largely self-regulated process embedded in daily clinical practice. Informal learning, social interactions, and reflexivity play a key role, alongside institutional training.

Conclusion: General practitioners rely on diverse, self-directed learning strategies after initial training, with reflexivity and social interactions playing a central role. Supporting autonomous learning through accessible resources, peer exchanges, and recognition of informal learning may strengthen professional development and quality of care in primary care.

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ID 1592- Periodic Certification in General Practice: International Evidence and Lessons for Practice

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Context: Globally, periodic certification systems are being implemented to ensure that general practitioners (GPs) maintain up-to-date knowledge, provide high-quality care, and adapt to evolving patient needs. France is implementing its model without a consolidated synthesis of international evidence. A rigorous literature review is necessary to inform policy decisions and support the profession.

Objectives: To synthesise international evidence on the impact of periodic certification for GP, focusing on four domains defined by the French framework: (1) updating knowledge and skills, (2) improvement of clinical practice, (3) doctor–patient relationship, and (4) physicians' personal health.

Methods: A systematic review was conducted following PRISMA 2020 guidelines. Searches were performed in PubMed using a predefined strategy combining terms related to general practice, certification/recertification, assessment, professional competence, and continuing professional development. Inclusion criteria were: (i) studies evaluating certification, recertification, maintenance of certification or multisource feedback; (ii) physicians in primary care; (iii) quantitative, qualitative, or mixed-methods designs; (iv) English or French. Exclusion criteria were: lack of outcome data, non-physician populations, opinion

papers. Screening, eligibility assessment, and data extraction were performed independently by one reviewer. Studies were categorised according to the four blocks, and findings were synthesised narratively due to heterogeneity.

Results: Fifty-eight studies met the inclusion criteria. Periodic certification enhances knowledge acquisition and guideline adherence, particularly when interactive or workplace-based educational methods are employed. Maintenance of certification examination scores was correlated with improved quality-of-care indicators, notably vaccination rates, chronic disease monitoring, and reduced avoidable hospitalizations. Peer-review and multisource feedback enhanced reflective practice and communication skills, contributing to greater patient satisfaction. Several studies suggested potential protective effects against burnout, associated with increased sense of competence and professional mastery. Barriers included administrative burden, limited time, and low perceived relevance for some physicians.

Discussion: International evidence consistently indicates that certification processes—when educational, supportive and context-adapted—benefit both practitioners and patients. Resistance arises when systems are perceived as bureaucratic or disconnected from practice realities.

Conclusion: Periodic certification can support quality improvement in general practice. Aligning certification with flexible learning formats, peer involvement, and adequate organisational support may enhance acceptability and impact. Future research should evaluate cost-effectiveness and long-term outcomes in the French context.

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ID 1642- Facilitators' Experiences in Reflective Practice Groups for GP Trainees: A Qualitative Study

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Context: Since general practice has been recognised as a medical specialty, postgraduate training has shifted towards learner-centred, experiential and reflective approaches. Reflective Practice Groups are integrated into general practice training to support critical thinking, peer learning, and professional identity development. While trainees' experiences are well documented, facilitators' perspectives remain underexplored despite their key role in guiding reflection and group dynamics

Objectives: To explore facilitators' lived experiences and perceptions of their role in faculty-led reflective practice groups for general practice trainees, and to identify perceived benefits, challenges, and areas for improvement.

Methods: A qualitative study with an interpretative phenomenological approach was conducted in a university department of general practice (XXX). Fifteen experienced facilitators participated in semi-structured interviews conducted between March and July XXXX, face-to-face or via videoconference. Interviews were recorded, transcribed verbatim, anonymised, and analysed using inductive thematic analysis with independent double coding. Data collection continued until sufficient thematic depth was achieved. Ethical approval was obtained according to national regulations (XXX).

Results: Facilitators reported a progressive learning of their role through peer observation and experiential learning. Facilitating these groups was perceived as professionally rewarding, enhancing pedagogical skills, reflexivity, and a sense of belonging to an educational community. However, participants also described constraints related to workload, time pressure, and emotional fatigue. Group size and uneven trainee engagement were identified as barriers to effective facilitation. Co-facilitation was consistently valued for providing complementary perspectives and mutual support. Four main themes emerged: training and preparation, organisation and workload, group dynamics and trainee engagement, and facilitators' well-being and motivation.

Discussion: This study highlights the ambivalence of the facilitator's role, balancing guidance with restraint to preserve trainees' reflexivity. The lack of formal training, particularly for online facilitation, emerged as a key challenge. Beyond trainee learning, reflective practice groups also appear to support facilitators' own professional development and collective learning.

Conclusion: Facilitators perceive reflective practice groups as meaningful but demanding educational settings. Addressing workload, optimising group size, and strengthening facilitator training may enhance their sustainability and pedagogical impact. These findings are transferable to similar reflective learning contexts in general practice training.

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ID 1597- Impact of a general practice internship on medical students' perceptions of the specialty: a before–after study

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Context: General practice (GP) will be the chosen specialty for a substantial proportion of medical students after the sixth-year board exam. GP internship, which became universal in XXXX in 2009, may influence both the perception and attractiveness of GP. Few studies have examined the impact of this mandatory internship, and none have done so at XXXXX.

Objectives: To assess changes in beliefs about GP and in the intention to choose GP as a specialty among medical students at XXXXX after completion of a GP internship before board exam.

Methods: A prospective before–after questionnaire study between October 2021 and June 2022 third-year students' class was conducted. A questionnaire was developed from 22 preconceived ideas about GP collected during workshops with previous classes. To assess changes in students' agreement with these statements, responses (5-point Likert scale) before and after the internship were compared using paired Student's t-tests with a 5% alpha risk.

Results: A total of 137 students (41% of the class) completed both questionnaires. Twelve items changed significantly over time. Perceived complexity of GP increased by +0.36 [95% CI 0.20 to 0.51], p<0.001, while the perception of professional isolation decreased by −0.41 [−0.58 to −0.23], p<0.001. Recognition of GP as a specialty improved (+0.22 [0.07 to 0.38], p<0.05), as did the intention to choose it (+0.21 [0.05 to 0.37], p<0.05). Students reported greater perceived workload (+0.30 [0.14 to 0.47], p<0.001) and better remuneration (+0.40 [0.24 to 0.57], p<0.001). Three items decreased, notably the idea that "choosing GP means giving up another specialty" (−0.18 [−0.33 to −0.03], p<0.05) and that GP is necessarily practiced in private practice (−0.24 [−0.42 to −0.06], p<0.001).

Discussion: The process of identifying preconceived ideas directly with medical students yielded a list closely aligned with their perceptions. The prospective before–after design and paired analysis strengthen the robustness of the findings. However, only 41% of the target class could be included.

Conclusion: This study suggests that a GP internship helps deconstruct certain misconceptions and enhances the attractiveness of the specialty, thereby supporting the continuation of such placements for all medical students.

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ID 1207- Design and Implementation of an Innovative Blended Certificate Program for NCD Care in Lebanon

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Context: Non-communicable diseases (NCDs) are a leading public health challenge globally and account for more than 85% of adult mortality in Lebanon, a lower–middle-income country facing significant health system strain. Strengthening the capacity of primary health care (PHC) providers, particularly general practitioners and family physicians, is

essential to improving prevention and management of NCDs. This session presents the development and early implementation of a national Certificate in NCD Care tailored for the PHC context.

Methods: A needs assessment was conducted among general practitioners and family physicians working across Ministry of Public Health–affiliated PHC centers. The assessment examined their knowledge, attitudes, and practices related to NCD prevention and management, along with specific learning needs.

Originality: This is the first structured, nationally aligned NCD training program for PHC providers in Lebanon, integrating online modules, interactive case-based sessions, and supervised on-the-job clinical training. The program is designed to be scalable, adaptable

Lessons learned and future implication: The Certificate in NCD Care spans six months and employs a blended format that combines self-paced e-learning, in-person case discussions, and workplace-based learning. Implementation has begun with a goal of training at least one provider in each of the

Discussion: The development process revealed several key factors necessary for successful implementation, including alignment with national guidelines, availability of digital infrastructure, and the need for protected learning time within busy PHC settings. Challenges included variable digital literacy and competing clinical responsibilities, while facilitators included strong engagement from PHC leadership and the blended design that accommodates diverse learning needs.

Conclusion: The introduction of a national Certificate in NCD Care offers an innovative and practical approach to strengthening PHC providers' competencies in NCD management in Lebanon. As implementation expands, this model has the potential to enhance quality of care, improve patient outcomes, and serve as a scalable training strategy for similar settings.

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ID 878- General Practice Residents' Perceptions of Practice Exchange Groups: A Qualitative Study

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Context: The training of general practice residents is evolving from a vertical model based on knowledge transmission to a peer-based co-construction approach. Practice Exchange Groups (GEP) fit within this dynamic by promoting the sharing of experiences and collective reflection on situations encountered during clinical rotations. Although their development responds to current educational priorities, little is known about how residents perceive them. Exploring their views is essential to adapt these tools to the needs of primary care training.

Objectives: To describe general practice residents' perceptions of GEP, identifying facilitating factors, barriers, and avenues for improvement.

Methods: A descriptive qualitative study was conducted among residents who had participated in GEP. Ten semi-structured interviews and six focus groups were carried out. Verbatim transcripts underwent inductive thematic analysis following Braun and Clarke's methodology, with independent double coding and triangulation.

Results: Residents identified several facilitators: the videoconference format, an appropriate session frequency (once per month), and a workload considered reasonable. A supportive atmosphere and the participatory stance of the facilitators were also perceived as strengths. GEP were appreciated for their practical relevance and for enabling the sharing of clinical experiences. However, residents also reported barriers: rapid implementation during the health crisis, poorly defined educational objectives, repetitive themes, variability in teacher engagement, and occasional confusion about role distribution. The bibliographic work was considered superficial, and GEP did not seem to directly encourage peer-led groups.

Discussion: Residents view GEP as useful for developing reflective skills, provided that their structure and objectives are well defined. The discrepancies in facilitation practices and lack of

clarity regarding pedagogical aims appear to limit their perceived impact. Although strengthened by methodological triangulation, the findings stem from a single training region and a post-pandemic context, which may influence transferability.

Conclusion: GEP are a relevant tool to support reflective practice in general practice training. Enhancing interprofessional coordination, clarifying objectives, and standardizing facilitation methods could improve their effectiveness and sustainability.

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ID 463- The Adopteunethese.fr project, Designing a digital matching platform between general practice interns and thesis supervisors

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Context: Thesis projects are a requirement for completing residency programs in France, serving a dual purpose : educational validation and research promotion. However, several challenges exist, such as the difficulty of engaging interns in research projects and the complexity they face in finding suitable thesis supervisors. These issues are exacerbated by recent reforms in the third cycle of medical education.

Objectives: The aim of this work is to create a platform that facilitates the connection between general practice interns and supervisors, optimizing research and the management of thesis projects in general practice.

Methods: The development followed the SAM (Successive Approximation Model) with three phases: preparation, iterative design, and iterative development. A needs assessment was conducted via a questionnaire distributed to general medicine academics. A first version of the platform was built and improved based on user feedback. Evaluation was conducted using the System Usability Scale (SUS) and focus groups.

Results: The platform, accessible at adopteunethese.fr, easily facilitates the formation of pairs aligned with users' interests and competencies. As of June 2024, it has 432 members, 44 thesis projects, and 9 successful pairings. The SUS score was 80, indicating good usability. Focus groups highlighted the need for improvements such as more precise search filters, rephrasing certain terms, and a more active promotion to increase platform usage.

Discussion: Adopteunethese.fr is a free online tool developed to effectively address the current challenges of the fourth year in French general practice. Although improvements are necessary, it is considered useful and user-friendly.

Conclusion: By incorporating suggestions and expanding its application, the platform could become a key tool for the medical academic community.

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Medical education

ID 1701- Characteristics of Audience Participation During the 2022 General Practioner Annual Conference

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Context: Gender inequalities in professional settings remain significant in XXXX. According to the High Council for Equality, women often adopt avoidance strategies in their verbal participation to protect themselves from sexist behaviours. In medicine, although women now represent the majority of general practitioners (52.5%), their presence in academic positions remains low (31.0% in 2021). International literature suggests that women intervene less frequently during scientific conferences.

Objectives: Describe the characteristics of audience participation during the 2022 December conference of the XXXX College of General Practice Teachers (XXXX), and explore the influence of

several factors—including gender, age, and room size—on the likelihood of speaking up.

Methods: We conducted a prospective, descriptive, comparative (chi2, student), analytic (logistic regression using R++) observational study across 50 sessions. Two anonymous surveys were completed by 17 investigators : one describing session characteristics (room occupancy and audience composition), and one describing each intervention (perceived age and gender, duration, and content). Current ethical laws have been respected.

Results: Among the 2,880 participants (69.9% women), 753 audience interventions were analysed. Women accounted for 55.1% of speakers but only 41.7% of those taking the floor—representing only one out of six women present at the conference. The cumulative speaking time was significantly longer for men (5h23) than for women (3h03), corresponding to a 176% male overrepresentation ($p < 0.001$). Analyses showed that women were more likely to intervene in medium-sized rooms (45.2%, vs. 33.8% in large rooms and 37.0% in small rooms). Speaking up was also more likely when the presenter was a woman (OR=1.49, 95%CI[1.11–2.01]).

Discussion: Strengths are : the first study during a conference in family medicine in XXXX, and a majority of sessions covered. Potential inter-investigator variability is a limitation of data collection. Despite near gender parity among speakers, women participated less frequently in audience discussions. Room size and the gender of the presenter influenced women's participation. Results were coherent with 3 other international studies in medical conferences.

Conclusion: Gender influences the likelihood of speaking up during scientific conferences among general practitioners. A qualitative study is now underway to explore the mechanisms underlying these differences. The aim is emerging tracks to a better gender equity.

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ID 1643- The Influence of Role Modelling by General Practice Supervisors on Residents' Learning: A Qualitative Study

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Context: Outpatient training is a cornerstone of general practice residency and plays a key role in residents' professional identity formation. During this immersion in ambulatory care, general practice supervisors act as role models, shaping clinical reasoning, professional values, and attitudes through daily practice. While supervisors' educational role is recognised, the mechanisms through which role modelling influences residents' learning remain insufficiently explored.

Objectives: To explore general practice residents' perceptions of their supervisors' influence during the first ambulatory internship, focusing on role modelling and its impact on learning and professional identity formation.

Methods: A qualitative study using a phenomeno-pragmatic approach inspired by grounded theory was conducted in a university department of general practice (XXX). Ten residents were purposively selected to ensure diversity of profiles. Semi-structured interviews were conducted between November XXXX and January XXXX, recorded, transcribed verbatim, anonymised, and analysed using inductive thematic analysis with independent double coding. Data collection continued until sufficient thematic depth was achieved

Results: Supervisors were described as influential role models across four domains: clinical skills and knowledge, doctor–patient relationship, construction of professional practice, and career orientation. Role modelling occurred mainly through observation of supervisors' clinical reasoning, relational attitudes, ethical positioning, and organisational choices. The quality of the supervisor–resident relationship—trust, support, and adaptability—was identified as a key condition for effective role modelling. Educational practices combining supervision, progressive autonomy, and reflective feedback enhanced learning and

engagement, whereas hierarchical or distant relationships limited identification processes.

Discussion: These findings highlight role modelling as a central pedagogical mechanism in outpatient general practice training, embedded in everyday clinical interactions. Supervisors influence residents not only through explicit teaching but also through implicit behaviours and professional postures, underscoring the importance of reflexivity regarding this modelling role.

Conclusion: General practice supervisors play a decisive role in residents' professional identity formation through role modelling. Strengthening pedagogical training, particularly around awareness of implicit modelling, may enhance the educational value of outpatient training. These findings are transferable to similar primary care training settings internationally.

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ID 1338- Cinemeducation: exploring expert expectations for a film-based educational tool in general practice using a consensus method

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Context: Through its emotional impact, its capacity to foster identification, and its integration of humanities-based analytical approaches, film-based medical education (cinemeducation) has demonstrated its usefulness in promoting empathy, reflexivity, and professionalism among medical students. In this context, the Cine-Kit was developed as a ready-to-use pedagogical tool for general practice teachers, offering a selection of film and series excerpts with complementary resources to support workshops on delivering bad news.

Objectives: This study aimed to explore the perspectives of medical educators and cinemeducation experts, in order to identify key expectations regarding such a tool, priority areas for improvement, and essential elements to preserve for its effective implementation in real teaching settings.

Methods: A Nominal Group Technique (NGT) was used as a structured consensus method. Two separate panels were constituted: general practice teachers and experts in cinemeducation. Each session followed the standard NGT steps (silent idea generation, round-robin sharing, clarification, and anonymous ranking). Forty-two proposals were formulated, clarified, and grouped into thematic categories for analysis.

Results: Participants emphasized the need for a clear and structured pedagogical framework, including session flow, objectives, and assessment strategies. Analytical tools (cinematographic or grounded in social sciences) and diversity in the excerpts (in content, tone, and form) were considered essential but requiring further development. Access to the tool through an ergonomic and secure online platform was strongly supported. Some features were consensually valued, such as realistic, non-caricatured situations and excerpts that are meaningful on their own. General practice teachers highlighted the importance of a ready-to-use format, while cinemeducation experts insisted on the need for interdisciplinary analytical tools.

Discussion: Although perceived as already operational, the tool requires further refinement. It shares similarities with existing initiatives, yet its modular extract-based structure sets it apart. The NGT enabled the identification of shared priorities, but the exploratory nature of the method invites cautious interpretation.

Conclusion: The Cine-Kit appears to be an innovative pedagogical tool for teaching bad news delivery. Future implementation and evaluation across diverse teaching settings will help assess its adaptability, broaden its scope to other competencies and disciplines, and guide further research.

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ID 493- Evaluation of pedagogical and organisational quality of general pratice

residency training sites at the University of XXX

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Context: Workplace-based learning through clinical rotations is central to general practice (GP) training in XXX. The pedagogical and organisational quality of training sites directly influences competency acquisition, wellbeing, and professional identity development among GP residents. Although national guidelines define expectations for both hospital and ambulatory clinical training sites, substantial heterogeneity persists. At the University of XXX, no centralised system existed to assess whether all training sites met these standards.

Objectives: The primary objective was to evaluate the organisational and pedagogical quality of all clinical training sites available to GP residents at the University of XXX. A secondary objective was to explore whether the residents' ECN ranking (which determines access to preferred placements) was associated with perceived training quality.

Methods: A cross-sectional descriptive and analytical study was conducted using an online questionnaire (LimeSurvey) distributed to all GP residents completing a rotation between November 2024 and May 2025. The questionnaire incorporated criteria from national charters for hospital and ambulatory training sites. Descriptive statistics were performed, followed by a Kruskal–Wallis test and Dunn post-hoc comparisons for pedagogical quality scores, Fisher's exact test for recommendation rates, and Spearman correlation and logistic regression for the secondary objective.

Results: Among 504 eligible residents, 160 complete responses were analysed. Overall, training sites were positively perceived and frequently recommended (>85% in most settings). However, students consistently reported insufficient supervision for academic written work (portfolio, reflective assignments) and a lack of structured mid-rotation feedback. Working-hour regulations were frequently exceeded in hospital placements, particularly in medicine and emergency departments. Hospital gynaecology placements received significantly lower pedagogical quality scores than other training sites ($p<0.05$). A weak negative correlation was observed between ECN ranking and perceived quality ($\rho = -0.130$, $p=0.05$), with a stronger association in gynaecology training sites ($\rho = -0.42$, $p=0.018$).

Discussion: The study highlights substantial variability in training quality across sites. Several priority improvements were identified : structured supervision models, clearer learning objectives, protected time for academic tasks, and better regulation of workload.

Conclusion: While most training sites are well perceived, significant disparities persist. Strengthening supervision, formalising feedback processes, and enforcing workload standards could enhance the overall quality and equity of GP training.

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ID 629- Making thesis learning meaningful: Using storytelling to humanise online education in general practice

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Context: Learner engagement is critical when designing effective distance learning programmes. This study takes place in an online program about thesis learning in the context of general practice. The project aims to provide resources to medical residents and their research supervisor from the initial selection of a thesis topic to the final defence. It involves in the creation of a high-quality narrative to improve educational scriptwriting, with storytelling being one of the tools mentioned for this purpose.

Objectives: This study explored how storytelling influences motivation among general practice residents enrolled in a distance learning module on thesis writing ("Thèse XXX").

Methods: We conducted a qualitative study using semi-structured interviews with 16 general practice

residents (XXX region, XXX; July–October 2025). Participants were interviewed before and after viewing two instructional videos on thesis problematisation: one using traditional didactic presentation and one employing narrative storytelling techniques. Data were analysed using the Framework Method, guided by the COM-B model of behaviour change and Bandura's social cognitive theory. We used a phenomenological approach.

Results: Most participants regularly consumed video content for entertainment. Competing time demands from personal and professional obligations emerged as major barriers to online learning engagement. Prior to video exposure, participants held no strong preconceptions about storytelling as a pedagogical tool. Following video viewing, the narrative approach was associated with enhanced motivation, greater perceived agency, and increased intention to engage. The storytelling video was perceived as more reassuring through its step-by-step approach and fostered a sense of proximity to the department. Compared with the traditional video, it generated stronger learner identification and sustained attention, with the content perceived as less academically intimidating.

Discussion: Whilst theoretical frameworks support fictional design in medical education, the author's inexperience in qualitative research and video creation may have constrained this study's effectiveness. Storytelling builds proximity and scaffolding for gradual discovery. The digital ecosystem has evolved considerably, with AI tools now transforming the learning landscape.

Conclusion: Storytelling shows promise for enhancing engagement in distance medical education. However, its integration requires careful consideration of learner context, content design, and institutional support structures. Further research is needed to assess behavioural outcomes and transferability across educational settings.

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ID 469- Supporting Post-Graduate Medical Students in Thesis Completion: Evaluating a Digital Matching Platform – A Mixed-Methods Study

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Context: The general practice thesis represents a major challenge for the french third-cycle medical students. Connecting postgraduate medical students (E3C) with thesis supervisors is a key challenge in general practice education. Digital matchmaking platforms, such as Adopteunethese.fr, offer potential solutions to address this issue.

Objectives: This study aims to evaluate the efficiency and acceptability of this tool by analyzing user satisfaction and identifying areas for improvement.

Methods: A convergent mixed-methods cross-sectional study was conducted, combining usage data from the platform, a quantitative evaluation using the System Usability Scale (SUS), and qualitative insights from focus groups. Participants included E3C students and postgraduate physicians.

Results: The platform has 1,132 registered members, 119 thesis projects submitted, and 60 successful matches. The average SUS score of 81.11 indicates a high level of user satisfaction. Usage analysis reveals a disparity between projects submitted by supervisors and students. Supervisors' projects receive more applications (116 vs. 23, $p<0.001$) and lead to more successful matches (43 vs. 17, $p<0.001$). The focus groups confirmed the perceived usefulness of the platform while highlighting key areas for improvement

Discussion: This study highlights both the advantages and limitations of a digital platform designed to facilitate the matching of general practice thesis students and supervisors. Usage behavior analysis reveals active participation from supervisors, but reduced visibility of student-submitted projects, indicating a mismatch that could be addressed through better student project promotion tools. This evaluation underscores the importance of developing platforms tailored to users' specific needs and integrating them into a cohesive national framework.

Conclusion: This study illustrates the relevance of evaluating digital matchmaking tools such as Adopteunethese.fr, not only to ensure their efficiency but also to guide their continuous improvement. As the adoption of digital solutions becomes increasingly widespread, rigorous evaluations are essential to better understand their impact on academic collaboration and to inform their integration into complex educational environments.

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ID 367- Implementation of "all-inclusive" internships for medical students in rural areas: issues, challenges and potential solutions

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Context: The evenings are the place for the internship programs and the rural environment, including transportation, supervision and community integration. This program is designed to help you develop your general medical skills and enhance your perception and experience of your appreciation of the environment in rural areas, which is part of the principle of the conditions for viewing and developing positive influencer positives based on your choice of specialty and encouragement to develop your career and your rural knowledge.

Methods: An exploratory action-research project was conducted over a one-year period. Data collection methods included semi-structured interviews and field observations, allowing for a qualitative analysis of the experiences of trainees, supervisors, and the municipalities involved.

Originality: Our initiative is part of the rural educational pipeline described by Pong et al., while addressing the difficulties young students face in completing internships in rural areas, namely housing and transportation. We therefore created “all-in” internship

Lessons learned and future implication: Experience shows that local political commitment, the mobilization of logistical resources, and the motivation of supervising physicians are key determinants of success. Conversely, professional resistance, organizational tensions, and political uncertain

Discussion: Despite these initial encouraging results, political, economic, and human obstacles remain, including resistance to change and a lack of coordination between the different stakeholders. A structural strategy could include increased funding for physicians’ associations and strengthened collaboration with municipalities, in order to ensure ongoing support for interns. In the medium and long term, more pooled and sustainable models—such as shared housing in semi-rural centers with interns distributed across several neighboring municipalities—could increase the program’s effectiveness and durability. Future prospects include expanding this model to other regions and professions to meet the growing needs of rural communities.

Conclusion: Our model offering internships in rural settings has been met with strong enthusiasm and addresses the issues of medical shortages in rural areas. Early feedback is encouraging. Nevertheless, obstacles remain, and further implementation measures will be needed to advance this strategy.

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Medicines

ID 2024- Barriers to morphine prescription in primary healthcare: results of a survey among family doctors

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Context: Morphine is the key medication for managing severe pain, especially in patients requiring palliative care. Despite regulatory changes aimed at improving access to opioid analgesics, Morphine remains underused in primary

healthcare. Exploring physicians' awareness and the barriers to its prescription is crucial to improving pain management practices.

Objectives: To assess the frequency of morphine prescription and the level of awareness among primary care physicians regarding standard practices and recent regulatory changes.

Methods: A quantitative cross-sectional study was conducted using an online questionnaire (Google Forms). A total of 107 physicians from all regions of the Kyrgyz Republic participated. Most respondents were family doctors (N = 89), with general practitioners also represented (N = 13). The survey collected information on demographics, professional status, knowledge of the WHO pain ladder, morphine prescribing practices, and awareness of Government Decree No. 572 (dated 8 September 2025), which regulates the prescription of narcotic and psychotropic drugs. (Descriptive statistics were used for data analysis)

Results: The mean age of respondents was 46.5 ± 12 years, with 98 women. Although 86 reported being familiar with the WHO pain ladder, only 16 prescribed Morphine, mostly rarely or monthly. The main reasons for not prescribing Morphine were absence of patients requiring it (63/84), fear of responsibility (11/84), and insufficient knowledge (10/84). 62 respondents reported having only partial knowledge of practical guidance on Morphine use. Notably, 38 physicians were unfamiliar with the new Decree No. 572, and an additional 33 were only partially familiar with its content. The most frequently cited concerns were potential side effects (48) and risk of patient addiction (37). When Morphine was unavailable, 80 relied on non-opioid analgesics.

Discussion: The findings reveal a significant gap between physicians' theoretical awareness and practical use of Morphine. Despite the updated legal framework, concerns, lack of training, and limited access to clear clinical guidance remain major barriers.

Conclusion: To improve access to adequate pain relief in primary care, targeted educational initiatives, better dissemination of regulatory updates, and the development of practical clinical guidelines for family doctors are essential.

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ID 1919- Narrative review of the literature concerning the effects of marine collagen on osteoarthritic joint pain

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Context: Osteoarthritis is a common joint disease causing chronic pain and impaired quality of life. Given the limitations of conventional therapies (NSAIDs, analgesics, non-drug treatments), marine collagen, a natural nutraceutical, has gained growing interest for its potential effects on joint pain.

Objectives: This narrative review aims to summarize available experimental studies about the effects of marine collagen hydrolysates on osteoarthritic joints, focusing on tolerance, joint pain and mobility, on joint cells, inflammatory mediators, and cartilage structure.

Methods: A narrative literature review was conducted using PubMed, Scopus, and the Cochrane Library, along with grey literature analysis. Included studies assessed supplementation with marine-derived collagen in osteoarthritis or joint pain. Among 438 articles, 16 experimental studies were retained including 6 clinical and 10 preclinical studies.

Results: Clinical studies generally reported reduced joint pain and improved joint function, with good overall tolerance of marine HC. Safety appeared well-established, with no evidence of pathogen transmission. Preclinical studies (in vivo and in vitro, using human or animal models) highlighted beneficial effects on cartilage matrix integrity, inflammatory mediators, and biomarkers. However, two of the preclinical studies, mainly conducted ex vivo, have shown paradoxical effects, depending on hydrolysate fraction size and concentration.

Discussion: Clinical results are encouraging but heterogeneous ; as tested products were extracted from different, not always comparable, sources. Studies also differed in analytical methods and methodological quality. Some preclinical studies

showed variable results, depending on hydrolysate concentration, source, and extraction method. Although ex vivo findings have limited clinical transposability, they suggest that the effects of one hydrolysate preparation cannot be extrapolated to others. Therefore, defining a HC as a safe and effective nutraceutical requires thorough evaluation of its pleiotropic effects.

Conclusion: The available data do not yet allow firm conclusions regarding the specific efficacy of all marine HC in osteoarthritis. Nevertheless, this review highlights preliminary biological and clinical evidence suggesting potential benefits in certain cases. Well-designed randomized, double-blind clinical trials with standardized formulations, defined populations, and long-term follow-up are required to confirm efficacy, safety, and indications.

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ID 1855- Impact of secured prescription requirements on zolpidem and pregabalin dispensing in France, 2014–2024

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Context: In France, secured prescriptions have been mandatory since 2000 for drugs classified as narcotics. In response to increasing reports of abuse, misuse and dependence, secured prescription requirement were extended to zolpidem in 2017 and to pregabalin in 2021.

Objectives: This study aimed to assess the impact of these secured prescription requirements on the dispensing of zolpidem and pregabalin in France between 2014 and 2024.

Methods: We conducted an observational, cross-sectional study, using Open Medic, an open-access annual database providing reimbursement information on drugs dispensed in pharmacies. The study population included all patients dispensed zolpidem or pregabalin in France between January 1, 2014, and December 31, 2024.. The primary outcome was the annual number of zolpidem and pregabalin packages dispensed. Stratified analyses were performed according to age group, gender and prescriber specialty. Negative control drugs not requiring secured prescriptions (zopiclone and gabapentin) were included for both substances to assess potential substitution.

Results: Between 2014 and 2024, the number of zolpidem packages dispensed in France decreased from 19,812588 to 5,780,872 (-70%) with the largest decline occurring between 2016 and 2018. In comparison, zopiclone dispensing increased during this period, mirroring the decrease in zolpidem, although to a lesser extent (+21% between 2016 and 2018). For pregabalin, the number of packages increased between 2014 and 2020 (+28%), followed by a decline until 2024 (-29%) resulting in fewer packages dispensed in 2024 than in 2014. Gabapentin dispensing increased between 2014 and 2020 (+28%), with a more pronounced rise from 2020 to 2024 (+50%), coinciding with the introduction of secured prescription requirements for pregabalin.

Discussion: The temporary increase in zopiclone dispensing contrasts with the continued rise in gabapentin, which may be explained by the 2021 recommendation designating gabapentin as a first-line treatment for neuropathic pain. Overall, the secured prescription measure appears to be effective in the long term. Clonazepam, which has required secured prescriptions since 2011, also showed a continuous decrease in dispensing over time, with a 31% reduction over 10 years.

Conclusion: The introduction of secured prescription requirements resulted in a reduction in zolpidem and pregabalin dispensing with limited substitution to alternative drugs.

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ID 1729- Factors influencing general practitioners' decisions to prescribe medical cannabis in Occitanie

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Context: In 2019, France launched a national pilot program to introduce medical cannabis for selected indications, such as refractory neuropathic pain or intractable symptoms in oncology, under the supervision of the French National Agency for Medicines and Health Products Safety (ANSM). Prescribing was initially restricted to referral centers, with the possibility of continuation by general practitioners (GPs). However, uptake of medical cannabis prescribing in primary care has remained limited.

Objectives: The primary objective was to explore the factors influencing GPs' decisions to potentially prescribe, or not prescribe, cannabis.

Methods: Our study used a design with semi-structured interviews, followed by a grounded analysis. Participants were GPs practicing in primary care in Occitanie, including both physicians involved in the national pilot program and those who were not prescribers. Analysis followed an iterative comparative process with coding and theme development until thematic saturation reached.

Results: Medical cannabis generated significant expectations among participants, particularly regarding pain relief in situations where conventional treatments had failed and as a potential means to reduce opioid analgesic use. Clinical judgment was constructed through training and review of the scientific literature, but above all through feedback from treated patients, which played a central role in influencing prescribing attitudes.

Discussion: The perceived analgesic benefit of medical cannabis remains insufficiently demonstrated in the current literature, which echoes participants' simultaneous hope and doubt. Future prescribing frameworks in France will need to take into account existing difficulties in accessing specialist care, which may limit the feasibility of highly specialized prescribing models. In this context, international experiences and established national prescribing pathways may provide useful guidance. Although the risk of dependence and misuse is more clearly documented for recreational cannabis, participants considered these risks relevant in medical use as well, supporting the need for regulatory and monitoring measures accompanying any

Conclusion: GPs' acceptance of medical cannabis appears to rely on a balance between expected therapeutic benefit and concerns. These findings highlight the importance of scientific evidence, appropriate regulation, and education to support the future integration of medical cannabis into primary care practice.

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ID 548- Experimentation with medical cannabis as social transformation in the field of health

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Context: Since 2021, France has been conducting an experiment with medical cannabis under the auspices of the ANSM, involving general practitioners and hospital doctors, community and hospital pharmacists, and patients. After completing training, professionals are authorized to prescribe and dispense medical cannabis to treat refractory neuropathic pain, painful spasticity, refractory and drug-resistant epilepsy, palliative situations, and intractable symptoms in oncology.This experiment has already given rise to several studies, mainly theses by medical interns, focusing on obstacles, facilitators, and representations. This research, conducted in partnership with the ANSM, remains above all pragmatic in order to make empirical observations about the experiment.

Objectives: This study aims to show that a psychosocial approach can shed light on the mechanisms underlying the results targeted by medical cannabis trials.

Methods: It uses a qualitative secondary analysis method applied to a large existing corpus: 194 semi-structured interviews and 8 focus groups conducted by interns as part of their general medicine theses. The homogeneous sample includes healthcare professionals and patients involved in the trial. The phenomenologically inspired analysis consists of a sociopsychological re-reading of these materials in order to examine how medical cannabis influences identities, standards of care, and the place of this subject at the intersection of medicine, politics, and lived experience.

Results: The results, currently being compiled, should show that concepts from social psychology and sociology - identity, norms, representations, social roles, boundary objects - can reveal the multidimensional issues at stake in this experiment, whether medical, political, identity-related, normative, or representational.

Discussion: The general hypothesis is that the experiment goes beyond the simple introduction of a new treatment: it reveals tensions between knowledge, norms, and identities in the field of health, reconfigures social roles, brings about new identity affiliations, and forces actors to negotiate meanings in an uncertain symbolic space.

Conclusion: To our knowledge, no study has addressed experimentation from a psychosocial perspective, even though it is not limited to therapeutic innovation: it acts as a vector of social transformation within the health field.

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ID 269- Adverse drug reaction in primary care

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Context: The consumption of outpatient medications continues to grow in France. This can lead to adverse drug reactions (ADRs), some of which are predictable and preventable. But it also carries a risk of iatrogenic medication, which is the cause of morbidity, mortality and high healthcare costs. This is a major challenge as it is the second leading cause of serious preventable adverse events in healthcare.

Objectives: The objective of this study was to estimate the prevalence of medication-related causes of complaints reported during consultations among adult patients in the Ile-de-France region in 2024.

Methods: This was an observational, non interventional, cross-sectional, descriptive, quantitative study using a completely anonymous questionnaire administred to patients over the age of 18 in the Ile-de-France region. The questionnaires were completed retrospectively by four different investitagors, all of whom were general medicine interns at Sorbonne Paris Santé University.

Results: We analyzed a total of 1000 patient prescriptions. Of these, 105 (10.5%, 95% CI : 9-11%) came to see us for a reason identified by our approach as a possible adverse drug reaction. The most frequently implicated drug class was antihypertensives (28,5% n=51). Patients with potential ADRs consumed significantly more drugs, were generally older and more drug interactions in their prescriptions. Finally, using a logistic regression model, we found that advanced age significantly increased the risk of potential ADRs in patientsaged 50-65 (OR : 5.47 p-value < 0.022) and aged 66-80 (OR : 6.63 p-value < 0.013), while polypharmacy significantly increased this risk by 14% (p< 0,008).

Discussion: Factors that could influence the occurence of these adverse drug reactions were : polypharmacy, advanced age and drug interactions. Our approach to detecting adverse effects is part of quaternary prevention to enrich our prescribing practices and reinforce actions promoting the proper use of medications and coordination between prescriptions from different healthcare professionals.

Conclusion: General practitioners are experts on their patients. This has enabled us to identify areas for improvement in our practice with regard to polypharmacy and drug interactions particularly among our oldest patients.

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ID 213- Efficacy of opium extract analgesics (Izalgi® and Lamaline®) : a systematic review of Randomized Clinical Trials and analysis using the REB method

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Context: Opium extract-based medications (Lamaline® and Izalgi®) are opioid analgesics classified as level 2 according to the World Health Organization (WHO). In the context of proper use of analgesics, especially opium derivatives, and considering the issues raised globally, it is important to question their usage.

Objectives: This work wanted to evaluate the effectiveness of these opium extracts in primary care.

Methods: This is a systematic review of the literature to assess the effectiveness of opium extract (Lamaline®, Izalgi®) in pain management regardless of its origin. This review adhered to PRISMA guidelines. The bibliographic search was conducted until 18/07/2024 in the four main databases (Medline - PubMed, Embase, Cochrane Central Register of Controlled Trials - CENTRAL, and ClinicalGov.org) using the following MeSH terms: “opium extract,” “opium powder,” “lamaline,” or “izalgi.”

Results: The bibliographic search led to the inclusion of a single phase III multicenter, randomized, double-blind, non-inferiority trial. The analysis of this trial using the Rob2 tool identified a risk of bias. According to the REB method, there is no evidence of effectiveness of the use of opium extract in pain relief.

Discussion: There appears to be a lack of published data on the use of opium-extract analgesics. Therefore, in the era of evidence-based medicine (EBM), it is legitimate to question the prescription of analgesics such as opium derivatives due to the lack of solid data demonstrating their effectiveness. This study did not identify sufficient evidence (whether convincing or not) to recommend the prescription of Izalgi® or Lamaline® for any type of pain, particularly considering their side effects.

Conclusion: These results justify reconsidering the prescription of opium extracts for pain management. High quality clinical trials are needed to provide a solid level of evidence for the effectiveness of opium exract in pain treatment.

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Mental health

ID 1644- The “Mon soutien psy” Program in the Management of Socio-Economically Disadvantaged Patients with Anxiety–Depressive Disorders.

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Context: Psychological issues are common in general practice consultations. Psychotherapy is the first-line treatment for mild to moderate anxiety–depressive disorders. Access to psychotherapy remains limited, and additional barriers affect socio-economically disadvantaged patients (system saturation, stigma, compartmentalized care pathways, reduced mobility). The “Mon soutien psy” program, implemented in April 2022 (revised in June 2024), aims to facilitate such access. Its utility in the follow-up of socio-economically disadvantaged patients has not yet been evaluated.

Objectives: To gather general practitioners’ evaluations of the “Mon soutien psy” program in the management of socio-economically disadvantaged patients in the Paris region in 2024.

Methods: A qualitative grounded theory study was conducted among self-employed and salaried general practitioners working in disadvantaged districts of Paris and its suburbs. Data were collected through semi-structured individual interviews continued until data saturation was reached. A constant comparative analysis was performed. Consent was obtained for participation in the study and for audio recording.

Results: Fourteen general practitioners were interviewed (6 in private practice, 8 salaried). According to the general practitioners, the program is useful in the management of socio-economically disadvantaged patients, providing an alternative to follow-up with private psychologists or with other pre-existing structures (e.g., community mental health centers). Several barriers to access for disadvantaged patients were reported: a limited number of participating practitioners, difficulties

accessing information, upfront payment requirements, language barriers, and digital illiteracy.

Discussion: Some of the limitations mentioned in this study had already been identified in the literature, including difficulties in obtaining appointments and the fact that the program reaches only a limited segment of the patient population. The issue of access related to language barriers is not specific to this program; it is a common challenge in medical practice and constitutes an obstacle to care. This highlights the relevance of transcultural psychotherapy and ethnopsychiatry services.

Conclusion: Although the program is generally well received by physicians, they nonetheless call for improvements to strengthen its role in the management of socio-economically disadvantaged patients: broader inclusion criteria and measures to encourage psychologists to participate.

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ID 1832- Use of service and forgone care in medical students in France : A nationwide study

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Context: Many studies have found a high prevalence of depression in medical students, but there are few data on the use of care.

Objectives: Our goals were to assess the prevalence of service use and adequate treatment in medical students suffering from depression, to explore the prevalence and reasons for foregoing care, and to compare data from 2021 and 2024.

Methods: In 2024, a national online survey of French medical school students and residents of all specialities was conducted. The Composite International Diagnostic Interview Short-Form questionnaire assessed 12-month Major Depressive Disorder (MDD); 12-month service use and pharmacotherapy were evaluated. We also studied the prevalence and reasons for foregoing care, as well as the type of psychotherapy.

Results: 7640 medical students were included, 30% suffering from MDD. Only half of the medical students with MDD received adequate treatment. Among those reporting psychotropic medications, 1 in 5 used their hospital service's pharmacy and 1 in 10 self-prescribed anxiolytics. Use of services increased between 2021 and 2024 (30% to 50%), with more access to psychotherapy and a stable level of pharmacological treatments in 2024. Among students who consulted a “psy”, 1 in 5 declared they didn’t have sufficient sessions. Delivered psychotherapies were mainly cognitive behavioural therapy (32%) and psychoanalysis (10%). The main reason for not seeking psychotherapeutic help was the financial burden (23%).

Discussion: The study had strengths: the large number of students (>5000) and the increased number of questions regarding the use of care and the reason for not using care. However, this study also had limitations. First, the response rate was low (<10%) and lower than the 2021 survey. Second, we didn’t have information about the duration of psychotherapy or pharmacotherapy, with a risk of overestimating the prevalence of adequate treatment.

Conclusion: To our knowledge, this is the largest and most complete study on care use in medical students. It highlighted the improvement of treatment for MDD in this population, but also the need for complementary actions because only half of the students with MDD received adequate treatment.

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ID 705- Major depressive disorder among general practice residents: prevalence and proposed strategies to improve psychological well-being at the University of Lille

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Context: Psychological distress among medical students is a major public health concern with demonstrated consequences for care quality, medical errors, and professional sustainability. National data show high rates of anxiety and depression among XXX medical students. Local studies in XXX revealed high levels of burnout risk and anxiety among general practice residents. The prevalence of major depressive episodes (MDE) and residents' preferences for improvement strategies remain insufficiently explored.

Objectives: The primary objective was to estimate the prevalence and severity of MDE among general practice residents at XXX University. The secondary objective was to identify residents' priorities and expectations regarding preventive, screening, and support interventions to address psychological distress during residency.

Methods: A descriptive cross-sectional monocentric study was conducted in 2023 among general practice residents at XXX University. An anonymous online questionnaire included sociodemographic variables, general psychological indicators, and the Composite International Diagnostic Interview–Short Form (CIDI-SF) to assess MDE during the preceding 12 months. Opinions regarding potential interventions were collected using five-point Likert scales. Descriptive statistics and chi-square tests ($p < 0.05$) were applied.

Results: Among 123 respondents, 52% reported significant psychological difficulties during residency. A total of 22.8% met CIDI-SF criteria for MDE, predominantly moderate (53.6%) or severe (42.9%), and 17.9% presented subsyndromic depressive states. Residents expressed broad support for multiple improvement strategies: – Strengthened resident training on stress management, coping with medical errors, end-of-life care, and psychosocial risks (80–90% approval). – Enhanced pedagogical, managerial, and psychosocial risk-awareness training for supervisors in ambulatory and hospital settings (70–85%). – Strict enforcement of working-time regulations and expansion of ambulatory training positions (>90%). – Implementation of a departmental well-being unit and identification of a quality-of-life referent (≈80%). – Clear, repeated dissemination of information regarding available mental-health structures (≈90%). – Strong preference for an independent psychological support service, outside the academic validation structure (82.9%).

Discussion: The high prevalence of depressive symptoms underscores substantial psychological vulnerability. Residents' proposals emphasize structural reforms, institutional responsibility, and the need for psychologically safe and independent access to care.

Conclusion: General practice residents experience considerable psychological distress. Their recommendations highlight actionable priorities for improving prevention, screening, and support systems, thereby contributing to safer training environments.

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ID 375- Hypnotherapy and anxiety disorders: a narrative review of the literature

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Context: Hypnotherapy is increasingly used in general medicine in XX to manage psychological conditions such as anxiety. Several studies support its effectiveness in reducing anxiety symptoms. However, evidence regarding the efficacy of hypnotherapy as a stand-alone intervention remains limited, as hypnosis is often combined with other psychological approaches such as cognitive-behavioural therapy.

Objectives: Description of the hypnosis methods reported in studies discussing hypnotherapy alone for the treatment for anxiety disorders (techniques used, session procedure, duration of therapy, individual or group sessions, use of self-hypnosis).

Methods: We conducted a narrative review using systematic review methods, focusing on treating anxiety with hypnosis. Searches were performed in PubMed, PsycINFO, and Cochrane databases and Google scholar. The search strategy was based on mesh terms. The search equation was : ("Hypnosis"[Mesh]) AND ("Anxiety Disorders"[Mesh]) ; ("Hypnosis"[Mesh]) AND

("general anxiety disorder" [Supplementary Concept]) ; ("Hypnosis"[Mesh]) AND ("Phobic Disorders"[Mesh]) ; ("Hypnosis"[Mesh]) AND ("Panic Disorder"[Mesh]) ; ("Hypnosis"[Mesh]) AND ("Agoraphobia"[Mesh]) ; ("Hypnosis"[Mesh]) AND ("Phobia, Social"[Mesh]). The inclusion criteria were: original articles in English or French, articles addressing hypnotherapy in the treatment of anxiety disorders in patients over 18 years of age. PRISMA Flowchart was used. SANRA tool were applied.

Results: Among the 18 included articles, only one was a randomized clinical trial. While a few well-described methods were identified for panic or phobic disorders, the remaining studies revealed substantial heterogeneity in methodology, with procedures for anxiety disorders often poorly documented. Protocol standardization is lacking concerning group modality, session number, and the use of self-hypnosis.

Discussion: These findings are consistent with those observed in other clinical indication, such as insomnia. This review may help researchers identify and refine existing hypnosis methods in this field. It also highlights the need to publish precise, standardized hypnotherapy protocols prior to assessing their effectiveness.

Conclusion: This narrative review highlights the methodological obstacles to clinical trial implementation, primarily related to the absence of standardized protocols and the lack of a recognized gold standard hypnotherapy method. We proposed IDEAL framework, which recommends research steps to evaluate one specific non-pharmacological therapy. This approach may support future clinical trials aiming to assess the effectiveness of a standardized hypnosis method.

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ID 335- Efficacy of combined eschscholtzia and valerian extracts in alleviating insomnia associated with anxiety: a randomized, double-blind, placebo-controlled trial

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Context: Pharmacological options to alleviate insomnia — benzodiazepines, “Z drugs”, and others — can all have significant undesirable effects, such as addiction or interaction with other medications, raising concerns for long-term use. Given the worrying side effects and risks, it is recommended to prescribe them as a second-line treatment, and physicians and patients often turn to non-pharmacological or over-the-counter drugs such as herbal medicines.

Objectives: The objective of this study was to evaluate the efficacy of a supplement comprising eschscholtzia and valerian extracts in alleviating insomnia associated with anxiety.

Methods: This was a double-blind, randomized, placebo-controlled study conducted in adults (n=84) with an Insomnia Severity Index (ISI) score ≥ 15 and a Hamilton Anxiety Rating Scale (HAM-A) score > 8 and < 25 at inclusion. Participants received three tablets per day of either the supplement (containing 120mg of eschscholzia plus 50mg of valerian per tablet) or a placebo from day (D) 7 to D35, with follow-up until D57. Sleep habits were assessed daily using an actimeter and an electronic sleep diary, ISI and HAM-A scores being determined on D7, 36 and 57.

Results: On D36, reductions in ISI scores were significantly greater in the supplemented group versus the placebo group (6.21 ± 4.91 [95%CI -7.82; -4.60] vs 3.89 ± 4.45 [95%CI -5.21; -2.57], p=0.030), as were reductions in HAM-A scores (6.24 ± 6.45 [95%CI -8.36; -4.12] vs 3.57 ± 5 [95%CI -5.28; -1.85], p=0.049). No between-group difference was statistically significant on D57. No severe adverse events or supplement-related adverse events were reported. Most of the patients had no difficulty in stopping the allocated supplementation (86.8% with supplement vs 100% with placebo, p > 0.05) and the majority reported no withdrawal symptoms (97.4% vs 95.5%, p > 0.05).

Discussion: Exploratory analyses indicated changes in intestinal microbiota composition with

the supplement, suggesting possible involvement of the gut-brain axis in its beneficial effects on sleep.

Conclusion: The tested supplement improved sleep quality, reduced associated anxiety and was well tolerated, supporting its consideration as a therapeutic option for relieving insomnia. Supplement discontinuation was easy; this plant-based product could therefore be used as an interesting alternative to conventional pharmaceutical treatments.

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ID 299- Gender influences in primary care management of depressive disorders: a qualitative study among general practitioners

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Context: Depressive disorders are highly prevalent in primary care. Gender, understood as a social and cultural construct shaping norms, behaviors, and expectations, influences both the expression of depressive symptoms and how they are interpreted by clinicians. Yet little is known about how gender representations influence diagnostic reasoning and management in general practice. Understanding these mechanisms is crucial to reducing inequities in care. This study explored how general practitioners (GPs) perceive and integrate gender in their approach to depressive disorders.

Objectives: To explore the influence of GPs' gender-related representations on the identification, interpretation, and management of depressive disorders in primary care in the XXX.

Methods: A qualitative study using semi-structured interviews was conducted with GPs recruited from diverse practice settings. The interview guide explored perceptions of depressive symptoms in relation to the gender of patients and the physicians' own professional positioning. Interviews were transcribed verbatim and analyzed using a general inductive approach to allow themes to emerge from the data.

Results: Gender representations deeply shaped the clinical process at every stage. For women, GPs associated depressive symptoms with multidimensional social pressures — family responsibilities, professional demands, body image norms — and with higher exposure to sexual violence. For men, the social expectation of emotional restraint and strength led to reduced expression of distress and to compensatory behaviors such as alcohol use, social withdrawal, or irritability, often masking underlying depression. These contrasting patterns led to differentiated care pathways: while men were often underdiagnosed despite a perceived higher suicide risk, GPs reported a tendency to medicalize and hospitalize women more frequently. Although participants expressed a desire for neutrality, they acknowledged the persisting influence of implicit gender biases and described adaptive strategies with variable success.

Discussion: Findings show how gendered expectations influence clinical interpretation and contribute to inequities in the diagnosis and treatment of depressive disorders. Addressing these biases is essential to improve diagnostic accuracy and aligning care with actual patient needs.

Conclusion: This study highlights a pattern of overmedicalization among women and underdiagnosis among men. Increasing awareness of gender bias is essential to ensure equitable care and reduce preventable disparities, particularly regarding suicide risk.

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ID 262- Lived Experiences of General Practitioners in XXX Regarding Suicidal Behaviors Among Farmers

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Context: Farmers exhibit a significantly increased risk of suicide despite an overall lower mortality rate. General practitioners are identified by these

patients as their primary source of healthcare. XXX is a rural area characterized by small livestock farms, both recognized as risk factors.

Objectives: To explore the experiences of general practitioners in XXX regarding suicidal behaviors among farmers.

Methods: A phenomenological qualitative study was conducted with nine general practitioners practicing in XXX. Data were collected through individual semi-structured interviews using an interview guide.

Results: Farmers are described as reluctant to seek care and rarely consult for psychological issues. The trajectories analyzed reveal multiple contributing factors: psychiatric (depression, alcoholism, impulsivity), psychosocial (isolation, administrative burden, economic insecurity), and family-related (inheritance conflicts, pressure to take over the farm). Suicidal acts are portrayed as violent and impulsive. Faced with these risks, physicians systematically screen for suicidal ideation but encounter barriers such as stigma surrounding mental health care and lack of resources. They report feelings of profound helplessness and perceive suicides as personal failures.

Discussion: Suicide prevention is already difficult in the general population. The complexity of this care lies in the fact that patients are distant from care and uncomfortable admitting that they have a mental health problem. We must reach these populations in difficulty. We must develop local resources and be familiar with them in order to easily refer patients.

Conclusion: These findings highlight the complexity of suicidal behaviors in this population and the challenges of their management. The study underscores the need for a multidisciplinary and locally adapted approach to better guide farmers toward appropriate care.

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No drugs prescription

ID 1985- Level of physical activity among children aged 18 months to 4 years attending healthcare facilities in the Île-de-France region in 2024/2025

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Context: Physical activity (PA) plays a key role in children's overall development. WHO recommendations specify the duration and intensity of PA required for children aged 0 to 5 years. Factors such as sensory disorders or pet ownership may influence the level of PA in young children.

Objectives: The aim of this study is to describe the level of PA among preschool children attending healthcare facilities in the Île-de-France region and to analyze its link with their psychomotor development and sociodemographic profile.

Methods: This is a multicenter study conducted using a self-administered questionnaire completed by parents of children aged 18 months to 4 years. It is divided into four sections : sociodemographic characteristics, medical information, psychomotor development and assessment of physical and sedentary activity using the EY-PAQ questionnaire. Bivariate analyses (Student's t-tests and ANOVA) explored the associations between PA, sedentary behavior, and the identification of a neurodevelopmental disorder on the one hand, and sociodemographic factors on the other. Linear and logistic regressions were then used to adjust these relationships, taking into account the identified confounding factors. The data were processed using Excel and R++, with a significance threshold set at 0.05.

Results: The recruitment period runs from October 2024 to February 2025. Our study population includes 311 children, 52% of whom are boys. Children engaged in an average of 155 minutes per day of moderate to vigorous PA and 219 minutes per day of sedentary activity. Lower levels of moderate to vigorous PA are significantly associated with the identification of neurodevelopmental disorders. Low parental education and the presence of a dog in the household are associated with higher levels of PA. A positive correlation between PA and sedentary behavior was also observed.

Discussion: Our study highlights levels of PA are consistent with WHO recommendations, but much higher levels of sedentary activity. The positive association between PA and sedentary activity requires further studies using profile-based approaches. Children suspected of having neurodevelopmental disorders should receive special support in their PA.

Conclusion: PA for preschool children requires both parental support and policies to prevent sedentary lifestyles.

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ID 1681- Taking care in complex situations: better prioritisation using the GOC approach

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Context: Complex situations are increasing in a GP Practice. But the application of clinical practice guidelines faces specific challenges in complex or multi-morbid situa-tions.

Methods: In these cases, the proposal is to shift the focus from disease-oriented care to patient's goal-oriented care (GOC), in which disease management becomes a means of sup-porting the achievement of the person's life goals. The GOC approach ("Goal Oriented Care") offers a method and tools for implementing this approach. Different primary care practices experimented the approach, giving lessons learned to go further in the application of the approach in general practice.

Originality: GOC invites to a paradigma shift, from a problem-focused practice to a goal-oriented interdisciplinair plan and action. It propose to take patient's life goals as a common direction for all the professionnals, and to make decision in dialog between patien

Lessons learned and future implication: This approach implies a series of conditions for implementation. The GOC involves listening skills, reflexivity, taking into account the context of the patient, with healthcare professionals translating the patient's personal goals into realistic professi

Discussion: GOC gives an opportunity for better involving the patient in the decisions about their healthcare. Otherwise, professionals have to pay attention on some risks of this shift in a cultural context of over-responsabilizing persons in taking care of their health. This can happen in a balance between repescting the preferences of the patients, and giving the right to vulnerability.

Conclusion: Goal oriented care is an approach to prioritize the care by following patient's life goals and prorities. Professionnals are trying it with satisfaction.

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ID 1348- Physical Activity on Prescription for Alzheimer's Disease: A Delphi Consensus Study to Define Frequency, Intensity, Time, and Type of Exercise

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Context: Physical activity on prescription (PAP) is recognized as an effective preventive and therapeutic intervention for numerous chronic conditions. Despite these proven benefits, PAP remains under-prescribed in primary care. Existing guidance from the French National Authority for Health (HAS) offers general recommendations, but no consensus-validated prescription model currently exists to support clinicians in structuring PAP prescriptions.

Objectives: To develop and validate a consensus-based model for PAP prescription, including

frequency, intensity, time, and type of activity, designed for integration into a clinical decision aid for general practioners.

Methods: A preliminary decision tree was constructed based on a systematic literature review and recommendations from scientific bodies, including the HAS. Experts were recruited by inviting members of a scientific geriatric organization and through snowball sampling. Experts (physicians, physiotherapists, physical trainers) were consulted through iterative Delphi rounds using online questionnaires to validate the prescription model. Consensus for each item was defined as a median agreement score ≥7 on a 9-point Likert scale and ≥70% of responses within the [7–9] range. Items not meeting consensus thresholds were resubmitted in subsequent rounds until consensus was achieved.

Results: Three Delphi rounds were conducted. Most items reached consensus in the first round. Experts validated specific PAP modalities for patients with mild neurocognitive disorders, including: light-intensity endurance training 3 days per week for 30–60 minutes; muscle strengthening more than 2 days per week; flexibility exercises at least twice per week; and both static and dynamic balance exercises at least twice per week. Conversely, experts agreed that PAP is not adapted for advanced neurocognitive disorders; in these cases, physiotherapy was recommended instead, depending on mobility and functional autonomy.

Discussion: This study provides the first consensus-based PAP prescription model for patients with Alzheimer's disease and represents a step toward integrating structured PAP recommendations into a decision aid for primary care physicians. Limitations include a small, non-representative expert panel and the need to evaluate the model's usability and impact in real-world primary care.

Conclusion: We established a multidisciplinary consensus model for PAP prescription in Alzheimer's disease. This model will serve as the foundation for a clinical decision aid intended to further improve PAP utilization in primary care settings.

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ID 953- Physical exercise and glycemic control in type 2 diabetes: an integrative review in primary care

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Context: Type 2 diabetes mellitus (T2DM) represents a substantial global health challenge, with primary care serving as the cornerstone for long-term disease management. Whilst physical exercise is widely acknowledged as a fundamental therapeutic component, its systematic implementation within primary care remains suboptimal. This integrative review synthesizes contemporary evidence examining the effectiveness of structured exercise interventions on glycemic outcomes in adults with T2DM managed in primary healthcare settings.

Objectives: To evaluate the impact of structured physical exercise interventions delivered within primary care on glycated hemoglobin (HbA1c) and fasting plasma glucose levels in adults with T2DM.

Methods: This PRISMA-compliant integrative review searched PubMed/MEDLINE using five controlled MeSH descriptors: Diabetes Mellitus Type 2, Exercise, Primary Health Care (including Family Practice and Community Health Services), Glycated Hemoglobin, and Blood Glucose. Eligible studies comprised primary research (randomized controlled trials, quasi-experimental designs, cohort studies, and analytical cross-sectional studies) published between 2015 and 2025 in English, Portuguese, or Spanish. Two independent reviewers conducted title/abstract screening and full-text assessment, with discrepancies resolved through consensus. Quality appraisal was performed using appropriate validated tools according to study design.

Results: From 42 identified records, 24 studies met eligibility criteria following systematic screening. Exercise interventions consistently demonstrated clinically significant improvements in glycemic parameters. Aerobic training, predominantly walking programmes at moderate intensity (3–5 sessions weekly), yielded HbA1c reductions of 0.3–1.8%, accompanied by significant decreases in fasting glucose.

Discussion: Resistance training produced comparable benefits, particularly when supervised and progressively intensified. Combined training protocols achieved the greatest HbA1c reductions. Primary care-integrated strategies (nurse-led counselling, community-based groups, mobile applications, and structured lifestyle programmes) proved feasible with high adherence rates. Digital health interventions enhanced self-management and sustained glycemic improvements. Notably, even modest activity increments, such as step-count targets, yielded meaningful metabolic benefits.

Conclusion: Structured exercise interventions implemented within primary care effectively improve glycemic control in adults with T2DM. Evidence supports aerobic, resistance, and combined modalities, with community-based and digitally-supported approaches demonstrating particular promise for sustainability and scalability. Integrating exercise prescription as standard primary care practice may substantially enhance metabolic outcomes and long-term diabetes management.

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ID 433- GRAPPE: A participatory approach to promote physical activity in primary care

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Context: The GRAPPE (Groupe de Recherche en Activité Physique en soins PrEmiers) emerged in 2024 in a university-based primary care centre (MSPU) in northern France, in response to two converging needs: the sharp increase in thesis supervision demands following the national reform of postgraduate training, and the lack of primary care research on physical activity (PA). The simultaneous arrival of two master's students in Adapted Physical Activity (APA) catalysed collaboration between health and sport sciences, creating fertile ground for an interprofessional learning and research environment.

Methods: The initiative was designed to support interns in their thesis projects, pool supervisory expertise, and progressively build research culture within the care team. Monthly workshops, alternating with individual mentoring, guide students through question formulation, methodological choices, ethics and regulation, fieldwork, and dissemination. A shared digital workspace consolidates tools, protocols, and meeting summaries. The interprofessional group comprises 50 members, including medical, pharmaceutical, APA, nursing, sport science and administrative professionals, as well as a patient partner. To date, 18 students have developed projects. Strengths include flexibility of entry, strong local anchoring, and diverse expertise; limitations include heterogeneous student timelines and reliance on voluntary involvement.

Originality: Its originality lies in the integration of students from the fields of sport and health into a primary care research group composed not only of healthcare professionals, but also of professionals from sport and social sectors, as well as patient partners.

Lessons learned and future implication: Key learnings include the value of collective supervision, the importance of shared tools, and the need for explicit governance to sustain engagement. This project led to the submission of an application for Sport-Health Centre accreditation.

Discussion: While France hosts interprofessional initiatives such as the service sanitaire, few focus explicitly on producing primary care knowledge. Internationally, GRAPPE aligns with learner-centred research networks such as TUTOR-PHC, ARCs, or PBRNs, but distinguishes itself by a local scale bridging MSPU and CPTS, and by its single thematic entry point—physical activity—as a unifying, transdisciplinary domain.

Conclusion: GRAPPE demonstrates that a locally rooted, interprofessional and thematic approach can enhance research capacity in primary care. Its adaptability and collaborative governance offer promising avenues for sustainability and potential replication.

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ID 376- Physical Activity Promotion in Patients With Motor Disabilities: The Role of General Practitioners.

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Context: Physical activity provides numerous health benefits for people with disabilities, yet their participation rates remain significantly lower than those of the general population.

Objectives: This study aimed to explore how individuals with motor disabilities perceive the role of general practitioners in promoting physical activity.

Methods: This qualitative study was based on semi-structured individual interviews conducted between December 2023 and June 2024 with adults living with permanent motor disabilities. Participants were recruited either from specialized rehabilitation centers or through regional sports committees for individuals with disabilities. Data were analysed using an inductive thematic approach.

Results: Twenty-five participants aged 21 to 78 years, presenting diverse motor impairments, were interviewed. They reported multiple barriers to physical activity (e.g., accessibility issues, lack of information...) as well as substantial perceived benefits. Several avenues for action by general practitioners were identified: screening for physically inactive patients, communication and awareness-raising, referral to appropriate structures, individualized follow-up, and peer connection with individuals already engaged in parasport.

Discussion: General practitioners are central in promoting physical activity among individuals with motor disabilities. The development of initiatives such as Sport-Health pathways and parasport networks offers opportunities to enhance access and participation. Structural, social, and educational barriers limit opportunities despite well-documented benefits. Improving the visibility of adapted physical activity networks and coordination among healthcare providers are key levers. This study provides actionable insights to guide future Sport-Health initiatives in primary care and highlights the need to strengthen prevention strategies for this underserved population, supported by a summary poster compiling useful resources for healthcare professionals and patients.

Conclusion: General practitioners play a pivotal role in supporting individuals with motor disabilities to engage in physical activity, by providing guidance, ensuring safety, and facilitating access to adapted resources.

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ID 195- An IDEAL setting for research in general practice

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Context: Insomnia is a major public health problem in France. Outpatient treatment focuses on improving sleep hygiene and non-pharmacological interventions (NPIs). Hypnotherapy is becoming increasingly popular in primary care. A growing number of publications attest to its effectiveness, but they suffer from poor methodological quality. How can the benefits of this brief therapy in the treatment of chronic insomnia in general practice be demonstrated?

Methods: In 2009, the IDEAL conceptual framework was proposed in The Lancet to evaluate an innovative surgical method and strengthen the methodological quality of clinical evaluations of complex therapies. Description of how our team has adopted this concept, illustrating each step of the process with the work carried out by our team. • "I" (Idea): describe the innovative technique through a case study. A publication described the innovative hypnotherapy method used. • "D" (Development): explore the importance of developing research in the field concerned with several qualitative and quantitative studies in general medicine. • "E" (Exploration): ensure feasibility through a retrospective descriptive study. • "A" (Assessment): evaluate the effectiveness of the hypnosis method with an ongoing randomized

controlled trial. • "L" (Long Term Study): conduct long-term follow-up.

Originality: The IDEAL conceptual framework is used to evaluate other NPIs (physical therapy, acupuncture), but this is a novelty in hypnosis research. Its originality lies in its outpatient setting, which requires adaptations compared to hospital-based studies. It co

Lessons learned and future implication: After several project funding refusals due to a lack of structure and a re-evaluation of our previous approach, we adopted the IDEAL approach to conduct a randomized controlled trial. This is the price that research teams must pay to be able to carry out

Discussion: This innovative approach allows a comprehensive and rigorous evaluation of a complex therapy, hypnotherapy, for insomnia, common problem in general practice. Research teams in our discipline would benefit from adopting this IDEAL framework, which is a lengthy but rigorous process.

Conclusion: IDEAL approach opens up ambitious research prospects for general practice and could contribute to the growth of research in our discipline to improve general medical care.

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Patient-centered care

ID 1023- Promoting Research Engagement with Underserved Communities in Primary Care: Learning from the REACH Project

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Context: People experiencing homelessness, addiction and severe mental illness face extreme health inequalities yet remain persistently underrepresented in health research. A primary care team working with a residential service for individuals with dual diagnosis noted that residents had minimal understanding of what research is or how to engage with it. The REACH initiative (Research Engagement and Awareness for Communities in High-Need Settings) sought to explore how research awareness could be safely and meaningfully introduced within this high-exclusion environment.

Methods: Using an iterative, co-produced approach, residents, support staff andclinicians participated in short, opportunisticconversations tailored to fluctuating mental state, concentration and daily stability. Residents completed a three-question set exploring prior research experience, motivators and concerns. Three-week follow-up conversations explored recall. Staff assessed materials separately andcontributed to a simplified, visual resource suited to the residential environment. Strengths included reliance on trustedrelationships, flexible timing and visual communication. Limitations included variable attendance, cognitivefluctuation and extremely lowretention of writtencontent.

Originality: There is limited evidence on how to build research awareness within residential services for people with multiple exclusion, co-occurring mental illness and substance use. REACH differs from traditional research-engagement approaches by embedding conversa

Lessons learned and future implication: Trust was the key engagement mechanism; residents preferred conversations initiated by familiar staff. • Motivators were concrete: small payments, knowing the person asking and clear, simple information. • Concerns centred on ethics, data use and

Discussion: Meaningful research engagement in high-need settings requires relational continuity, trauma-aware communication and adaptation to fluctuating capacity. This case offers transferable learning for European primary care teams addressing research inequity.

Conclusion: REACHdemonstrates that research awareness can be fostered within highly excluded populations when approached relationally, sensitively and collaboratively, providing a practical model for improving research inclusion.

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ID 2071- Advancing Equity Through Patient Engagement in Research: Scaling Up an Integrated Care Program

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Context: Scaling up integrated care programs for individuals with complex needs requires adaptability across contexts and a strong commitment to engaging diverse communities. Meaningful involvement of patient partners from different backgrounds and identities is crucial for promoting health equity and expanding opportunities to actively engage in research. However, strategies to effectively engage these partners require more detailed description.

Objectives: To provide a comprehensive description of the engagement strategies for 2SLGBTQIA+, Indigenous, and migrant patients partners during the scale-up and evaluation of an integrated care program.

Methods: The study uses a participatory approach embedded within a larger mixed-method, multiple-case design. From fall 2024 to Spring 2026, monthly meetings allowed patient partners to share care experiences, provide program feedback, and contribute to research decisions. A senior patient partner offered specific mentoring and teachings. The team documented engagement in a logbook, wrote reports after each meeting summarizing discussions, and gathered ongoing feedback throughout. Final insights were reviewed and refined by patient partners.

Results: The committee demonstrated relative stability in its composition, although it occasionally struggled to maintain engagement. Cultural safety measures were deemed necessary, such as smudging with sage during meetings. Pluralism and equity were promoted by ensuring balanced representation of communities within the committee. Members received training sessions on the integrated care program and patient engagement in research. They also co-drafted the Terms of Reference and advised the team on adaptations to intervention tools and a semi-structured interview guide. Some patient partners shared experiences within a community of practice for case managers.

Discussion: Involving patient partners with diverse identities in the same committee is feasible and beneficial for enriching both the content and conduct of research but requires careful implementation and attention to fostering interpersonal bonds.

Conclusion: The engagement process offers actionable insights for research teams aiming to include patient partners from diverse communities, highlighting strategies to promote equity and meaningful participation.

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ID 2005- When saying is not enough ;adapting communication to improve health literacy in patients with chronic diseases

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Context: People living with chronic diseases often experience cognitive, social, and emotional vulnerabilities that limit their understanding of health information. These difficulties negatively affect health literacy, treatment adherence, and the quality of care pathways.

Objectives: This study aimed to analyse the influence of health literacy on the management of chronic diseases by comparing patients' and healthcare professionals' perceptions. It also explored how healthcare professionals adapt their communication, the barriers to understanding, and their impact on health literacy and care pathways.

Methods: A mixed-methods study with a predominantly qualitative design was conducted. The quantitative phase consisted of an exploratory survey carried out over eight weeks among patients with chronic diseases (n = 107) and healthcare professionals (n = 111). Descriptive analyses focused on clarity of language, educational materials, and time devoted to explanations. The qualitative phase followed a phenomenological approach, with semi-structured interviews conducted with 15 patients, including two expert patients, and 18 healthcare professionals. Data were analysed using interpretative phenomenological analysis.

Results: A discrepancy was identified between patients' perceived understanding and the information that healthcare professionals believed they provided: 53% of patients considered the information clear, compared with 69% of healthcare professionals. Regarding educational materials, 31% of patients expressed a need for them, but only 27% reported having received them, whereas 65% of healthcare professionals stated that they provide such materials. Qualitative findings highlighted five main themes: time constraints, patient vulnerabilities, educational materials, the healthcare professional–patient relationship, and the organisation of care pathways.

Discussion: The results confirm that health literacy plays a key role in patient autonomy and treatment adherence. The intention to inform alone is insufficient. Plain language, reformulation, adequate time for explanation, and appropriate educational materials are essential.

Conclusion: Integrating health literacy into clinical practice is therefore necessary to improve understanding, strengthen patient autonomy, and secure care pathways, particularly through adapted and easy-to-understand educational resources.

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ID 1923- Between Emancipation and the Anticipation of Conjugal Risk: Understanding Solo ART Pathways as Women's Practices of Reproductive Autonomy

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Context: The 2021 Bioethics Law profoundly transformed the legal framework governing medically assisted reproduction (MAR) in France by opening access to assisted reproductive technologies (ART) to single women and female same-sex couples. Healthcare professionals are thus confronted with new family configurations that challenge their professional frames of reference, their support practices, and their representations of "ideal" parenthood.

Objectives: The aim is, on the one hand, to gain a better understanding of the social, emotional, and material motivations that lead to this reproductive choice in a context marked by persistent conjugal inequalities and by a growing questioning of the heterosexual couple as a prerequisite for parenthood, and, on the other hand, to reflect on the medical support provided for these specific reproductive trajectories.

Methods: This research is based on a multi-sited qualitative study and draws on three types of empirical material: the analysis of autobiographical narratives from around ten books written by women who have undergone solo ART; the study of exchanges and discussions on social media, which provide access to contemporary forms of collective storytelling; and in-depth interviews conducted both with women engaged in a solo ART process and with healthcare professionals involved in their care.

Results: This methodological combination makes it possible to jointly capture the situated experiences of patients and the professional, ethical, and normative logics that structure medical support. Solo ART trajectories are marked by a wide diversity of social situations, but also by recurring motivations related to the search for emotional security, material stability, and reproductive autonomy.

Discussion: Preliminary analyses suggest the existence of tensions between women's expectations and medical support practices, particularly when implicit forms of judgment, conjugal normalization, or the infantilization of patients persist.

Conclusion: By jointly analyzing women's narratives, online exchanges, and professional practices, this research contributes to a better understanding of the social and medical issues surrounding solo ART in post–2021 Bioethics Law France.

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ID 1753- Barriers and facilitators to attending and accessing general practice consultations by patients with very low health literacy

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Context: Low literacy level has a negative impact on health and is a lever to promote individual health and autonomy. Patients with very low literacy level have difficulty making appointments (appts) and attending general practice (GP) consults.

Objectives: Identify and understand the barriers and levers to making and attending GP appts among patients with very low literacy level in order to facilitate and improve their access to healthcare.

Methods: Qualitative study of 13 semi-structured individual interviews, from June 2024 to April 2025, recruited by general practitioners (GPs) via Single-Item Literacy Screener (SILS). Analysis inspired by grounded theory and data triangulation.

Results: Patients struggled with communicating, managing schedules, social and administrative procedures, digital tools, and finding their way around. They could call, go to the medical offices to make an appt but they almost never did it online. Overwhelmed, they were dependent on caregivers in particular. Some were resilient and sought to become autonomous in order to communicate : personalized directories, voice messages, spellcheckers ; to memorize better : memory aid, visual identification, gesture repetitions. They found the reminder messages useful and suggested using a file number to make it easier to make appts. The quality of the physician-patient relationship promoted communication and patient engagement. The GPs facilitated access to care by directly making appts, by directing patients to secretariats, colleagues, and healthcare facilities.

Discussion: The study's limitations include : the SILS was modified but not tested or validated before use ; patients had difficulty understanding the purpose of the interview ; interviews were conducted only with patients who had managed to book appts ; and recruitment was carried out by GPs who were more familiar with the topic. Strengths include triangulation of analyses, logbook. Missed appts are a marker of vulnerability and a warning sign for healthcare professionals. Digital literacy, the quality of the physician-patient relationship, and the role of caregivers all influence patient attendance.

Conclusion: Recognizing these difficulties is a challenge in promoting the gradual empowerment of patients.

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ID 454- Developing public health competencies in primary care through a new master's specialization

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Context: A new paradigm is emerging between primary care and public health, shifting from an individual-focused model to a more population- and community-oriented approach. Prevention must become a shared mission among professionals, supported by clarified roles and appropriate training. In this perspective, EUROPREV recently highlighted key priorities: evidence-based interventions, structural integration of prevention, prioritization of high-risk patients, and proportionate universalism. However, many primary care teams still lack methodological and organizational skills to structure territorial prevention actions. The development of coordinated care—within multidisciplinary group practices, primary care teams, and territorial professional health communities—strengthens the

need for specific public health competencies. Preliminary studies identified two major barriers: the absence of dedicated training tailored to primary care, and insufficient resources to design structured prevention projects.

Methods: Between 2018 and 2024, a progressive process led to the development of a dedicated training pathway. A first study confirmed the need for such training. The DU CSP2 (University Diploma in Coordination of Public Health Actions in Primary Care) was created to introduce primary care teams to project methodology and territorial public health. After three student cohorts and significant regional impact, the need for further professionalization became evident. This resulted in the creation of the M2 PPS – AOSP (Master's in Prevention and Health Promotion – Specialization in Actions and Organisations in Primary Care). This program deepens competencies in primary-care health policy, interprofessional research, and territorial public health communication. It combines e-learning, on-site sessions, and a practicum focused on a territorial prevention intervention.

Originality: This is the first graduate program in France specifically dedicated to designing and implementing public health actions within primary care.

Lessons learned and future implication: Participants report significant improvements in coordination, territorial diagnosis, evaluation, and communication. The program supports new roles, such as primary care public health project officers, and strengthens population-centred primary care.

Discussion: This experience shows that dedicated training can strengthen territorial public health capacity and support interprofessional collaboration.

Conclusion: The M2 PPS – AOSP provides an innovative and timely response to transformations in primary care by integrating prevention, project methodology, and population-health responsibility into daily practice.

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ID 298- Patient Experience of Health Problems in General Practice Consultations: A Qualitative Study using the Own-Point-of-View Perspective

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Context: General practice consultations bring together the GP and patient around the latter's health issues. Research has focused on the mental problem-solving activity of the GP, referred to as clinical reasoning. However, decision-making in consultations is increasingly conceptualized not only as the outcome of the GP's reasoning but also of the patient's problematization activity.

Objectives: The purpose of this work is to explore the experience a patient has and makes of their health problems during a general practice consultation.

Methods: Data were collected through video-stimulated recall interviews with patients after their consultations. Consultations were filmed from the patient's perspective using wearable camera glasses. Each interview comprised two parts: (a) an explicitation interview exploring the patient's experience and reasoning before the consultation, and (b) a video-based stimulated recall to analyze their experience during the consultation. John Dewey's theory of inquiry provided our analytical framework.

Results: Twelve in-depth interviews were conducted. Our analysis allows us to describe the patient's approach to the consultation according to three themes: - the experience prior to the consultation - the decisions to share information with the GP - the reception of the GP's messages. When identifying health problems, patients develop and examine hypotheses related to the possibilities for action and resolution that they offer. Among these possibilities is making an appointment with a GP. During the consultation, patients decide to share certain information with the GP based on their perception of the latter, and receive messages based on how well they fit with their inquiry.

Discussion: The GP's activity appears to be decisive in terms of the messages they convey to the patient

and the positions that these messages imply for the patient's inquiry. One limitation is that we explored patients' experiences after a single consultation. Future studies could explore the experience of follow-up care.

Conclusion: This work has made it possible to analyze the patient's experience during consultations. It provides insights into understanding the transformative potential of consultations on patient activity and the concepts of adherence or, conversely, non-adherence. It thus opens up new perspectives for GP education.

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Pediatrics

ID 2176- Evaluation of the association between vitamin D prescription in general practice and the occurrence of bone fractures in children aged 3 to 7 years

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Context: Bone fractures are common events in children's life and have significant consequences on their biopsychosocial development. The link between vitamin D deficiency and bone fragility is well established in adults but less supported in pediatrics.

Objectives: Our study evaluated the association between vitamin D prescription in general practice and occurrence of bone fractures in the pediatric population, along with a descriptive analysis of vitamin D prescription by physicians and fractures occurrences within our sample.

Methods: It is a monocentric, observational and analytical and retrospective cohort study in children aged 3 to 17 years in the medical center in Sarthe (France). We evaluated the vitamin D prescription, adherence rate to uniform guidelines from 2012 to 2021, and fracture events.

Results: In this study, no significant difference was found between the fracture occurrence and the adherence to vitamin D prescription recommendations (p=0.098). Among 603 patients, the average adherence rate to vitamin D prescription guidelines was 19.2%. 83.4% (n=503) of patients had an adherence rate below 50%. 55.8% (n = 335) having an adherence rate of 0%. Only 5% (n = 31) of patients achieved the maximum adherence rate.

Discussion: This is the first study to evaluate the rate of vitamin D prescription using the total prescribed dose calculation method in general practice. The results did not demonstrate an association between vitamin D supplementation rate and occurrence of fracture events in children.

Conclusion: Further studies including data from nearby emergency departments could be useful in confirming these results.

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ID 1989- Assessment of knowledge about the psychomotor development of children aged 0 to 2 years among parents who consult healthcare facilities in the île-de-france region

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Context: Psychomotor development is a dynamic process, with significant interindividual variability. Neurodevelopmental disorders must be identified early during child follow-up consultations. Parents' knowledge of young children's psychomotor development is essential to make them aware partners. Several international studies report that parents' knowledge of psychomotor development is poor, but to our knowledge, no study has been conducted in the Île-de-France region.

Objectives: The main objective of our study is to assess the knowledge of parents in Île-de-France on the psychomotor development of children aged 0 to 2 years.

Methods: This is a multicenter study conducted using a self-administered questionnaire completed by parents of children aged 0 to 5 years. This questionnaire enabled us to obtain a knowledge score out of 15, based on 15 questions about child development from 0 to 2 years of age, in the four areas of development. This score was then dichotomized according to the median level of knowledge into two groups (good knowledge and poor knowledge). We then studied the association between parents' level of knowledge about the psychomotor development of children aged 0 to 2 years and their sociodemographic characteristics, using bivariate analyses followed by multivariate analyses using logistic regression and linear regression. The data were processed using Excel and R++, with a significance threshold set at 0.05.

Results: We included 466 parents with at least one child under the age of 5 who were consulting at 23 healthcare facilities in the Île-de-France region in our study. The average knowledge score for parents in our study was 5.7/15 points (+/- 2.1). We observed a significant positive association between knowledge level and being a mother, as well as having a higher education.

Discussion: The level of knowledge among parents about psychomotor development in young children in our study is low, which is consistent with the literature. Doctors must implement a proactive approach for all parents in general. At the same time, doctors must be very attentive to the child's neurodevelopment during follow-up consultations, as parents cannot be considered whistleblowers.

Conclusion: Parents' knowledge of young children's psychomotor development is low, but public health policies that promote validated content could help improve this knowledge.

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ID 1781- Seeking consent for clinical examination in children aged 2 to 6 years in general practice consultations

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Context: In France, 160,000 children are victims of sexual abuse each year, often at a very young age. Prevention requires education on consent, which also applies to healthcare interactions. Neuroscience shows that children as young as two can understand and express a form of consent.

Objectives: The purpose of this study was to explore general practitioners' practices and perceptions regarding consent for clinical examinations in children aged 2 to 6 years.

Methods: Using a qualitative approach grounded in thematic analysis, we conducted semi-structured interviews with general practitioners in the Puy-de-Dôme region. Topics included current practices, definitions of consent, and parental involvement. Data were analyzed through open, axial, and integrative coding, coupled with investigator triangulation to develop an explanatory model, which is illustrated in a diagram.

Results: Physicians' experiences strongly influenced their approach to consent. Barriers included limited awareness, uncertainty about procedures, discomfort when a child refused, and the inherent power imbalance between adults and children. Effective strategies involved building trust through parental reassurance, creating a supportive environment, fostering positive interactions, and respecting the child's privacy and choices. Training and reflective practice emerged as key levers for improvement.

Discussion: The investigators' limited experience in qualitative research may represent a limitation. This was mitigated through extensive literature review and specific training at the Clermont-Ferrand Faculty of Medicine. Social desirability bias, possible due to the sensitive topic, was minimized by the investigator's lack of prior relationships with participants and by sufficiently long interviews encouraging openness. The confirmation bias was reduced by noting the investigators' preconceived notions before conducting the study and by performing an investigator triangulation. Reconsidering consent in clinical examinations of children is essential to strengthen ethical standards and protect children from harm. This requires

clarifying the concept of consent for young children and integrating practical approaches into routine consultations.

Conclusion: Multiple strategies exist to seek consent for clinical examinations in children aged 2 to 6 years, along with promising prospects for enhancing current practices.

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ID 869- Implémentation d'un programme d'éducation thérapeutique pour les troubles alimentaires pédiatriques en soins primaires : une première expérience dans les Hauts de France.

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Context: Paediatric feeding disorders (PFD) are common but often under-recognised in primary care. Families frequently face long diagnostic delays and fragmented management. Therapeutic patient education (TPE) programmes exist in hospital settings but remain rare in community care.

Methods: The pilot programme was launched in February 2025 within the Maison de Santé Universitaire Corneille (Hauts-de-France). It was developed by a primary care team in partnership with the regional CPTS, which will provide ongoing financial support to extend the initiative. This programme consists of five 2-hour workshops involving one child (aged 3–8) and at least one parent per session. Each group includes six children and fourteen parents, supervised by three health professionals—always including a speech therapist—trained in TPE and Nonviolent Communication. Sessions cover eating mechanisms, posture, nutrition, sensory exploration, and emotional regulation.

Originality: This programme is original in bringing a structured, multidisciplinary TPE approach for paediatric feeding disorders into primary care, whereas existing models are almost exclusively hospital-based. It innovatively mobilises a local healthcare network (CP

Lessons learned and future implication: The first cycle involved six children and their families. Early feedback indicates high engagement, improved parental confidence, and observed progress in children's mealtime comfort. Twenty-four additional families are already registered and awaiting the

Discussion: The first TPE group for children aged 4–6 enabled a comprehensive reassessment of all workshops offered. A revised version of the programme will be delivered in March 2026 to children aged 6–8 and their parents. A psychologist will also be integrated into the project.

Conclusion: This first TPE programme implemented in primary care demonstrates feasibility, strong acceptability, and interprofessional collaboration. It offers a promising model for community-based management of complex paediatric feeding issues.

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ID 273- Preventing screen exposure in children aged 3 to 6 : creation of a children's album

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Context: Early screen exposure in children raises major public health concerns. However, only 13.5% of parents follow the available recommendations. Moreover, activities such as reading, which are beneficial to a child's development, are sometimes neglected in favor of screen time.

Objectives: To create a children's book aimed at kids aged 3 to 6, with the goal of preventing inappropriate screen use. This book is designed to provide both children and their caregivers an interactive reading experience that encourages discussion about screens and their potentials risks.

Methods: A multidisciplinary working group was formed to define and validate the written content. Each member answered four questions to help develop the book's content. The design of the book was based on the principles of dialogic interactive reading and on Sabine Duflo's four-step method.

Results: The working group was composed of eleven members, including health professionals, early childhood specialists, communication experts, and parents. Seven of the eleven members met to review the manuscript and made the necessary modifications. The book features five anthropomorphic characters facing problematic situations involving screens, followed by a sixth character who provides recommendations. The proposed interactions were inspired by a questionnaire designed to identity inappropriate screen use. Two parenting guides are also included in the book.

Discussion: This prevention album was created for children and their family, and to promote reading.The book could serve as a resource during consultations, helping to meet parents' expectations by addressing the topic of screen use more regularly and comprehensively. A further study could evaluate the quality of the album to determine the interest in creating a collection book focused on prevention.

Conclusion: Choosing the children's book as a means of prevention allowed it to serve as mediation tool between children and their surroundings. This project represents the first prevention book on screen use reviewed by a panel of experts and designed by a healthcare professional.

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ID 260- Parental Role in the Care Pathway of Children with Autism Spectrum Disorder: A Qualitative Study of Parental Representations

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Context: Autism Spectrum Disorders (ASD) are common and exhibit highly heterogeneous profiles, making the support and care of affected children complex. Once heavily stigmatized, parents are now recognized as key stakeholders in the care pathway.

Objectives: Exploring Parents' Perceptions of Their Role in the Care Pathway of their children with ASD

Methods: A phenomenological qualitative study conducted with nine parents of children with Autism Spectrum Disorder (ASD). Data were collected through individual semi-structured interviews using an interview guide (33 min - 144 min).

Results: Parents play a central role in their child's care pathway. They contribute to the early identification of warning signs and describe the diagnostic process as lengthy and complex. Following diagnosis, they actively participate in their child's care, implement strategies to promote development and autonomy, and collaborate closely with healthcare professionals. This involvement leads to the emergence of "parent-experts," who share their knowledge with both their social network and care teams. In addition, parents advocate for their child's rights and engage in efforts to promote a more inclusive society and school environment. While parents demonstrate strong engagement and adaptability, they also highlight significant unmet needs. These include support, care coordination, professional training, access to appropriate resources, and broader societal awareness.

Discussion: Addressing these gaps is essential to optimize care pathways and foster true inclusion for children with Autism Spectrum Disorder. Parents's involvement enhances early detection and supports developmental progress, yet significant gaps persist in coordination, resources, and professional training. Recognizing and leveraging parental expertise could improve care continuity and promote inclusive practices.

Conclusion: This study highlights the importance of recognizing and supporting parental expertise to sustainably improve the care pathway and the quality of life of children with Autism Spectrum Disorder (ASD) and their families.

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ID 211- Practices of professionals in a care network regarding the inclusion of family members in managing childhood overweight and obesity

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Context: Obesity is a chronic disease with multifactorial determinants requiring a multidisciplinary approach addressing multiple aspects of the child's and family's life. Integrating family members is recognized as a key factor for effective care, as is the role of health professionals in facilitating this involvement. Pediatric obesity care networks have emerged in many countries, including France, where they support families. While some studies have explored families' expectations within such networks, few have examined how professionals involve families in care, and none were found concerning this specific network.

Objectives: To explore how professionals working within a care network integrate a family-centered approach in the management of children and adolescents with overweight or obesity.

Methods: A qualitative research design was used. Semi-structured face-to-face interviews were conducted with professionals affiliated with the care network. Recruitment was carried out via an email invitation sent to all members, with inclusion based on voluntary response and availability for interview.

Results: Twenty interviews were conducted between March and November 2024 (9 physicians, 7 dietitians, 3 psychologists, and 1 nurse), with an average duration of 44 minutes. A wide range of approaches emerged, from child-centered to systemic models. This diversity appeared in how participants defined care objectives, organized consultations, involved family members, and collected verbal and nonverbal information. Participants expressed awareness of family-related barriers influencing care and reported adapting their communication, professional stance, and advice accordingly. Several demonstrated reflexivity and a willingness to further develop their practices. An unexpected finding was a strong expressed need for teamwork among participants.

Discussion: Strengths included the originality of the topic, multidisciplinary sample, and methodological rigor. Limitations concerned partial triangulation of data analysis and the author's first qualitative research experience. Perspectives include promoting systemic training, collective care models, and interprofessional collaboration through local multidisciplinary teams.

Conclusion: This study highlights the diversity of professional practices in pediatric obesity care and the essential role of family inclusion and teamwork to improve care quality and outcomes.

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Pediatrics

ID 930- Prevalence of elevated blood lead levels in migrant children: a systematic review and meta-analysis

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Context: Elevated Blood Lead Levels (EBLL) is defined by a blood lead level above 5µg/dL, even though some consequences may appear below this threshold. EBLL is responsible for significant complications, especially for children. The prevalence of EBLL in children is less than 1% in most high-income countries. Some migrant children are more exposed, due to cumulative risk factors.

Objectives: The aim of this study is to estimate the prevalence of EBLL in migrant children in high-income countries.

Methods: A systematic review was conducted using PubMed, Embase, Web of sciences and CINAHL databases. Studies published since 2012 (new blood lead threshold), conducted in an OECD country and with prevalence of EBLL in children from a low- or middle-income country as their primary outcome were included. An independent double reading of titles abstracts then full texts was performed, with third-party advice in case of disagreement. A meta-analysis of prevalence rates was carried out.

Results: Of 288 studies screened, 12 were included. The meta-analysis showed a 24% [CI95 18-30%] prevalence of EBLL among migrant children. Age subgroup analysis showed a 29% [CI95 22-36%] prevalence of EBLL among children aged six or under. Young age and Asian countries of origin were factors associated with EBLL in this population.

Discussion: The study was conducted using rigorous methodology (PROSPERO registration, diverse databases, validation of the search equation by a methodologist) and reported according to PRISMA guidelines. Heterogeneity between articles can limit the interpretation of pooled prevalences. This bias was limited by using random-effect models.

Conclusion: The prevalence of EBLL in migrant children is much higher than in non-migrant children born in OECD countries. Considering the health consequences, it seems paramount to propose a systematic blood lead level measurement in this population and provide appropriate support.

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ID 757- Approach to adolescents exposed to social media: a qualitative study among general practitioners

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Context: The rise of social media (SM) affects adolescents from an early age, with 82% of 7–17-year-olds registered on at least one platform in 2024. Its impact on mental and physical health can vary depending on the type of use and the vulnerability of each adolescent.

Objectives: The aim of this study was to explore how general practitioners (GPs) perceive, address, and integrate the risks associated with adolescents' exposure to social media into their clinical practice.

Methods: A qualitative study was conducted using grounded theory. Nine individual semi-structured interviews were carried out with general practitioners in XXX from March 2024 to January 2025.

Results: A total of nine interviews were conducted, each lasting an average of 50 minutes. General practitioners perceived social media exposure as a potential risk to adolescents' mental health, with the main concern being the development of addiction. Their knowledge was primarily empirical, based on personal experience. They chose to engage in targeted screening of misuse but encountered difficulties communicating with adolescents. They considered prevention the responsibility of parents and schools and delegated management to mental health specialists. Issues related to societal modernization and the boundary between education and healthcare raised questions about their own legitimacy. The lack of scientific evidence and the low frequency of encountering such cases in practice led them to question the relevance of the issue. They expressed willingness to be more involved if all necessary stakeholders were engaged in appropriate care.

Discussion: GPs associated the risks of social media use in adolescents with a potential new behavioral addiction. This hypothesis is supported by many researchers, who compare it to video game addiction, recently recognized as a disorder. Faced with the lack of formal guidelines on the topic, GPs responded to this emerging issue using what Gabbay and Le May describe as "mindlines." Our findings were compared with adolescents'

perspectives on the issue to provide guidance for GPs.

Conclusion: GPs provide an instinctive and cautious response in their practice to what they perceive as a risk to adolescents' mental health. Their engagement appears to be evolving, dependent on the active involvement of other stakeholders and the provision of training.

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ID 488- Feelings and attitudes of childcare assistants towards "picky eaters": insights for general practitioners

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Context: Around 25% to 50% of young children are considered "picky eaters", showing selective food intake or limited appetite. Anxious parents often turn to their general practitioner (GP) for guidance, yet GPs frequently feel uncertain about how to manage these consultations. Childcare assistants have daily experience of feeding children and may provide valuable insights for primary care practice.

Objectives: To explore the feelings, attitudes, and strategies of childcare assistants when caring for "picky eaters", and to identify lessons that could support GPs facing similar situations.

Methods: A qualitative study was conducted among childcare assistants working in municipal nurseries in XXXX, combining two complementary methods. First, a word association method, widely used in sociology and psychology, collected spontaneous words in response to the inductor "picky eaters". Second, in-depth, comprehensive interviews focused on real-life situations and were analysed using an interpretative phenomenological approach. Homogeneous purposive sampling was used. Data triangulation was applied to strengthen consistency and depth of interpretation.

Results: 32 childcare assistants participated in the study: 30 completed the word association method and 16 took part in the interviews. Participants reported a wide range of emotions, from anxiety and helplessness to joy and professional satisfaction when progress was observed. Their approach combines two key dimensions: understanding and resolving. Understanding relies on close observation of the child during meals and open dialogue with parents to identify physical, emotional, or environmental causes. Resolution involves creating a safe and trusting environment, showing patience, and respecting the child's pace without forcing food. Shared meals promote imitation and enjoyment. Collaboration with parents and the multidisciplinary nursery team is central to their approach.

Discussion: This study's strengths lie in the originality of its topic and the complementarity of its two qualitative methods. Combining our findings with the literature, we developed a guidebook to support GPs, bringing together clinical considerations, classification, practical advice for parents, and reliable additional resources.

Conclusion: Feeding difficulties in young children are complex and require a bio-psycho-social approach. Empathy, flexibility, and trust-building are essential in supporting children and parents. Strengthening dialogue between early childhood professionals and GPs could enhance confidence, knowledge, and quality of care in consultations about feeding difficulties.

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ID 238- Impact of the French National Health Authority's Guideline on Appropriate Proton Pump Inhibitor Prescriptions in Infants with Gastroesophageal Reflux

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Context: Despite the lack of marketing authorization, proton pump inhibitors (PPIs) are frequently prescribed for treatment of gastroesophageal reflux (GER) in infants under one year of age. In March 2024, the French National Authority for Health (HAS) issued a guideline on care appropriateness emphasizing that PPIs should be reserved for confirmed pathological GER.

Objectives: The aim of this study was to assess the impact of the HAS's guideline publication on PPI prescriptions for infants under one year of age in France.

Methods: The study used data from the French National Health Data System (SNDS). All children who received at least one dispensing of a PPI before 12 months of age were included. Characteristics of children, prescribers, and dispensings were described from 2022 to 2024. Segmented linear regression models with autocorrelated errors were applied to assess the impact of the publication on monthly volumes of PPI dispensings, expressed per 1,000 live births, from January 2015 to April 2025.

Results: Between 2022 and 2024, 188,052 infants were exposed to PPIs. The median age at treatment initiation was 2 completed months (interquartile range [2–4]). Treatment initiations were most commonly prescribed by private paediatricians (36.6%), followed by private general practitioners (32.4%), and hospital-based prescribers (24.9%). Publication of the guideline was not associated with statistically significant changes in PPI dispensing volumes across all prescribers. However, among general practitioners, publication of the guideline was linked to a significant decrease in dispensing volume (change in level: -0.36; 95% confidence interval [-0.64; -0.08], p=0.01) when compared with the pre-intervention period.

Discussion: Although no statistically significant changes in overall PPI dispensing were observed, the study highlighted a favourable impact of the guideline on PPI prescribing practices among general practitioners.

Conclusion: These findings underscore the importance of assessing guideline uptake by healthcare professionals and tailor dissemination strategies to enhance implementation effectiveness.

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ID 150- Exploring the experience of Adapted Physical Activity in adolescents with adolescents with Eating Disorders: a qualitative study

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Context: Anorexia nervosa (AN) in adolescents is a complex disorder involving psychological, physical, and social dimensions. Physical activity holds an ambivalent role, oscillating between compulsive behavior and therapeutic potential. This study focuses on Adapted Physical Activity (APA) as a therapeutic tool for adolescents. Adapted Physical Activity (APA) may serve as a valuable therapeutic tool for adolescents.

Objectives: This study aims to explore adolescent's representations and perceived effects of APA on body image, eating behaviors, and social relationships.

Methods: This is a qualitative study conducted through semi-structured interviews with ten adolescents aged 14 to 17 years, receiving treatment for AN at the University Hospital of XXX. Interviews were recorded, fully transcribed, and analyzed using an interpretative phenomenological analysis (IPA) method. The main themes included illness history, sporting activities, perceptions of APA, and its potential effects.

Results: Adolescents described APA as a safe and structured environment conducive to positive bodily reappropriation. Reported benefits included improved self-image, a reduction in pathological eating behaviors, and a restored connection between physical activity and nutrition. Beyond

these effects, participants highlighted a renewed sense of vitality, greater emotional regulation, and enhanced self-confidence through gradual and supervised movement. APA was perceived as a vehicle for resocialization and therapeutic alliance, fostering trust with both healthcare providers and parents. These benefits appeared highly dependent on the timing of introduction, the proposed framework, and the quality of supervision, underlining the need for careful integration into treatment pathways.

Discussion: The study confirms the therapeutic benefits of APA, according to current literature. It emphasizes the importance of an individualized approach focused on listening to the patient's needs and rhythm. Adolescents reported enhanced vitality, emotional regulation, and renewed self-confidence, which together contribute to a more sustainable recovery process. APA appears not only as a physical rehabilitation tool but also as a psychosocial mediator, reinforcing therapeutic alliance and family trust.

Conclusion: When introduced at the right time, APA supports both physical and social recovery of adolescents with AN. Its integration into multidisciplinary care pathways may enhance outcomes and should be further explored in clinical practice.

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ID 87- Raising Awareness among Health Professionals about Early Shared Reading: A Lever for Child Health Prevention

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Context: Shared reading of picture books is a well-established early interaction supporting language, cognitive and socio-emotional development. Despite strong evidence and public health recommendations during the first 1000 days in XXX, many parents remain unaware of this practice, and primary care providers receive no formal training on early shared reading.

Objectives: To assess whether a brief sensitization initiative led by a speech and language therapist could improve primary care professionals' knowledge and practices regarding early shared reading.

Methods: This mixed-methods prospective study was conducted with multidisciplinary primary care teams practicing coordinated care. Seven group interventions were delivered during staff meetings. The initial session included an illustrated oral presentation, a live read-aloud and a brief literature overview. In several sites, shared-reading sessions in waiting rooms were also facilitated. Knowledge and professional practices were assessed through pre- and post-intervention questionnaires. Descriptive analyses were performed, and qualitative notes from clinical observations enriched interpretation.

Results: Eighty-five percent of respondents reported no previous training on early shared reading. Following the intervention, participants showed increased theoretical knowledge and a stronger intention to integrate shared reading into child follow-up. Professionals who also observed waiting-room reading sessions demonstrated greater improvement: they reported better understanding of developmental mechanisms involved, increased confidence in recommending books to families, and enhanced perception of their preventive role. They also more often reported reorganizing or enriching their environment to make books accessible.

Discussion: A short, low-cost intervention improved awareness and preventive motivation among primary care professionals. Direct exposure to shared-reading practice appeared particularly impactful, suggesting experiential learning fosters adoption. These findings support involving speech and language therapists in interprofessional prevention actions addressing early language and literacy. The small, convenience sample and absence of control group limit generalizability. Self-reported measures may overestimate behavioural change, and follow-up was short, preventing assessment of sustained practice changes or family outcomes

Conclusion: Brief sensitization sessions led by speech and language therapists can strengthen primary care professionals' engagement in promoting early shared reading, contributing to prevention in the first 1000 days and helping reduce socio-developmental inequalities.

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Planetary health

ID 2083- Participants' experiences of walking groups organised within coordinated primary care structures: a qualitative study in progress

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Context: Health promotion is a key lever for improving population health while supporting the sustainability of healthcare systems. In primary care, physical activity is recognised for its physical, psychological, and social benefits. Within some coordinated primary care structures, walking groups have been developed as health promotion initiatives outside the formal framework of prescribed adapted physical activity. However, participants' lived experiences of these groups remain underexplored, particularly regarding social connection and health promotion.

Objectives: To explore the lived experiences of patients participating in walking groups organised within coordinated primary care structures, focusing on their motivations, expectations, and perceived benefits.

Methods: This is an ongoing qualitative study. To date, seven semi-structured individual interviews have been conducted with walking group participants, along with one participant observation of a walking session. Participants were recruited through purposive sampling. Interviews were audio-recorded and transcribed verbatim. Data collection is ongoing and will continue until data saturation is reached. A thematic analysis will be conducted iteratively, integrating interview and observation data. Final results are expected in the first half of 2026 and will be available at the time of the conference.

Results: Preliminary findings suggest that participants primarily value walking groups as opportunities to reduce social isolation and foster social connections, sometimes more than for physical activity itself. Relational and convivial dimensions appear central to participants' experiences. While physical activity is recognised as beneficial, it often seems secondary to motivations related to meeting others and belonging to a group.

Discussion: These findings suggest that walking groups within coordinated primary care structures may function primarily as social and relational health interventions rather than solely as physical activity programmes. Ongoing analysis will further explore these dynamics and their implications for primary care practice.

Conclusion: Exploring participants' experiences of walking groups in primary care provides insights into their potential role in promoting social connection and global health. Final results will help inform the development of health promotion practices in coordinated primary care.

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ID 2063- Patients' perceptions of the carbon footprint of non-pharmacological care in primary care: a qualitative study

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Context: Climate change is a major public health challenge, to which healthcare systems contribute through greenhouse gas emissions. In primary care, decisions regarding diagnostic tests, paramedical care, medical devices, and care-related transport are frequent and cumulative, yet their environmental impact remains poorly explored from patients' perspectives. Understanding how patients perceive non-pharmacological care is essential to support sustainable primary care practices without compromising quality or access to care.

Objectives: To explore patients' perceptions of the carbon footprint associated with non-pharmacological care in primary care, focusing on perceived responsibility, individual agency, and the role of healthcare professionals.

Methods: A qualitative exploratory study was conducted using semi-structured interviews with adult primary care patients, recruited through purposive sampling to ensure diverse profiles. Interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis. Data collection and analysis were iterative. Data saturation was reached after the tenth interview, and two additional interviews confirmed saturation. Researcher triangulation enhanced analytical credibility. This study is part of a broader two-part qualitative programme examining patients' perceptions of the carbon footprint of healthcare consumption in primary care.

Results: Patients reported heterogeneous awareness of the carbon footprint of non-pharmacological care, often marked by cognitive dissonance between environmental concern and limited perceived capacity to act. Everyday ecological gestures were described as individual responses to an issue perceived as collective, leading to strategies of compensation or personal balance. Individual agency was often perceived as limited, sometimes resulting in inaction. Physicians were identified as central actors in care decisions and key mediators for integrating environmental considerations. While patient autonomy in health was familiar, its extension to environmental dimensions remained emergent. Clear, contextualised information was viewed as a lever for empowerment.

Discussion: Findings highlight tensions between environmental awareness, individual responsibility, and systemic constraints, underscoring the role of the physician–patient relationship in supporting shared decision-making that integrates environmental considerations into routine care.

Conclusion: Exploring patients' perceptions of the carbon footprint of non-pharmacological care provides insights for promoting sustainable practices in primary care. Through information and shared decision-making, general practitioners may strengthen patients' perceived agency and support care that is appropriate, acceptable, and environmentally sustainable.

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ID 1748- Patients' opinion on ecological actions in general practice : A quantitative study in french population

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Context: Climate change and pollution are well known for their negative impact on human health. The health sector represents 1 to 5% of the global ecological footprint, and up to 9% in France. Primary care plays a central role in addressing climate change, through prevention and its close relationship with the population. In this context, in 2019, WONCA called on general practitioners (GP) to take action and be prepared for the health consequences of the climate change. Several theses have studied the ecological actions undertaken by GP in France. Some studies show a reluctance to adopt such measures, largely due to concerns about patients' views. However, we found limited literature addressing patients' opinion regarding these ecological actions.

Objectives: Our objective was to assess the opinions of GP patients regarding ecological actions implemented in GP surgeries in xxx.

Methods: We conducted a quantitative, descriptive study using a questionnaire proposed to patients of participating GP.

Results: We collected 553 responses between July and December 2025. Of the respondents 77% were female, and ages ranged from 18 to 94 years (mean 43,2 years ; standard deviation 16,0 years). Participants described themselves as totally (4,9%) or mainly (31,8%) engaged in ecological concerns, with 44,1% reporting moderate engagement. Regarding the use of cleaned or disinfected medical supplies, respondents "totally agreed" or "rather agreed" at the following rates : 71,1% for ear specula, 41,8% for vaginal specula, 49,2% for spatulas, and 60,6% for suturing instruments. Additionally, 74,7% of patients agreed to be examine without disposable examination sheet and 71,8% agreed to replace it by bringing a personal towel. A large majority (83,5%) supported modifying their treatment for a more ecological alternative, and 78,3% were open to dematerialized prescriptions.

Discussion: This study suggests that patients are generally supportive of ecological changes in their doctor's practice. However, several biases must be considered (recruitment and social desirability bias): the sample is not representative of the general population nor of the typical patient population of a GP.

Conclusion: These findings may encourage more GP to adopt ecological measures, knowing that patient opinion (one of their main concern) appears largely favourable.

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ID 979- Assessment of physico-chemical water parameters and health risk characterization in the mining areas of Siguiri, Guinea.

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Context: Artisanal and small-scale gold mining (ASGM) is a major source of environmental contamination in West Africa, particularly in Guinea, where mining activities release substantial amounts of toxic metals into surrounding ecosystems. In Siguiri, where ASGM is widespread, local communities rely heavily on groundwater and river water for daily consumption, increasing their vulnerability to metal exposure

Objectives: The objective of this study is to comprehensively assess water contamination and associated health risks in the artisanal mining areas of Siguiri, Guinea.

Methods: A cross-sectional analytical study was conducted during both rainy and dry seasons in Siguiri. We collected 36 water samples (12 boreholes, 24 river points) from three major mining sites. Samples were analyzed for eight heavy metals (mercury, lead, aluminium, cadmium, nickel, manganese, copper, iron) using UV-visible spectrophotometry. Health risk assessments followed the US EPA methodology, calculating Hazard Index (HI) for ingestion and dermal exposure, as well as Cancer Risk (CR_ing). Multivariate statistical analyses identified contamination patterns and vulnerable populations.

Results: Heavy metal concentrations exceeded WHO guidelines, particularly during rains. Nickel and manganese exceeded limits by 10-20 fold, while mercury and lead surpassed limits by >50-fold at some sites. Water hazard index peaked at 56.3. Non-carcinogenic ingestion risks for children reached alarming values of 476 (dry season) and 409 (rainy season) far exceeding the acceptable risk threshold of 1. Carcinogenic risks exceeded EPA thresholds ($>10^{-4}$) for nickel, lead, and cadmium, with children being 4-10 times more vulnerable than adults. Multivariate analysis identified three contamination clusters: "Low Toxicity (Dry Season)," "Moderate Toxicity (Rainy Season)," and "High Toxicity (Oudoula)."

Discussion: The findings indicate severe and persistent contamination driven by mining runoff, particularly during the rainy season. The disproportionate burden on children underscores their vulnerability due to higher intake per body weight. The magnitude of both non-carcinogenic and carcinogenic risks suggests long-standing, cumulative exposure rather than isolated contamination events.

Conclusion: Our findings demonstrate significant health risks, particularly for children, necessitating urgent interventions. We recommend installation of water treatment systems, tailings containment structures and phytoremediation using local metal-accumulating plants. These measures align with SDGs 3, 6, and 12, supporting Guinea's national development agenda while protecting vulnerable communities.

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ID 976- Prescribing nature – a breath of fresh air in therapy

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Context: Contact with the natural environment has proven benefits for mental and physical health. Nature prescriptions help people who need them to spend more time in nature. This practice is growing in popularity in many countries. The Planetary Health Working Group of the College of General Practitioners (CMG) has produced a guide to help healthcare professionals make use of this simple tool.

Methods: This CMG guide presents the benefits of experiencing nature, drawing on scientific references, the key concept of co-benefits (including physical activity and healthy eating), the practical aspects of prescribing nature, as well as potential obstacles and ways to overcome them.

Originality: Nature prescription involves prescribing (preferably in writing) all sensory contact with nature, from simple observational contact such as looking at a picture or looking out of a window, to immersive and active experiences such as swimming in the sea or

Lessons learned and future implication: The benefits of nature prescription are individual (improved physical and mental health) and also collective and global, through their impact on the decisions and behaviours of individuals and population.

Discussion: Given its benefits and the low cost of prescribing nature, healthcare professionals are eagerly awaiting the development of policies tailored to its implementation and management. It would be interesting to continue evaluating this simple intervention.

Conclusion: 'Nature prescription is a non-pharmaceutical intervention that is inexpensive and easy to implement in primary care. It is practised in several countries around the world. It has many benefits for human health.' This guide, which aims to promote its practice, is most welcome.

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ID 369- carbon footprint of general practitioners' prescriptions

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Context: The healthcare sector is responsible for nearly 8% of national greenhouse gas (GHG) emissions, estimated at 48.6 $MtCO_2eq$. Medicines contribute 29% of these emissions, ahead of medical devices (21%) and transport (13%). General practice accounts for 23% of this total. In Normandy, the GHG footprint of general practitioners (GPs) has been assessed: in 2022, an average practice emitted around 12 tonnes of CO_2eq, excluding prescriptions and patient transport. The objective of this study was therefore to evaluate the GHG emissions associated with prescriptions issued by general practitioners in Normandy.

Methods: We conducted a quantitative descriptive study using a GP's data warehouse (PRIMEGE). GHG emissions linked to prescribed medicines were calculated using ECOVAMED database, which applies life cycle analysis to assess environmental impacts from production to disposal. Only solid oral dosage forms were included, as data for other forms were unavailable.

Originality: To date, no study in France has objectively quantified the environmental impact of medical prescriptions. This work contributes to the development of eco-prescribing guidelines.

Lessons learned and future implication: Prescriptions from 61 GPs were collected in 2022. 181,354 prescriptions were analysed from 151,179 consultations. Their associated emissions totalled 257,101 $kgCO_2eq$, corresponding to 4,215 $kgCO_2eq$ per GP and 1.7 $kgCO_2eq$ per consultation. Cardiovascular d

Discussion: GHG emissions from GPs' prescriptions are equivalent to 145 return flights between Paris and New York. Because only solid oral forms were analysed, many frequently prescribed molecules could not be included. Further studies are required

to fully determine the environmental impact of GPs' prescriptions. Based on this work and other studies eco-prescription concepts have been developed : deprescribing, ensuring appropriate medication use, take into account environmental toxicity and carbon footprint. For carbon footprint, five main principles have been suggested : favouring dry oral forms, limiting pressurised inhalers, favouring drugs with the lowest effective daily doses within the same therapeutic class, favouring drugs combining several active substances and choosing dosing regimens with minimal necessary doses

Conclusion: General practitioner's prescriptions generate significant greenhouse gas emissions. Applying its principles of eco-prescription would reduce the carbon footprint of the healthcare system.

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ID 354- Nature Prescription for Health : what do french General Practitioners think of it ?

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Context: There is a growing recognition that nature exposure is beneficial for human health. Nature prescription programs have been implemented in many countries to address the high burden of non-communicable diseases. Nature prescription is a low-cost health intervention which can easily be used on its own or as a complement to drug treatments. Prescribing nature has several co-benefits, such as encouraging pro-environmental behaviours. However, in France, nature prescriptions are not routine in primary care practice.

Objectives: To identify enablers and barriers surrounding nature prescriptions in primary care in XXX, France.

Methods: For this qualitative study inspired by grounded theory, we interviewed GPs (n=11) in XXX. Purposive sampling was applied until data sufficiency was reached.

Results: Facilitators to nature prescribing include awareness of the health benefits of nature, regular personal contact with nature, interest in an alternative to medication, acknowledgment of the important role played by GPs in planetary health, easy, free and local implementation, and positive feedback from patients. Some participants questioned the existence of scientific evidence of the benefits of nature. Some of them feared side effects such as increase in skin cancers. Lack of time, lack of peer support and acceptance of the value of nature as a support for wellbeing, difficulties to access nature for some patients were reported as barriers. Participants identified a need for accessible theoretical resources, policy statements and national guidelines. They would benefit from help by other care givers and an easier access to nature for their patients.

Discussion: The strength of this study lies in addressing an unexplored topic in France and promoting planetary health; limitations include the low number of participants, variable interview depth, and challenges inherent to qualitative analysis. Findings align with international literature.

Conclusion: The uptake and delivery of nature prescriptions is influenced by the prescriber's own relationship with nature, personal experience and/or knowledge of the benefits of nature for health. To lower the barriers we highlighted, it is critical that governments and local decision-makers support the greening of communities especially in urban areas, and that official guidelines be drawn up. Broader public health campaign would allow nature prescription to deploy.

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Prevention

ID 1429- Pneumococcal vaccination: evaluation of vaccine coverage and knowledge among adults at risk of invasive pneumococcal infections in Ajaccio area

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Context: With the rapid aging of the global population extending healthy lifespan, reducing the burden of chronic diseases and preserving functional capacity in older age have become key priorities for health systems.Longevity is a multidisciplinary concept that emphasizes not only extending life expectancy but also ensuring that extended life is lived in good health.Primary health care lies at the core of longevity strategies due to its role in early risk detection and the implementation of behavioral change interventions.

Objectives: To define the concept of longevity, evaluate its importance within primary health care, examine current trends based on the most highly cited studies of the last decade and develop practice-oriented recommendations.

Methods: A thematic literature analysis was conducted using Scopus, Web of Science and Google Scholar databases. Articles published between 2015 and 2025 with ≥300 citations or published in high-impact journals were included. Inclusion criteria focused on longevity, healthy aging, lifestyle interventions and the impact of primary health care.

Results: Strong evidence supports the effectiveness of lifestyle-based interventions in promoting longevity. Caloric restriction, intermittent fasting and regular physical activity improve metabolic markers and reduce mortality. Increased primary care physician density has been shown to be significantly associated with higher life expectancy. Early identification of age-related conditions such as multimorbidity and frailty in primary care yields favorable outcomes.

Discussion: Highly cited literature from the past decade reveals that longevity is not only a biological phenomenon but also a process closely linked to the structure of health care systems. Primary health care represents the most effective platform for longevity interventions due to its role in early risk detection, lifestyle modification, behavioral counseling and continuity of care.While the family medicine model in XXX provides a strong foundation, challenges remain, including high workload, limited age-specific protocols, insufficient data integration and lack of multidisciplinary teams.

Conclusion: Enhancing longevity requires not only an understanding of biological aging but also a strong and well-structured primary health care system. In XXX, primary health care holds significant potential for the early management of age-related risks through cost-effective and high-impact lifestyle interventions.

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ID 877- Meningitis B vaccination in France before and after inscriptions in vaccination calendar

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Context: Overweight and obesity are well-established risk factors for metabolic syndrome (MetS) and cardiometabolic diseases. Although the National Health Insurance program in Taiwan offers health checkups to facilitate early disease detection, the specific effectiveness of these checkups in preventing disease progression among the high-risk obese population remains uncertain.

Objectives: This study aimed to evaluate whether utilizing health checkups reduces the incidence of MetS and related cardiometabolic risks (hypertension, hyperglycemia, and hyperlipidemia) in overweight/obese adults.

Methods: We conducted a multicenter retrospective cohort study using a clinical research database in Taiwan from 2003 to 2015, with follow-up through 2024. The study population included adults aged ≥ 18 years with a BMI ≥ 24 kg/m² who had not been diagnosed with MetS or cardiometabolic diseases prior to the index date. Participants were divided into an intervention group (received preventive health checkup) and a control

group. A 1:4 Propensity Score Matching was applied, adjusting for age, sex, and baseline BMI. Cox proportional hazards models were used to estimate adjusted hazard ratios (aHRs) and 95% confidence intervals (CIs).

Results: A total of 14,615 matched participants were included (2,923 in intervention group and 11,692 in control group). Overweight/obese adults who utilized preventive health checkups had a significantly lower risk of developing metabolic syndrome (adjusted hazard ratio [aHR]: 0.69; 95% CI: 0.64–0.73; p<0.0001) compared to the control group. Moreover, participants who received health checkups experienced a significant reduction in the incidence of hypertension (aHR: 0.92; 95% CI: 0.87–0.97; p=0.002).

Discussion: These findings indicate that adult preventive health checkups provide benefits beyond disease detection along. The observed reduction in incident MetS and hypertension suggests that these health checkups may serve as effective primary care touchpoints for early life style counselling, and timely medical advice, thereby that effectively lower cardiometabolic risk among overweight and obese adults.

Conclusion: Utilization of adult preventive health services was associated with a significant reduction in the incidence of metabolic syndrome and hypertension among overweight and obese adults. Public health policies should further encourage the utilization of these services to mitigate the burden of obesity-related chronic diseases. Keywords: Preventive Health Checkups; Obesity; Metabolic Syndrome; Cardiometabolic Risks

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ID 919- Evolution of HPV vaccination prevalence and associated socio-demographic factors in high-income countries (2006–2024): a systematic review

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Context: Under-treated hypothyroidism can delay conception and impair fetal development. Despite primary care management, increased thyroid hormone needs in early pregnancy are often missed due to non–trimester-specific reference ranges, adherence issues, and delayed antenatal care. This highlights the need for optimal pre-conception control, closer pregnancy monitoring, and clear advice to increase replacement therapy as soon as pregnancy is confirmed.

Methods: We conducted an iterative audit of hypothyroid women of reproductive age in a UK-representative general practice (population 24,000). An initial audit (2020–2023) showed poor annual TFT monitoring (27/70 patients), partly attributed to the COVID-19 pandemic. Following remedial measures, monitoring improved in 2024 (63/70). The 2025 audit identified 27/86 patients requiring further attention. Results of the 2026 audit will be presented to complete the study.

Originality: Previous studies have urged the importance of monitoring hypothyroid patients with at least annual TFT and action on the results. Advice has included increasing the dose of replacement therapy by 20% as soon as pregnancy is confirmed. Congenital hypothy

Lessons learned and future implication: Proactive monitoring, early dose adjustment, and education improve pregnancy outcomes. Advice from NICE, British Thyroid Foundation, and has recently been added to our local patient website. Laboratories are to be encouraged to state any replacement thera

Discussion: This audit highlights important gaps in the routine management of hypothyroidism in patients of child-bearing potential. Of the 86 patients reviewed, 27 (31%) required further attention due to suboptimal thyroid function monitoring and the need for repeat blood tests and follow-up. This finding suggests that a substantial

proportion of patients may enter pregnancy with inadequate thyroid control, placing both maternal and fetal outcomes at risk.

Conclusion: Levothyroxine dose should be increased immediately on pregnancy recognition, ideally in primary care, with specialist referral if target levels are not achieved. Proactive monitoring, pre-conception counselling, and improved primary care awareness are essential to optimise maternal and fetal outcomes.

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ID 813- Knowledge of the HPV vaccine among boys aged 11-19 years and their parents in Limousin

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Context: Sexual health is one of the objectives of France's national health policy. Condom use is declining and the incidence of sexually transmitted infections (STIs) is increasing. High school students are particularly concerned as they represent a high-risk population, their knowledge of the risks and means of prevention in relation to sexuality is insufficient. Sex education is part of the high school curriculum, but there is no validated intervention with proven effectiveness on behaviour and knowledge in relation to sexuality.

Objectives: In 2023, an intervention was carried out in vocational high schools in the french department of XXX. It consisted of 777 students completing a questionnaire about their knowledge and behaviours in terms of sexuality, followed by a discussion on this topic with a resident in general practice. The aim of our study was to evaluate the effectiveness of this brief intervention in terms of sexual behaviour and knowledge.

Methods: This was an observational study of vocational high school students who had previously participated in a sexuality intervention in 2023 with a resident in general practice. Condom use, emergency contraception use, number of unwanted pregnancies, STI screening, STI infection, and sources of information on sexuality were compared for the same group one year after the first intervention.

Results: In 2024, 492 vocational high school students responded to the questionnaire. One year after the intervention, there was a statistically significant improvement in the number of STI screenings, emergency contraception use, HPV vaccination, and high school students' knowledge of sexuality. However, there was still low condom use and persistent gaps in knowledge about contraceptive methods.

Discussion: This study highlights an improvement in knowledge and a trend towards improved sexual behaviour one year after the intervention by a resident in general practice.

Conclusion: Improving and standardising this intervention and studying it on a larger sample, including general secondary schools, would make it possible to design a brief, effective and reproducible intervention for high school students in the area of sexual health.

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ID 271- Vaccine hesitancy among migrant populations in Europe: a mixed-methods systematic review.

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Context: Primary care is an ideal spot to offer preventive care services along with chronic disease management. However, behind the scenes, these two areas often aren’t well connected limiting what, they could achieve if well united together, as matter of fact limiting the potential of early detection of risk. Recent research emphasizes that integration of prevention, screening and risk counselling included within chronic disease management is able to make primary care work better and improve system efficiency, while saving time and effort in a long-term perspective.

Objectives: To review and synthesize evidence from the last two years that looked at approaches, methods, and implementation obstacles for embedding preventive medicine into chronic disease management within primary care clinics.

Methods: We conducted a narrative review of peer-reviewed literature, policy papers, and implementation research published during the last two years. Key sources included systematic reviews, meta-analyses, along with interviews focused on team-based health setups in local clinics.

Results: Multicomponent approaches have shown better results in fulfilling preventive services. Research in underserved areas and case studies show cultural collaborations is needed along with updated processes to the region and its habitants. However, obstacles including mismatched rules, poor leadership, short resources, and inconsistent regulations has impeded ongoing progress. Initiatives to reach agreement, such as directions on CGM implementation have proven that, with accurate training and assistance, primary care is able to effectively adopt preventive innovations.

Discussion: Privileging prevention while treating chronic disease may work perfectly. However, this still need several actions organized together, besides that, it also needs clear strategies from doctors. Hospitals and primary care clinics as well need to support this by providing better setups and rules in order to make it happen and work efficiently; failing to do so would affect the progress.

Conclusion: Integrating preventive medicine within chronic disease care in primary care is not only feasible, but also turns out to work perfectly. To make it happen, health systems should support multicomponent implementation strategies, build dedicated roles, as a matter of fact: prevention practitioners, at the same time respecting also cultural differences, by fostering culturally tailored models in underserved communities.

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ID 153- Perception of harm from alcohol consumption in the young population Observational study

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Context: The “My Health” program is a preventive healthcare service for individuals aged 20 and older, implemented in Primary Care in Poland. The program includes health assessments, preventive tests, health education, and the creation of an Individual Health Plan. One of the key components of the Plan is vaccination recommendation. The program aims to improve vaccine uptake among adults.

Objectives: This study evaluates how the program influences the uptake of pneumococcal, COVID-19, seasonal flu, and RSV vaccinations. We hypothesize that patients receiving vaccination recommendations within their Care Plan are more likely to complete these vaccinations than those outside the program.

Methods: This is an observational, comparative study. The intervention group includes patients aged ≥20 who have participated in the “My Health” program, which involves completing a health questionnaire, undergoing tests, attending a summarizing consultation, and receiving a Plan with vaccination recommendations. The control group consists of patients of the same age, registered in the same PC facilities, who have not participated in the program. Data collection is based on a CAWI (Computer-Assisted Web Interview) survey administered to healthcare personnel, who will identify patients with vaccination recommendations and report the proportion of those who have received vaccinations for pneumococcal disease, COVID-19, seasonal flu, and RSV. Statistical analysis will compare vaccination rates between the two groups, adjusting for confounders such as age, sex, chronic diseases, and prior vaccinations.

Results: Preliminary data from two PC facilities include N=542 patients in the intervention group and N=302 in the control group. Early findings suggest that participation in the “Moje Zdrowie” program is associated with a higher vaccination uptake (for flu vaccine: 23% versus 11%, $p<0.05$). Full data will be presented.

Discussion: The preliminary results suggest that integrating vaccination recommendations into the "My Health" program may improve vaccination uptake among adults. Future research should focus on addressing barriers to vaccination and optimizing health system interventions to enhance adherence to vaccination recommendations in primary care.

Conclusion: Participation in the "My Health" program appears to be an effective strategy for increasing adult vaccination rates. Full analysis will lead to recommendations for integrating vaccination recommendations into primary care programs.

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Screening and preventing

ID 2206- Deviations from good clinical research practices in a randomized controlled trial in primary care: monitoring of "Statins in the Elderly"

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Context: Clinical trials are required to comply with overarching regulatory standards to ensure data quality and validity of results. For trials conducted in primary care, ensuring data quality can be particularly challenging due to the decentralization of study sites, limited research infrastructure, and constraints related to routine clinical practice.

Objectives: The aim of our study was to analyze the results of on-site monitoring visits from a clinical trial conducted in primary care, Statins in the Elderly (SITE), in order to quantify and describe deviations from good clinical research practices (GCRP).

Methods: SITE study is a multicenter randomized clinical trial in which 304 general practitioner investigators recruited 1209 patients in France from June 2016 to December 2029 with 3 years of follow-up. Study monitoring was conducted remotely using the electronic Case Report Form. Two on-site monitoring visits were planned. The proportion of non-conformities, classified as minor, major, and critical, and the investigator profiles, including age, clinical research experience, and the number of patients enrolled, were recorded.

Results: Almost all investigators (300/304) received queries related to non-compliance with GCRP. These primarily concerned source documents, but also the manner in which the electronic case report form was completed. A total of 5746 non-conformities were recorded, with a median of 5 per investigator. Minor (22%), major (77%), and critical (1%) deviations were less frequent when the investigator was younger. 227 investigators included at least two patients, with a mean of 4.77 deviations per investigator, compared to 9.53 for the 77 investigators who included only one patient ($p<0.001$).

Discussion: Based on these results, targeted strategies could improve data quality in clinical trials conducted in primary care, notably through enhanced training and the simplification of data collection processes. It would also be beneficial to foster a culture of information sharing on data quality in order to establish more precise standards than the broad guidelines that currently guide clinical research practice.

Conclusion: In France, primary care setting represents a challenge for clinical research. In order to improve data quality, data collection should be facilitated for optimal investigators participation in clinical research.

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ID 1647- Health prevention examinations in the practice of private general practitioners in northern France

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Context: In (XXX), preventive health examinations are offered at health centres to everyone. Following

the check-up, a report may be sent to the patient's general practioner (GP). Fully covered by the National Health Service, this screening involves significant costs, raising questions about its place in primary care.

Objectives: To determine the value of preventive health assessments and their integration into the practice of GPs in (XXX).

Methods: Qualitative study using semi-structured individual interviews conducted with private GPs in (XXX) who had received at least one preventive health assessment report for one of their patients. Audio recordings followed by full transcripts were used to collect verbatim statements, which were analysed on an ongoing basis using phenomenology, with triangulation of coding. The interviews were continued until sufficient data had been collected.

Results: The fourteen participants expressed mixed opinions about this preventive consultation. It sometimes appears to be a useful tool for screening and reintegrating patients into the care pathway, particularly those who are not receiving regular follow-up. However, although the report is considered easy to read, it is not very useful for patients who are receiving regular follow-up, as it is redundant and does not contain any significant abnormalities. The electronic transmission of results, better coordination between health centres and GPs, and targeting the system at vulnerable users or those who do not need to consult often will optimise the resources dedicated to prevention in (XXX).

Discussion: The prevention assessment seems relevant but raises questions among GPs. In a healthcare system under pressure, it encourages better interprofessional cooperation and a change in the care relationship. General practitioners must learn to delegate their preventive healthcare responsibilities to other professionals : pharmacists, nurses and health centres, with complete confidence, so that they can focus on priority care tasks. Patients must be prepared to consult outside of any pathological context in order to benefit from time dedicated to individual prevention.

Conclusion: National prevention policy must focus on vulnerable populations or those who are isolated from the healthcare system, and it is necessary to study the current impact of systematic health checks on morbidity and mortality.

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ID 117- What do think GP about medical overuse ?

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Context: Overmedicalisation refers to an excess of medicine with multiple facets: overdetection, overdiagnosis, overtreatment, and excessive care. This overconsumption of medical services has direct consequences for patients and for the planet, including anxiety, iatrogenesis, and antibiotic resistance. What is the opinion of French general practitioners (GP)?

Objectives: To observe and describe the perceptions of GPs and general practice residents (GPR) on overmedicalisation and their proposed solutions.

Methods: A cross-sectional study using a real-time questionnaire (Wooclap®) was conducted among participants at a regional university conference on general practice (May 2025). Descriptive statistics reported quantitative data as means (± standard deviations) for continuous variables and as frequencies (percentages) for categorical variables. A qualitative thematic analysis described the solutions explored through an open-ended question and presented in a word cloud.

Results: Of the 300 conference attendees, 199 responded: 74 practising GPs including 38 university internship supervisors, 37 locum doctors and 92 residents. The average age was 34 (±11). On average, they estimated that 29% (±18) of their daily practice seemed to involve over-medicalisation and 16% (± 14) iatrogenesis. Almost all participants (96%) believed that over-medicalisation was a problem. Of the 455 responses collected regarding solutions, 33% targeted patient therapeutic education, 13% targeted deprescribing, and 12% targeted delisting.

Discussion: The originality of this study lies in its topical subject matter, which was addressed live with a panel of conference attendees. This exploratory aspect limits extrapolation to doctors in the region. The approximately 30% rate of

overmedicalisation and the proposed solutions correspond to findings from German and American studies. Solutions to combat overmedicalisation focused mainly on patients and the healthcare system, as in other studies, with little self-reflection.

Conclusion: .Both GPs and GPRs are aware of overmedicalisation in their practice. However, the solutions proposed, mainly focused on patients and the healthcare system, show that work is still needed regarding the principle of the illusion of unique invulnerability.

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ID 1101- Exploring sun protection habits and perceptions of skin cancer among farmers in XXX: a qualitative study using semi-structured interviews.

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Context: Skin cancer rates are rising in XXX, particularly in XXX, where the incidence is three times higher than the national average. Farmers are particularly at risk, with the risk of melanoma increasing fivefold in thirty years. They are the target audience for the 'XXX' prevention campaign launched in 2022.

Objectives: Exploring sun protection habits and perceptions of skin cancer among farmers.

Methods: Qualitative study based on semi-structured interviews conducted with farmers in XXX. The interview guide focused on sun protection practices, screening, knowledge of sun risks and the impact of existing campaigns. The interviews were recorded, transcribed and analysed using an approach inspired by grounded theory.

Results: Eight interviews were analysed. Sun protection was limited, intermittent, often partial, and heavily dependent on weather conditions. The risk of sun exposure was underestimated due to practical and economic constraints. Personal perceptions, such as the sensitivity or otherwise of certain areas of the body, influenced preventive behaviour. Exposure to a family history of skin cancer encouraged sun protection. Current campaigns were perceived as insufficiently adapted to the agricultural environment and not impactful enough. Participants suggested more targeted prevention, relayed through direct channels and supported by resource professionals such as general practitioners. Employers also had a role to play.

Discussion: Awareness of the risks associated with sun exposure remains low, contrasting with the reality of significant occupational exposure. To remedy this, prevention strategies must be varied and tailored to the target audience: general practitioners, professional organisations such as cooperatives, and direct channels such as text messages. Furthermore, skin cancer is recognised as an work-related illness for farmers in several European countries, which helps to raise awareness in the workplace. This recognition is currently under consideration in XXX.

Conclusion: Sun exposure is the primary risk factor for skin cancer. Integrating strategies from the start of farmers' working lives is a major challenge in limiting the impact of skin cancer in this particularly exposed population.

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ID 918- French screening recommendations: A systematic review

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Context: As a primary care provider and through their patient-centered approach, general practitioners are at the heart of preventive medicine. In France, the Haute Autorité de Santé (HAS) does not publish recommendations specifically dedicated to screening. These are disseminated in various types of guidelines, most

often focused on the general management of a condition. Thus, no comprehensive synthesis of French screening recommendations existed in 2024.

Objectives: To identify HAS screening recommendations, describe their main characteristics, and compare them with United States Preventive Service Task Force (USPSTF) recommendations.

Methods: Systematic review. The HAS and USPSTF websites were screened in January 2023. Recommendations that included a screening recommendation were included. Updated recommendations, recommendations for identifying complications (severity diagnosis) or causes (etiological diagnosis) of a health problem were excluded.

Results: We included 53 HAS recommendations and 67 USPSTF recommendations, covering 74 and 65 conditions respectively. HAS recommended screening for 67 conditions, compared with 30 for the USPSTF; 6 versus 7 conditions were not recommended, and 1 versus 28 were judged to have an uncertain benefit–risk balance. Only 21 conditions were recommended for screening by both agencies. HAS recommended screening for 14 of the 28 conditions for which the USPSTF considered the balance of benefits and harms to be uncertain, and for 33 additional conditions not evaluated by the USPSTF, including 11 neonatal disorders. Only 25% of HAS screening recommendations had a graded level of evidence, 71% of which were based on expert opinion, and screening periodicity was undefined in 26% of them. Most HAS screenings (82%) were opportunistic rather than organized.

Discussion: HAS recommends screening for far more conditions than USPSTF, often on weak or non-graded evidence and within heterogeneous guidelines that complicate retrieval and offer of screenings by general practitioners. These differences reflect the absence of dedicated screening guidelines using a standardized methodology and transparent grading of benefits and harms in France.

Conclusion: French screening policy should be aligned with international best practice. It requires reliable screening recommendations that clearly grade evidence, consider benefits and harms, and support shared decision-making in primary care.

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ID 521- General practitioners' perceptions of the feasibility of abdominal aortic aneurysm screening in consultation after brief training and practical experience

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Context: Since 2013, the French National Authority for Health recommends a one-time, targeted opportunistic screening for abdominal aortic aneurysm (AAA) among at-risk patients. Participation rates, however, remain low. Point-of-care ultrasound (POCUS) is expanding in general practice, and AAA screening performed by trained general practitioners (GPs) demonstrates diagnostic accuracy comparable to that of radiologists. This study is part of the randomized DACEP trial, which compares AAA screening uptake when performed by GPs during consultation versus referral to radiology.

Objectives: To explore GPs' perceptions of the feasibility of AAA screening in consultation after a brief training session and provision of an ultraportable ultrasound device.

Methods: A longitudinal mixed-methods study was conducted over 18 months, combining quantitative and qualitative approaches. Quantitative data were collected through questionnaires administered before and after training, and after 18 months of practice. Perceived feasibility was assessed across three dimensions: integration into consultation, performance, and interpretation. For each screening, a questionnaire evaluated confidence, image quality, and ease of integration. The qualitative component consisted of semi-structured interviews analyzed using an interpretative phenomenological approach.

Results: Twelve GPs were trained and equipped with ultraportable ultrasound devices. Training did

not significantly modify perceived feasibility, and prior ultrasound experience had no measurable effect. However, perceived ease of integration, image quality, and confidence in image interpretation all increased significantly with the number of screenings performed. After 18 months, 64% of GPs wished to continue AAA screening using the device, and all intended to use ultrasound for other indications. Interviews highlighted enthusiasm for POCUS and identified barriers such as time constraints, irregular practice, and low prevalence of eligible patients. Facilitators included regular use, refresher training, and dedicated preventive consultation time.

Discussion: An ambivalence emerged between general practitioners' willingness to integrate AAA screening and the difficulty of implementing it sustainably in practice. The study's external validity is limited because the doctor's patients were mostly young and female and therefore less eligible for AAA screening

Conclusion: Despite strong interest from GPs, sustainable integration of AAA screening remains challenged by organizational barriers. Embedding AAA screening within a dedicated preventive consultation, supported by a multifactorial COM-B–based behavioral approach, could enhance long-term adoption in primary care.

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ID 224- Experience, perceptions and process of sexually transmitted infections (STI) management in general practice consultations by general practitioners and patients in France

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Context: In XXX, sexually transmitted infections (STIs) have been steadily increasing since the early 2000s. Globally, the WHO estimates that one million people contract an STI every day. Often asymptomatic and potentially responsible for long-term complications, these infections require increased screening among the general population. In this context, health authorities have introduced new recommendations on sexual health. As the first point of contact in the healthcare system, general practitioners play a central role in the detection, prevention and screening of STIs.

Objectives: To explore the experiences, perceptions and approaches to STIs in general practice, from the perspective of patients and general practitioners in the XXX region.

Methods: Qualitative study conducted with patients and general practitioners. Semi-structured interviews were conducted with patients, followed by an analysis inspired by grounded theory. Doctors participated in in-depth interviews, which were analysed using a phenomenological interpretation approach.

Results: Fourteen interviews were conducted (7 patients, 7 doctors). Patients emphasised the importance of the role of general practitioners in STI screening and expressed high expectations in this regard. Several obstacles emerged: embarrassment, age difference, fear of judgement, and lack of time during consultations. Doctors described various strategies for introducing the subject of STIs, notably by taking advantage of opportunities that arise during consultations. They acknowledged that they do not systematically address the subject, particularly with certain profiles such as couples or elderly people. Although they generally stated that they felt comfortable doing so, they adjusted their approach according to patients' reactions and experiences.

Discussion: The results reveal an asymmetry between patients' expectations and doctors' daily practice. The approach to STIs remains conditioned by relational and contextual obstacles, limiting systematic screening, which is nevertheless recommended. Consultations appear to be an area that is still insufficiently exploited for proactive discussion of sexual health.

Conclusion: The study highlights persistent barriers, on the part of both patients and doctors, to addressing STIs in general practice. Better promotion and dissemination of existing measures, as well as structured opportunities to integrate screening into routine practice, could encourage more systematic dialogue about STIs during consultations.

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Sexual health

ID 2235- Medical abortion between 7 and 9 weeks of gestation in private primary care: practices, motivations, and barriers from a nationwide survey

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Context: During the COVID-19 pandemic, medical abortion between 7 and 9 weeks of gestation (WG) was temporarily authorised in private primary care practices in XXX. This measure was later made permanent by a national law. However, its impact on routine practice in private primary care has not yet been well described.

Objectives: To describe medical abortion practices between 7 and 9 WG in private primary care following a national legal change, and to explore healthcare professionals' motivations and barriers.

Methods: We conducted a nationwide cross-sectional study between June 2024 and July 2025 among profesional authorised to provide medical abortion in private practice. Eligible participants were general practitioners, gynaecologists and midwives; professionals working exclusively in hospitals or health centres were excluded. The survey used an online questionnaire disseminated through professional networks and a paper questionnaire sent by post to 1,667 practitioners identified via national online directories. Descriptive analyses were performed, including comparisons between providers and non-providers beyond 7 WG. Motivations and perceived barriers were explored accordingly.

Results: 938 professionals responded (56.3%). Among participants, 94% reported providing medical abortion beyong 7 WG, with high satisfaction (95%). The sample included 56% midwives, 35% general practitioners and 9% gynaecologists, and was predominantly composed of women (89.6%). Professional specialty influenced practice, with higher uptake among midwives and lower rates among general practitioners. Practitioners performing less than 10 abortions per year were less likely to provide medical abortion after 7 WG. Teleconsultation was widely used during the COVID-19 period and partially maintained after. Key motivations included offering women a choice of method and improving access by reducing delays. Among non-providers (n = 58), the main barriers were lack of demand (43%), fear of complications and insufficient training.

Discussion: The identification of eligible professionals revealed limited availability and visibility of private abortion providers in some areas. Midwives may represent an important driver for improving access to this practice. Targeted training and strengthened links with hospital services, particularly for low-volume providers or those expressing reluctance, may help improve its implementation.

Conclusion: Medical abortion between 7 and 9 WG is well accepted and widely practised in private primary care, with few practical challenges.

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ID 2239- Pharmacists' perspective on dispensing contraception to high school students.

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Context: The incidence of sexually transmitted infections (STIs) is increasing in Europe, particularly among adolescents. Their knowledge of STIs is poor and their sexual behavior is often risky. Several studies show that general practitioners are not recognized by high school students as the preferred point of contact for questions about sexuality, so there are few requests for consultations on this subject. Contraceptive provision is a frequent reason for adolescents to seek medical advice, but recent studies show that their main point of contact in this context is the dispensing pharmacist. Free condoms in pharmacies for 18–25-year-olds since

January 2023 reinforces the importance of pharmacists in matters of sexuality.

Objectives: The objective of this study was to explore pharmacists' perspectives on sexuality issues associated with dispensing contraception to high school students, as well as their professional exchanges with general practitioners on this subject.

Methods: This was a qualitative study using the grounded theory method conducted among a sample of community pharmacists based in the region XXX.

Results: Eleven pharmacists participated in semi-structured interviews between October 2024 and September 2025. They noted that they provided little information on sexuality issues when dispensing contraception to high school students. Some felt a lack of professional and personal legitimacy and even a fear of being ridiculous, when addressing these topics. They may resort to humor or a monotonous, trivialised discourse. Pharmacists also mentioned constraints related to the pharmacy, such as a lack of confidentiality or pressure from queues, which led them to sacrifice certain information, often relating to STIs and other sexuality issues. Although they found that people consider the pharmacy as : “an open bar”, they themselves felt isolated from other healthcare professionals.

Discussion: Pharmacists could be the key to identify the at-risk adolescents and referring them to the appropriate healthcare professional. However, to fulfill this role effectively, it is essential to improve their link with local care pathways.

Conclusion: A large-scale study is needed to assess the benefits of improving links between pharmacists and other local health professionals on high school students' knowledge and sexual health.

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ID 1557- Endocrine disrupting chemicals and alterations in sperm parameters: an umbrella review

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Context: Male infertility is an increasing public health concern. Numerous data suggest that environmental exposure to certain endocrine-disrupting chemicals (EDCs) may impair spermatogenesis. Among these, phthalates, bisphenols, triclosan, and parabens are ubiquitous compounds, widely used in plastics, food containers, and personal care products, that can interfere with hormonal regulation and induce testicular oxidative stress.

Objectives: To synthesize data from systematic reviews evaluating the association between postnatal exposure to these four classes of EDCs and alterations in sperm parameters in adult men.

Methods: An umbrella review (systematic review of systematic reviews) was conducted following PRISMA 2020 guidelines. PubMed and Embase were searched up to July 2025. Included were systematic reviews and meta-analyses focusing on adult men with postnatal biological measurements of exposure (urine, blood, or semen). Methodological quality was assessed using the AMSTAR-2 tool.

Results: Nine reviews published between 2015 and 2024 were included. A general adverse trend was observed between exposure to certain EDCs and sperm quality, particularly sperm concentration and motility.

Discussion: The level of evidence is moderate to high for phthalates, moderate for bisphenol A, low to moderate for triclosan, and low for parabens. Proposed mechanisms include testicular oxidative stress, hormonal disruption, and mitochondrial damage in germ cells.

Conclusion: This synthesis highlights a consistent body of evidence linking postnatal exposure to certain endocrine disruptors, notably phthalates and bisphenol A, with measurable impairment of sperm quality. While not demonstrating causality, these findings support the hypothesis of an environmental role in the decline of male fertility.

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ID 836- Addressing Female Sexual Dysfunctions in General Practice: A Study of General Practitioners' Practices in Brittany

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Context: Female sexual dysfunctions are understudied despite an estimated prevalence of 50% among women. They are also rarely addressed during general practice consultations: only 8% of women are questioned about it, even though general practitioners (GPs) are their first point of contact.

Objectives: To study practices of GPs in Brittany in addressing and managing female sexual dysfunctions (FSD) and their potential barriers and expectations, in order to identify avenues for improvement.

Methods: A qualitative study, semi-structured interviews with general practitioners, either locums or established, practicing in Brittany.

Results: Thirteen physicians participated. Most reported feeling comfortable with the topic and acknowledged the importance of screening for FSD, although they underestimated its prevalence in their own patient population. Gynecological consultations were considered the most appropriate time to introduce the topic. Some presenting complaints, such as depressive disorders or chronic diseases, also prompted discussion. Physicians generally began management themselves before referring patients to other sexual-health professionals when necessary. The main barriers identified were lack of time, lack of solutions, as well as the patient's emotional and relationship context. Male physicians also cited their gender as a limitation.

Discussion: This study highlights that, consistent with literature, general practitioners tend to underestimate the prevalence of female sexual dysfunction and rarely address the topic during consultations, typically only when linked to the patient's primary reason for visiting. No literature-validated screening tools are employed. Key barriers identified include limited consultation time (as in the literature), inadequate training, discomfort related to the physician's gender, age-related assumptions about patients, cultural factors. Creating a dedicated sexual-health consultation, regardless of patient age, could help offset time limitations. Physicians expressed a need for brief, practical, literature-validated training programs focused on communication, alongside improved awareness among patients and partners. The study employs a rigorous qualitative methodology but presents limitations, including recruitment and a focus on heterosexual women.

Conclusion: The study shows that GPs seldom address female sexual dysfunctions outside gynecological consultations, hindered by time constraints and taboos. To facilitate the discussion of FSD a standardized question could be useful. It's important to improved professional training and increased patient awareness. Sexual health should be fully integrated into women's overall health.

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ID 592- Experiences and trajectories of thermal testicular contraception users : a qualitative study in metropolitan France

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Context: The thermal testicular contraceptive method (TTCM) has been used since the 1980s and hasn't yet received marketing authorization. Initial clinical studies recommend wearing the device for 15 hours per day, with spermogram checks every three months to ensure temporary infertility. This approach has demonstrated significant contraceptive effectiveness. Several studies have explored both male and female expectations regarding TTCM, as well as the level of awareness among general practitioners.

Objectives: The objective of this thesis is to explore the experiences and trajectories of TTCM users in metropolitan France.

Methods: To address this research question, we conducted a qualitative study based on semi-structured interviews carried out between February and October 2024. Participants were men currently using, or who had previously used, a thermal contraceptive device, recruited through local user associations.

Results: Eleven participants were included. The interviews, which lasted an average of 60 minutes, revealed multiple motivations for starting contraception : concern for their partner's health, a desire to share the contraceptive burden, previous contraceptive failures, ecological considerations, and activist commitment. TTCM was chosen for being perceived as more respectful of the body, although some users remained cautious due to the limited number of clinical studies. User trajectories were often supported by two main networks : associative support, appreciated for its practical expertise, community engagement and assistance with device design, and medical support, which varied from informed encouragement to discouraging attitudes, that can lead to a breakdown in trust to the health care system. Contraceptive use was marked by experimental adaptation : adjusting the protocol to everyday life, managing spermograms, and navigating relationship dynamics. Participants expressed a strong desire for better recognition of the method by the healthcare system. TTCM represents a shift in gender roles, a way to take responsible action, and a challenge to traditional notions of masculinity.

Discussion: This study highlights key themes in the experiences of TTCM users and outlines areas for further research. Particular attention should be paid to users' expectations regarding medical follow-up by general practitioners and laboratories, the effects of male-led contraceptive experimentation on fertility, and the evolving paradigm of gender relations in this context.

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ID 126- Impact of taking HIV pre-exposure prophylaxis on sexuality and mental well-being of users of this therapy.

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Context: PrEP is a prevention tool included in the global HIV strategy, aimed at reducing infection. Our research focused on its impact on the sexuality and mental well-being of its users.

Methods: We conducted a qualitative study using semi-structured interviews with adults taking PrEP for more than six months, followed at the CeGIDD (Institute for the Study of Sexuality and Disorders) in Montpellier. The phenomenological and thematic analysis aimed to explore their subjective experiences.

Originality: The originality of this study lies in its qualitative approach focused on the lived experience of PrEP users, beyond biomedical aspects. It highlights how PrEP transforms sexuality and psychological well-being, while revealing new ambivalences in HIV prev

Lessons learned and future implication: The interviews with the 11 participants highlight the profound transformations brought about by PrEP in terms of sexual and relational experiences. It is perceived as a lever of freedom, promoting a positive reinvestment in sexuality. The reduction in int

Discussion: The discussion explores how PrEP influences sexual behaviors, perceptions of risk, and users' mental health. It highlights psychological and sexual liberation, improved quality of life, but also raises questions about the decline in condom use, the relationship to medication, and generational differences in the perception of HIV.

Conclusion: Our study highlights the positive impacts of PrEP on sexuality and psychological well-being, while highlighting some ambivalence. A long-term, prospective quantitative study would allow for a more in-depth study of its impact on quality of life.

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ID 71- A brief tool to help general practitioners address adolescent sexual health in routine consultations

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Context: Sexual health indicators among adolescents (rates of sexually transmitted infections, use of emergency contraception, and rates of abortion) highlight the need for general practitioners to address these issues during consultations. However, several barriers exist: lack of time, feelings of incompetence, discomfort with the topic, and the presence of parents. To date, no structured communication tool exists to facilitate such discussions during non-dedicated consultations.

Objectives: To develop a brief intervention tool for general practitioners, designed to initiate conversations about sexual health with adolescents, regardless of the initial reason for consultation.

Methods: A nominal group consensus method was used. A panel of 11 experts was recruited by email, selected for their experience in adolescent or sexual health (including established general practitioners, residents, a gynecologist, midwives, and a forensic physician). The nominal group session took place in February 2025 at the Faculty of Medicine, lasted three hours, and resulted in the creation of the tool. The session was audio-recorded twice and accompanied by note-taking by two researchers. After individual reflection, proposals were discussed collectively, organized into categories, prioritized, and reformulated by consensus.

Results: The proposed tool consists of seven questions or statements. It begins with a caring invitation that respects the adolescent's consent: "Now, if you're okay with it, we can talk a bit about your intimate life…" It includes wording adapted to the possible presence of parents and systematically reminds the patient of their right to medical confidentiality. The questions allow exploration of sexual activity and contraception needs. A closing phase standardizes the proposal of a dedicated follow-up appointment and the provision of reliable resources.

Discussion: The tool, developed by a multidisciplinary panel, is simple and quick to use. It is currently being evaluated among medical students and general practitioners regarding its feasibility, acceptability, and impact on professional practices.

Conclusion: We have created a brief intervention tool to be made available to general practitioners, enabling them to address sexual health with adolescents, regardless of the initial reason for consultation. The presentation of this tool provides an opportunity to reflect on professional practices, as well as on personal barriers and perceptions related to adolescent sexual health.

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Ultrasounds

ID 1323- Training in focused clinical ultrasound for general practice: literature review and pedagogical model for GP residents in Lille

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Context: In 2023, WONCA Europe was unequivocal : general practice requires reliable training in focused clinical ultrasound during residency. European primary-care ultrasound practices remain highly heterogeneous, and France lags behind in this field.

Objectives: To systematically review and synthesize the published literature regarding the education of general practitioners (GPs) and GPs in training (GPTs) in the use of ultrasonography with detailed information on modalities of teaching and assessing. Then, be able to suggest an ultrasound curriculum to general practice's residents.

Methods: This review was prospectively registered in PROSPERO, conducted according to the Cochrane recommendations and written following the PRISMA guidelines. We combined studies identified in a previous systematic review with studies from an updated literature search using a closer search string. Three reviewers independently screened

articles, and one extracted data. The search was conducted on June 23, 2024.

Results: Twenty papers were included. Ultrasound training was described to include both theoretical and practical training sessions. Major part of the population studied was GPs (65%). Nearly half of papers described a formation on a unique competence. 88,8% of them were about a cardio-vascular scan skill. Didactic lessons were quasi systematic (95%). 45% of studies used theoretical training by homework as videos or manuals. 100% of practical training included focussed hands-on training sessions under direct supervision, while 20% papers described additional longitudinal practical training under indirect supervision. Most of the time, the models were volunteer patients. Ultrasound exam was described to include self-assessment (50%) and/or hetero-assessement (80%), written (55%) and/or practical (80%). When it was a practical test, the major part (56,4%) consisted of a concordance test with experts.

Discussion: The strengths of this study are the updated international literature review on ultrasound training for general practitioners and the double screening for full texts. The main shortcoming of this study is the lack of article's exclusion on their quality.

Conclusion: There was a large variation in ultrasound training programs and assessments for GPs and GPTs. However, we had enough data in order to create a Point-Of-Care Ultrasound (POCUS) curriculum design for general practice's residency in XXX.

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ID 1210- Point-of-Care Ultrasound by the general practitioner : definition of a first level of competence by formalized consensus using the DELPHI method.

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Context: Point-of-Care Ultrasound (PCU), defined as "ultrasound performed in real time by the clinician at the patient's bedside," improves patient care, notably by reducing the time to diagnosis and initiation of treatment. PCU could also reduce inequalities in access to care in underserved areas. However, insufficient training and experience can have detrimental consequences for patients. In France, the training of future general practitioners (GPs) in PCU is underdeveloped. This training is therefore a major challenge for integrating this promising tool into GP practice.

Objectives: The objective of this study is to establish a consensus among GPs experienced in PCU regarding the relevant skills for an initial level of PCU competence for GPs.

Methods: We used the Delphi method. The rating group consisted of GPs and emergency physicians trained in PCU and practicing PCU regularly for more than two years. During the first round, experts rated and commented on 41 clinical skills assessments (CSAs). A second round was conducted using a questionnaire adapted to the results of the first round. Experts rated the CSAs that had not reached a consensus in the first round.

Results: Ten practitioners completed both rounds of the Delphi assessment. Of the 42 skills evaluated, 15 CSAs were deemed appropriate for a first level of competence for GPs, such as abdominopelvic skills, the search for deep vein thrombosis, and pleural and peritoneal effusions. The experts generally considered that tendon and ligament examinations could not be included at level 1 due to their complexity.

Discussion: This is the first study that establish an expert consensus on the qualitative composition of a first level of CSA skills in general practice using the Delphi method. Our results are consistent with those in the literature for skills covering various anatomical areas. The number of experts is in accordance with the recommendations of the French high authority for health for this type of methodology.

Conclusion: Our study identified skills that should enable the development of an initial training module for clinical skills assessment (CSA) for general practitioners or general practice residents. The training methods for each of the 15 selected skills need to be specified through further work.

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ID 310- POCUS supported by tUS and AI - new horizons for family doctors.

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Context: The increased availability of ultrasound machines allows for their increasingly widespread use in family physician practices. Basic knowledge of anatomy, medical education, and a keen eye for detail, combined with thoroughness and experience, allows for the inclusion of ultrasound examinations in a standard medical examination.

Methods: The author is a family physician with practices in a small town and a rural area. For decades, he has been observing the patient population under study, introducing numerous improvements to both clinics, such as computerization, telecommunications, rural rehabilitation, and POCUS ultrasound. He would like to share his experience with modern ultrasound technologies, particularly the use of TUS, multiscan, and the importance of AI programs for rapid POCUS diagnosis.

Originality: POCUS technology, based on tUS, multiscan, and AI, is one of the least popular yet extremely promising forms of family physician practice, especially in isolated populations with difficult access to diagnostics.

Lessons learned and future implication: In a world racing toward the future, it's not just technology that matters, but humanity and the fight for human dignity, quality of life, patient care, and equal access to diagnosis and treatment. POCUS, through its populist nature and universal access,

Discussion: Can the diagnostic process be completed in most cases during a family doctor's examination? Do we have to rely on confirmation of the diagnosis in specialized centers in most cases? What impact does the widespread introduction of POCUS have on treatment costs?

Conclusion: A revolutionary change is taking place in which the most sophisticated diagnostics appear in the hands of the most experienced primary care physicians.Whether we accept it or not, the world is changing and will continue to move forward. POCUS, tUS, multiscan and AI are a high-speed train that we may fear, but perhaps we should accept and embrace with all its benefits.

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ID 583- Use of point-of-care ultrasound (POCUS) in French urgent primary care: a national survey of general practitioners in the SOS Médecins network

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Context: Point-of-care ultrasound (POCUS) is increasingly recognized as a valuable diagnostic tool in general practice. However, its actual use among French general practitioners (GPs) working in urgent care settings, such as SOS Médecins, a nationwide network of GPs providing home-based urgent primary care 24/7, remains poorly documented.

Objectives: To assess the prevalence, modalities of use, perceived impact, and barriers to the adoption of POCUS among GPs working in the SOS Médecins network across France.

Methods: A national cross-sectional online survey was distributed to all eligible SOS Médecins physicians. The questionnaire addressed POCUS usage, clinical indications, equipment access, perceived benefits, training needs, and adoption barriers. Descriptive statistics were used, and comparisons between users and non-users were performed using chi-square or Fisher’s exact tests.

Results: Among 211 respondents, 47.4 % reported current POCUS use. Age group (p = 0.0208) and years of SOS Médecins experience (p = 0.0034) differed significantly between users and non-users. The main indications were abdominal pain (79.2 %), vascular assessment (76.2 %) and respiratory symptoms (65.3 %). Most users relied on portable devices (69.8 %) and performed focused scans (87.4 %). POCUS was perceived as positively impacting triage (86.0 %), treatment decisions (81.7 %), diagnostic accuracy (67.0 %), autonomy (59.0 %) and the doctor–patient relationship (50.0 %). Only 15.6 % reported billing for POCUS. Among non-users, barriers included lack of training (63.6 %), limited time (44.5 %), equipment cost (40 %) and doubts about utility (23.6 %). Over half (54.5 %) expressed interest in training.

Discussion: POCUS use was frequently reported, with a prevalence close to that observed in high-adoption countries. Indications were consistent with international primary-care data. Interpretation must consider possible selection bias. Reported barriers mirror global findings and underline the need for structured training and organisational support.

Conclusion: With an adoption rate of 47.4% among respondents, this survey shows substantial POCUS use within SOS Médecins network, without reflecting national prevalence. Despite strong perceived usefulness, adoption remains limited by training gaps, organisational constraints during home visits, and unclear financial incentives. Strengthening undergraduate exposure, expanding structured continuing training, and clarifying reimbursement pathways may support broader and safer integration of POCUS in urgent primary care.

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ID 408- 10 Binary Questions in General Practice – Ultrasound Answers

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Context: Ultrasound is becoming essential to confirm or ruling out a diagnosis in primary care medecine.With brief training and affordable devices, general practioners can acquire clinically relevant ultrasound skills that are usefull in their daily practice and consistent with evidence-based-medecine.(EBM).

Objectives: To demonstrate,through 10 concrete examples,the usefulness of ultrasound for general practioners in primary care practice.The ultrasound machine becaming the 21st century stethoscope.

Methods: We use the proven educational framework of EESF(école d'échographie sans frontière) and CFFE (centre francophone de formation en échographie) in Nïmes , training centers founded by professor J.M Bourgeois. We compare normal ultrasound images with pathological ultrasound images across several areas of interest for general practioners.We teach wich maneuvers should be performed to obtain this images.

Results: We aim to demonstrate,through imaging,the usefulness and speed of clinico-ultrasound maneuvers in ten specific situations. - musculoskeletal pathology : bone fracture ? supraspinatus tendon lesion ? - abdominal pathology : bladder volume ? hydronephrosis ? cholecystitis ? peritoneal effusion ? dilatation of the common bile duct ? - Thoracic pathology : pleural effusion ? - Vascular pathology : abdominal aortic aneurysm ? atheromatous plaques at the carotid bifurcations ?

Discussion: The ultrasound device provides the often-isolated general practitioner with valuable assistance in managing the most common diagnoses. Although training and cost may appear to be obstacles, opportunities for education within universities or through continuing professional development organisms, both in-person and online, are significant.

Conclusion: Ultrasound is becoming a decisive tool in primary care. By providing immediate answers to frequent clinical questions, it enhances diagnostic accuracy and patient safety. With accessible training and portable equipment, the general practitioner becomes a more efficient and autonomous clinician.

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ID 157- Point-of-care ultrasound for assessing left ventricular ejection fraction

in heart failure of unselected patients in primary cares conditions: a systematic review

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Context: Heart failure (HF) is the most frequent cardiovascular pathology in primary care. Echocardiography is its gold standard for diagnosis, follow-up and prognosis. Point-of-care ultrasound (POCUS) is of growing interest in daily practice.

Objectives: This study aimed to systematically review the literature to evaluate left ventricular ejection fraction (LVEF) assessment of unselected patients in primary cares conditions by non-expert physicians with cardiac POCUS (cPOCUS).

Methods: We searched in Medline, Embase and Pubmed up to January 2022 for interventional and non-interventional studies assessing LVEF with cPOCUS in unselected patients with suspected/diagnosed HF in hospital or outpatient settings, performed by non-expert physicians.

Results: Forty-one studies were included, involving 6432 patients, of whom 59.1% were outpatients. LVEF was assessed by 349 non-expert physicians after an initial ultrasound training course. The LVEF was mainly assessed by visual estimation (90.2%). The most frequent views were parasternal long/short axis, and apical 4-chamber. The median time of cPOCUS was 8 minutes. A strong agreement was found (Kappa = 0.75 [0.62 ; 0.83]) compared to experts when using different types of ultrasound devices (hand-held and standard), and agreement was excellent (Kappa = 0.84 [0.71 ; 0.89]) with the same device. Training course combined a median of 4.5 hours for theory and 25 cPOCUS for practice.

Discussion: This is the first systematic review specifically designed to evaluate the contribution of LVEF assessment in primary care conditions by non-expert physicians with cPOCUS in unselected patients with suspected or diagnosed HF. This study is strong (41 prospective studies, 6432 patients and 449 participants). Two independent reviewers analyzed strict inclusion criteria, study selection and data extraction. Nevertheless, lack of raw data, inhomogeneity and the large variations across studies limited our results. Finally, 75.6% of studies used hand-held US devices for non-experts compared to standard US devices for experts. Only one similar work was found from Gibson et al. published in June 2020. It tends towards the same conclusions.

Conclusion: The use of cPOCUS by non-expert practitioners after short training course appears to be an accurate complementary tool for LVEF assessment in daily practice. Its diffusion in primary care could optimize patient management, without replacing specialist.

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Violences

ID 1935- Preventing Violence Against Patients in General Practice: A Collective Reflection by Young GPs

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Context: The trial of pediatric surgeon and child sex offender XXX, convicted of 299 assaults between 1989 and 2014, profoundly shook the XXX medical community. As young doctors, we were deeply affected by the extent of these acts. As members of the same association, we decided to work collectively to identify solutions at our level to better prevent violence against patients. We became aware of initiatives led in 2022 by the XXX Order of Physiotherapists, including the creation of a deontometer and evolutions in the management of reports of sexual violence. Strengths: experience sharing between young GPs, mutual support, progressive methodological improvement. Weaknesses: initial lack of formal methodology, discussions initially limited to young GPs, mainly remote meetings.

Methods: This collective developed through discussions and bibliographic work, resembling practice exchange groups. Research methods were progressively refined. Since June 2025, monthly videoconference meetings have brought together GPs from the same professional association, working in different areas. Complementary

interviews with other stakeholders were also conducted.

Originality: The group was formed in response to the XXX affair to allow discussion of this difficult subject and its broader implications. Violence against patients was explored from multiple perspectives. One major objective became the development of a GP-adapted de

Lessons learned and future implication: This group provided a space to share a challenging experience and fostered empowerment through collective work. Earlier methodological support would have improved structure and efficiency; however, this flexible organization enabled rapid mutual support a

Discussion: Discussing violence against patients is essential for GPs, both to improve patient care and support practitioners, because working conditions can be at risk of violence. The deontometer may facilitate dialogue with institutions. WONCA will offer an opportunity to exchange internationally on this topic.

Conclusion: This collective reflection strengthened our confidence, improved our practices, and motivated us to pursue this work through a more structured research approach focused on creating a tool for prevention.

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ID 963- Perceptions of Violence Among Men: A Qualitative Study and Implications for Primary Care

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Context: The 2019 Living Environment and Security survey estimated an average of 1,101,000 victims annually, of whom 46% identify as male. Most screening tools in primary care remain gendered. Experienced violence has significant health consequences, and individuals identifying as male often encounter barriers when seeking assistance.

Objectives: This aim of this study was to explore perceptions of violence among individuals identifying as male to inform strategies for addressing this issue in general practice consultations

Methods: A qualitative study was conducted using semi-structured interviews with adult participants self-identifying as male, between May 2023 and February 2025. Data analysis was guided by principles of grounded theory.

Results: Eleven interviews were conducted with men aged between 22 and 76 years. Violence was perceived as a universal experience with emotional, cognitive, and behavioral repercussions. Perceptions appeared shaped by societal norms and expectations of masculinity, which acted as barriers to recognizing victimhood and seeking external support.

Discussion: The experience of violence subsequently gives rise to strategies comparable to coping mechanisms. The principal strength of this study lies in the fact that it was conducted outside medical practices. However, young adults were underrepresented in our sample. To facilitate its integration into general practice consultations, we propose a model inspired by DiClemente and Prochaska's stages of change.

Conclusion: This study underscores the complexity of representations of experienced violence among individuals identifying as male. A motivational interviewing approach, combined with a critical examination of hegemonic gender norms, may open new avenues for support and intervention in primary care settings.

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ID 693- Identifying clinical signs of child abuse in primary care : a systematic review

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Context: Child abuse is responsible for clinical signs that are often little known, leading to an

underestimation of violence. One billion children worldwide are victims of violence according to UN agencies.

Objectives: The objective of this study is to identify the clinical signs of abused children consulting in primary care.

Methods: A systematic review was conducted in the PubMed, Cochrane, PsycInfo, Embase, and Cinahl databases from 1996 to January 2024. The studies included focused on children aged 0 to 18 who were victims of abuse and consulting in primary care.

Results: Of the 3,811 articles found in the databases, 19 were included in the review. Signs of physical trauma included fractures, bruises, burns, genital and neurological injuries. Somatic symptoms in children may include abdominal pain, persistent non-specific symptoms, and atopic manifestations such as eczema or asthma. The psychological symptoms identified were depression, despair, and anxiety. Abuse is also associated with behavioral disorders (externalizing or internalizing behaviors) and developmental delays (language, learning, and social interaction disorders).

Discussion: Child abuse can appear in many different ways. That is why it is hard to identify in primary care. The studies included have limits: small and varied samples, different definitions of primary care. Many relied on self-reported data and some lacked complete information, which also reduced precision. Despite this, the results are consistent with previous publications showing links between abuse and physical injuries, psychological symptoms, somatic complaints, or developmental delays. Primary care remains a crucial place to detect these situations early, but practitioners may struggle with doubts, emotional discomfort, and unfamiliarity with reporting procedures. More training and support would help them feel better equipped to act.

Conclusion: There are few articles studying the clinical signs of child victims of violence consulting in primary care. These children may present with various clinical signs (physical trauma, pain, atopy, psychological disorders, behavioral disorders, developmental delays) that highlight the importance of considering abuse.

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ID 630- Evaluation of a university training program on the management of intimate partner Violence: a mixed-methods pilot study in XXX

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Context: Intimate partner violence (IPV) has major medical, social, and economic consequences. General practitioners, often the first point of contact for victims, frequently report insufficient training. In 2022, a dedicated IPV training program was implemented at the University of XXX for general practice residents. Based on Dr. XXX work, it comprised four modules: screening and identification of violence, support and follow-up of victims, emergency situations, and long-term management.

Objectives: To assess the impact of this training on the development of clinical competencies among general practice residents and to explore how these competencies are mobilized in simulated scenarios.

Methods: This mixed-methods pilot study combined Objective Structured Clinical Examinations (OSCEs) and semi-structured interviews. Four OSCE stations specifically designed for the study and performed with trained actors assessed IPV-related clinical competencies. Standardized checklists enabled quantitative analysis using Student's t-test. Semi-structured explicitation interviews, following an inductive phenomenological approach, were conducted immediately after the OSCEs to complement quantitative findings. Data collection occurred over a single day. Performance of 11 residents was compared according to participation in the training program.

Results: Trained residents achieved higher overall scores. Significant differences were observed in the "screening" and "emergency" stations, as well as in cognitive, reflective, and psycho-affective domains. Interviews highlighted improvements in understanding the mechanisms of IPV, managing complex care situations, use of available support networks, emotional regulation, and more structured clinical reasoning.

Discussion: This study suggests that the training reinforces residents' competencies beyond theoretical knowledge. Although the small sample size is a limitation, the significant findings and the use of a mixed-methods design (OSCEs and interviews) strengthen the study. This approach appears relevant for evaluating educational impact. Areas for improvement include fostering empathy and integrating routine OSCE assessments.

Conclusion: The training program appears to enhance practical and reflective competencies in simulated scenarios. Broader implementation and long-term evaluation seem warranted to improve care for IPV victims.

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ID 584- Doctors' comfort in addressing domestic violence: the effect of training.

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Context: Doctors are often the first point of contact for victims of domestic violence. They play a key role in identifying and reporting cases. In France, the law of 30 July 2020 relaxed the conditions for lifting medical confidentiality in cases of immediate danger and abuse of power. In 2024, all practising doctors in XXXX department received a booklet on reporting domestic violence, followed by face-to-face training.

Objectives: This study aims to assess the effect of this training on the level of comfort of doctors in the XXXX department in dealing with these situations.

Methods: A descriptive and comparative study was conducted using two online questionnaires mailed to all practising doctors in XXXX department before (T0) and four months after (T1) the training. The doctors self-assessed their comfort level on eight key dimensions (identification, reporting, support, legal aspects) using a scale of 1 to 4. The variables were analysed descriptively, then the mean scores were compared according to whether or not the doctors had participated in the training, using Student's t-tests.

Results: 118 responses were collected at T0 and 84 at T1, including 29 trained doctors. The latter showed significantly greater ease (mean = 2.84) than non-participants (mean = 2.22; $p < 0.001$), particularly with regard to lifting medical confidentiality, assessing danger, writing and sending the report, and post-report support. No significant difference was observed in assessing control or engaging in dialogue. At T1, in a real reporting situation, no significant difference was found between those who had participated in the training and others.

Discussion: In addition to an information booklet, targeted training significantly improved doctors' reported comfort with the technical and legal aspects of domestic violence. Its widespread use, accompanied by simulation exercises to develop 'action' skills, could improve the management of these situations in the long term. Research on a larger sample size could provide a more robust assessment of the real-life impact of this type of training.

Conclusion: The level of comfort in reporting domestic violence improves following specific training. A wider range of training methods is needed in order to achieve a real-life effect.

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ID 457- Gender-based and Sexual Violence and Mental Health among French University Students: A Cohort Study

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Context: Sexual and gender-based victimization (SGBV) is a major public health issue in higher education and can have lasting effects on students' mental health

Objectives: This study aimed to identify victimization trajectories and assess how repeated exposure influences mental health and risk behaviors.

Methods: A prospective e-cohort was launched in October 2024 at XXX, with follow-up every three months among 563 students aged 18–30 years. Students who completed the M0, M3, and M6 assessments were included. Sexual and gender-based victimisation was measured at each wave and used to classify participants into five trajectories: non-victim, one-timer (a single incident reported at one timepoint), Multiple(more than one incident reported at a single timepoint), Chronic (a single incident reported at more than one timepoint) and chronic-multiple(victimisation reported at more than one timepoint, with multiple incidents at least once).Mental health and behavioural outcomes included depressive symptoms (CES-D8), anxiety symptoms (Hamilton scale), insomnia (Insomnia Severity Index), suicide attempts, disordered eating behaviours, and tobacco use. Victimisation prevalence was calculated at each timepoint, and outcomes were compared across the five trajectories using ANOVA or Chi-square tests, as appropriate.

Results: At M0, 51.7% of students reported at least one victimisation since the beginning of their studies, while 35.5% reported victimisation in the past 3 months at M3 and 31.6% at M6. Between M0 and M6, 7% were one-timer victims, 17% multiple victims, and 37% experienced chronic-multiple victimisation.Students with chronic-multiple victimisation displayed markedly worse mental health outcomes, including higher depressive symptoms (11.6 vs 5.0, $p<0.001$), anxiety symptoms (21 vs 7, $p<0.001$), and insomnia severity (13 vs 5, $p<0.001$).Risk behaviours also increased sharply with exposure severity, including disordered eating (68.6% vs 38.4%), suicide attempts (14.3% vs 3.6%), and tobacco use (28.5% vs 16.5%) (all $p<0.001$).

Discussion: Chronic and multiple victimization is associated with an increased risk of depression, anxiety, insomnia, and suicide. Primary care physicians should routinely consider sexual and gender-based violence when assessing young adults with symptoms of mental health disorders and provide early trauma-informed support.

Conclusion: Addressing SGBV is essential to protecting student privacy, promoting equal access to mental health care, and strengthening community in higher education settings.

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ID 35- Aborder les mutilations génitales féminines en médecine générale : comment en parler en consultation ?

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Context: Female genital mutilation (FGM) involves the partial or total removal of the external female genitalia or other injury for non-medical reasons. Worldwide, more than 230 million women and girls have undergone FGM, with millions more at risk each year. In Europe, the number of women and girls affected or at risk is increasing due to migration from countries with high prevalence rates. In this multicultural context, general practitioners (GPs) play a key role in prevention, detection, and care, yet many report discomfort or hesitation in addressing the issue with patients.

Objectives: This study aimed to explore the barriers and facilitators experienced by GPs when discussing FGM in primary care and to identify practical, culturally sensitive communication strategies to improve prevention and holistic care.

Methods: A qualitative study was conducted through two focus groups involving seven GPs with experience caring for patients affected by FGM. Discussions were recorded, transcribed, anonymised, and thematically analysed to identify key challenges, attitudes, and best practices.

Results: Participants highlighted the importance of contextualising the topic, maintaining a professional, empathetic and non-judgmental attitude, and adapting communication to the patient's background. They reported limited training on FGM, uncertainty in identifying its types, and a lack of referral pathways. The need for clearer guidelines, visual aids, and structured communication tools was emphasised to support effective prevention and patient-centred care.

Discussion: FGM is perceived by GPs as a complex and culturally embedded issue requiring a holistic, person-centred approach. Open, respectful dialogue is essential to build trust and overcome taboos. Improved medical education, practical consultation tools, and multidisciplinary collaboration could enhance GPs' confidence and competence in addressing FGM.

Conclusion: Training, cultural sensitivity, and communication tools are crucial to empower GPs to engage effectively in FGM prevention and care. Strengthening awareness and integrating FGM-related content into professional curricula would contribute to safer, more inclusive, and patient-centred primary care. Keywords: General Practice, Female Genital Mutilation, Cultural Competency, Communication

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Wait… Did you say weight again?

ID 1683- Analysis of the implementation of an intersectoral learning community for obese individuals in rural areas: a participant observation study

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Context: Obesity is a complex health issue that affects nearly 30% of XXX. Beyond its clinical definition, people living with obesity (PLWO) face persistent social and structural barriers that negatively impact their well-being. Given that healthcare influences only about 20% of health outcomes, interventions must prioritize partnerships beyond the healthcare system. In this context, a participatory research initiative was launched, led by a citizen and a researcher, to co-create the first intersectoral learning community for, with, and by PLWO in a rural region of XXX.

Objectives: To analyze the impacts of partnership-based action during co-design workshops aimed at jointly developing an intersectoral learning community.

Methods: From March to November 2025, four co-design workshops (three in person, one online) were conducted with 22 participants from health, community, and municipal sectors, alongside PLWO. A participatory qualitative design using participant-observation examined interaction and collaboration dynamics. Bilodeau's model of six conditions for successful intersectoral action guided the analytical framework. Data collection included structured observation grids, field notes, and audio recordings. Thematic coding was performed using NVivo with a deductive, triangulated analysis approach.

Results: Workshops demonstrated strong engagement and evolving collaborative dynamics. PLWO initiated most discussions and displayed significant leadership. Exchanges shifted from general reflections to context-specific solutions. Online participation generated less engagement, highlighting the importance of in-person interaction. The use of persona-based facilitation grounded discussions in lived experience and stimulated creative, solution-oriented dialogue. Tangible emerging collaborations, particularly between health and community sectors, were observed. Participants mapped existing local initiatives and developed new partnerships beyond workshop sessions, revealing both the potential and the fragility of sustained engagement in rural contexts.

Discussion: Limitations relate to implementation in a rural region where stakeholders are already involved in multiple projects, which may influence engagement. The study highlights the strengths of flexible facilitation and methods tailored to diverse

stakeholders, fostering shared understanding and helping bridge sectoral boundaries.

Conclusion: This study illustrates how structured participatory approaches can strengthen person-centred, equitable, and integrated care for PLWO. The model offers transferable lessons for intersectoral initiatives seeking to embed co-design with people with lived experience and address other complex health issues requiring cross-sector collaboration.

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ID 1684- Intersectoral interventions for people living with obesity: an environmental scan.

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Context: Obesity is a major global health challenge influenced by genetic, behavioral, socioeconomic, and environmental factors. Although healthcare influences only 20% of health outcomes, most interventions still focus on weight rather than broader social determinants of health (SDH). Addressing obesity effectively requires intersectoral approaches bridging health, social, community, and policy domains. Launched in 2023 by a citizen partner and a clinical researcher, the XXX participatory research initiative aims to co-develop an intersectoral learning community for, with, and by PLWO to better meet their needs. Given limited data on intersectoral engagement, a preliminary environmental scan was conducted.

Objectives: To identify and characterize intersectoral interventions targeting PLWO in community and primary care settings

Methods: Following Arksey and O'Malley's framework, a comprehensive search was conducted across three academic databases and grey literature sources (May 2024-February 2025). Eligible records described intersectoral interventions for adults in XXX countries (since 2006, English or French). Data extraction followed an adapted conceptual framework based on SDH and was synthesized according to PRISMA 2020. Bibliometric mapping using VOSviewer® refined the conceptual mapping.

Results: 23 of 6876 studies (20 peer-reviewed, 3 grey literature), mainly from the United States and focused on lifestyle modification programs. Obesity was primarily defined using weight-based metrics with little consideration for SDH. None explicitly defined intersectorality. Collaborations mainly involved health, academic, community, and faith-based sectors, with community health workers emerging as essential connectors between clinical and social domains. Outcome measures remained largely biomedical, with minimal integration of SDH indicators. The results highlight the need to integrate social determinants of health into evaluation frameworks, formalize intersectoral governance, and institutionalize community health workers to promote equity and person-centered care.

Discussion: This first environmental scan on intersectoral interventions for PLWO provides new insights into how collaborative approaches are designed, implemented, and evaluated. While the focus on high-income countries and English/French sources may have limited cultural diversity, including grey literature, strengthened contextual understanding. The strength of this study lies in the bibliometric analysis, which reinforces the qualitative data extracted.

Conclusion: These insights will guide the XXX learning community in developing co-creation workshops that promote integrated, sustainable intersectoral strategies for obesity management

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ID 1438- Transforming Obesity Care in Primary Health Care: Insights from a Scoping Review

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Context: Obesity remains a significant public health challenge in Europe, affecting both adults and children and adding pressure on primary health care (PHC) systems. Although behavioural, nutritional, digital, and pharmacological interventions are available, their integration into routine PHC is uneven. Persistent gaps between guidelines and practice underscore the need to understand the real-world barriers and facilitators shaping obesity care delivery.

Objectives: This scoping review aims to identify key factors that hinder or support the implementation of obesity management interventions in PHC and to inform practical strategies, training needs, and system-level supports for more effective, person-centred obesity care.

Methods: The review is being conducted according to PRISMA-ScR guidelines and PICOS-based criteria. Searches were carried out across PubMed (n=206), Web of Science (n=386), Scopus (n=212), ScienceDirect (n=192), and the Cochrane Library (n=92), covering publications from 2019–2025 in seven languages. After removing 422 duplicates, 665 records underwent title and abstract screening, with 293 excluded. In total, 372 full-text articles were sought for retrieval and are currently under assessment. Eligible studies include adults or children with overweight or obesity in PHC and address lifestyle, behavioural, nutritional, pharmacological, digital, or system-level interventions. Grey literature, theses, and policy reports were included to ensure comprehensive coverage. The protocol is registered with the Open Science Framework.

Results: Preliminary findings point to several recurring challenges: regulatory and financial barriers to pharmacological treatments; limited time and resources in consultations; insufficient training for PHC teams; and the persistent role of stigma in shaping communication and patient engagement. Facilitators include structured clinical pathways, multidisciplinary teamwork, adoption of person-first language, and increasing use of digital tools to support follow-up and self-management. PHC professionals consistently emerge as central coordinators of long-term obesity care.

Discussion: Early evidence shows that barriers span patient, provider, and system levels, indicating a need for better alignment between policy commitments, clinical guidance, and day-to-day PHC operations. Strengthening training, organisational support, and access to treatments may enhance intervention uptake and fidelity.

Conclusion: This review will synthesise current evidence to guide the development of actionable and scalable strategies that reinforce obesity management in PHC and support more equitable, person-centred, and sustainable obesity care across Europe

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ID 1065- Structured weight-loss programmes in primary care and their impact on HbA1c among adults with prediabetes: a systematic review

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Context: Prediabetes is a growing global challenge, with most cases diagnosed and managed in primary care. Lifestyle modification—particularly weight reduction—is central to delaying or preventing

progression to type 2 diabetes, yet the specific impact of structured weight-loss programmes on HbA1c within primary care remains unclear. Understanding their effectiveness is essential to inform evidence-based prevention strategies in general practice.

Objectives: To synthesise current evidence on the effectiveness of structured weight-loss programmes delivered or initiated in primary care on HbA1c reduction in adults with prediabetes, and to identify features associated with greater clinical benefit.

Methods: A systematic review was conducted using PRISMA 2020 and SWiM guidelines. Six databases (MEDLINE, EMBASE, CENTRAL, Scopus, CINAHL, Web of Science) were searched to July 2025. Eligible studies included adults (≥18 years) with prediabetes enrolled in structured weight-loss programmes implemented in primary care. Randomised controlled trials, cohort studies, and pilot interventions were included. The primary outcome was change in HbA1c. Risk of bias was assessed using RoB-2 and ROBINS-I. Heterogeneity precluded meta-analysis; findings were synthesised narratively.

Results: Seven studies (sample sizes 43–2227) from diverse high-income settings met inclusion criteria. All interventions were associated with HbA1c reductions ranging from −0.03% to −0.83%. High-intensity behavioural programmes and digital interventions demonstrated the largest improvements. Weight loss (up to 7.2 kg), reductions in BMI, and favourable changes in lipid profiles were commonly reported secondary outcomes. Adherence consistently mediated HbA1c outcomes, with completers achieving greater benefit. However, reporting of adherence, intervention fidelity, and long-term follow-up was inconsistent across studies.

Discussion: Structured weight-loss programmes in primary care consistently support glycaemic improvement in prediabetes. Digital delivery models and higher-intensity behavioural programmes may enhance accessibility and impact, though variations in programme structure, population characteristics, and engagement complicate comparisons. The evidence base remains limited by heterogeneity, modest sample sizes in some studies, and lack of diverse or underserved populations.

Conclusion: Structured weight-loss interventions delivered in primary care contribute to modest but clinically meaningful reductions in HbA1c. Integrated digital or higher-intensity behavioural approaches hold particular promise. Future research should prioritise standardised reporting, equity-focused design, and long-term outcomes to guide scalable prediabetes management in general practice.

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ID 666- Approach to the psychosocial determinants of overweight by general practitioners

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Context: Overweight and obesity increase morbidity and mortality. In 2022, 43% of adults worldwide were overweight. In the XXXX region, this prevalence is on the rise. The causes of overweight are multifactorial, with significant psychosocial determinants, and there is a need for a comprehensive public prevention policy. The Haute Autorité de Santé (HAS) identifies general practitioners as the first point of contact in the management of excess weight.

Objectives: Study the approach to socio-economic and psychological determinants in the management of adult overweight by general practitioners practising in the region XXXX.

Methods: A quantitative descriptive and analytical cross-sectional study was conducted among private general practitioners in the XXX region, using an anonymous questionnaire emailed in October 2024. The main criterion was the approach to all the psychosocial criteria proposed according to the literature. The variables were analysed descriptively, and comparisons were then made between groups offering consultations dedicated to overweight and those that did not.

Results: 195 responses were analysed. Only 12.3% of doctors addressed all psychosocial determinants 'often' or 'always'. This rate reached 21.5% among doctors conducting dedicated consultations, suggesting that care remained partial despite the specific time allocated. Participants were aware of the importance of psychosocial factors in overweight, but remained focused mainly on health and dietary rules.

Discussion: The study reveals that the approach to overweight remains predominantly biomedical despite a declared awareness of the importance of psychosocial determinants. These determinants are addressed more frequently when doctors have specific consultations on overweight. These results highlight the value of adapting medical practices by promoting a motivational, multidisciplinary and collaborative approach. A better understanding of negative perceptions and barriers to a comprehensive approach to overweight is needed to improve the quality of care and promote more comprehensive management tailored to patients' needs.

Conclusion: Despite awareness of the importance of psychosocial factors, doctors report an approach that is primarily biomedical and focused on health and dietary rules. Having a dedicated consultation improves overall care. A motivational, multidisciplinary approach and an ambitious public prevention policy are desirable, as the issues surrounding overweight cannot be reduced to the prism of health.

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Working force

ID 1723- Microeconomic study of the mobile effect of permanent outpatient care in the XXX department of XXX in 2024.

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Context: The continuity of outpatient care (PDSA) refers to the organisation of outpatient care outside normal medical practice opening hours. Improving this service is a public health issue that must guarantee all citizens access to effective PDSA while controlling costs for society. Its operational balance depends on the voluntary participation of doctors. XXX is something of an exception in XXX, with mobile services continuing throughout the night. This study examines the financial aspects of mobile services.

Objectives: The primary objective was to compare the cost of mobile care with the cost of referral to hospital emergency departments. In the absence of mobile care, patients would be assessed in emergency departments by default. The secondary objective was to estimate the number of emergency department visits avoided.

Methods: Microeconomic study in XXX in 2024. Calculation of the cost of PDSA mobile care, the cost of medical transport and a visit to the emergency room.

Results: The mobile PDSA service in 2024 cost approximately €1,580,959.60 for those insured by the Primary Health Insurance Fund in XXX. In comparison, referring all affected patients to hospital emergency services was estimated to cost €2,429,796.32. The PDSA mobile service in XXX in 2024 enabled 5,576 patients to remain at home, thereby avoiding the same number of visits to the emergency department.

Discussion: PDSA's mobile service cost €834,078.32 less than ambulance transport and emergency room visits. This represents 15.2 visits avoided per day

Conclusion: The current operation of the PDSA in XXX provides comprehensive coverage of the territory outside normal medical practice opening hours. It enables an effective response to urgent visits, as well as requests for death certificates and administrative certificates. It provides a high level of medical service to the population, enabling the most vulnerable to avoid harmful medical transport. It places greater professional demands on doctors.

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ID 2184- Social media and the image of general practitioners: a qualitative study of patients' and physicians' perspectives

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Context: Social media use has expanded rapidly in healthcare, involving both patients and physicians. Beyond information sharing, these platforms shape the public image of doctors and may influence professionalism and the patient–doctor relationship in primary care. However, their impact on the perceived image of general practitioners remains insufficiently explored, particularly from a combined patient and physician perspective.

Objectives: The primary objective of this study was to explore how the image of general practitioners on social media is perceived by both physicians and patients. We aimed to analyse patterns of use, perceived benefits and risks, and implications for professionalism and the patient–doctor relationship in primary care.

Methods: We conducted a qualitative study between October 2024 and March 2025. Using iterative theoretically reasoned sampling, ten participants were recruited: five general practitioners and five patients. Data were collected through semi-structured individual interviews. A qualitative analysis inspired by grounded theory was performed, allowing themes to emerge inductively through iterative coding and comparison of physicians' and patients' perspectives.

Results: Both physicians and patients reported frequent personal use of social media, while professional use among general practitioners was heterogeneous. Social media were perceived as tools for health education, professional networking, and public health communication. Physicians expressed strong concerns regarding professional image, confidentiality, and boundary management between private and professional spheres, often adopting self-regulation strategies. Patients generally viewed physicians' presence on social media positively when focused on educational content. However, ambivalence emerged toward highly visible "content-creator" physicians, with concerns about credibility, commercial interests, oversimplification of information, and potential trivialisation of medical expertise. Both groups highlighted risks related to misinformation, insufficient identification of professionals, and lack of clear professional regulation.

Discussion: Social media represent an ambivalent space for primary care, simultaneously supporting patient education, visibility of the medical profession, and patient engagement, while exposing physicians to ethical, professional, and relational challenges that may affect trust.

Conclusion: Social media use influences the image of general practitioners and contributes to reshaping the patient–doctor relationship in primary care. These findings highlight the need for clearer professional guidance and training in digital professionalism to promote ethical, trustworthy, and patient-centred use of social media.

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ID 1857- From gross medical density to active force: characterizing territorial vulnerabilities in general medicine

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Context: Numerous studies have examined the uneven distribution of doctors across the country and the impact of public policy on variations in healthcare provision. However, few studies investigate the specific characteristics of general practitioners and their impact on healthcare provision.

Objectives: This study, conducted by the URPS-ML and the Centre-Val-de-Loire Health Insurance Fund, aims to develop a methodology for identifying general practitioners among the omnipraticiens listed in the SNIIRAM database and to identify the actual activity of general practitioners.

Methods: Analysis of general practitioners' activity data (SNIIRAM and ERASME) allows us to determine

variables that identify general practitioners according to the criteria of the Collège de Médecine Générale (general practitioner fees, G or CCAM-rated procedures, etc.). To convert their activity into a more relevant indicator than “gross medical density,” the number of procedures constituting “synthetic activity” in a given territory is calculated using two indicators: the first, called “active workforce,” combines the workforce measured by the “weighted activity coefficient” of each professional, while the second, called “effective medical density,” corresponds to individuals weighted by the “active workforce.” These results were confirmed by qualitative work with a statistically robust sample of physicians.

Results: In the Centre-Val-de-Loire region, 1,731 doctors are registered as omnipraticiens. Only 1,531 are identified as general practitioners, representing a workforce of 1,577 doctors (active workforce). This represents an 8.8% drop between the supposed and actual supply of healthcare in a region with the lowest density of general practitioners in France.

Discussion: This work highlights additional weaknesses: in one territory, 24 doctors have an “active workforce” equivalent to 35.8 doctors, which is a 33% underestimation of the actual density, raising questions about the long-term sustainability of their activity and the number of doctors needed to replace them after they retire. Conversely, some areas have a lower active workforce than the actual density of the area, due to practice choices.

Conclusion: This study made it possible to accurately characterize the primary care provision in the Centre-Val-de-Loire region and to propose a conventional doctor zoning based on the actual provision of care, as close as possible to the field and the difficulties faced by professionals and patients.

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ID 1399- Negotiating Professional Identity: The lived experience of doctors with visible disabilities in the French medical system.

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Context: In the medical imagination, the doctor is traditionally perceived as the one who heals, not as the one who embodies vulnerability.Twenty years after the enactment of the French law on equal rights and opportunities (11 February 2005), the lack of official data on doctors with disabilities reflects a persistent invisibility of this reality within the medical profession. Far from being a purely individual issue, the situation of doctors with disabilities raises questions about the ability of the health system to fully integrate the diversity of professionals.

Objectives: This paper explores how physicians with visible disabilities construct and negotiate their professional identity within a health care system that is predominantly structured by normative and ableist norms.

Methods: This is a qualitative phenomenological study based on semi-structured interviews with 17 doctors in France with different visible disabilities (motor, sensory, dermatological). The sample was diversified by age, specialty, geographical region and type of disability. Data collection was supported by a reflexive methodology and analysed by interpretive phenomenological analysis.

Results: The findings reveal four key dynamics shaping the experiences of these professionals: (1) internalised stigma, often rooted in childhood, affects self-concept and identity; (2) medical institutions are ill-equipped to accommodate non-standard bodies, fostering systemic exclusion and isolation; (3) adaptive strategies involve a constant tension between conforming to norms and embracing personal inventiveness, often at the cost of mental fatigue and overwork; (4) care becomes a site of sublimation, where physicians transform vulnerability into clinical strength, challenging traditional definitions of legitimacy in medicine.

Discussion: This discussion offers a cross-sectional reading of the results, comparing them with theoretical frameworks. The contributions of Erving Goffman (stigmatization, self-presentation), Bourdieu (norm, reproduction, habitus), Honneth

(recognition, social justice), Lahire (plurality of trajectories) and Heidegger (relationship to the body, being-in-the-world) have been invoked, among other references, to think about the diversity of trajectories, identity tensions and lived experiences of visible disability.

Conclusion: These trajectories reflect structural limitations in the medical field and call for a paradigm shift towards a more inclusive, empowering model of health care. Rather than correcting individuals, the system needs to evolve to embrace bodily diversity and redefine professional excellence beyond ableist norms.

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ID 962- The Cantepau Medical Charter

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Context: In France, doctors are not generally salaried employees and do not report directly to the health service. They are independent practitioners and their ethics are governed by the Code of Medical Ethics of the National Medical Order, which is included in the Public Health Code. This may be supplemented by commitments or charters specific to various movements or types of practice. The Cantepau Medical Charter was drawn up by a group of general practitioners practising in one of the poorest neighbourhoods in the Occitanie region, whose patients include a large population of homeless people, asylum seekers and drug addicts.

Methods: This charter summarises the choices made by the first doctors at the medical centre more than 30 years ago. It aims to commit all its members to a process of quality and ethics, to make it known to patients and to disseminate it to other healthcare professionals.

Originality: The Cantepau Medical Charter focuses on - unconditional acceptance of patients: accepting (but not necessarily agreeing to) all requests, regardless of the patients' social situation - the independence and freedom of action of doctors, who must act solely

Lessons learned and future implication: The commitments contained in this Charter enable better service to be provided to patients and the community without placing a burden on healthcare professionals. They are actually quite easy to uphold.

Discussion: The Cantepau Medical Charter was drawn up by a small number of practitioners and would undoubtedly benefit from broader consideration by both professionals and patients.

Conclusion: The Cantepau Medical Charter is a document that should be disseminated to promote better ethical and practical thinking about medical practice.

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ID 537- Profiles of doctors employed by teleconsultation platforms in France

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Context: Teleconsultation has been booming in France since the health crisis linked to the SARS-CoV2 epidemic. In march 2023, the French National Medical Council (CNOM) published a report on the telemedicine misuse, particularly regarding the risks of teleconsultation exclusive practice. No descriptive analysis of doctors employed by teleconsultation platforms was found in the literature.

Objectives: To determine whether profiles of doctors employed by teleconsultation platforms could be identified based on socio-demographic and professional characteristics.

Methods: A cross-sectional study was conducted in France among a population of doctors employed by five teleconsultation platforms. An online self-administered questionnaire was made available between 30 October 2024 and 30 April 2025.

Results: A total of 342 doctors were included. The average age was 51 (±16 years), 52% were women. Teleconsultation was practiced exclusively by 25% of doctors. Feelings about quality of life and practice were positive for 90% of doctors compared to standard practice, while feelings about remuneration were negative for 26% of doctors. Three profiles were identified. One consisted of a majority of men, retired, practicing teleconsultation exclusively, mainly from home, with a positive perception of teleconsultation. A second consisted of a majority of women, in mid-career, who did not practice teleconsultation exclusively, with a positive perception of teleconsultation. A third group consisted of a majority of women, at the beginning or in the middle of their careers, who did not practice teleconsultation exclusively, had a negative perception of teleconsultation, and did not expect to practice teleconsultation throughout their careers.

Discussion: This study has the strength of involving five major companies in the sector and a participation rate that has enabled to identify three profiles. Its limitations are the desirability bias inherent in self-administered questionnaires, the limited sample size as regard to the estimated payroll and the fact that it does not take account the modalities of teleconsultation practices.

Conclusion: This study seems to show that comfort in life and practice are factors that motivate the teleconsultation practice. Three profiles of salaried doctors have been identified. Many aspects remain to be explored in order to gain a better understanding of these doctors and this rapidly growing practice.

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ID 27- Strengthening territorial coordination of care in France: from fragmentation to shared governance

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Context: France faces a growing challenge in ensuring equitable and continuous access to healthcare amid population ageing and the increasing prevalence of chronic diseases. Despite successive reforms and the creation of new coordination structures—Primary Care Professional Communities (Communautés Professionnelles Territoriales de Santé, CPTS), Support and Coordination Units (Dispositifs d'Appui à la Coordination, DAC), and Hospital Territorial Groups (Groupements Hospitaliers de Territoire, GHT)—territorial governance remains fragmented and poorly integrated.

Objectives: To identify the main institutional, professional, and digital barriers to effective territorial coordination of care, and to propose realistic strategies for improving equity, efficiency, and quality in primary care organization.

Methods: This qualitative and documentary study was carried out between 2024 and 2025 as part of the Executive Master in Health Policy and Management (Gestion et Politiques de Santé, GPS) at Sciences Po Paris. It combined a comprehensive review of national policy reports—from the High Council for the Future of Health Insurance (Haut Conseil pour l'Avenir de l'Assurance Maladie, HCAAM), the General Inspectorate for Social Affairs (Inspection Générale des Affaires Sociales, IGAS), and the National Health Insurance Fund (Caisse Nationale d'Assurance Maladie, CNAM)—with 20 semi-structured interviews conducted in the 14th district of Paris. Participants included general practitioners, hospital managers, representatives from Regional Health Agencies (Agences Régionales de Santé, ARS), CNAM delegates, and municipal officials involved in local health policies.

Results: Three dimensions of fragmentation were identified: Institutional: overlapping responsibilities between national, regional, and local authorities; Professional: weak interprofessional culture and insufficient recognition of coordination time; Digital: limited interoperability between public e-health tools (e.g., Mon Espace Santé) and private platforms (e.g., Doctolib, Omnidoc). Nevertheless, local initiatives show that shared governance models, interprofessional training, and integrated digital infrastructures can significantly improve continuity of care and collaboration.

Discussion: Territorial coordination must evolve from a top-down administrative injunction to a participatory governance model involving

professionals and local authorities. Recognizing coordination time, fostering mutual trust, and investing in interoperable tools are key levers for transformation.

Conclusion: Coordination is not an accessory but a condition for the survival of equitable, sustainable, and human-centred healthcare. Strengthening territorial governance and valuing teamwork are essential for the future of primary care in France.

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ID 2267 - Mobile Application to Support Informal Caregivers of Patients with Alzheimer's Disease Context

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Context: Obstructive sleep apnea (OSA) is frequent but remains underdiagnosed in primary care. Screening strategies mainly rely on questionnaires and anthropometric measurements, while clinical observation is often underused. General practitioners routinely observe patients' posture during consultation. Clinical experience suggests that patients with suspected OSA frequently present common postural characteristics, such as forward head posture (FHP) and shoulder curl, which may reflect chronic upper airway constraints and altered autonomic regulation. These postural features are easily observable and reproducible, and could represent an additional clinical approach to improve early identification of patients at risk for OSA in routine primary care practice.

Methods: A retrospective study included 523 patients referred for suspected sleep disorders. Postural parameters (FHP assessed by inion–vertical distance, shoulder curl, shoulder antepulsion) were measured in standing position and correlated with polysomnographic and autonomic parameters using regression analysis and ANOVA.

Originality: This study explores postural assessment as a novel, equipment-free clinical screening approach tailored for primary care. While posture is routinely observed by clinicians, it has rarely been formally evaluated in relation to sleep apnea severity. The originality lies in the use of simple, standardized postural measurements and their correlation with both respiratory and autonomic markers in a large clinical cohort.

Lessons learned and future implications: Simple postural assessment can provide additional clinical clues in patients with suspected obstructive sleep apnea in primary care. FHP and shoulder curl appear to be relevant markers, while not all postural parameters are clinically useful. Integrating postural observation into routine consultation may help improve early identification, guide referral for sleep investigations, and support non-CPAP management strategies, including postural and rehabilitative approaches. Future research should focus on prospective validation and on integrating postural assessment into simplified clinical screening tools for general practice.

Discussion: FHP and shoulder curl are associated with OSA severity ($p < 0.01$) and autonomic parameters, suggesting that posture reflects a clinically relevant respiratory phenotype. Not all postural measures are informative, underlining the importance of targeted clinical observation.

Conclusion: Simple postural assessment, especially forward head posture and shoulder curl, may support earlier identification of obstructive sleep apnea in primary care and encourage integrated, clinically grounded management strategies for patients.

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ID 2262 - Determinants of psychological well-being among family physicians: a descriptive study in the context of Türkiye

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Context: Headache is one of the most common complaints in primary care. While most cases are primary headaches, changes in headache pattern, inadequate response to treatment and increased analgesic use are red-flag indicators suggesting secondary causes.

Methods: A 45-year-old woman presented to a primary care clinic with a one-year history of progressively worsening headaches, increasing from 1–2 times/month to 4–5 times/week, sometimes waking her from sleep. The pain was throbbing, radiating to the neck, and associated with photophobia, phonophobia and nausea, resulting in significant functional limitation. She had recently been evaluated by neurology, where migraine prophylaxis was adjusted, yet no improvement was achieved, and daily analgesic use increased. Vital signs and neurological examination were normal. Due to the presence of red-flag features, the family physician referred the patient to ENT for neck–carotid imaging. CT angiography revealed a 56×25 mm hypervascular mass, interpreted as a glomus tumor (vagal paraganglioma). Preoperative embolization and surgical excision were performed. The patient recovered well and continued follow-up in primary care.

Originality: The only presenting symptom was headache, without neurological deficit or classic otologic complaints. The diagnosis of a rare glomus

tumor was achieved solely through primary care clinical reasoning and red-flag assessment, not through typical tumor manifestations.

Lessons learned and future implications: Change in headache characteristics requires reassessment. Lack of improvement after specialist evaluation and increased analgesic use should alert clinicians to search for secondary causes. Early referral in primary care can prevent diagnostic delay and improve patient outcomes.

Discussion: Glomus tumors are rare and often present with nonspecific symptoms, leading to potential diagnostic delay. This case highlights the educational importance of recognizing red-flag features in common symptoms such as headache and demonstrates the critical role of family physicians in patient safety, decision-making and coordination of multidisciplinary care.

Conclusion: Early identification of red-flag symptoms and timely referral enabled the diagnosis of a rare glomus tumor, reinforcing the pivotal role of primary care in early detection of serious disease behind common presentations.

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ID 2156 - Parents' knowledge, attitudes and practices regarding nasal irrigation in infants: a cross-sectional study in primary care

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Context: Syphilis is a re-emerging sexually transmitted infection with a broad clinical spectrum. Secondary syphilis typically presents with a maculopapular rash. Otosyphilis and ocular syphilis are uncommon manifestations that may occur at any stage and mimic frequent benign conditions. These atypical presentations often lead to diagnostic delay and increase the risk of irreversible sequelae.

Methods: We report the case of a 37-year-old male with no relevant medical history who presented to primary care with bilateral otalgia, mild fever, and progressive right-sided hearing loss, and was treated for presumed otitis. In the following weeks, he developed a generalized non-pruritic maculopapular rash and later bilateral ocular hyperemia with reduced visual acuity. Reassessments in primary care and the emergency department attributed ocular signs to conjunctivitis, and no serology testing was performed. One month after symptom onset, persistent visual symptoms prompted ophthalmologic assessment, revealing bilateral anterior uveitis. Given the systemic presentation, syphilis serology was requested and returned positive for VDRL and TPHA, confirming secondary syphilis with otologic and ocular involvement. HIV testing was negative. The patient was treated with intravenous penicillin G for 14 days following neurosyphilis guidelines. At one month follow-up, auditory symptoms had improved only partially.

Originality: Concomitant otosyphilis and ocular syphilis during the secondary stage are uncommon. This case differs from most reports which typically involve a single organ system, highlighting a less-recognized presentation.

Lessons learned and future implications: Primary care clinicians should maintain a low threshold for syphilis suspicion when evaluating unexplained sensorineural hearing loss, persistent ocular inflammation or systemic rash. Early investigation may reduce diagnostic delay and improve auditory outcomes, emphasizing the need for continuous training on atypical syphilis presentations.

Discussion: This case illustrates how common differential diagnosis may mask a multisystem infectious etiology. Delayed recognition of ocular syphilis and otosyphilis is associated with poorer recovery, reinforcing the importance of prompt diagnosis and multidisciplinary collaboration.

Conclusion: Increasing awareness of atypical secondary syphilis presentations and improving diagnostic pathways in primary care is crucial to ensure early detection, to prevent irreversible complications and to limit transmission.

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ID 1876 - Evaluation of family medicine residency training in xxx: perspectives of academicians, specialists, and residents"

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Context: Previous studies have reported significant associations between cortisol, dehydroepiandrosterone sulfate (DHEA-S), and heart rate variability (HRV) indices, suggesting dynamic interactions between the hypothalamic–

pituitary–adrenal axis and the autonomic nervous system.

Objectives: The objective of this study was to apply an unsupervised machine-learning clustering approach based on adrenal hormones and HRV indices to identify stress response phenotypes in healthy adults, and to examine their dynamic interactions and associated clinical and metabolic risks.

Methods: This retrospective cross-sectional study included 1,200 healthy adults. Morning fasting assessments covered demographics, anthropometrics, questionnaires on stress, fatigue, and sleep, routine labs, adrenal hormones (cortisol, DHEA-S, cortisol/DHEA-S ratio), HRV indices (SDNN, RMSSD, TP, LF, HF, LF/HF), and urinary metabolites. Non-normal variables were log-transformed, with normality confirmed via Shapiro–Wilk tests. Spearman correlations explored hormone-HRV associations. K-means clustering (k=3) classified participants using DHEA-S, cortisol/DHEA-S ratio, RMSSD, TP, and HF. Cluster differences were evaluated by Kruskal–Wallis, Wilcoxon rank-sum, and chi-square tests, with all analyses performed in R 4.5.1.

Results: Significant positive correlations were observed between DHEA-S and LF, TP, SDNN, HF, and LF/HF, with a negative correlation between cortisol/DHEA-S ratio and these HRV metrics. Clustering revealed three distinct phenotypes. Cluster 1 had low HRV, high LF/HF, and strong positive DHEA-S–HRV correlations. Cluster 2 showed intermediate HRV but low DHEA-S and high cortisol/DHEA-S ratio, with disrupted hormone-HRV correlations. Cluster 3 exhibited high HRV and favorable hormone profiles with inverse correlation patterns to Cluster 1. Metabolic profiling showed Cluster 1 had elevated insulin resistance and inflammation with high fatigue and stress, Cluster 2 showed oxidative stress and aging markers, while Cluster 3 had protective parasympathetic and metabolic profiles.

Discussion: Distinct physiological stress phenotypes relate to heterogeneous metabolic, inflammatory, and oxidative profiles and varying subjective stress fatigue, reflecting complex HPA–autonomic system interactions. Limitations include cross-sectional design, requiring prospective studies for causal inference and disease outcome evaluation.

Conclusion: Adrenal hormone and HRV-based clustering identify heterogeneous stress response phenotypes with distinct clinical and metabolic risks in healthy adults, presenting a framework for personalized risk assessment in precision medicine. Future longitudinal validation is warranted.

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ID 1859 - Psychosocial determinants of suicide attempts in bipolar disorder: implications for family medicine

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Context: Superior mesenteric artery syndrome (SMAS), or Wilkie's syndrome, is a rare cause of duodenal obstruction resulting from reduced aortomesenteric distance. Its symptoms overlap with common gastrointestinal complaints frequently seen in primary care, which often leads to diagnostic delays. This case highlights the relevance of continuity of care and multidisciplinary coordination in identifying severe malnutrition secondary to SMAS.

Methods: A 38-year-old woman was referred from internal medicine to primary care for nutritional assessment due to significant weight loss. She had experienced progressive reduction in oral intake and postprandial abdominal pain over one year, reporting a 6.4 kg loss from her habitual weight of 54 kg. She denied nausea or vomiting and had occasional constipation and diarrhea. Examination revealed BMI 16.8 kg/m², reduced muscle mass, and minimal physical activity. An abdominal CT scan showed gastric dilation with a markedly reduced aortomesenteric angle of 12°, decreased aortomesenteric distance (4 mm), and compression of the third duodenal portion, supporting the diagnosis of SMAS. Additional findings included left ovarian vein dilation and periuterine venous varicosities consistent with pelvic congestion syndrome. Liver, pancreas, and kidneys were normal. Duodenal biopsies showed preserved villous architecture, excluding celiac disease. Given the severity of malnutrition, the patient was started on high-calorie oral supplements and instructed to take frequent small meals.Vascular surgery evaluated the possibility of endovascular intervention, including superior mesenteric artery stenting or alternative approaches, given the persistence of symptoms.

Originality: This case illustrates an uncommon etiology of chronic abdominal pain and severe weight loss, demonstrating the diagnostic complexity of SMAS and its overlap with functional or nutritional disorders.

Lessons learned and future implications: Early recognition of red flags—progressive weight loss, early satiety, and postprandial pain—is essential in primary care. SMAS should be considered in low-BMI patients with persistent upper abdominal symptoms.Timely imaging and multidisciplinary management can prevent complications.

Discussion: Family medicine plays a central role in longitudinal monitoring of nutritional status, evaluating persistent gastrointestinal symptoms, and coordinating referrals.This case emphasizes how primary care continuity supports the identification of rare conditions and optimizes patient outcomes.

Conclusion: Severe malnutrition secondary to SMAS requires high clinical suspicion, prompt imaging, and coordinated care.Early intervention can improve nutrition and quality of life.

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ID 1811 - Algorithm-based validation of sleep apnea treatment: lessons from primary care after one year

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Context: Type 2 diabetes (T2D) reflects interactions between inherited susceptibility and metabolic burden. Individuals with similar lifestyles may show differing risk, suggesting that genetic influences can become observable to varying degrees depending on metabolic status. The Korean Genome and Epidemiology Study (KoGES), a large population-based cohort with extensive genomic and metabolic data, enables evaluation of how insulin resistance and visceral adiposity relate to the detectability of T2D-associated loci. Metabolic burden was quantified using the Metabolic Score for Insulin Resistance (METS-IR) and the Metabolic Score for Visceral Fat (METS-VF).

Objectives: To determine whether T2D-related genetic associations differ across strata defined by insulin resistance and visceral adiposity, and to explore how these metabolic dimensions relate to the expression of inherited susceptibility.

Methods: Participants with complete METS-IR (n=70,583) and METS-VF (n=70,513) data were included. Each index was divided into tertiles (T1 vs T3). T2D was defined using fasting glucose, HbA1c, or prior diagnosis. Stratified genome-wide association analyses were performed using additive models adjusted for demographic, lifestyle, and population-structure covariates (genome-wide significance: $p<5\times10^{-8}$).

Results: T2D prevalence rose from T1 to T3 for both METS-IR (5.6%→30.3%) and METS-VF (6.0%→30.2%) ($p<0.001$). Distinct genetic patterns emerged across strata. In the METS-VF analysis, loci including CDKAL1, SLC30A8, CDKN2B-AS1, and HNF4A showed stronger associations in T3, suggesting that visceral fat may amplify the phenotypic expression of genetic tendencies. In contrast, METS-IR revealed loci more prominent in T1—such as HHEX, CNNM2, CPEB3, and PTPN11—indicating that some signals are most detectable under favorable metabolic conditions and may become attenuated as insulin resistance increases.

Discussion: METS-VF tended to accentuate major T2D loci under higher metabolic burden, whereas METS-IR captured signals evident at lower burden. These differences may help explain variation in diabetes risk among individuals with similar lifestyles. Prior evidence also shows that healthier metabolic profiles can lessen the expression of inherited vulnerability, and our findings suggest that both high- and low-burden groups may benefit from reducing metabolic stress to maintain lower risk.

Conclusion: Insulin resistance and visceral adiposity showed distinct patterns of genetic association with T2D. Awareness of these stratified patterns may help primary care clinicians better contextualize individual diabetes risk and guide personalized metabolic prevention strategies.

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ID 1806 - Can Simple Postural Assessment Help Identify Obstructive Sleep Apnea in Primary Care?

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Context: Integrated care for individuals with type 2 diabetes (T2D) and arterial hypertension (AH) should be accessible, continuous, and person-centred. However, formal healthcare systems often struggle to sustain long-term self-management support. Community-based peer support, provided by individuals with lived experience, may enhance continuity and quality of care by offering emotional, social, and practical assistance.

Objectives: To explore the role and contribution of trained peer supporters in strengthening integrated primary care for people with T2D and AH in XXX.

Methods: A prospective interventional mixed-methods study was conducted between May 2021 and December 2023 at two primary healthcare centres: the urban Community Health Centre XXX and the rural Community Health Centre XXX. A purposive sample of 36 individuals with T2D and AH, completed a two-month structured educational programme to become trained peer supporters for other patients (n=226). Participants attended monthly peer support meetings over three months. Quantitative data were collected from medical records, clinical measurements, and questionnaires, while qualitative insights were gathered through interviews and focus groups. Statistical analyses included paired t-tests and multivariate linear regression.

Results: Thirty-one participants (retention 86.1%) completed the training (mean age 63.9±8.9 years; 67.7% women). The intervention was feasible, acceptable, and effective. Training significantly improved knowledge of T2D ($p<0.001$) and AH ($p=0.024$), and BMI decreased from 30.4 to 29.8 after six months ($p=0.020$). Three peer support meetings were attended by 200 patients (retention 88.5%; mean age 68.3±10.5 years; 51% male), resulting in a significant increase in empowerment ($p<0.001$). Higher empowerment was associated with younger age ($p=0.009$), rural residence ($p<0.001$), and not receiving antihyperglycaemics ($p=0.015$). Qualitative findings highlighted the value of accessibility, empathy, and informality in fostering trust, reducing stigma, and promoting open communication.

Discussion: Adequately trained peer supporters can complement healthcare professionals by enhancing patient engagement and continuity of care. The success of such programmes depends on clear role definition, ongoing training, and sustained motivation.

Conclusion: Peer support is a compassionate and sustainable complement to primary healthcare for people with T2D and AH. By fostering trust, self-efficacy, and social connectedness, it strengthens integrated care and warrants policy support and further research on long-term impact and scalability.

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ID 1760 - Determinants of Health Information Fidelity: The Role of Health Locus of Control in Rental-Flat Seniors

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Context: Algorithm-based validation of medical prescriptions is increasingly used to standardise care. Since June 2024 in France, prescriptions for continuous positive airway pressure (CPAP) therapy for sleep apnea must be validated through a national algorithm based on French National Authority for Health (HAS) criteria. While this system aims to improve efficiency and equity, its impact on complex, real-life primary care situations—where clinical judgement is essential—remains poorly documented.

Methods: We conducted a practice-based retrospective review of electronically submitted CPAP prescriptions between June 2024 and September 2025. Data from 127 submissions were analysed to document algorithm-based decisions, administrative outcomes at the Commission de Recours Amiable (CRA), and the role of the general practitioner (GP) in the appeal process.

Originality: This contribution provides a rare real-world primary care perspective on the practical limits of algorithm-based medical validation. It explores how digital decision-support systems may outweigh general practitioners' clinical assessment of treatment benefit. Rather than a theoretical evaluation of artificial intelligence, this reflection highlights how administrative frameworks can shape the balance between algorithms and professional judgement in everyday practice.

Lessons learned and future implications: The analysis showed that 30% of prescriptions were rejected by the validation system. Rejections mainly concerned patients whose clinical profiles were consistent with international recommendations but did not meet national threshold-based criteria. Several patients had an apnea–hypopnea index below 15/h but significant respiratory events during REM sleep or in the supine position. The appeal process relied exclusively on the initial algorithm-based opinion, without medical reassessment, and did not integrate the GP's documentation of clinical improvement. Older patients with multimorbidity or cognitive impairment were particularly affected.

Discussion: This reflection highlights tensions between algorithm-driven decision-making and the realities of primary care. Reliance on global numerical thresholds may overlook clinically meaningful situations, while the absence of a medical reassessment pathway during appeals undermines continuity of care and professional responsibility.

Conclusion: Algorithm-based validation should support, not replace, clinical judgement. Digital decision-support systems need to evolve to integrate contextual clinical information and observed treatment benefit, ensuring that standardisation does not limit patient-centred care.

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ID 1728 - Before/After study of a Decision Aid for women eligible for breast cancer screening

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Context: Abdominal radiography typically offers limited diagnostic value with relatively low sensitivity and specificity. According to the National Radiation Protection Board, one abdominal x-ray (AXR) is equivalent to thirty chest x-rays. To guide its appropriate use, the iRefer guidelines developed by the Royal College of Radiologists (RCR) provide recommendations on when AXRs may provide useful diagnostic information.

Objectives: To determine whether AXR indications in general practice align with the RCR iRefer guidelines.

Methods: All patients who had an AXR performed in health centres in XXX between January and June 2025 were included. Data collected included patient demographics, request details for AXRs and x-ray reports.

Results: A total of 148 AXRs were taken, approximately 25 x-rays monthly. 57% of patients were male and 43% female. Ages ranged from 2 to 89 years, with the commonest age group being 60 years and over. All AXRs had an indication present, with 52.7% regarded as appropriately indicated as per iRefer guidelines, while 47.3% were not indicated. The commonest indication was suspected bowel obstruction (34.5%), followed by abdominal pain (17.6%) and constipation (13.5%). Faecal loading was the commonest reported finding (52.7%). Only 7.8% of AXRs ordered in view of suspected bowel obstruction showed actual evidence of obstruction, whilst in those taken in view of foreign body ingestion, 36.8% showed evidence of a radio-opaque substance.

Discussion: Compliance with RCR guidelines when ordering AXRs in general practice was not optimal. Although there is limited literature available on the subject, our findings showed that there might be AXR overuse in general practice. This might be stemming from the notion of ordering AXRs as a "screening tool" to rule out serious pathology and the lack of familiarity with the RCR guidelines. A limitation of our audit was that our results were influenced by the quality of the documented x-ray indication by the requesting physician, which might have led to misclassification of guideline adherence.

Conclusion: Our study highlighted that almost half of AXRs performed in general practice in XXX were not indicated as per iRefer guidelines. Increasing awareness of the indications for abdominal radiography can limit unnecessary radiation exposure and improve quality of patient care.

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ID 1658 - Assessing the Suitability of Abdominal X-ray Requests in General Practice

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Context: Poisonings are a common reason for consultation, yet long-run large-scale XXX epidemiology is scarce. The XXX Poison Control Centre's historic XXX database, curated from 1988 to 2020, offers a 33-year window on exposures across ages and contexts.

Objectives: To improve primary-care prevention by characterizing trends, risk groups and substances in cases reported to the Centre, using indicators aligned with international studies.

Methods: Retrospective descriptive analysis (1988-2020) of the XXX (XXX XXX XXX XXX XXX) database (SQL extraction). Age, circumstances and substances were mapped to identify trends and emerging risks.

Results: Among 662,179 cases, calls increased until 2013. Children aged 1–5 years were most affected (46.6%). Circumstances were dominated by domestic accidents (67.9%), followed by suicidal ingestions (12.7%), and therapeutic errors (12.1%). Suicidal poisonings mainly involved adolescents (56% in 13–20y). Domestic accidents remained stable, mostly in children. Frequent substances were household detergents (9.1%), benzodiazepines (7.3%), and paracetamol (5.7%). Detergent exposures were almost exclusively accidental (65.8% for <5-year-old; 91.8% accidental). Benzodiazepines and paracetamol were often linked to suicidal intent. Over time, domestic accidents remained stable, while adolescent suicidal poisonings persisted and therapeutic errors rose steadily. Opioid exposures increased nearly fourfold (notably tramadol +311%, codeine +229%, opium +730%), mostly with suicidal intent (48.6%). Most cases were asymptomatic or mild; severe/fatal cases were <1% (574 deaths).

Discussion: Long-term trends show stable paediatric domestic poisonings but persistent adolescent suicidal exposures, especially involving benzodiazepines, paracetamol and opioids. Rising therapeutic errors and the marked increase in opioid cases mirror national patterns and highlight preventable iatrogenic risks. Most exposures were asymptomatic, yet severe presentations clustered in adolescent self-harm. These findings are consistent with international toxicovigilance data and underscore the need for targeted prevention, improved prescribing practices ("less is more" approach), and early GP-led intervention. Integrating similar analyses into a nationwide database would strengthen surveillance capacity and support future public-health action.

Conclusion: This is the largest longitudinal poisoning study in XXX. It reveals enduring paediatric domestic risk, sustained adolescent self-harm, and a rising opioid signal. Insights can guide GPs' anticipatory guidance, safe-use counselling and early intervention.

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ID 1521 - Frequent relocation as a barrier to continuity of care: a case report highlighting negative outcomes associated with care fragmentation.

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Context: Primary healthcare (PHC) provides patient-centred care supported by community resources that enhance health and quality of life. This project aimed to improve access to resources by adapting the ecomap concept into a wall-mounted map within a PHC unit. The initiative strengthened support networks, promoted health equity for vulnerable populations, and facilitated connections between healthcare teams and the community. It was guided by the ecomap framework and the Ottawa Charter (WHO, 1986).

Methods: The project was conducted from July 2024 to July 2025 at a PHC unit and teaching site of IDOMED University of Medicine in Rio de Janeiro, Brazil. The initiative adapted the ecomap concept into a resource map supported by cards summarising contacts. Systematic visits and semi-structured interviews identified and documented twenty free-of-charge social initiatives, an assistance centre for unemployed individuals with disabilities, organisations offering food, clothing, an Alcoholics Anonymous centre, a community empowerment hub for Black women, and a wellness therapy for patients experiencing chronic pain. Activities were coordinated by medical students under supervision. Qualitative feedback showed increased engagement resources. Strengths included cost participatory design; limitations

involved restriction absence of quantitative outcomes.

Originality: Few initiatives in the literature have adapted the ecomap concept into a physical, interactive wall display within PHC settings. This project introduced a low-cost, participatory, engaging tool that transformed abstract social resource mapping into a tangible and accessible instrument for use.

Lessons learned and future implications: The experience reinforced the value of community integration in patient-centred care and highlighted the importance of visual communication tools in promoting health equity. Future steps may include digital versions of the map and evaluation of outcomes such as referrals and satisfaction. The project underscored the role of students in developing innovative public health strategies and can be integrated into primary care training.

Discussion: The wall-mounted map and resource cards proved practical, interactive and accessible for patients and health professionals, fostering collaboration and engagement within the PHC unit.

Conclusion: Mapping community assets can support autonomy, promote equity, and foster solidarity through collective action. Although implemented locally, the approach is adaptable to other PHC contexts and may inform policies and training programmes aimed at integrating community resources into primary healthcare.

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ID 1516 - Reproductive challenges and gender inequities during medical training: a national study among Tunisian medical trainees

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Context: Targeted antimicrobial susceptibility testing (AST) enhances urinary track infections antibiotic stewardship by supporting recommended empiric treatments and reducing the use of critically important antibiotics. As recommended by HAS 2023, partial AST reporting applies only to positive enterobacteria urine cultures in women and girls aged ≥12 years. Despite their potential benefits, the extent of their implementation in routine laboratory practice remains unclear.

Objectives: To assess the implementation of targeted AST in French medical laboratories, identify barriers to adoption, and explore factors facilitating their use.

Methods: A 23-section questionnaire was developed by 12 biologists and physicians from 7 regions. It covered laboratory characteristics, implementation modalities, frequency of use, communication strategies, professional perceptions, and identified barriers and facilitators. The survey was distributed between March and June 2025 through the Regional Antibiotic Therapy Centers Network, Mobile Antibiotic Therapy Teams, the Ministry's Infection Prevention and Antimicrobial Resistance Mission, social media, and direct contacts with independent laboratories, with multiple reminders. Descriptive analysis was performed using frequencies and percentages.

Results: A total of 148 biologists responded, representing 91 departments (90%) and about 52% of French laboratories. Of these, 65 (44%) reported using targeted AST. Among the 83 non-users, the main barriers were insufficient human or material resources (n=54; 63%) and lack of time (n=34; 41%). Among the 65 users, 50 (78%) complied with national health authority recommendations, while 27 (41%) extended targeted AST to male and/or pediatric urinary tract infections. Prescriber adherence was considered good by 60 respondents (92%). The main limitations reported by users were poor quality of clinical information provided on prescriptions (n=49; 75%) and difficulties in obtaining additional patient data when needed (n=38; 58%).

Discussion: Only 44% of respondents use targeted AST, primarily hindered by organizational constraints rather than scientific disagreement. However, strong prescriber adherence and extension to men and children demonstrate growing acceptance.

Conclusion: Targeted AST faces significant implementation barriers but shows promising results. To facilitate adoption, the Regional Antibiotic Therapy Centers Network provides a standardized prescription form and informational letter. Addressing resource limitations and improving clinical information quality remain key priorities. Extension to other clinical contexts represents a valuable lever for enhancing antimicrobial stewardship in primary care.

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ID 1371 - Rural -urban measles/mumps/rubella vaccination rate comparison

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Context: The goal of environmental health is to identify environmental exposure threatening human health, in order to control, reduce and prevent its impacts. Recent massive environmental change is of interest in studies due to its link to health in general. Health systems undergoing a “green” transition allow an opening for healthcare workers to participate in the inclusion of environmental factors in care.

Objectives: Our main goal in this thesis was to study the way primary healthcare workers in the XXX region practice with environmental health in mind. The different level of interest between professions was also a point of interest.

Methods: Ours is an observational, transversal, descriptive study. The medium used is an online questionnaire shared via email to various healthcare workers, including general practitioners, nurses, midwives, physiotherapists and pharmacists shared between April and July 2024.

Results: We included 128 healthcare workers in our study. A majority of them were general practitioners, working in a semi rural area, more often young women settled in their practice for more than ten years, and having some previous knowledge of environmental health. Our study shows a positive correlation between personal life and professional life interest in environmental health. Midwives give significantly more preventive environmental health advice. Healthcare workers report needing better training and more time to include environmental health in care.

Discussion: Our participation rate was very low, estimated at 1,5%. Our sample is therefore not representative of the primary healthcare workers of the region XXX. Our study seems to show increasing interest in healthcare workers for environmental health compared to previous studies. However, interest seems lower when compared to other countries experiencing climate change more acutely. Within our sample, there is differential interest within the professions when it comes to environmental health.

Conclusion: Primary healthcare workers in our study seem to be aware of the importance of environmental health. However, there is insufficient training and an important time constraint preventing them from including it in care. Complementary studies on patient expectations from healthcare workers could be of interest in the future.

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ID 217 - Attitudes and Expectations on practice-based Digitisation of Young XXX Primary Care Workforce: Reflections from a Survey Development

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Context: Nasal irrigation is a first-line recommended intervention for upper respiratory tract infections in infants. In daily practice, this care is mainly performed by parents at home, often without direct supervision. Despite its frequent recommendation in primary care, little is known in France about parents’ knowledge, attitudes and practices (KAP) regarding nasal irrigation and the difficulties they experience when performing this procedure.

Objectives: To describe parents’ knowledge, attitudes and practices regarding nasal irrigation in infants, and to identify factors associated with the perceived difficulty of this procedure.

Methods: We conducted a quantitative cross-sectional descriptive study among parents of infants aged 2 to 6 months. Participants were recruited in a maternity ward in the Paris metropolitan area between October and December 2024. Data were collected using a structured questionnaire exploring parental practices, sources of information, perceived difficulty (rated on a 1–10 scale), and the child's behaviour during nasal irrigation. Descriptive and bivariate analyses were performed using non-parametric statistical tests.

Results: A total of 120 parents completed the questionnaire. Most participants reported using saline solution for nasal irrigation and demonstrated good theoretical knowledge of recommended practices. However, 71.7% of parents reported significant infant agitation during the procedure. Infant agitation was significantly associated with higher perceived difficulty (median score 4 vs 2; $p < 0.001$). Parents benefiting from follow-up by primary care professionals within maternal and child health services (PMI) reported a trend toward lower perceived difficulty, although this difference did not reach statistical significance. Educational videos were frequently used as a source of information, regardless of parental educational level.

Discussion: Although parental knowledge regarding nasal irrigation appears satisfactory, the procedure remains emotionally challenging for many families. Infant agitation strongly influences parents' perception of difficulty and may affect adherence to recommended practices. The widespread use of heterogeneous online educational resources highlights the need for validated and standardized educational tools.

Conclusion: Nasal irrigation in infants, while simple, is frequently experienced as difficult by parents in primary care. Standardized parental education involving general practitioners and maternal and child health professionals could improve parents' confidence and promote safer practices. Developing educational resources tailored to primary care may strengthen preventive care and partnerships.

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ID 1250 - Impact of Having a Primary Care Physician on Adherence to Antiretroviral Therapy Among HIV-Positive Patients.

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Context: Family medicine (FM) constitutes the backbone of primary health care systems and requires residency training programs that are responsive to changing population needs and health system demands.

Objectives: In XXX, major regulatory reforms over the past decade have reshaped FM residency training, including the balance between hospital and community-based training, elective rotations, and contracted residency pathways. However, contemporary stakeholder-informed evaluations remain scarce. This study aims to assess the current status of FM residency training in XXX and to develop evidence-based recommendations.

Methods: This is an ongoing cross-sectional quantitative study conducted among family medicine academics, specialists, and residents in XXX, XXX. A structured questionnaire developed by the research team collects sociodemographic data and participants' views on training duration, rotations, field training, additional practice areas, and career expectations. The planned sample size is 275 participants. The results presented here reflect an interim analysis based on data from the first 90 respondents. Descriptive and inferential statistical analyses are being performed with a significance level of $p<0.05$.

Results: Interim findings indicate that most participants consider the current 3-year training model (18 months hospital rotations and 18 months field training) appropriate in structure; however, satisfaction with the quality of theoretical and practical training, particularly among full-time residents, is moderate. There is strong demand for additional rotations in ophthalmology, otorhinolaryngology, geriatrics, orthopedics and traumatology, child and adolescent psychiatry, and radiology. Participants also emphasize the need to strengthen structured field practice in obesity, hypertension, diabetes, chronic wound care, and geriatric care. Furthermore, 74.0% support the development of structured post-residency subspecialty programs, especially in geriatrics, public health, and sports medicine. Approximately one quarter report considering training in another specialty, mainly due to perceived limitations in training quality and employment conditions.

Discussion: Preliminary results suggest that, while FM residency training in XXX is generally perceived as adequate, important areas for improvement exist, particularly in educational quality,

standardization of rotations, and reinforcement of community-based training. The study is ongoing, and final analyses based on the complete sample will be presented at the congress.

Conclusion: These findings are expected to provide robust evidence to inform curriculum development and policy decisions aligned with European training standards.

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ID 702 - Epidemiology from 1988 to 2020 of Domestic and Drug Poisonings: Analysis of the XXX Database of XXX Poison Control Centre

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Context: Preventive care engagement in Singapore remains uneven despite extensive national efforts to promote screening and early intervention. In 2023, over 40% of eligible seniors falling short of screening recommendations, reflecting persistent uptake gaps even within a well-resourced primary care system. Health perceptions, specifically Health locus of control (HLOC) - beliefs on forces shaping one's health and the value placed on health, can influence how effectively individuals navigate health systems. Information fidelity, defined here as accurate recall of health programme information and correct understanding of required procedures, represents an essential but understudied mechanism linking health beliefs to actual engagement. However, the interaction between HLOC domains and information processing capacities in Asian older adults, particularly those experiencing socioeconomic vulnerability, has not been clearly delineated.

Objectives: This study evaluates associations between HLOC dimensions and health-programme information fidelity among older residents of public rental housing.

Methods: A cross-sectional survey was carried out among Toa Payoh rental-flat residents in 2025. Participants completed Multidimensional HLOC-adapted questionnaires (Likert 1-5 scales) on 3 domains: Internal control, external control and health prioritization. Information fidelity was assessed across 2 components: declarative recall and procedural understanding, each coded on a binary scale. Linear regression models evaluated associations between HLOC dimensions and information fidelity as continuous variables, adjusting for age, gender and Community Health Assist Scheme (CHAS) card status. Significance was set at $p<0.05$.

Results: Of 116 participants (50.9% female; mean age 64.0±10.8; 72.4% CHAS Blue), external HLOC (mean=2.79±0.71) showed no significant association with declarative ($p=0.268$) or procedural information ($p=0.970$). Internal HLOC (mean=3.75±0.46) correlated positively with declarative information only ($\beta=0.193, p=0.025$). Unexpectedly, stronger health prioritisation beliefs (mean=3.25±0.46) were negatively associated with procedural understanding ($\beta=-0.156, p=0.041$).

Discussion: Findings suggest strong internal control beliefs or stated health prioritisation do not reliably translate into accurate health programme understanding. The observed intention-behaviour gaps may reflect structural, cognitive or contextual barriers which can interfere with information processing in preventative efforts.

Conclusion: Thus, integrating patient-empowerment approaches with simplified and consistent communication strategies within primary care may support more equitable personalised care provision.

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ID 1223 - Combining Team Building and Public Health: All for Health, and Health for the Team

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Context: Medical training overlaps with peak reproductive years and is characterized by heavy workload, unpredictable schedules, and limited institutional support. These constraints may interfere with medical trainees' ability to pursue a parental project (PP).

Objectives: This study aimed to (1) assess gender differences in perceptions of PP feasibility, (2) describe reproductive health challenges and pregnancy-related experiences among medical

trainees, and (3) identify gender-specific predictors of perceived PP difficulty

Methods: A national cross-sectional survey was conducted between July and December 2024 among interns and residents from the four medical faculties in Tunisia. An anonymous online questionnaire collected sociodemographic data, reproductive history, perceived barriers to PP, work-related quality of life (WRQoL), and job satisfaction (PJS). Gender-based comparisons were performed using appropriate statistical tests. Predictors of perceived PP difficulty were explored through multivariate logistic regression.

Results: Among the 1,230 respondents, 68% were women. More than half of married female trainees (53%) had experienced at least one pregnancy during training, frequently complicated by preterm labor (31%), hypertensive disorders, or early pregnancy losses. Dissatisfaction with maternity leave duration was reported by 51.7%. Perceived PP difficulty was significantly higher among women (57%) than men (36%) ($p < 0.001$). Gender disparities were also noted in perceived obstacles: women frequently cited academic penalties, stigma related to pregnancy, and insufficient support from supervisors or institutions, whereas men more often referred to financial and organizational barriers.

Discussion: Findings highlight substantial reproductive challenges among medical trainees, particularly women, who face both biological and structural disadvantages. High rates of pregnancy complications and dissatisfaction with maternity leave suggest insufficient adaptation of working conditions to reproductive needs. Persistent stigma and fear of academic repercussions further reinforce gender inequities.

Conclusion: Medical training in Tunisia is associated with considerable gender-specific constraints affecting reproductive health and PP feasibility. Implementing gender-responsive measures—including protected rotations, extended maternity leave, supportive supervision, and anti-stigma policies—is critical to promoting equity and enabling trainees to reconcile medical training with reproductive choices.

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ID 1116 - The importance of communication and medication review: a severe methotrexate toxicity clinical case

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Context: Attracting and retaining young professionals is a key challenge for primary care in Germany and across Europe. While numerous studies address digitisation, workload, and professional satisfaction, they mainly focus on established or older General Practitioners (GPs). The perspectives of young general practitioners and practice staff remain largely unexplored. Understanding their expectations, concerns, and experiences is essential to shape the future of family medicine.

Methods: Within the XXX network of the German Society of General Practice and Family Medicine German, we as early career researchers initiated a collaborative project to develop a national survey on the experiences and visions of young professionals for digitisation of general practice. We conducted a scoping literature review, identified key themes, and examined prior surveys mainly conducted among older GPs. The questionnaire was iteratively developed using cognitive testing, expert consultations, a focus-group workshop and input from open-access large language models (LLMs). Challenges included balancing scientific rigour with practical feasibility, defining “young general practice” as a target group, and ensuring inter-professional inclusivity across different professions including physicians, medical assistants, and physician assistants.

Originality: This initiative is among the first in Germany to systematically examine the perspectives of the next generation of primary care professionals regarding digitisation. Unlike prior

studies, it emphasises early-career voices and their expectations for digital tools in practice.

Lessons learned and future implications: Collaborative work among early-career researchers helped navigate conceptual and methodological challenges. Capturing young professionals' diverse attitudes – whether enthusiastic or cautious – is crucial for informing digital tool implementation, workflow design, and workforce planning in primary care.

Discussion: Engaging young professionals early may reveal insights that differ from older practitioners' perspectives, highlighting opportunities, concerns, and barriers in digital adoption. Reflection on the development process can guide future initiatives, support inter-professional collaboration, and identify priorities for training, policy, and practice transformation.

Conclusion: Reflecting on survey development shows the value of engaging young professionals in shaping research agendas and workforce strategies. Understanding their perspectives on digitisation is key to designing primary care practices that are motivating, sustainable, and capable of delivering high-quality patient care.

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ID 1072 - Deprescribing Levothyroxine in patients with subclinical hypothyroidism: barriers and enablers in general practice

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Context: Echocardiography is a diagnostic tool increasingly used in European primary care to assess symptomatic patients with suspected cardiovascular disease. However, real-world evidence regarding its clinical impact is limited.

Objectives: To evaluate the clinical usefulness and impact of echocardiography on case management in primary care, describing indications, main findings, and resulting clinical actions.

Methods: Observational descriptive study of 100 consecutive patients seen between January and October 2025. Inclusion criteria: age >15 years, clinical indication for echocardiography (dyspnoea, systolic murmur, palpitations, atrial fibrillation, chest pain, syncope, ECG abnormalities, new-onset heart failure, cardiomegaly). Trained family physicians performed all scans. Variables included: indication for test, echocardiographic findings (ventricular function, chamber size, valve insufficiency/stenosis, pericardial effusion), and clinical impact (diagnostic confirmation/modification, therapeutic adjustment, referral to cardiology). Analysis: absolute and relative frequencies.

Results: Most frequent indications were new-onset heart failure (17%), ECG abnormalities (12%), dyspnoea (11%), systolic murmur (11%), palpitations (10%), atrial fibrillation (9%). Findings were normal in 38% of cases. Main pathological findings: heart failure (15%), aortic stenosis (6%), atrial fibrillation without structural alterations (8%). Echocardiography led to diagnostic or clinical adjustment in 49% of cases, therapeutic modification in 37%, and specialist referral in 29%.

Discussion: Systematic use of echocardiography in primary care optimizes rapid etiological assessment and individualized management, enabling safe exclusion of significant disease and guided intervention or referral for patients with structural findings. Our experience aligns with published guidance and highlights the need for specific training. The main limitation was the observational design and lack of a systematic comparison with standard echocardiography.

Conclusion: Echocardiography enhances diagnostic accuracy and efficiency for cardiovascular problems in family medicine, supporting individualized care and rational resource use. Controlled and multicentric studies are needed to confirm these findings in a broader setting.

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ID 1049 - Glomus Tumor Revealed Through Red-Flag Headache Assessment in Primary Care

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Context: In France, an increasing number of general practice residents completed their second cycle of medical studies in another European Union country before entering residency. This situation

affects both learners adapting to a new healthcare and training environment, and general practice supervisors (MSUs) responsible for accompanying them. Understanding the experiences, difficulties, and strengths perceived by both groups is essential to improving integration and training quality.

Objectives: To explore the experiences of EU-trained general practice residents and the supervisors hosting them in the Centre-Val de Loire region, and to identify barriers, facilitators, and improvement strategies supporting successful integration.

Methods: Two qualitative studies were conducted using semi-structured individual interviews. The first included 13 residents who completed their second medical cycle in another EU country (French, Italian, Romanian participants). The second involved 12 general practice supervisors (MSUs) from the same region. Interviews explored integration, perceived difficulties, teaching conditions, and adaptive strategies. Data were analyzed thematically using interpretative phenomenological approaches.

Results: Residents and supervisors reported significant challenges: language barriers, administrative difficulties, and adaptation to the French healthcare system. Supervisors highlighted strong heterogeneity among residents and delayed autonomy, often increasing their workload and raising questions about their teaching role. Residents reported experiencing prejudices regarding their prior training abroad. Nevertheless, both groups emphasized high motivation, substantial progression, supportive tutoring, and enriching intercultural exchanges. Supervisors frequently developed adaptive strategies, and most placements were ultimately considered successful.

Discussion: The combined findings highlight a dual dynamic: substantial integration challenges for residents and increased pedagogical burden for supervisors, but also meaningful professional and cultural benefits. The importance of structured supervisory support, clear pedagogical frameworks, and targeted training for both residents and MSUs emerges as a key determinant of successful adaptation.

Conclusion: The fusion of both studies shows that hosting EU-trained residents is both demanding and enriching. Strengthening pedagogical training for supervisors, developing tailored support tools for residents educated abroad, and improving administrative and linguistic integration pathways appear essential to ensure high-quality training and facilitate successful incorporation into the French healthcare system.

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Family medicine

ID 520 - Social Determinants of Osteoporosis Risk Using Easily Identifiable OSTA Scores Among Singaporean Rental-flat Residents

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Context: Continuity of care is a cornerstone of effective healthcare delivery, particularly for patients with complex or chronic conditions. Disruptions in healthcare continuity, often precipitated by frequent relocations, can lead to fragmented care, medication discontinuation, delayed interventions, and adverse health outcomes. Housing stability, a crucial social determinant of health, increasingly influences healthcare access and quality.

Methods: We report the case of a 39-year-old patient with asthma, migraine, long COVID/post-COVID syndrome, and a potential underlying autoimmune condition. Over a three-year period, the patient experienced multiple relocations within XXX (the city), resulting in intermittent healthcare engagement, medication interruptions, and delayed management of established conditions. These disruptions contributed to medical adverse events, raising questions about whether earlier identification of risk factors could have mitigated her negative health trajectory.

Originality: This case underscores a critical gap in current health systems, particularly as recent systematic reviews (published in BMJ, 2025) have highlighted the link between continuity of care and mortality. With housing insecurity affecting over 15 million Europeans and declining homeownership leading to rising rent and homelessness, the implications of care fragmentation are especially pertinent. This report emphasizes the tangible impact of frequent relocation on individual health and healthcare outcomes.

Lessons learned and future implications: The patient's siloed care trajectory reveals opportunities for early risk detection and intervention. Promoting continuity of care beyond immediate catchment areas—through integrated electronic health records, patient-held records, and

interdepartmental communication—could prevent adverse events. Enhancing systems to support highly mobile populations remains an urgent priority.

Discussion: This case highlights the unique challenges faced by mobile patients, including difficulties in maintaining medication adherence and timely access to care. Healthcare systems should adopt strategies such as comprehensive transfer documentation, telemedicine, and community health outreach to preserve continuity despite patient relocation.

Conclusion: Frequent relocations pose significant barriers to continuous care and adversely affect health outcomes. Proactive identification and tailored support for mobile patients are critical. Future research should focus on developing effective, scalable solutions to ensure care continuity in increasingly mobile populations.

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ID 942 - Understanding how patients with chronic diseases shape their preferences: insights for general practitioners

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Context: Since its creation in 2017, the Coeur de Saintonge Health Care Center (CSHCC) has brought together a multidisciplinary group of rural health professionals—general practitioners, nurses, pharmacists, midwives, speech therapists, and others—united by a commitment to serving the population of the XXX in southwest France. Building cohesion within such a diverse team requires continuous investment in communication, shared purpose, and supportive working conditions. In April 2024, the CSHCC conducted an extensive survey among its 42 professionals to better understand their daily reality: their work environment, challenges, and perspectives on key health priorities including chronic disease management, youth and elderly care, and vaccination. These findings informed a three-year strategic plan aimed at strengthening both population health and professional well-being.

Methods: The CSHCC created several multidisciplinary protocols designed to address priority health needs while fostering interprofessional collaboration: * ReCHUTE PA: a secondary-prevention program for patients over 60 reporting a fall. * Cica-Team: a mobile unit pairing a GP and a nurse trained in wound care, supported by a multidisciplinary advisory group. * Mémoire - Action: a therapeutic education program focused on preventing memory decline. * Vaccination Task Force: providing up-to-date vaccination information and organizing engaging, community-focused prevention activities. * COPD Task Force: an annual respiratory screening initiative for residents of the territory.

Originality: While the primary objective of these projects is to improve public health, their collaborative structure has had a notable secondary effect: enhanced communication and trust within the team. Professionals now seek one another's expertise more readily, even outside the formal scope of these programs.

Lessons learned and future implications: Regular feedback is essential. Sharing project outcomes reinforces professional motivation and acknowledges staff commitment. Building on this momentum, the CSHCC is now developing initiatives focused on supporting unpaid caregivers, in partnership with two neighboring health centers.

Discussion: Instead of producing a traditional written report, the CSHCC created a film showcasing its 2024 achievements—a rapid, engaging way to highlight results and celebrate team efforts. A key lesson emerged: working collectively toward a shared mission significantly reinforces team cohesion.

Conclusion: When thoughtfully presented, public health initiatives can become powerful tools for team building, strengthening both service delivery and professional cohesion.

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ID 868 - Impact of a brief health education intervention on endocrine disruptor exposure in pregnant women and parents in primary care

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Context: The risk and actual experience of medical malpractice proceedings and their effects are very present in the medical trade press. Such proceedings can be settled in Germany through liability insurance, medical arbitration boards or court proceedings. There are no representative surveys in Germany on the extent to which general practitioners feel burdened by the risk of medical malpractice lawsuits.

Objectives: 1. To what extent does the risk of medical malpractice proceedings influence medical practice? 2. To what extent have physicians had personal experience with such proceedings? 3. To what extent were previous medical malpractice proceedings perceived as burdensome?

Methods: A four-page questionnaire was sent to a random sample of 2,000 registered general practitioners (general practitioners, general internists and family doctors) throughout Germany (with two reminders sent to those who did not respond). The evaluation was carried out using descriptive and inferential statistical methods.

Results: 1926 questionnaires were delivered; 640 doctors (average age 53±11 years, 48% female) returned a completed questionnaire (response rate 33%). Of these, 31% had experienced medical malpractice proceedings. Older age, a higher number of cases per quarter and male gender were associated with a higher probability of having experienced proceedings. 54% of participants with and 39% of those without liability experience (difference $p<0.001$) rated the influence of impending proceedings on their medical practice in general as strong or very strong. The influence was considered particularly strong in relation to information provision and documentation. Among the 197 general practitioners with personal experience of proceedings, the burden was most frequently perceived as strong or very strong in emotional terms (77%) and in terms of time (58%), while this was only the case financially for 6%.

Discussion: Although the response rate of 33% was significantly higher than for many other surveys of doctors in Germany, there is a risk that the responses are not fully representative of general practitioners in private practice due to a possible bias among those affected.

Conclusion: The risk and actual experience of medical malpractice proceedings appear to be a considerable burden for general practitioners and have a significant impact on their actions. This should prompt further investigation.

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ID 860 - Secondary syphilis with ocular and otologic involvement: the importance of clinical suspicion - a case report

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Context: General practitioners often describe professional isolation and a lack of meaningful, peer-based education that reflects the true spirit of family medicine. In response, the Gothenburg branch of the Swedish College of General Practice (SFAM) created Allmänläkardygnet "The GP Day-and-Night", a 24-hour residential course by, for and with GPs. The aim was to rebuild identity, belonging and joy in the profession. The event, first held in 2019, now gathers 60–70 GPs from across Sweden each year in the same scenic venue near Gothenburg. Participants are divided into small, consistent groups to foster fraternity and equity in dialogue — every voice counts.

Methods: Planning starts a year ahead within the SFAM Gothenburg board, guided by participant feedback. The lunch-to-lunch programme includes four interactive sessions, reflective writing, creative breaks (music, dance), shared meals and evening social activities. All faculty are GPs; there is no external sponsorship. Strengths: peer-led authenticity, egalitarian structure, deep collegial immersion, humanistic focus. Limitations: the compressed 24-hour format can be demanding but intensifies engagement and connection.

Originality: The GP Day-and-Night differs from conventional CME by placing liberty, equity and fraternity at its core: liberty to explore professional dilemmas freely; equity among colleagues regardless of hierarchy; and fraternity through shared reflection and celebration. The course has revived professional enthusiasm locally — SFAM Gothenburg's membership has grown significantly since its launch.

Lessons learned and future implications: An inspiring first session and skilled group leaders are key to creating safety and openness. The continuity of place and rituals reinforces belonging and identity. The model's simplicity, lack of commercial influence and focus on shared humanity ensure sustainability.

Discussion: This peer-led, humanistic format illustrates how small-scale, reflective education can restore meaning, community and freedom within general practice.

Conclusion: The GP Day-and-Night offers a practical expression of liberty, equity and fraternity — values at the heart of primary healthcare — and a transferable model for sustainable professional renewal worldwide.

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ID 428 - Impact of the risk of medical malpractice proceedings on the work of registered general practitioners – a nationwide survey

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Context: Scientific information about the level of satisfaction of patients with general practice services is scant or nonexistent in Kosovo, and the exploration of such perspective would contribute to strengthen the PHC services in this country. Inspired from efforts to improve PHC in Kosovo and following the evidence that a well-established PHC is associated with lower costs, improved health outcomes and equity for the population, more efficient utilization of services and higher patient satisfaction

Objectives: Our aim was to assess the level and socio-economic correlates of satisfaction of PHC users (also referred to as patients' evaluation) in Kosovo, a transitional country in the Western Balkans.

Methods: A cross-sectional study was conducted in Gjilan region, Kosovo, including a representative sample of 1039 PHC users (87% response). Patients' evaluation of PHC services was assessed through EUROPEP, a 23-item instrument tapping different aspects of medical encounter

Results: Mean age of survey participants (56% females) was 41 ± 16 years. About 50% of the participants were satisfied with the overall quality of medical services, doctor–patient relationship and organization of care. Younger (below median age), urban and employed PHC users reported a significantly higher satisfaction level with the overall health encounter quality. Conversely, there were no sex or educational differences.

Discussion: The main findings of our survey suggest that fewer primary care users are satisfied with the general practice in Kosovo than in other European countries. The overall patient satisfaction was negatively associated with age and was significantly higher among urban residents and employed individuals. Younger age and employment status were significant correlates of higher satisfaction levels with either doctor–patient relationship, organization of care or the overall quality of medical encounter.

Conclusion: Considerably fewer PHC users in Kosovo were satisfied with the overall medical encounter compared with their European counterparts. This new and useful evidence may support health professionals and policy makers for improving the quality of PHC in Kosovo, a country struggling and mainstreaming all energies in order to get international recognition.

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ID 753 - Antimicrobial Stewardship in General Practice: Management of URTIs

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Context: Primary care accounts for approximately 90% of all NHS contacts with 365 million appointments provided in 20231. An ageing population & a cost of living crisis exacerbated by the covid pandemic has resulted in an increased complexity of GP consultations The formation of a PCN complex care team provided a novel way of working to deal with complex & challenging patients to provide better continuity of care. By doing so the team could also reduce the strain that high intensity users have on the GP's & admin staff within our PCN thereby improving wellbeing but still offering appropriate patient centred care.

Methods: •An EMIS search was carried out looking at all patients on the PCN list size that had consulted the practice 15 times or more over a 3-month period. •A code was added onto their clinical record stating they were under the PCN complex care team. •A complex care protocol was created for both clinicians & admin staff to instruct how patients on the complex care register should be managed. Training offered to both clinical & admin staff. •Monthly MDT's have been held on the first Thursday of each month with full access to the clinical record with cases discussions of patients on the register.

Originality: The Attenborough complex care service is the first of its kind in the locality within the Hertfordshire area of the United Kingdom to develop a bespoke service incorporating doctors and allied health professionals in a team to manage patients of highly complex physical and mental health issues.

Lessons learned and future implications: •Quantifying the true impact of the complex care service can be difficult in terms of the number of appointments saved. •Reviewing and removing those from the register can be difficult •Replication of the model across other PCN;s across Herefordshire not so easy based on variation of GP numbers & allied helath professioanl staff.

Discussion: This initiative clearly demonstrates that improving continuity of care for complex and high-intensity patients significantly reduces the workload for family physicans.

Conclusion: This initiative clearly demonstrates that improving continuity of care for complex and high-intensity patients significantly reduces the workload on the PCN.

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ID 709 - Connecting Primary Care: A Community Resource Map to Improve the Health of Vulnerable Populations

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Context: Strong primary care is essential for achieving efficiency and equity in health systems by balancing health needs, services, and technologies . The health care environment continues to evolve with population aging , including increasing disease complexity and comorbidities, the introduction of new pharmaceuticals, advances in diagnostic and therapeutic technologies, and the growing subspecialization of medicine. These trends have driven a global rise in medical expenditures.

Objectives: To examine the association between having a usual source of care (USC) and healthcare expenditures among Korean adults, considering USC type and primary care attributes.

Methods: In this longitudinal study, data from 41,543 Korean adults aged ≥ 19 years were analyzed using the Korea Health Panel (2019–2022). We employed Hausman–Taylor panel regression methods while adjusting for the Charlson comorbidity index score, subjective health status, healthcare utilization, and demographic and socioeconomic factors. The primary variables included USC type (none, place only, and physician-based) and primary care attributes (comprehensiveness and coordination).

Results: Individuals with a physician-based USC exhibited a higher mean number of healthcare visits (21.78 in 2019 and 24.29 in 2022) but 13.1% lower adjusted expenditures, particularly when care was comprehensive and well-coordinated. Place-only USC had no significant cost advantage. In the elderly subgroup (≥ 65 years), these cost reductions were even more pronounced, with physicians demonstrating strong primary care attributes associated with up to 16.8% lower expenditures.

Discussion: Persistently low and unequal USC ownership, especially among vulnerable groups, highlights structural gaps in Korea's primary care

system and the need for reforms such as patient registration, quality-based incentives, and strengthened gatekeeping.

Conclusion: Physician-based USC, particularly when characterized by strong primary care attributes, is significantly associated with lower healthcare expenditures in Korea. Policy initiatives should prioritize enhancing the quality of primary care.

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Mental health

ID 653 - Identification of Distinct Physiological Stress Profiles in Healthy Adults via Adrenal Hormone and Heart Rate Variability-Based Clustering

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Context: Well-being effect the whole life quality of a person and job related productivity of a physician.

Objectives: The study aims to explore how personal, job-related, and organizational factors influence the primary care physicians' well-being. Using Ryff's model, the study assessed the impact of burnout, social support, financial situation, and perceived social status on their mental health. explored

Methods: Data were collected from 423 family physicians across Turkey. The data collection tools included the 18-item Ryff Psychological Well-Being Scale, the Pines Burnout Scale, the MacArthur Scale of Subjective Social Status, and a researcher-developed questionnaire. Analyses were conducted using SPSS software.

Results: The mean age of participants was 44 years, indicating an overall experienced group of family physicians. Despite the presence of burnout, psychological well-being (PWB) scores were maintained at a moderate level. Nearly half of the participants reported financial difficulties; 44% stated that they had to cut down expenses or go into debt. Physicians with inadequate income had lower PWB scores and higher burnout scores. Most participants expressed hopelessness regarding future improvement in salary and benefits.Vacation was associated with higher PWB and lower burnout scores, whereas difficulties in finding a substitute physician during leave were linked to higher burnout. Physicians working in socioeconomically disadvantaged regions (SEGE 4 and SEGE 6) had lower PWB and social status scores and higher burnout levels. Coping strategies differed in their associations: walking was linked to significantly lower burnout scores; sleeping was associated with higher burnout; junk food consumption was also related to higher burnout. Approximately one-third of the participants reported using alcohol after stressful workdays, and alcohol consumption was positively associated with burnout but not with PWB. Physicians who reported receiving emotional support had lower burnout and higher PWB scores. Furthermore, pet ownership was positively associated with PWB.

Conclusion: The psychological well-being of family physicians is influenced by both personal and structural factors. The findings underline the need for supportive policies to enhance the well-being of family physicians in order to ensure sustainable primary healthcare delivery. Keywords: psychological well-being, family physicians, primary care, health professional, burnout

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ID 639 - Severe Malnutrition Secondary to Superior Mesenteric Artery Syndrome: A Diagnostic Challenge in Primary Care

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Context: This study explores family physician loneliness versus connectedness in their work environment. The loss of connectedness has been tied to negative impacts for physicians and is a potential contributor to eventual disillusionment in their careers. This study focuses on the workplace of family physicians in three provinces in Canada (ON, NS, NL) to examine work environment and the contributors to a decrease in wellbeing and connectedness. It is recognized that the need to feel connected within one's work environment is an inherent part of motivation and satisfaction.

Objectives: The overall goal of this study is to increase understanding of how and why the work environment for family physicians has affected their wellbeing, particularly their sense of belonging, value and career enjoyment.

Methods: An explanatory multiple case study, using mixed methods, which included an online survey and virtual semi-structured interviews conducted with practicing family physicians and family medicine residents. Additionally, document analysis for case-specific context was incorporated. Multiple case methodology allows identification of similarities and differences between cases.

Results: Data collection and analysis is currently ongoing; results will be available for presentation at the time of the conference. Thus far, approximately 150 survey responses have been received and 36 interviews conducted with 15-20 documents analysed. Preliminary analysis includes exploring the perspectives of family physicians in relation to their professional satisfaction, incidences of incivility in the workplace, social connectedness within family medicine, and response to stress.

Discussion: Loneliness among family physicians has been identified as very high and associated with both career burnout and depression. Violence and incivility are on the rise in healthcare, and early retirements and lack of interest in family medicine is significantly impacting the wellbeing of those that remain. Our findings will illuminate three unique cases that may inform action by provincial governments and medical associations to address the devaluation of family medicine, and which may lead to improved workplace satisfaction for a strengthened primary care system.

Conclusion: Our study encourages a different approach to addressing burnout and physician wellbeing as it is rooted in the premise that collegiality and connectedness in family medicine fosters motivation and career satisfaction.

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ID 620 - Targeted antimicrobial susceptibility testing deployment: 2025 national survey by the French Regional Antibiotic Therapy Centers network

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Context: Gender-based and sexual violence (GBSV) is common in universities and may contribute to eating disorders (ED). Understanding this link is essential to support early detection, prevention, and to promote equality in student health.

Objectives: To analyze the association between GBSV and eating disorders among male and female university students in XXX.

Methods: A cross-sectional study was conducted in October 2024 among volunteer students at XXX. Participants completed an anonymous online questionnaire assessing their experiences of gender-based and sexual violence and their eating disorder symptoms. Eating disorders were screened using the SCOFF questionnaire and categorized using the Expali tool into restrictive disorders, bulimia, binge eating disorder, or other types. Logistic regression models were used to assess the association between GBSV and ED, adjusting for potential confounders.

Results: The sample included 563 students (433 women, 117 men), aged 18–30 years. Since the beginning of their studies, 51.7% (95% CI: 47.5–55.9) reported at least one form of gender-based or sexual victimisation, and 63.6% of them were polyvictims. Overall, 54.5% of students screened positive for an eating disorder, including 62.4% of women and 23.9% of men. Bulimia and binge eating disorder were the most common types across all genders. GBSV was significantly associated with the presence of an eating disorder (adjusted OR = 2.03; 95% CI: 1.40–2.93). The association differed strongly by gender: it was particularly pronounced among men (aOR = 12.1) compared with women (aOR = 1.76). Polyvictimisation further increased the likelihood of ED, with elevated risks for bulimia (aOR = 2.48; 95% CI: 1.52–4.03), restrictive disorders (aOR = 2.76; 95% CI: 1.08–7.08), and binge eating (aOR = 1.54; 95% CI: 0.77–3.06).

Discussion: Gender-based and sexual violence is strongly associated with eating disorders among university students, with the strongest effects observed among male students and polyvictims

Conclusion: These findings highlight the urgent need for equitable, trauma-informed care, targeted screening, and early intervention within university primary care services.

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ID 419 - A descriptive study of a screening and vaccination program for newly arrived migrants between january 2022 and december 2023.

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Context: Depression is a major public health problem that worsens chronic disease outcomes and burdens patients, families, and healthcare systems. Although air pollution is a potentially modifiable environmental factor, existing studies report mixed results and underrepresent XXX primary care populations. Clarifying whether long-term exposure relates to depression in these settings can guide screening, counseling, and collaboration with public health efforts.

Objectives: The purpose of this study was to investigate the association between air pollution and positive depression screening in XXX adults.

Methods: This cross sectional study included 17,763 (9329 men; 8434 women) adults who underwent health checkups. For each participant, one-year-lagged average concentrations of particulate matter with an aerodynamic diameter of 2.5 µm or less (PM2.5) and 10 µm or less (PM10), nitrogen dioxide (NO2), sulfur dioxide (SO2), and carbon monoxide (CO) were assigned using the Community Multiscale Air Quality model. Depressive symptoms were assessed using Patient Health Questionnaire-2 (PHQ-2). Logistic regression estimated odds ratios for positive PHQ-2 screening and linear regression estimated changes in continuous PHQ-2 scores per interquartile range (IQR) increase in pollutant levels.

Results: A positive PHQ-2 screen occurred in approximately 13%. In single-pollutant models, PM2.5 was not associated with positive screening (odds ratio 0.99, 95% confidence interval 0.95 - 1.04) after adjusting for age, sex, season, body mass index, smoking, alcohol use, physical activity, diabetes mellitus, hypertension, and dyslipidemia. Estimates for PM10, NO2, SO2, CO were similarly null. For the continuous score, the adjusted beta coefficient of PM2.5 was -0.013 (95% confidence interval -0.04 - 0.01) per IQR increase. Results of other pollutants were similarly near zero. Multi pollutant models did not show significant association. Sex and age stratified results were nonsignificant.

Discussion: The lack of significant association may reflect unmeasured confounding variables, limited exposure contrast, or reverse causation whereby depressive symptoms reduce outdoor time and actual pollutant exposure. PHQ-2, while practical for large scale screening, may underestimate symptom burden compared with the nine-item instrument.

Conclusion: The results of this study showed no clear association between exposure to air pollutants and depression by PHQ-2 screening. Longitudinal studies including finer exposure resolution, repeated assessments, and richer psychosocial and neighborhood data are warranted.

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ID 571 - Together for 24 Hours: Building Liberty, Equity and Fraternity Among General Practitioners Through Reflective Learning

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Context: The homeless population is defined as a group of individuals living without regular conventional housing, in conditions of extreme poverty, with weakened or disrupted family ties, and facing significant barriers to accessing health care services. This limited access contributes to a lifetime prevalence of mental disorders in this group that exceeds 70%.

Objectives: The aim of this study was to describe the level of anxiety among people experiencing homelessness and to analyze their engagement with Primary Health Care (PHC) services in the city of XXX.

Methods: A total of 47 homeless individuals were interviewed. Participants first completed a sociodemographic questionnaire, followed by the Mini-SMD instrument for screening mental disorders, including anxiety. Those who screened positive for anxiety were subsequently assessed using the GAD-7 scale, which classifies anxiety as minimal, mild, moderate, or severe.

Results: Among the participants, 24 (51%) screened positive for anxiety. Of these, 4 (17%) had minimal anxiety, 3 (12.5%) mild, 9 (37.5%) moderate, and 8 (33%) severe. Regarding their connection to health care services, 23 individuals reported having been seen at least once by a PHC team, while only 7 had ever been attended by a Family Health Team (FHT). Among the 24 individuals with anxiety, 14 had previously been attended by a PHC team, and only 4 by an FHT, indicating limited access to continuous and comprehensive health care.

Discussion: The findings reinforce the high prevalence of anxiety symptoms among the homeless population, which is associated with factors such as social marginalization, substance

abuse, and limited access to continuous and comprehensive health care. Moreover, the data highlight a fragile connection between this population and primary care services, hindering the implementation of person-centered and ongoing care. The lack of a strong and sustained engagement with PHC compromises continuity of care and the effectiveness of mental health interventions.

Conclusion: Therefore, the study underscores the urgent need for public policies that strengthen access to and engagement with PHC among homeless individuals, through strategies tailored to their specific needs, ensuring comprehensive, continuous, and person-centered care.

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Patient-centered care

ID 569 - Understanding The Drivers Behind What Matters When Treating Gastro-Oesophageal Reflux Disease – A Discrete-Choice Experiment

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Context: Alzheimer's disease and related dementias (ADRD) affect over 60 million people worldwide, resulting in significant emotional burden on informal caregivers. Existing mobile health (mHealth) applications largely fail due to non-personalized content (83% focus on generic education), lack of scientific validation (only 20% reviewed by specialists), and insufficient practical support.

Methods: This project proposes an integrated, user-centric mHealth application. The system will follow an evidence-based model, offering stage-adapted (mild, moderate, advanced) cognitive stimulation and psychosocial support. Personalization employs Explainable Artificial Intelligence (XAI) via SHAP algorithms to justify content recommendations , adapting to the user profile. Validation is secured through partnerships with neurologists and psychologists. Expected Outcomes include a 25% reduction in caregiver stress (based on Zou et al., 2024) and a 15–20% increase in patient cognitive performance. Strengths: validated information and dynamic personalization (vs. 6% of apps using AI). Limitation: reliance on external partnerships for updates.

Originality: The innovation lies in simultaneously resolving the three primary mHealth failures: non-personalization (via XAI and stage adaptation), lack of scientific validation, and excessive theoretical focus (via practical tools and external referencing to resources like Alzheimer Portugal).

Lessons learned and future implications: Key lessons emphasize the necessity of scientific validation and XAI transparency for user trust and adherence. Future challenges involve overcoming high post-launch abandonment rates (common in 71% of apps) and integration with the National Health System (SNS) for effective referral.

Discussion: The project is feasible due to reduced development costs (using open-source platforms) and strategic partnerships (e.g., university hospitals). This model encourages a shift towards validated, stage-adapted digital support in primary care settings, offering a superior alternative to generic applications.

Conclusion: This project provides a robust, evidence-based digital solution with strong potential to mitigate caregiver burden and improve patient cognitive outcomes. The next steps involve prototyping and executing clinical trials to measure real-world impact.

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ID 495 - Family Physicians: A Multi-Case Study on Workplace Isolation & Connection

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Context: Psychosocial vulnerability plays a central role in suicidal behavior among patients with bipolar disorder.

Objectives: This study aimed to identify psychosocial factors associated with suicide attempts and to emphasize their relevance for family medicine practice.

Methods: We conducted a cross-sectional analytical study including 281 patients diagnosed with bipolar disorder who were hospitalized over a six-year period. Data were collected on childhood trauma, family psychiatric history, risk behaviors,

and comorbid personality disorders. Patients were divided into two groups according to the presence or absence of a lifetime history of suicide attempts. Univariate and multivariate analyses were performed to identify factors associated with suicide attempts.

Results: A history of suicide attempts was significantly associated with childhood abuse or neglect (36.6%, $p < 0.001$), engagement in risk behaviors such as runaway episodes or self-harm ($p < 0.001$), presence of comorbid personality disorders ($p < 0.001$), and a family history of suicide or suicide attempts ($p = 0.01$). Notably, several of these psychosocial factors were present before the onset of bipolar disorder and could be identified outside specialized psychiatric care.

Discussion: Psychosocial vulnerability was strongly associated with suicide attempts among patients with bipolar disorder. Factors such as childhood trauma, family history of suicidal behavior, and early risk behaviors often precede the clinical diagnosis and may be detected during routine consultations in primary care. These findings highlight the importance of integrating systematic psychosocial assessment into family medicine to improve early identification of patients at risk.

Conclusion: Incorporating structured psychosocial screening into routine family medicine practice may strengthen early suicide prevention and reduce suicidal behaviors among patients with bipolar disorder

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ID 459 - Eating Disorders and Gender-Based and Sexual Violence Among XXX University Students

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Context: Breast Cancer screening has an unclear benefit/risk ratio according to the litterature. We have developed a Decision Aid (DA) for women at average risk of breast cancer to facilitate shared medical decision-making and informed choices regarding their participation in organized breast cancer screening.

Objectives: This DA is intended to provide balanced information on the benefits and harms of screening, based on french data. This study aims to assess whether the tool is clear and comprehensible, reduces decision-making conflicts, and improves knowledge of the benefits and harms of screening mammography.

Methods: We conducted a pragmatic study based on a before-and-after reading of the DA involving 88 women aged between 47 and 74 years with an average risk of breast cancer. Participants, recruited by their healthcare provider or through social networks, were invited to complete a pre-reading and a post-reading questionnaire. Decisional conflicts were assessed using the SURE questionnaire

Results: The DA was rated helpful at 4.51/5, pleasant at 4.10/5, and understandable at 4.43/5. After reading the DA, more women report being sufficiently informed. (82.9% vs. 69.2, $\chi2$ (1) = 8.17, $p < .004$, $n = 72$). Based on the SURE questionnaire, women show fewer decision-making conflicts after reading (27.4% gain in absolute difference of "yes" answers; $\chi2 = 27$, $p < .001$, $n = 85$). 66.7% of respondents consider that the DA will help them decide on their participation. 41.7% declared they intend to have a screening mammogram within the next two years.

Discussion: Our results align with other similar studies, notably on reducing decision-making conflicts and improving informed choice. This DA is validated and could be used on a larger scale. The effect on participation to screening is unclear, and requires further studies. We suggest to generalize a DA as a complement to invitation letters.

Conclusion: The DA is clear, understandable, and easy to use for most women. It is perceived as more informative than the standard information. It helps reduce decision-making conflicts by increasing women's knowledge of the benefits and harms of screening, improving their confidence and feeling better supported in their choices.

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ID 373 - A study of environmental health integration in primary healthcare workers in the region of "XXX" in 2024

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Context: Osteoporosis is a rising public health burden in rapidly ageing Asian societies, including Singapore, where hip fracture rates rank among the highest globally. The role of social determinants and

healthcare access in shaping osteoporosis vulnerability remains under-explored despite robust characterisation of biological risk. Understanding these relationships may support more equitable screening and prevention strategies in primary care.

Objectives: We examined osteoporosis risk association with socioeconomic and healthcare utilisation factors in Singaporean rental-flat residents.

Methods: A cross-sectional study was conducted among rental-flat health screening participants in October 2025. The Osteoporosis Self-Assessment Tool for Asians (OSTA) was used for rapid stratification of osteoporosis risk. Descriptive analyses were followed by ordinal logistic regression to assess associations between OSTA category, socioeconomic position (SEP) and healthcare utilisation proxies, adjusting for gender and comorbidities.

Results: Among 116 participants (50.9% female; mean age 64.0±10.8), the median OSTA score was -1.88 (IQR -4.52 to -0.6), yielding 40.8% low, 41.7% intermediate, and 17.5% high-risk classifications. As expected, higher OSTA risk was associated with older age and lower weight, but no significant associations were observed across lifestyle factors or living arrangements. In adjusted models (R2=0.133), Pioneer/Merdeka Generation (PG/MG) healthcare payment benefit awareness was a good predictor of medium/high OSTA risk (p=0.016,aOR=4.11,95%CI=1.35-13.6). Higher-tier Community Health Assistance Scheme (CHAS) cardholders demonstrated higher odds of medium/high OSTA risk (p=0.009,aOR=2.56,95%CI=1.29-5.37). Enrolment into long-term health monitoring programmes (HealthierSG) was not significant (p=0.412,aOR=0.670).

Discussion: Reported SEP gradients align with regional evidence linking socioeconomic disadvantage to greater osteoporosis vulnerability via multimorbidity and constrained preventive behaviour access. Higher subsidised-service utilisation with greater chronic disease burden may explain elevated OSTA risk given underlying illness-driven patterns of healthcare engagement. Non-significant effects of long-term health monitoring may indicate potential gaps in sustained longitudinal preventive care engagement in at-risk individuals. These findings reflect established literature suggesting that structural disadvantage and illness-driven healthcare utilisation shape osteoporosis risk trajectories in ageing populations.

Conclusion: OSTA-based screening may identify patterned socioeconomic disparities in osteoporosis risk, thus integrating social risk indicators into community and primary care workflows may support more equitable and proactive bone-health management. Future qualitative work is warranted to explore mechanisms shaping osteoporosis vulnerability across diverse health systems.

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ID 391 - From symptom to precise diagnosis: the utility of echocardiography in transforming cardiovascular practice within primary care.

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Context: Taking patient preferences into account is a recognised quality criterion in the care of patients with chronic diseases. However, the concept of preference remains insufficiently defined in medicine, and little literature explores how patients themselves understand what a preference actually means.

Objectives: The aim of this ongoing research is to examine how patients develop their preferences in relation to their experience of chronic illness and the care they receive, with particular attention to the potential role of the general practitioner.

Methods: To date, we have conducted 12 semi-directed individual interviews with patients with chronic diseases from diverse backgrounds. The transcripts are currently being analysed according to the principles of the grounded theory.

Results: Preliminary results show that the experience of chronic illness and healthcare influences several key elements involved in the formation of patient preferences, including risk perception, trust in healthcare professionals, and the management of medical information. Chronic illness thus creates a unique ecosystem in which patients' preferences take shape and acquire specific meanings, such as maintaining a sense of identity or experiencing safety within the care they receive. Across the different contexts in which preferences are formed, general practice appears to be both an accessible and appropriate setting—owing to its holistic approach, longer consultation times, and integration of information from various specialists—for supporting the development of

patients' preferences, as well as for facilitating their expression, whether actively or passively.

Discussion: Our study challenges the often-cited, simplistic view of the role of medical information in shaping patient preferences. The construction of patient preferences requires patients to balance a critical stance towards the care they receive with a sufficient level of trust in their doctors. General practitioners might support this balance by providing a trusted space in which patients can challenge their treatment and the assessments of other doctors involved in their care.

Conclusion: The findings of this research will provide general practitioners with practical insights into how to engage with patients with chronic diseases in constructing their preferences regarding their care.

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ID 306 - Association between air pollution and depression screening in XXX adults

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Context: The prenatal period and the first two years of life (the first 1000 days) represent critical windows of susceptibility and exposure to various environmental factors. Studies have shown associations between prenatal exposure to certain chemicals and adverse effects on pregnancy outcomes, newborn health, and long-term child development.

Objectives: The aim of this study was to evaluate the impact of a brief 5-minute health education intervention on endocrine disruptors, delivered by healthcare professionals, on changing the behaviors of pregnant women at any stage of pregnancy and parents of children under two years of age, three months after receiving the information.

Methods: This is a multicenter quantitative interventional study conducted between March 2024 and July 2024. The required sample size was 53 participants. The primary outcome was the difference in the number of correct responses before and after the health education intervention. Participants were recruited from a maternity ward, a private midwifery practice, and a maternal and child health center in XXX. Participants were surveyed about their knowledge of endocrine disruptors and their daily habits via a questionnaire, then received a brief prevention intervention on endocrine disruptors using an informational brochure. Participants were contacted three months later to assess the impact of the intervention using the same questionnaire. The study was approved by an ethics committee.

Results: A total of 63 women were recruited. This study shows a statistically significant increase in questionnaire scores between baseline (Day 0) and three months (Mean before = 3.56; Mean after = 4.88; 95% CI [0.98; 1.68] and p = 2.164e-10), with an improvement of 1.32 points.

Discussion: The strength of the study lies in its adequate statistical power and reproducibility of the intervention. Limitations include the refusal of fathers to participate in the questionnaire, which may affect the generalizability of the findings to both parents. Additionally, the study only assessed the immediate impact of the intervention, with no long-term evaluation of its effectiveness.

Conclusion: The intervention resulted in a significant improvement in participants' knowledge and behavior regarding endocrine disruptor exposure. These findings suggest that brief health education sessions in primary care can effectively change behaviors associated with environmental health risks.

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ID 368 - Patients' evaluation of primary health care services in Gjilan region, Kosovo

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Context: A preventive health consultation dedicated to newly arrived migrants (NAM) has been settled within a departmental vaccination and screening center.

Objectives: This study aims to describe the characteristics of patients seen during the consultation and the pathologies detected among them.

Methods: A descriptive, retrospective, single-center study included NAM patients aged 18 years and older who have been seen between 01/01/2022 and 31/12/2023. The data were anonymized and extracted from the department's softwares.

Results: A total of 95 adults were included in the study, predominantly male (74%, n=70/95), with a median age of 26 years [23; 33], from West Africa (55%, n=52/95), French-speaking (61%, n=58/95), and arrived in France the prior year (95%, n=90/95). They faced socioeconomic obstacles : unstable administrative status (97%, n=77/79), housing difficulties (83%, n=79/95), and no social security coverage (87%, n=83/95). Two thirds had at least one known medical history (67 %, n=64/95), 33% had tobacco or alcohol use (n=31/95) and 65% reported experiencing violence (n=52/79). The most frequent clinical problems were dental pathologies (67 %, n=37/58), overweight (43 %, n=36/83) and abdominal problems (25 %, n=20/80). More than half exhibited symptoms of psychological distress (67 %, n=40/66), including sleep difficulty (35 %, n=23/66), anxiety and depression (27 %, n=18/66), or serious disorders (4 %, n=4/66). Numerous infection diseases were detected: chronic hepatitis B virus infection (16 %, n=15/95, by HBsAg+ serology), schistosomiasis and strongyloidiasis (27 %, n=19/70 and 6 %, n=3/52 respectively), syphilis (4 %, n=3/92), and bacterial STIs (3 %, n=2/95). No HIV (n=0/95) or HCV (n=0/94) infections were found. Among the tuberculosis screening performed (n=63/95, by chest X-rays), 4 patients were referred for abnormality (6%, n=4/63). Almost all had vaccination update (92 %, n=88/95), and all were referred to health and/or social professionals (n=95/95).

Discussion: The characteristics of our population align with findings from studies conducted in other French departments, demonstrating the complexity involved in their healthcare provision.

Conclusion: This study confirms significant vulnerability and medical needs among newly migrated people, particularly in the period following their arrival. The numerous diagnoses support the importance of early access to care including infectious diseases sreening and vaccination with a medico-psycho-social management.

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Prescriptions

ID 349 - Motivations and barriers to nature prescribing among general practitioners (GPs) in XXX

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Context: In the last 20 years, globally, more children received the first dose of measles/mumps/rubella (MMR) vaccine. However, in most countries, the second dose coverage is lower than 95%, the coverage with two doses World Health Organization recommended for herd immunity. This is leading to outbreaks and putting vulnerable groups at risk.

Methods: The purpose of the study was to compare the rate of vaccination between a disadvantaged rural community and an urban community and to identify ways to improve the situation. We collected data about measles/mumps/rubella administration, in a population-based retrospective cohort study from January 2005 to December 2024, using our general practice database. The two population groups investigated had similar number of children (600). The obtained data were compared with the national and global rates. Other collected data were related to the educational level of parents who refused vaccination, and their economic status.

Originality: A similar decrease in the vaccination rate with the second dose of MMR was observed in both studied groups, although there were differences in economic level between rural and urban communities.

Lessons learned and future implications: Routine vaccination and immunization campaigns are vital for closing coverage gaps and controlling outbreaks. Family doctor's persuasion, insistence, social/community worker involvement, acceptance at vaccination without an appointment have been successfull in convincing hesitant parents. There remains a percentage of reluctant parents for whom we have not found yet the right solution.

Discussion: In both groups investigated, the mobility of young families (emigration or within the country), the impact of social media , the pandemic trauma, lower trust in doctors and the influence of religious representants were identified as reasons for non-vaccination. In both groups parents who refused MMR vaccination had relatively equal proportions of higher education, secondary education and lower education. In both groups the children were admitted for vaccination without an appointment.

Conclusion: A similar decrease in the vaccination rate with the second dose of measles/mumps/rubella was observed in both rural and urban group. Integrated public policies with multidimensional approach, concerted and specific

actions must be taken in order to increase the rate of vaccination and control the outbreaks.

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ID 332 - Adopting an integrated approach to address the holistic needs of patients in a primary care network using a complex care team to improve continuity of care

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Context: In 2023, nearly 40 million people were living with HIV worldwide. Access to antiretroviral therapy (ART) has significantly improved but poor adherence to treatment remains a major public health issue. Few studies have focused on adherence in HIV, and none have explored the link between having a primary care physician and adherence to antiretroviral treatment. Yet, the primary care physician is often the doctor who knows the patient and their psychosocial environment best.

Objectives: The goal of this study is to test the hypothesis that having a primary care physician influences adherence among people living with HIV.

Methods: This is a retrospective, observational, single-center study based on the hospital records of 119 patients followed for HIV at the hospital of Saint-Denis. Adherence was defined as having a viral load of < 20 copies/ml. Additional data were collected (related to the patient, HIV status, treatment, etc.). The association between viral load and the presence of a primary care physician was analyzed using univariate and multivariate logistic regressions.

Results: Among the 119 patients included, 26.1% had a detectable viral load. In the group without a primary care physician, 42.4% had a positive viral load, compared to 19.8% in the group with a primary care physician. This difference was statistically significant (p = 0.022). The adjusted odds ratio (OR) for having a detectable viral load in patients without a primary care physician was 5.60 (1.69–21.05). No other variable was associated with a positive viral load.

Discussion: Our findings show that having a declared primary care physician is strongly associated with better adherence to antiretroviral therapy, reflected by higher rates of undetectable viral load. This association persisted after adjustment for demographic and social factors, suggesting an independent effect. Patients without a declared physician more often faced social and administrative vulnerability, which may hinder access to continuous care. Despite these differences, no other clinical or behavioral variables explained adherence.

Conclusion: In our study, having a declared primary care physician was statistically associated with better adherence to antiretroviral treatment. These results highlight the central role of primary care continuity and patient–physician communication in supporting adherence among people living with HIV.

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ID 294 - Differential genetic effects of type 2 diabetes across insulin resistance and visceral adiposity strata in the KoGES

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Context: Ensuring medication safety in elderly patients with multimorbidity requires clear communication and consistent medication reviews, especially when using high-risk drugs such as methotrexate. Methotrexate toxicity is well described, presenting with acute kidney injury, myelosuppression, hepatotoxicity, mucositis and multiorgan failure. Renal impairment, caused by dehydration, comorbidities or chronic NSAID use, reduces drug clearance and increases toxicity risk. Medication reconciliation includes ensuring an accurate medication list and confirming any changes in prescription, dose or formulation, thereby reducing errors.

Methods: We describe the case of a 73-year-old woman with severe rheumatoid arthritis, multimorbidity and polypharmacy who developed severe methotrexate toxicity due to unintentional taking both oral and subcutaneous formulations following a recent therapeutic change. She presented to a primary care unit with several weeks of anorexia, vomiting, progressive fatigue, weight loss and newly developed mucosal bleeding. Blood tests revealed new-onset pancytopenia, acute kidney injury and hepatic abnormalities, prompting urgent referral to the emergency department. During evaluation, it was confirmed that she had unintentionally continued oral methotrexate while initiating the subcutaneous formulation, in the context of chronic NSAID use, leading to hospitalization.

Originality: This case highlights the central role of communication and medication reconciliation in preventing adverse drug events. A misunderstanding during a formulation switch led to severe methotrexate toxicity, amplified by multimorbidity, polypharmacy and NSAID use, illustrating how common clinical factors may converge into avoidable harm.

Lessons learned and future implications: This case reinforces the need for systematic medication review and for ensuring that patients fully understand therapeutic changes. Adapting communication strategies to individual needs and taking time to confirm treatment understanding are essential steps in promoting safety.

Discussion: Multiple interacting factors contributed to the severe presentation of methotrexate toxicity, underscoring the importance of clear communication at every therapeutic transition. Primary care teams, due to their continuous and longitudinal patient contact, are uniquely positioned to detect misunderstandings early and to manage polypharmacy with caution, including chronic NSAID use or complex medication regimens.

Conclusion: Clear communication and medication reconciliation are essential to prevent avoidable harm during medication changes, particularly in polypharmacy patients. Family medicine plays a key role in ensuring safe therapeutic transitions.

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ID 296 - Physician-Based Usual Source of Care and Primary Care Attributes in Relation to Healthcare Expenditures: A Longitudinal Korea Health Panel Analysis

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Context: Prescriptions for levothyroxine (LTX) are increasing worldwide, although the number of cases of overt hypothyroidism as the primary indication has not risen (Khandelwal&Tandon 2012). Based on current knowledge, subclinical hypothyroidism (SH) does not require drug treatment. The German guideline for general practitioners (GPs) states that LTX withdrawal can be considered in cases of SH. No structured LTX deprescribing strategy has yet been established in primary care.

Objectives: What are the barriers and enablers for deprescribing LTX in general practice?

Methods: In the DELTA-PIA research project, we used a qualitative, participatory approach involving GPs and patients with SH or experience with discontinuing medication. From March to October 2024, we conducted seven focus group interviews and three workshops with 17 GPs and 17 patients. The focus groups examined and prioritized barriers, facilitators, and conditions for deprescribing in routine care, while the workshops jointly developed a strategy for LTX deprescribing. Focus groups were recorded and transcribed, and workshops documented using whiteboards. The collected material was analyzed using qualitative content analysis.

Results: The participating GPs identified key enablers for LTX deprescribing: reducing side effects, depathologizing patients with SH, and lowering medication burden. They also noted major barriers, including anticipated patient resistance, short-term increase in workload, potential financial losses, and conflicts with other healthcare professionals. Patients reported feeling insufficiently informed, and medication changes often caused skepticism, uncertainty, and concerns about symptoms. At the same time, they described potential benefits such as improved quality of life, fewer side effects, and savings in time and costs.

Discussion: Our study showed a general willingness among GPs and patients to discontinue LTX, but there are barriers that at both the physician and patient levels that make deprescribing processes in primary care challenging (Doherty et al. 2020, Moretti et al. 2024). It requires a change in mindset among all stakeholders in order to initiate deprescribing processes.

Conclusion: Reflecting barriers and enablers, a structured deprescribing strategy is required that incorporates all identified conditions and provides a decision-making tool for handling the identified barriers.

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ID 279 - Anxiety among people experiencing homelessness and their link with Primary Health Care

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Context: Antimicrobial resistance has been identified as one of the ten greatest threats to global public health. Consequently, governments around the world have developed guidance around antimicrobial stewardship. As part of this, healthcare professionals are urged to perform audits that inform prescribing practices and improve patient care. This work was carried out in response to this call to action.

Objectives: First, to evaluate the prescribing practices of five doctors at XXX against the XXX's guidelines on Management of Acute Coughs and Sore Throats. Second, to identify areas of improvement. Third, to propose recommendations for the betterment of patient care at XXX.

Methods: Data on all consultations conducted by five doctors at XXX across three weeks was accessed via the electronic patient record system. All information required to evaluate prescribing practices against national antimicrobial guidelines was also recorded. Data processing was performed on Microsoft Excel.

Results: 856 patients were seen in the three weeks, with 80 (9.3%) of them presenting with URTI symptoms. Acute Cough 71% were managed appropriately. Of the prescriptions given, 73.9% had the correct antibiotic, dose, and length. Sore Throat 40% were managed appropriately. It was impossible to determine propriety in 33.3% of the cases. Of the prescriptions given, 82% had the correct antibiotic, dose, and length. Advice and Safety-Netting 50% of patients were given self-care advice and 87.5% were safety-netted.

Discussion: The majority of acute cough cases are managed appropriately. An unexpected issue arose when evaluating sore throat patients. Guidelines stipulate that Centor scores should be calculated to determine whether antibiotics are warranted, but scoring was not possible in 33.3% of cases as relevant symptoms were not appropriately documented. The results also imply that only half of patients are advised on symptom management. However, in-person observations of consultations confirm that virtually all patients are appropriately examined and counselled.

Conclusion: The main issue identified was not inappropriate management, but poor documentation. However, it must be acknowledged that there is a dirth in the most crucial resource of all: Time. With each appointment restricted to 10 minutes, thorough documentation is nigh impossible. This is a deeper structural challenge the nation's strained healthcare system must face.

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ID 274 - Challenges and Opportunities in Supervising EU-Trained General Practice Residents: A Qualitative Exploration

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Context: Proton pump inhibitors (PPIs) are extensively prescribed due to the widespread diagnosis of gastro-oesophageal reflux disease (GORD). However, common overutilisation raises concerns about inappropriate prescribing; prompting interest in holistic management and deprescription strategies.

Objectives: This study aimed to quantify UK healthcare professionals' (HCPs) and patients' preferences in GORD management, and to identify attributes perceived as influencing quality of care.

Methods: Attributes were derived from qualitative data gathered through focus groups, to develop a discrete-choice experiment (DCE) which was administered via online survey. 45 HCPs and 29 patients chose between paired hypothetical GORD management scenarios. Preferences were modelled using multinomial conditional logit with effects coding. Marginal rates of substitution were calculated to quantify trade-offs.

Results: A holistic treatment plan that included both PPIs and lifestyle modification was strongly preferred over PPI monotherapy by both HCPs ($\beta = 0.632$, $p < 0.001$) and patients ($\beta = 0.364$, $p < 0.001$). Lifestyle modification was non-significantly preferred over PPI monotherapy by patients ($\beta = 0.101$, $p = 0.106$), who also preferred the on-demand use of PPIs over daily treatment ($\beta = -0.214$, $p = 0.135$); Both patients and HCPs had a significant negative view of information being delivered by

pamphlets rather than by a HCP (patients: β = -0.254, p = 0.020, HCPs: β = -0.170, p = 0.032). There was no preference whether information was delivered by a doctor or a pharmacist. HCPs demonstrated a non-significant preference for a more structured follow-up plan (β = 0.067, p = 0.320). Symptom severity was a key driver for both HCPs and patients, with no patient preference over paying out-of-pocket for treatment (β = -0.023, p = 0.013).

Discussion: The desire for a holistic treatment plan suggests patient frustration at being prescribed daily PPIs indefinitely. HCP preference for a structured follow-up suggests a willingness to accept additional appointments to better support this multi-modal patient treatment.

Conclusion: This study highlights the value of holistic, clinician-led treatment for GORD patients. HCPs favour structured follow-ups, while patients prefer lifestyle modification and symptomatic treatment. This highlights the need for the development of a multi-modal treatment approach, integrated with self-care.

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ID 193 - Empowering communities through peer support: strengthening integrated primary care for people with type 2 diabetes and hypertension in XXX

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Context: There is a growing recognition that nature exposure is beneficial for human health. Nature prescription programs have been implemented in many countries to address the high burden of non-communicable diseases. Nature prescription is a low-cost health intervention which can easily be used on its own or as a complement to drug treatments. Prescribing nature has several co-benefits, such as encouraging pro-environmental behaviours. However, in France, nature prescriptions are not routine in primary care practice.

Objectives: To identify enablers and barriers surrounding nature prescriptions in primary care in XXX, France.

Methods: For this qualitative study inspired by grounded theory, we interviewed GPs (n=11) in XXX. Purposive sampling was applied until data sufficiency was reached.

Results: Facilitators to nature prescribing include awareness of the health benefits of nature, regular personal contact with nature, interest in an alternative to medication, acknowledgment of the important role played by GPs in planetary health, easy, free and local implementation, and positive feedback from patients. Some participants questioned the existence of scientific evidence of the benefits of nature. Some of them feared side effects such as increase in skin cancers. Lack of time, lack of peer support and acceptance of the value of nature as a support for wellbeing, difficulties to access nature for some patients were reported as barriers. Participants identified a need for accessible theoretical resources, policy statements and national guidelines. They would benefit from help by other care givers and an easier access to nature for their patients.

Discussion: The strength of this study lies in addressing an unexplored topic in France and promoting planetary health; limitations include the low number of participants, variable interview depth, and challenges inherent to qualitative analysis. Findings align with international literature.

Conclusion: The uptake and delivery of nature prescriptions is influenced by the prescriber's own relationship with nature, personal experience and/or knowledge of the benefits of nature for health. To lower the barriers we highlighted, it is critical that governments and local decision-makers support the greening of communities especially in urban areas, and that official guidelines be drawn up. Broader public health campaign would allow nature prescription to deploy.

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Overcome

ID 13 - Synthesizing cross-country evidence on the prevalence and correlates of exercise addiction in India, Malaysia, and Taiwan

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Context: Oropharyngeal carcinoma includes HPV-associated and non-HPV–associated tumors, the latter classically linked to tobacco and alcohol. HPV-16 is now a major cause of tonsillar carcinoma, with incidence rising in Western countries since the early 2000s. HPV-mediated tumors have distinct epidemiological, clinical, and prognostic features and are potentially preventable through vaccination. In primary care, persistent unilateral otorhinolaryngological symptoms are common and may mask malignancy, emphasizing the importance of clinical vigilance and timely referral.

Methods: A 57-year-old woman, a former smoker with prior tonsillectomy, presented to a walk-in consultation with six months of persistent unilateral odynophagia, cervical swelling, and recent fever. She denied dysphagia and dysphonia. Examination revealed right-sided tonsillar asymmetry with uvular deviation, soft palate edema, ulceration with exudate, and a painful submandibular lymph node. Given symptom chronicity and laterality, urgent referral to otorhinolaryngology was initiated. Cervicothoracic computed tomography (CT) identified a 31 × 18 mm neoplastic lesion in the right tonsillar fossa with locoregional invasion and a suspicious retropharyngeal lymph node. Histopathology confirmed squamous cell carcinoma. Positron emission tomography (PET) confirmed staging as cT4 cN1 cM0. Immunohistochemistry showed diffuse p16 overexpression, consistent with HPV-mediated carcinoma. The main strength of this case was timely referral from primary care; its limitation was the nonspecific presentation, which could have delayed diagnosis. The measurable outcome was prompt multidisciplinary evaluation and initiation of radical concomitant chemoradiotherapy.

Originality: This case demonstrates HPV-16–mediated tonsillar carcinoma presenting with subtle, prolonged unilateral symptoms after prior tonsillectomy. It highlights the decisive role of primary care in early detection and the link to prevention through vaccination.

Lessons learned and future implications: Persistent unilateral otorhinolaryngological symptoms warrant careful reassessment and a low threshold for referral. Family physicians play a central role in HPV vaccination advocacy, the most effective strategy to reduce the future burden of HPV-mediated oropharyngeal cancer.

Discussion: The rising incidence of HPV-16–associated tonsillar carcinoma challenges traditional risk-based diagnostic approaches in general practice. Integrating symptom duration, laterality, and focused examination with awareness of evolving epidemiology reduces diagnostic delay.

Conclusion: This case highlights the pivotal role of family physicians in early recognition of HPV-mediated tonsillar carcinoma and long-term cancer prevention through universal HPV vaccination, with significant implications for individual and population health.

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ID 697 - Prevalence of Sexual Addiction in Three Primary Care Multidisciplinary Practices in Northern France

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Context: Primary care provision particularly in rural areas is already under pressure and will face increasing challenges in the future in XXX. Physician assistants (PAs) have the potential to support the delivery of comprehensive and high-quality primary care. The project “Physician Assistants meet primary care” (PAAM) investigates to which extent PAs can contribute to primary care teams and alleviate the workload of general practitioners (GPs). However, their deployment in GPs’ practices remains largely unfamiliar in XXX. To ensure optimal

interprofessional collaboration, participating practices are supported throughout the entire 18-month intervention period through structured and regular coaching. This includes on-site coaching sessions, online training modules and online quality circle meeting.

Objectives: Identification of most essential topics for practice team coaching to ensure the effective integration of PAs into general practice teams.

Methods: The PAAM project is a randomized controlled trial assessing patient-related safety parameters (primary endpoint) and acceptance and cost-effectiveness (secondary endpoints). General practices randomized into the intervention group receive a PA and structured coaching. To assess the needs for the coaching, a literature review was conducted, along with a workshop involving general practices, PAs and the Association of Statutory Health Insurance Physicians of XXX, as well as three online workshops with practice teams experienced in working with PAs.

Results: Experiences from GP practices with prior PA implementation have shown that, with proper organization, PAs can take on a wide range of tasks in primary care and be effectively integrated into the team. The following key topics for practice team coaching to support PA integration were identified: 1. Interprofessional collaboration and task allocation/roles within the team 2. Patient communication 3. Liability and delegation 4. Financing and billing 5. Benefits for the practice team

Discussion: Successful integration requires early and clear communication. Delegation and billing issues are common challenges that can be addressed by coaching. PAs can relieve GPs and strengthen primary care, but they require structured onboarding and ongoing support.

Conclusion: Clear role allocation, effective communication and knowledge of delegation and billing are crucial for successful PA integration. Targeted coaching is intended to optimally prepare practice team for effective collaboration.

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ID 1966 - Anabolic steroid misuse in an amateur athlete: insights from primary care

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Context: Adequate prenatal care is a cornerstone of primary health care and a key determinant of maternal and neonatal outcomes. In Brazil, prenatal care is delivered within primary care, making territorial analyses relevant. The ratio of prenatal consultations to live births (PNC/LB) serves as a proxy for service provision intensity, accessibility, and equity when analyzed alongside socioeconomic vulnerability indicators.

Objectives: To analyze the spatiotemporal distribution of the prenatal consultations-to-live births ratio in São Paulo State from 2008 to 2024 and its spatial association with socioeconomic vulnerability, as measured by the São Paulo Social Vulnerability Index (IPVS).

Methods: This ecological spatiotemporal study included all municipalities in São Paulo State. Annual data on prenatal consultations and live births were obtained from national health information systems, and the PNC/LB ratio was calculated for each municipality (2008–2024). Socioeconomic vulnerability was measured using the IPVS, an ordinal index based on income, education, household composition, and life cycle characteristics. Choropleth maps were produced, spatial autocorrelation was assessed using Global Moran's I, and local patterns were identified through bivariate LISA analysis.

Results: The PNC/LB ratio showed marked spatial heterogeneity throughout the study period. The analysis revealed persistently lower ratios in municipalities located in historically vulnerable regions, including the Vale do Ribeira, coastal areas, and the western portion of the state.. Global Moran's I indicated significant positive spatial autocorrelation ($I = 0.08$; $p < 0.001$). LISA analysis identified high–high clusters corresponding to structurally consolidated urban regions and low–high outliers, revealing local fragilities within otherwise well-performing regional networks. The bivariate analysis demonstrated that municipalities

with higher socioeconomic vulnerability consistently had the lowest prenatal care ratios.

Discussion: The spatial correspondence between vulnerability and reduced prenatal care provision underscores structural inequities in primary health care delivery. The persistence of low ratios in vulnerable areas suggests that service expansion has not overcome historical disadvantages. Conversely, municipalities with adequate provision despite high vulnerability may indicate local resilience, effective primary care organization, or targeted policies, reinforcing the relevance of territorially informed planning.

Conclusion: Prenatal care in São Paulo State is uneven and shaped by socioeconomic vulnerability. Integrating spatiotemporal indicators with vulnerability measures supports equity-focused decisions and targeted interventions.

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ID 2049 - Breaking the "Ice": From Highs to Healing. A Family Case Report on Severe Methamphetamine Use Disorder

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Context: Acute scrotal pain requires urgent differential diagnosis between testicular torsion—a surgical emergency with a 6-hour window for testicular salvage—and inflammatory conditions such as epididymo-orchitis. In XXXX public health system (XXX), diagnostic delays of 24-48 hours are common due to limited radiology access. Point-of-care ultrasound (PoCUS) could enable time-sensitive decision-making in resource-limited primary care settings, yet implementation remains highly incipient in XXXX family medicine.

Methods: A 54-year-old male presented to a primary care unit XXXXX in XXXXX with acute unilateral scrotal pain. Considerable swelling and tenderness raised suspicion for testicular torsion. A medical student with focused PoCUS training performed bedside scrotal ultrasonography using a handheld Butterfly iQ3 device, under supervision, assessing key sonographic markers: testicular edema, parenchymal texture, intratesticular and epididymal blood flow, and the whirlpool sign. Findings demonstrated preserved testicular architecture bilaterally, robust intratesticular arterial flow, and absence of the whirlpool sign, ruling out testicular torsion within less than 10 minutes. An anechoic fluid collection consistent with reactive hydrocele secondary to epididymo-orchitis was identified. The patient received outpatient conservative management.

Originality: While PoCUS expands in XXXX emergency and intensive care settings, primary care application remains scarce. This case demonstrates portable ultrasound integration into routine XXX primary care practice, notably achieving diagnostic capability with a medical student operator using minimal training and affordable portable technology.

Lessons learned and future implications: PoCUS reduced diagnostic time from 24-48 hours to under 10 minutes—critically placing diagnosis within the therapeutic window for testicular torsion. A medical student with extracurricular training successfully performed risk stratification using a handheld device, preventing unnecessary emergency referral while ensuring patient safety. This dramatic time reduction could fundamentally restructure primary care capabilities for time-sensitive presentations and adequate risk stratification in resource-limited settings.

Discussion: Implementation barriers include lack of formalized curricula in medical schools/residency programs, equipment costs, and absence of XXX reimbursement policies. However, minimal training requirements, decreasing device costs, and demonstrated clinical utility support PoCUS integration into XXXXX primary care training programs.

Conclusion: Point-of-care ultrasound enables rapid, objective decision-making within critical therapeutic windows. Minimal training with portable technology can reduce diagnostic timelines from days to minutes, transforming primary care capabilities in resource-limited settings.

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ID 2055 - Sex Differences in the Pharmacological Profile of Older Adults with Risky Alcohol Consumption

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Context: In winter, headache and dizziness are frequent primary care complaints and are often treated as viral illness or "tension." Carbon monoxide (CO) exposure can mimic benign conditions and requires rapid recognition and preventive counseling.

Methods: A 39-year-old man attended a FHC with two days of headache, nausea, and marked fatigue. He had no fever, cough, or focal neurological symptoms. Examination was normal; oxygen saturation was 98% on room air. During history taking, the physician asked whether anyone at home had similar symptoms and about the heating source. The patient reported that his wife and two children had morning headaches that improved outdoors and that they used a coal stove in a poorly ventilated apartment. Despite normal SpO2, CO poisoning was suspected. The family was advised to leave the home immediately, ventilate the house, and avoid re-entry until assessed. The patient and symptomatic relatives were referred urgently to the emergency department. COHb levels were elevated, and they received oxygen therapy without complications. At FHC follow-up, a short home-safety intervention was delivered: chimney and stove maintenance, adequate ventilation, avoiding indoor charcoal use, and recommendation of CO alarms. Written safety-netting was provided for recurrence symptoms and emergency warning signs.

Originality: A single targeted question about shared household symptoms changed the diagnostic pathway.

Lessons learned and future implications: Primary care should routinely ask "Who else is ill at home?" in winter complaints. Normal pulse oximetry does not rule out CO exposure.

Discussion: CO poisoning remains under-recognized due to non-specific symptoms. Early suspicion plus household counseling can prevent recurrent exposure.

Conclusion: In FHC practice, clustered household symptoms with indoor heating should trigger immediate CO precautions and urgent referral.

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ID 15 - Advancing Equity and Humanism in Cervical Cancer Prevention for Women Living with HIV: A UK Primary Care Initiative

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Context: Hip fractures are a significant cause of disability and mortality among older women. Age-related decline in physical function, balance, and skeletal fragility are established risk factors, whilst the long-term impact of commonly used medications on hip fracture risk remains unclear. Medication-related fracture risk can inform primary care prevention strategies.

Objectives: To investigate associations between baseline regular medication use and subsequent hip fracture risk over long-term follow-up in a cohort of women aged 70 years and older.

Methods: Observational cohort study of a population-based hip fracture prevention project in rural southern Sweden. 1248 women 70-100 years old were recruited in 2001; the intervention group of 434 women provided comprehensive baseline regular medication data in a baseline survey. Hip fracture outcomes were ascertained through the radiology department´s electronic health record fracture registries from 2002 to 2025. Cox proportional hazards regression models estimated hazard ratios for time to first hip fracture associated with >20 medication classes, adjusting for age and concurrent medication use. Follow-up time was determined until first hip fracture, death, or end of study.

Results: Among 414 women with complete baseline medication information (mean age 79.4 years), 85 (21%) sustained a hip fracture during follow-up. Increasing age was associated with higher hip fracture risk (HR per year 1.08 (1.03-1.13), p<0.001). After age and co-medication adjustment, most medication classes showed no significant associations with hip fracture. Use of benzodiazepines was associated with increased hip fracture hazard (HR 3.1 (1.2-7.8), p=0.017), whereas antidepressant use was associated with a reduced hazard (HR 0.3 (0.1-0.8) p=0.012). Corticosteroid use showed borderline association with increased hazard, and bisphosphonate use showed borderline association with reduced hazard.

Discussion: Age emerged as the dominant determinant of hip fracture risk. Given the number of medication classes examined and the absence of Bonferroni correction for multiple testing, the association observed for antidepressants should be interpreted with caution and may reflect chance findings or confounding by indication.

Conclusion: In this cohort of older women, baseline medication use had limited impact on long-term hip fracture risk, whereas increasing age showed a clear association with fracture risk.

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ID 290 - Low muscle mass, obesity, and cause-specific mortality in cancer patients: A nationwide cohort study

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Context: In primary care, depression frequently presents with somatic rather than psychological symptoms, particularly among young adults and men. Nonspecific complaints such as fatigue or musculoskeletal pain may obscure the underlying diagnosis and delay appropriate management. This challenge is amplified in busy family medicine settings, where consultations often prioritize biomedical explanations. Early recognition of depression with somatic presentation is essential to prevent unnecessary investigations and prolonged patient distress.

Methods: A 23-year-old man presented to a family medicine clinic with diffuse muscle pain and requested a medical leave certificate. He reported no additional physical complaints. Medical history and physical examination revealed no evidence of acute or chronic somatic disease, and no inflammatory, neurological, or metabolic red flags were identified. Given the absence of an organic explanation, a brief psychosocial assessment was conducted. The patient described ongoing conflict with his mother and unresolved emotional distress related to childhood parental separation and being raised by his grandmother. He reported persistent rumination and low mood but had never sought mental health care. The Patient Health Questionnaire-9 (PHQ-9) was administered, yielding a score of 19, consistent with moderately severe depression. He was referred to a psychiatric outpatient clinic. At follow-up three weeks later, antidepressant treatment had been initiated. The patient reported improved mood, marked reduction in muscle pain, improved daily functioning, and no further need for work leave.

Originality: This case illustrates how depression in young men may present predominantly with somatic symptoms, masking the underlying psychiatric condition, and demonstrates the diagnostic value of structured mental health screening in primary care.

Lessons learned and future implications: Routine psychosocial inquiry and validated tools such as PHQ-9 should be considered in patients with unexplained musculoskeletal pain to reduce diagnostic delay and unnecessary interventions.

Discussion: Resolution of somatic symptoms following antidepressant treatment supports the close interaction between psychological distress and physical complaints. Childhood adversity may increase vulnerability to depression, highlighting the importance of longitudinal, patient-centered care in family medicine.

Conclusion: Primary care physicians play a key role in identifying depression presenting with somatic symptoms. Early recognition, appropriate screening, and timely referral can significantly improve outcomes.

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ID 317 - Smoking status and mortality in pancreatic cancer: a nationwide cohort study

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Context: Recent epidemiological studies using non-invasive methods to screen for liver fibrosis in adults have reported a marked increase in the of metabolic-associated steatotic liver disease (MASLD). MASLD is mainly associated with overweight and obesity. The prevalence of overweight and obesity in children and adolescents has also increased rapidly in recent years. Transient elastography (TE) with controlled attenuation parameter (CAP) is a non-invasive diagnostic method for determining fibrosis and steatosis, but little is known about its applicability in the pediatric population. Magnetic resonance imaging with proton density fat fraction (MRI-PDFF) is highly accurate for the diagnosis of steatosis, but its complexity and cost makes unavailable.

Objectives: 1) To assess the prevalence of significant liver fibrosis (Liver Stiffness Measurement (LSM) ≥6.5 kPa) using TE, and that of MASLD (≥225 dB/m) using CAP in children and adolescents. 2) To determine the optimal cut-off points of the CAP to achieve maximum concordance with the MRI-PDFF findings in the diagnosis of mild, moderate and severe MASLD.

Methods: This is an observational, descriptive, cross-sectional, population-based study conducted in Barcelona. Subjects aged ≥9 to ≤16 years were included. Eligible participants were recruited from educational and primary care centers. Sociodemographic, anthropometric, and clinical data were collected, blood samples were obtained, TE with CAP was performed. Participants with abnormal findings on TE or CAP were referred for MRI-PDFF.

Results: 1,380 participants, 52.3% boys, 67.7% under 13 years old, with a prevalence of overweight and obesity of 14.3%. The prevalence of steatosis and fibrosis was 14.8% and 4.1%, respectively, according to TE and CAP. 78.9% consumed soft drinks and 84.2% fast food. Only 31.4% followed an optimal diet.

Discussion: MASLD is a multifactorial disease in which hepatic steatosis may progress over time to stetohepatitis and, in some individuals, to liver fibrosis, and then, promoting cirrhosis and hepatocellular carcinoma. In this pediatric cohort, a notable prevalence of MASLD and fibrosis was observed, with low rates of overweight and obesity together with high consumption of sugar-sweetened beverages and fast food. Moreover, we are currently analysing MRI scan to correlate them with the obtained data.

Conclusion: Early detection and prevention of MASLD in children and adolescents are needed.

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ID 461 - Analysis of the Associations among Obesity, Exercise Habits, and Weight Change with Colorectal Cancer Risk: Utilizing Customized Data from the National Health Insurance Service

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Context: Benzodiazepines are primarily used for short periods to manage acute anxiety, addiction, agitation and neurological disorders (The Medical Council 2025). Long term use poses risks to patient safety (HSE 2021). A candidate advanced nurse practitioner (cANP) led initiative was formulated in our practice, aiming to reduce repeat prescribing of benzodiazepines in general practice, in an area of social deprivation.

Methods: The programme was led by a cANP. The project involved a two audit cycle with intervention in one local general practice. Patient sample was gathered by convenience sampling with data gathered retrospectively via a GP management system. The first audit cycle was completed between November 2024- January 2025 and second 6 months subsequently, between August2025-October 2025. Results: 107 patients were included in the programme with 73% being female and 27% male. The mean age of patients was 60. A 35% reduction in overall repeat prescribing was seen after 6 months with 13.4% fully weaned. 79.5% of patients reduced their monthly benzodiazepine prescription, showing a very high level of positive engagement with the process.

Originality: Although GP engagement in benzodiazepine reduction has been enhanced by national recommendation to protect patient safety, no data pertains to these initiatives being led by ANPs in Ireland (The Medical Council of Ireland 2025). The ANP-led model allowed longer consultations, more frequent review, and a consistent therapeutic relationship, contributing to improved engagement.

Lessons learned and future implications: 1. Display of services offered by cANP reduced role ambiguity. The visible clinical leadership reinforced the suitability of the GP cANP role to lead complex medicines optimisation projects, with measurable benefits for patient safety. 2. Understanding of Health literacy of patients in an area of social deprivation. In-person communication helped to provide education in an accessible format.

Discussion: This audit demonstrates the feasibility of empowering advanced nursing staff to tackle this significant issue. The role of the ANP encompasses leadership and the increasing position in primary care promotes the multidisciplinary approach to improving patient outcomes.

Conclusion: Engaging a whole practice approach ensured all patient facing clinicians and patients could provide a unified approach to consistent messaging, improving patient confidence in their primary care team.

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ID 792 - Participation of general practitioners in multidisciplinary teams caring for patients with prostate cancer

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Context: Alcohol consumption among older adults has increased over recent decades. In parallel, medication use also rises as the population ages. Interactions between alcohol and medications may interfere with drug efficacy and increase the risk of adverse effects. Moreover, biological sex differences exist in both alcohol and drug metabolism, which may influence clinical outcomes.

Objectives: This study aimed to assess sex differences among older adults with risky alcohol consumption, taking into account medication use, comorbidity, and hepatic biomarkers.

Methods: A cross-sectional, descriptive, multicentre study was conducted in adults aged over 64 years. A total of 455 participants with risky alcohol consumption, defined according to the criteria of the Spanish Programme of Preventive Activities and Health Promotion, were included. Sociodemographic and clinical variables, medication prescriptions, and blood analytical parameters were collected.

Results: Of the 455 participants, 41% were women, with a mean age of 71 years. The mean weekly alcohol consumption was 8.4 ± 8.3 standard drink units (SDU). Overall, 71.2% of participants were taking at least one medication. The most commonly prescribed medications were antihypertensives (62%). Significant sex differences were observed ($p \leq 0.01$). Men showed a higher use of antidiabetic drugs (24%), anticoagulants (8%), and nitrates (4%), whereas women more frequently used anxiolytics (35%), non-steroidal anti-inflammatory drugs (22%), and antidepressants (18%). Significant differences between men and women were also found in the De Ritis ratio and gamma-glutamyl transferase levels ($p \leq 0.01$).

Discussion: Although risky alcohol consumption was more prevalent among men, women showed a higher overall medication use. Pharmacological profiles differed by sex: women more frequently used medications related to pain and mental health management, while men more often received drugs aimed at the prevention or treatment of cardiovascular diseases.

Conclusion: In this sample, a high proportion of older adults with risky alcohol consumption were simultaneously undergoing pharmacological treatment. This coexistence may lead to clinically relevant alcohol–drug interactions with potentially serious consequences. The identification of sex-related differences in comorbidities, medication prescription patterns, and analytical biomarkers highlights the importance of incorporating a sex perspective in both research and clinical practice.

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ID 1957 - When odynophagia points to more than benign disease: recognising HPV-mediated tonsillar carcinoma in primary care

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Context: Obesity is a chronic, multifactorial, and prevalent disease with deleterious effects on health and a direct impact on healthcare system costs. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) have proven effective in the treatment of obesity, promoting significant weight loss and metabolic improvements. However, discontinuation of these medications frequently leads to weight regain, raising concerns about the sustainability of the achieved benefits and the need for long-term maintenance strategies.

Objectives: To describe the impact of GLP-1 RA therapy discontinuation on weight regain and the pathophysiology mechanisms involved.

Methods: A literature review was conducted using articles indexed in the PubMed database with the keywords: “GLP-1 receptor agonists,” “Weight regain,” and “Drug withdrawal.” The descriptor “GLP-1 receptor agonists” was combined with the other keywords, with filters applied to include only studies published in the last five years. Article selection was based on abstract screening. Studies that aligned the central theme and met the objectives were selected for full-text analysis.

Results: Clinical trials demonstrate that discontinuation of glucagon-like peptide-1 receptor agonist (GLP-1 RA) therapy is associated with significant weight regain. In the STEP 1 trial, participants receiving semaglutide 2.4 mg regained approximately 66% of the weight lost one year after treatment discontinuation. Similarly, in the SURMOUNT-4 trial, participants switched from tirzepatide (10 or 15 mg) to placebo experienced a mean 14% weight regain after 52 weeks, whereas those who continued treatment achieved an additional 5.5% reduction in body weight, highlighting the importance of treatment continuation for weight maintenance.

Discussion: Weight regain following GLP-1 RA discontinuation is a consistent, clinically relevant phenomenon. From a pathophysiological perspective, this effect is attributed to reversal of central appetite and satiety regulation and loss of delayed gastric emptying. These changes increase caloric intake and reduce energy expenditure, contributing to worsening metabolic parameters, including glycemic and lipid profiles, after therapy withdrawal.

Conclusion: Weight regain after discontinuation of GLP-1 RAs is associated with the reversal of mechanisms modulated by these drugs, including increased appetite, reduced satiety, and return of accelerated gastric emptying. Therefore, it’s essential to integrate pharmacological therapy with sustained behavioral strategies, such as nutritional reeducation and regular physical activity, to maintain the benefits achieved.

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ID 1959 - "When One Suffers, All Endure”: A Family’s Shared Journey with Pancreatic Cancer

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Context: Dermatologic complaints are among the most common reasons for consultation in primary care. In adolescents, chronic skin conditions may have significant psychosocial implications, particularly when lesions resemble sexually transmitted infections (STIs). This case was encountered in a Family and Community Medicine outpatient clinic in a government tertiary hospital in the Philippines. A sexually active adolescent male presented with a long-standing rash associated with marked anxiety related to sexual health, highlighting the intersection of dermatologic, mental health, and preventive care concerns commonly faced in primary care.

Methods: This is a descriptive clinical case report of an 18-year-old male with a three-year history of nonpruritic erythematous annular rashes on the back. A comprehensive primary care assessment was conducted, including medical, sexual, and psychosocial history, physical examination, and mental health screening. Diagnostic investigations included KOH skin scraping, complete blood count, HIV antigen testing, syphilis serology (RPR/VDRL), and hepatitis B screening. Management consisted of oral and topical antifungal therapy, health education, reassurance, counseling on safe sexual practices, and follow-up after two weeks.

Originality: Although tinea corporis is a common dermatologic condition, this case is distinctive because it mimicked an STI and resulted in repeated testing and severe health-related anxiety. The case demonstrates the value of integrating dermatologic care with psychosocial assessment and adolescent-centered counseling within a family medicine framework.

Lessons learned and future implications: Family physicians should recognize that dermatologic

symptoms may trigger psychological distress, particularly among adolescents and sexually active populations. Early reassurance, accurate diagnosis, and mental health screening can reduce unnecessary investigations and repeated consultations. Strengthening adolescent-friendly services and integrating psychosocial care into routine primary care consultations may improve outcomes and patient trust.

Discussion: Despite classic clinical features of tinea corporis, the patient's anxiety necessitated comprehensive STI evaluation and counseling. Addressing both biomedical and psychosocial dimensions was essential to effective management, reflecting the holistic principles of family medicine.

Conclusion: This case illustrates how common dermatologic conditions can have significant psychosocial consequences. A comprehensive primary care approach—combining accurate diagnosis, preventive education, and mental health support—can effectively address both physical disease and emotional distress in adolescents.

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ID 776 - Integrating Infrastructure and Workflow Planning for Pandemic Preparedness in Primary Care Clinics

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Context: The Cardiovascular-Kidney-Metabolic (CKM) syndrome, formally proposed by the American Heart Association in 2023, underscores the interdependent relationships among cardiovascular dysfunction, chronic kidney disease, and metabolic risk factors. While biomarkers are pivotal for early detection, risk stratification, and prognosis in CKM, a comprehensive synthesis of evidence linking diverse biomarkers to its multifaceted clinical outcomes is currently lacking.

Objectives: To systematically evaluate available evidence on biomarkers associated with CKM progression, summarize their predictive utility, and inform the development of stratified risk prediction models for this syndrome.

Methods: In accordance with the PRISMA 2020 statement, we conducted a systematic search of PubMed, Cochrane Library, Embase, and Web of Science for observational studies published between October 2023 and September 1, 2025. Eligible studies examined associations between routinely measurable biomarkers and clinical outcomes including CKM stage progression, cardiovascular disease, stroke, renal function decline, and mortality. Study selection, data extraction, and quality appraisal were performed independently by two reviewers. Pooled hazard ratios with 95% confidence intervals were derived using random-effects meta-analysis.

Results: Fifty-one studies, encompassing over 30 biomarkers, were included. Meta-analysis indicated that the Systemic Inflammation Response Index was consistently and positively associated with both all-cause and cardiovascular mortality. Among insulin resistance-related markers, the Triglyceride-Glucose index and its composite derivatives showed positive associations with incident cardiovascular disease, stroke, and heart disease, with composites integrating central obesity measures exhibiting enhanced predictive performance. The Estimated Glucose Disposal Rate demonstrated protective associations across all evaluated endpoints. Additional markers, including measures of arterial stiffness, cumulative atherogenic index, and relative muscle mass, were also significantly linked to distinct clinical outcomes.

Discussion: Findings support inflammation–insulin resistance–visceral adiposity as central CKM pathways. However, heterogeneity, observational designs, and residual confounding limit causal inference. Standardized assays and prospective cohorts should validate multi-marker panels to improve CKM risk classification and clinical implementation.

Conclusion: Systemic inflammation, insulin resistance, and visceral adiposity represent core pathophysiological pathways in CKM syndrome initiation and progression. Integrating multidimensional biomarkers—spanning inflammatory, metabolic, body composition, and cumulative exposure domains—can clarify subgroup-specific applicability, optimize biomarker panels, and advance their translation into individualized clinical decision-making frameworks.

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ID 996 - Exploring the Lived experience of Shared care Between Primary and Hospital care in People Living with HIV.

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Context: Methamphetamine ("shabu/ice") use disorder remains a major public health and primary care challenge in the Philippines, commonly linked with poverty, stigma, disrupted family systems, and legal consequences. In rural settings, patients frequently enter care through crisis events rather than early screening, with coexisting non-communicable diseases (NCDs) and psychosocial distress often under-recognized. Family physicians are uniquely positioned to provide continuity, coordinate intersectoral support, and facilitate family healing during rehabilitation and community reintegration.

Methods: This is a family case report of a 46-year-old male from Barangay Sandiat West, San Manuel, Isabela, Philippines with severe methamphetamine use disorder. Data were derived from primary care consultations at the Rural Health Unit (RHU), rehabilitation records, and follow-up interviews. Risk assessment used ASSIST; family assessment employed the Patient-centered, Family-focused, Community-oriented (PFC) matrix and family tools (SCREEM, Family APGAR, genogram, and ecomap). Care involved multidisciplinary inpatient rehabilitation and structured family counseling using Catharsis–Education–Action (CEA), complemented by a multi-sectoral reintegration plan with the Municipal Health Office, MSWDO, barangay officials, PNP, PESO, and PAO.

Originality: This case illustrates a "continuum-of-care" model where the family physician bridges facility-based rehabilitation and community-based aftercare, integrating NCD management, relapse prevention, and family systems work while coordinating local governance and legal-sector partners—an approach highly relevant to resource-limited municipalities implementing CBDRPs.

Lessons learned and future implications: Recovery was strengthened by: (1) early primary care screening after legal apprehension, (2) proactive management of NCD comorbidities (hypertension, dyslipidemia, gout), (3) structured family assessment and counseling to rebuild trust, and (4) coordinated reintegration supports (monitoring, livelihood linkage, transport and social assistance). Gaps observed included inconsistent CBDRP engagement prior to rehabilitation, limited trained personnel, and persistent stigma. Strengthening standardized CBDRP modules, integrating routine screening in RHUs, and ensuring aftercare pathways with livelihood support may reduce relapse risk.

Discussion: The patient's use escalated from occupational fatigue and psychosocial stress to daily dependence, resulting in family estrangement and repeated legal involvement. After 12 months of inpatient rehabilitation, he returned to his mother's home, engaged in farm labor, and sustained abstinence. Family functioning improved (Family APGAR mean 6.2 to 7.6 within four months), indicating gradual relational repair.

Conclusion: Severe methamphetamine use disorder requires holistic, long-term care that addresses medical comorbidity, family dynamics, and community reintegration. Family physicians can sustain recovery by providing continuity, family-focused counseling, and intersectoral coordination, even within imperfect systems where relapse remains a constant risk.

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ID 1421 - Strengthening Primary Care Through Policy: Collaborative Efforts to Secure EU Specialty Status for Family Medicine

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Context: Primary care provision particularly in rural areas is already under pressure and will face increasing challenges in the future in XXX. Physician assistants (PAs) have the potential to support the delivery of comprehensive and high-quality primary care. The project "Physician Assistants meet Allgemeinmedizin [primary care]" (PAAM) investigates to which extent PAs can contribute to primary care teams and alleviate the workload of general practitioners (GPs). However, their deployment in GPs' practices remains largely unfamiliar in Germany. To ensure optimal interprofessional collaboration, participating practices are supported throughout the entire 18-month intervention period through structured and regular coaching. This includes on-site coaching

sessions, online training modules and online quality circle meeting.

Objectives: Identification of most essential topics for practice team coaching to ensure the effective integration of PAs into general practice teams.

Methods: The PAAM project is a randomized controlled trial assessing patient-related safety parameters (primary endpoint) and acceptance and cost-effectiveness (secondary endpoints). General practices randomized into the intervention group receive a PA and structured coaching. To assess the needs for the coaching, a literature review was conducted, along with a workshop involving general practices, PAs and the Association of Statutory Health Insurance Physicians of Westphalia-Lippe, as well as three online workshops with practice teams experienced in working with PAs.

Results: Experiences from GP practices with prior PA implementation have shown that, with proper organization, PAs can take on a wide range of tasks in primary care and be effectively integrated into the team. The following key topics for practice team coaching to support PA integration were identified: 1. Interprofessional collaboration and task allocation/roles within the team 2. Patient communication 3. Liability and delegation 4. Financing and billing 5. Benefits for the practice team.

Discussion: Successful integration requires early and clear communication. Delegation and billing issues are common challenges that can be addressed by coaching. PAs can relieve GPs and strengthen primary care, but they require structured onboarding and ongoing support.

Conclusion: Clear role allocation, effective communication and knowledge of delegation and billing are crucial for successful PA integration. Targeted coaching is intended to optimally prepare practice team for effective collaboration.

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ID 1826 - Health communication with Pomeranian patients: an experience report

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Context: Anabolic–androgenic steroid (AAS) misuse is an emerging global public health concern increasingly encountered in primary care. Amateur athletes often use AAS for body image enhancement rather than competitive advantage, influenced by social media and gym culture. Presentations are frequently subtle, with cardiometabolic and endocrine abnormalities that delay diagnosis and increase long-term risk. Recent studies estimate AAS misuse prevalence among amateur athletes at 3–6%, highlighting its growing impact on primary care.

Methods: A 24-year-old male amateur bodybuilder presented with fatigue, mood swings, and acne. He disclosed six months of unsupervised testosterone and nandrolone cycles purchased online. Blood pressure was 150/95 mmHg; examination revealed acne over the chest and back and testicular atrophy. Laboratory results showed HDL 0.7 mmol/L, LDL 4.8 mmol/L, ALT 78 U/L, and suppressed LH/FSH. Management included motivational interviewing, education on health risks, cessation planning, structured monitoring (lipid profile, liver function tests, and hormones), and referral to endocrinology and psychology. The case was analyzed using a reflective, evidence-informed approach informed by current literature.

Originality: This case highlights AAS misuse outside elite sport, driven by social media and gym culture, where healthcare engagement is often delayed. It underscores the general practitioner's role in opportunistic screening and harm-reduction counselling within routine consultations.

Lessons learned and future implications: Primary care should screen young adults for performance-enhancing drug use when unexplained cardiometabolic or endocrine abnormalities occur. Non-judgmental counselling and structured referral pathways for endocrinology and mental health are essential. Preventive strategies include education in gyms and universities and electronic medical record prompts for risk screening. These interventions are achievable within standard consultation timeframes and transferable across primary care settings.

Discussion: AAS use is associated with dyslipidemia, hepatic injury, hypertension, hypogonadism, and mood disturbance, conditions commonly first detected in primary care. Detection relies on confidential enquiry and targeted investigations. Ethical considerations include patient confidentiality, stigma, and balancing harm reduction with anti-doping principles.

Conclusion: AAS misuse among amateur athletes is a growing challenge for primary care. Early

detection, empathetic counselling, and coordinated follow-up reduce harm and support recovery.

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ID 1994 - Coaching of interprofessional team practices to integrate physician assistants in XXX primary care within the project "Physician Assistants meet Allgemeinmedizin" (PAAM)

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Context: Clinical encounters with patients presenting with mood problems in primary care settings have been increasing and the waiting times for psychiatrist consultation in the public sector are often long in XXX. To address this service gap, Integrated Mental Health Programme (IMHP) was introduced in the Family Medicine Clinics, which provides early assessment and timely treatment for those patients with mood disorders in the community.

Objectives: To evaluate service utilisation and patient clinical outcomes delivered within IMHP under primary care settings.

Methods: Cases managed under IMHP in the XXX Cluster of XXX from March 2022 to March 2025 were reviewed. Patients aged 18 years or above who attended Family Medicine Clinics for mood disorders, mainly depression or anxiety, were referred to IMHP. Patients were triaged to either key worker services alone or a combination of key worker and doctor services, stratified according to their PHQ-9 and GAD-7 scores. Counselling and treatment were provided at IMHP clinics by a multidisciplinary team. Patient outcomes were subsequently analysed.

Results: During the review period, 2,897 patients received IMHP services. Among these, 1,582 patients required integrated key worker and doctor services, with an average of 4.97 key worker consultations and 3.14 doctor consultations for each patient during that period. Following treatment, 77.4% of patients demonstrated clinical improvement with more than 50% reduction in PHQ-9 or GAD-7 scores. During the study period, 28.5% of patients were successfully discharged directly from the IMHP. In addition, 7.5% of patients were stepped down to Family Medicine Clinics after achieving a stable condition on anti-depressions, only 10.0% of patients were required to be referred to psychiatric specialist care.

Discussion: The IMHP demonstrated favourable clinical outcomes and multidisciplinary collaboration facilitated timely intervention for patients. The low rate of referral to specialist care demonstrate its effectiveness in gatekeeper role.

Conclusion: The IMHP provided an accessible and effective mental health service within the primary care settings for patients with mood disorders. It provided an efficient clinical pathway to reduce specialist referrals while ensuring timely and appropriate mental health care provision for patients in need.

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ID 100 - The appropriate frequency of blood pressure screening in adults: a systematic literature review

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Context: Terminal illness is never experienced in isolation. In family medicine, disease unfolds within relationships, shared responsibilities, and collective grief. Pancreatic cancer, often diagnosed late and associated with significant suffering, forces families to confront not only medical decisions but emotional, spiritual, and relational challenges. This case reflects on a family's shared journey through terminal illness and the role of family-centered hospice care in preserving dignity and connection.

Methods: This practice-based reflection describes a 70-year-old woman with metastatic pancreatic cancer referred for hospice care after disease-directed treatment was no longer appropriate. Care focused on symptom relief, home-based hospice visits, family counseling, and anticipatory guidance. Family medicine tools—including family functioning assessments, illness trajectory mapping, caregiver strain evaluation, and spiritual assessment—were used to understand the broader impact of illness. Changes in caregiver burden were monitored before and after hospice and counseling interventions.

Originality: Rather than centering solely on the patient's decline, this case places the family at the heart of care. It illustrates how structured family assessment and intentional counseling transformed caregiving from an isolating burden into a shared

responsibility, highlighting the relational work of the family physician during end-of-life care.

Lessons learned and future implications: The primary caregiver initially experienced severe emotional and physical strain. Through hospice involvement, open family dialogue, and redistribution of caregiving roles, caregiver burden was meaningfully reduced. Early recognition of caregiver distress and proactive family engagement can prevent burnout and foster resilience. Hospice care is most effective when introduced as a supportive presence rather than a last resort.

Discussion: As the patient's condition progressed, pain, dependency, and anticipatory grief reshaped family roles and exposed long-standing vulnerabilities. Hospice care reframed the experience of dying—shifting focus from fear and exhaustion to comfort, presence, and shared meaning. The family physician acted not only as a clinician but as a steady companion, helping the family navigate uncertainty, loss, and eventual bereavement.

Conclusion: This case affirms that compassionate, family-centered hospice care allows healing even when cure is no longer possible. By attending to suffering, relationships, and meaning, family physicians can help families endure loss with dignity, connection, and grace.

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ID 417 - Biopsychosocial Determinants Profiling to Support Personalized Hypertension Care in XXX

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Context: Portugal reorganized its health system in 2024 integrating hospitals and Primary Care (PC) into Local Health Units (LHU). This promoted research support infrastructures in PC, leveraging hospital-based research centers. Within this context, a team of PC professionals took the initiative to create a Practice-Based Research Network (PBRN): Research2Care.

Methods: PBRNs are collaborative networks of PC professionals, academics, and other healthcare providers aimed to produce relevant research to clinical practice. In Almada-Seixal LHU, six professionals initiated a network granted by the Clinical Research and Biomedical Innovation Agency and the Portuguese Association of General and Family Medicine. Research2Care was developed using a practice-based reflection approach. Despite major structural barriers, particularly the absence of protected research time in clinical schedules, the network grew over the past year to include 15 link-professionals (doctors and nurses) across health centers and partnerships with 8 entities (including 2 medical schools and 2 patient associations). It currently supports 13 projects—11 initiated by investigators—and collaborates with the hospital on joint applications for industry-sponsored clinical trials.

Originality: Although PBRNs are well-established internationally, the concept remains new in Portugal. Research2Care is a bottom-up initiative, adapting dynamically to local needs, especially bridging primary care and hospital research ecosystems, for which there was no previous history in PC research in this region.

Lessons learned and future implications: Research in PC is challenging without dedicated support structures. Research2Care provides free, integrated technical-scientific assistance within the health system, truly "win-win" collaborations. It manages research projects matching motivated professionals and facilitates LHU participation in national and international projects, promoting a true research culture.

Discussion: In a rapidly changing world, research must address patient and professional needs, starting in PC—the health system's entry point. Breaking barriers to create a culture of scientific excellence is essential. Research2Care aims to provide sustainable support for professionals conducting research in PC.

Conclusion: Establishing a PBRN reduces researchers' isolation and strengthens collaboration with secondary care, academia, and private institutions—enhancing evidence-based and person-centered practice, improving population health, and increasing system efficiency. This model is transferable to other health systems undergoing

integration, offering a scalable strategy to embed research within routine PC practice.

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ID 683 - Improving the primary prevention of atherosclerotic CVD in patients with COPD in the primary care setting

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Context: Diabetes mellitus (DM) is a chronic disease with a high morbidity and mortality rate, affecting 537 million people in 2030. Spain has the second highest prevalence of diabetes in Europe, at 14.8%, exceeding the continental average. Diabetic retinopathy (DR) is one of the many complications of diabetes.

Objectives: The goal is to enable primary care to assess the severity of diabetic retinopathy using portable retinal imaging devices. Developing referral algorithms to specialist ophthalmologists will facilitate more efficient referral of diabetic patients who have developed diabetic retinopathy.

Methods: Artificial intelligence (AI) software, trained using a deep neural network, has been developed to support diagnosis through the automated analysis and detection of diabetic retinopathy in retinal images obtained from a public repository of retinal photographs.

Results: A series of models (RETFound, ResNet-50, ResNet-152, DenseNet-121, DenseNet-169, and VGG-19) were used to analyze their performance in classifying different levels of diabetic retinopathy (DR). The RETFound model was used as a reference due to its strong performance. ResNet-50 and DenseNet-169 were the models with the best results for DR classification. ResNet-50 showed the best overall metrics, followed by DenseNet-169, both outperforming RETFound in most metrics except accuracy and training time. However, while metrics such as AUPRC and F1-Score are competitive, they are not high enough for fully independent diagnosis.

Discussion: The proposed AI-powered diagnostic support system (DSS) for diabetic retinopathy (DR) detection demonstrates acceptable performance, with an accuracy exceeding 97%, surpassing the results reported by other software in the literature in some metrics. The model enables primary care centers to perform initial triage and prioritize patients requiring specialized care, facilitating resource management and improving the efficiency and sustainability of the healthcare system.

Conclusion: For the healthcare system to survive, more efficient management of patients and resources is essential. Primary care physicians treat the diabetic population, and with the help of a referral algorithm using the portable retinal cameras available to them in primary care, they could assist ophthalmology services overwhelmed by the prevalence of this condition.

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ID 746 - Age-Related Discrepancies in Hypertension Management: Insights from a Rural UK Primary Care Practice

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Context: Climate change is considered by the WHO to be the greatest threat to human health. In 2019, WONCA called on general practitioners to commit to planetary health. Although they are aware of these issues, many struggle to translate them into concrete actions.

Objectives: Exploring barriers and enablers to general practitioners' involvement in raising patient awareness of climate change.

Methods: A qualitative study in accordance with the COREQ criteria and inspired by grounded theory was conducted among GP. Participants were recruited through theoretical snowball sampling until data saturation was reached. Fourteen semi-structured interviews were carried out and independently analyzed by two researchers, with data triangulation at each stage.

Results: Fourteen semi-structured interviews were conducted. Analysis identified several key themes. GP demonstrated unanimous awareness of climate change and its health impacts, and expressed a clear willingness to adapt their professional practices to contribute to mitigation and adaptation efforts. They emphasized their central role in prevention and health education, and agreed on the relevance of integrating environmental health into routine primary care. The co-benefits approach was

perceived as a pragmatic and acceptable strategy to address climate-related issues while respecting patients' individual vulnerabilities, lifestyles, and social contexts. However, they reported a perceived lack of legitimacy to address this topic, related to insufficient initial and continuing training, limited consultation time, fear of jeopardizing the doctor–patient relationship, and the absence of clear institutional guidance and practical tools.

Discussion: These findings are consistent with the literature and confirm the privileged position of GP in preventing climate change–related health effects. Participants expressed a tension between professional responsibility and perceived patient expectations during consultations. The co-benefits framework may help overcome this barrier by aligning environmental messages with immediate health benefits. Participants' concerns highlight the need for structured training, standardized recommendations, and institutional support to legitimize environmental health counseling. Exploring patients' expectations and acceptability through qualitative research could further inform implementation strategies in primary care.

Conclusion: GP are largely aware of the health effects of climate change. Embedding their role in environmental health promotion within broader societal awareness and strengthening institutional commitment would help legitimize this approach and facilitate its implementation in daily clinical practice.

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ID 934 - Giant cell arteritis in primary care: a case report

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Context: Chronic pain affects 30-50% of the adult UK population. Despite NICE guidelines recommending against their use for chronic primary pain, sciatica and back pain gabapentinoids are frequently overprescribed, leading to significant patient burden, NHS costs, and environmental impact. This study, set in a North Yorkshire GP-teaching practice, introduced a holistic, patient-centred consultation model to promote self-management and reduce gabapentinoid dependency.

Methods: Patients with repeated gabapentinoid prescriptions (excluding cancer, neuropathic, and palliative care) were identified via SystmOne. Following manual screening, 45 eligible patients were invited via Accurx; 14 participated. Each received a 45-minute, dedicated consultation with a GP registrar. This "safe space" facilitated a medication review and the co-creation of individualized lifestyle plans (diet, exercise, mindfulness). Outcomes were assessed via 2–6 week follow-up calls and a survey.

Originality: This project is innovative in its use of a single-practitioner, dedicated consultation time to integrate intensive, co-created lifestyle modifications within a framework inspired by Greener Practice projects base and resources.

Lessons learned and future implications: The study highlighted a high patient readiness for non-pharmacological dialogue when provided with a non-judgemental environment. Sharing the "pain story" was reported as inherently therapeutic. Future practice should consider protected consultation time or "Pain Cafes" (group consultations) to support sustained behavioural change. A key limitation was the small sample size and selection bias inherent in voluntary recruitment.

Discussion: Our findings mirror Declercq's (2021) observation of mind-body misalignment; a "safe space" allows patients to reconcile their "pain story" within a biopsychosocial framework. While Kristiansson (2011) highlights GP helplessness, our results suggest dedicated time mitigates this burden. Crucially, as evidenced in opioid titration studies (Goodman, 2018), clinicians can discuss reducing medication without damaging the therapeutic relationship, as many patients are already keen to taper when provided with a supportive, non-judgmental rationale.

Conclusion: A structured, holistic consultation can effectively pivot chronic pain management away from pharmacotherapy. This approach aligns with national de-prescribing goals, demonstrating that bespoke lifestyle interventions are a feasible and empowering alternative for patients burdened by medication side effects.

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ID 1102 - Applicability of wearable devices in cardiovascular risk prevention in general practice

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Context: As a life-threatening complication of bipolar disorder, suicide attempts represent a major point of medical contact in primary care and emergency settings.

Objectives: This study aimed to describe the clinical and circumstantial characteristics of these attempts, focusing on patterns relevant to initial assessment and management by first-line medical providers.

Methods: In this cross-sectional study, we analyzed data from 281 patients hospitalized for bipolar disorder over six years. We examined information on suicide attempts, including methods, location, timing, recurrence rates, and clinical severity. The cohort was stratified based on the presence or absence of a suicide attempt history for comparative analysis.

Results: A history of suicide attempt was identified in 22.8% of patients, with 71.4% of this group experiencing recurrent attempts. Medication overdose was the most common method (40.6%), primarily involving prescribed psychotropic drugs. Attempts most frequently occurred in the patient's home (76.6%), during evening hours (51.3%), and in the winter season (62.5%). A severe depressive episode was the clinical context in nearly 80% of attempts. While high suicidal intent was common (>80% of cases), only a minority of patients required subsequent intensive care unit admission.

Discussion: This profile suggests that suicide attempts in bipolar disorder often arise within recognizable clinical and environmental contexts, utilizing means readily available to the patient. Given that primary care physicians are frequently involved in post-attempt follow-up and pre-referral care, their role is pivotal. Enhanced awareness of these characteristic patterns at the primary care level is crucial for prompt recognition and urgent intervention.

Conclusion: Suicide attempts in bipolar disorder constitute a critical emergency that frequently presents initially to non-psychiatric medical services. Strengthening the capacity of primary care to recognize these emergencies and facilitate urgent referral is essential for improving patient outcomes and safety.

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ID 2052 - Biomarkers and Progression of Cardiovascular-Kidney-Metabolic Syndrome: A Systematic Review and Meta-Analysis

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Context: Domestic violence towards women constitute a major Public Health concern. Its consequences on health are largely documented, especially on mental health issues, such as anxiety, depression, addictions or increasing risks of suicidal ideations. General practitioners have an essential role in preventing those situations, however it is still insufficient.

Objectives: Our study's goals are to identify and analyse the barriers that the Mayennais General Practitioners are experiencing when taking care of abused women.

Methods: We have done phone interviews with fifteen volunteers, to meet a qualitative approach.

Results: The results show multiple awaited barriers, such as the lack of time or when the patient is with someone else. Other obstacles regarding the therapeutic alliance and its ambivalence : an old connection, which initially seems to ease the communication, can actually to be a major blockage. But also, a fairly new connection can led to difficulties to open-up too. This ambivalence illustrates the complexity of the topic for the Practitioners. The fear of been too intrusive into patient's personal life is largely mentioned. In addition, not knowing about local associations seems to limit the possibilities to orientate and handover the patients to the appropriate service.

Discussion: This study enlighten the diversity of aspects that this topic covers. Talking about domestic violence force the Pratitioner to open-up to the patient's confession and welcome their stories. However, it is probable that some General Practitioners set they own limits for many reason, like the lake of education, screening tools or not

enough representation of domestic violence in the community. This block them to be freely able to screen women and prevent domestic violence.

Conclusion: Nevertheless, this study was particularly fulfilling, especially by the mobilisation of the Practitioners and they implication to open on different forms of violence. The study also allowed to enlighten the Mayennais network as well as the Pratitioner's role in this area.

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ID 46 - Cardiovascular Outcomes Following Transition from Combustible Cigarettes to Heated or Electronic Tobacco Products Among Korean Adults with Type 2 Diabetes: A Nationwide Cohort Study

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Context: Pomeranians in Brazil primarily reside in rural areas, maintaining distinct cultural and religious customs. In the state of Espírito Santo, a significant population speaks the Pomeranian language, often facing high rates of illiteracy in Portuguese. These social determinants of health create substantial barriers to health literacy and treatment adherence within the Family Health Strategy.

Methods: This practice-based reflection describes interventions conducted by two physicians training in the rural communities of Tijuco Preto and Melgaço, Domingos Martins, between September 2021 and July 2022. Three main strategic activities were implemented: 1) Social Prescription : Visual prescriptions using hand-drawn illustrations, medication box cutouts, and stickers to overcome literacy barriers. 2) Culinary Recipe Booklet: Adaptation of traditional Pomeranian recipes to balance nutritional needs for patients with chronic diseases (hypertension, diabetes) without erasing cultural identity. 3) Linguistic Integration: Systematic use of Pomeranian keywords (e.g., greetings, symptoms, and medication colors) during consultations to foster trust and patient autonomy.

Originality: The approach shifts from a traditional biomedical model to a biopsychosocial one, utilizing low-cost, high-impact "soft technologies". By incorporating the Pomeranian language and visual aids into the clinical encounter, the project treats the consultation as a "social pact" rather than a unidirectional command.

Lessons learned and future implications: The interventions significantly improved patient satisfaction and treatment adherence. Valuing the patient's mother tongue transformed the doctor-patient relationship, encouraging active participation in decision-making. These strategies demonstrate that primary care equity can be achieved even in low-infrastructure settings by addressing linguistic and cultural specificities.

Discussion: The implementation of the "Social Prescription" addressed the reality of patients who, unable to read or identify medications, had their self-care compromised. This tool facilitated health literacy, defined as the ability to find and use information for health decisions. Furthermore, using the Pomeranian language changed the clinical dynamic: the dialogue, previously restricted to the physician and a translator, opened space for the patient's active participation. These actions align with the National Humanization Policy, which encourages shared management of care and the appreciation of the subjects' singularities.

Conclusion: Addressing health literacy through culturally sensitive tools is essential for effective primary care. This model is transferable to other ethnically diverse or low-literacy contexts globally.

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ID 318 - Association between Glycosylated Hemoglobin and Health Related Quality of Life in Korean Adults over 19-year-old: based on the seventh Korean National Health and Nutrition Examination Survey (2018)

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Context: The strategic use of technology has significant potential to strengthen continuity of care and reduce health inequalities in primary care. Key areas include remote consulting, wearable devices, and, increasingly, point-of-care ultrasonography (POCUS). Remote consultations can bridge geographical gaps and improve timely access, while wearable devices enable remote monitoring of physiological parameters relevant to chronic disease management. POCUS represents a major upgrade of the traditional clinical examination, allowing clinicians to visualise most major organs directly during the consultation (the clinical ultrasound examination). Telemedicine platforms also enable remote supervision, second opinions, and integrated triage pathways. As these digital and imaging technologies become more common, often driven by access and resource constraints, sharing good practices, challenges, and implementation strategies across Europe is essential.

Objectives: • Learn about fast-moving research on e-health, including remote consulting, wearable devices, and POCUS with AI support. • Share experiences of opportunities and barriers in applying new technologies in primary healthcare across Europe. • Explore which SMART technologies most effectively enhance primary care delivery.

Teaching method and workshop: Presentations will summarize the latest research on remote consultations, wearable devices, and POCUS (including AI-supported applications, with emphasis on patient safety, feasibility, and acceptability. Most of the workshop will involve small group disc.

Expected outcomes: • Describe emerging technologies in primary care, including remote consulting, wearable devices, and POCUS, AI-assisted imaging • Evaluate the benefits and limitations of these tools in improving access, diagnostic accuracy, and continui.

Conclusion: Technology-driven solutions, including POCUS, AI-supported diagnostics, remote consulting and wearables offer compelling opportunities to overcome access barriers and strengthen primary care delivery, especially in rural and underserved communities. By combining evidence with practical experience, this workshop will help clinicians critically assess and adopt SMART innovations that enhance patient outcomes.

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ID 781 - TyG Index vs HOMA-IR for Predicting Type 2 Diabetes in Young and Middle-Aged Adults: A Large Cohort Study

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Context: The global increase in life expectancy has resulted in a growing geriatric population, accompanied by higher rates of chronic diseases, polypharmacy, and fall-related morbidity. Domestic falls frequently result in traumatic injuries and secondary complications related to immobilisation. In family medicine practice, early identification of complications and comprehensive follow-up are essential to reduce morbidity and improve outcomes.

Methods: This case report presents a retrospective evaluation of a 92-year-old male patient who experienced multiple complications following a domestic fall. The clinical data were obtained with informed consent through hospital records, laboratory findings, radiological imaging, and discharge summaries. The clinical course was analysed chronologically, and complications and management strategies were discussed in relevant literature. The patient attended the emergency department after a nocturnal fall at home, which occurred when he tripped over a bathroom rug during nocturnal bathroom use due to benign prostatic hyperplasia (BPH). His medical history included BPH, chronic obstructive pulmonary disease, and atherosclerotic cardiovascular disease. Imaging revealed fractures of the proximal left humerus and left pubis. He was discharged with bed rest recommendations and a Velpeau bandage for shoulder immobilisation. Seven days later, the patient was readmitted with fever and deterioration in general condition. Investigations revealed elevated acute-phase reactants and radiological findings consistent with pneumonia. He was hospitalised and treated with intravenous antibiotics and thromboprophylaxis. During hospitalisation, immobilisation-related constipation and ecchymosis were identified and managed. The patient was discharged after clinical stabilisation.

Originality: The case is distinctive in presenting multiple immobilisation-related complications

within a single clinical course following a domestic fall in advanced age.

Lessons learned and future implications: Fall prevention strategies, early mobilisation, home safety modifications (e.g. removal of loose rugs, installation of grab bars, adequate lighting, non-slip bathroom surfaces, accessible emergency call systems, and caregiver awareness programmes), and multidisciplinary follow-up are crucial in geriatric patients.

Discussion: This case demonstrates that domestic falls in geriatric patients may trigger a cascade of complications beyond orthopaedic trauma. Immobilisation-related pneumonia and gastrointestinal dysfunction are common but frequently underestimated in geriatric care.

Conclusion: Comprehensive assessment and holistic follow-up after geriatric falls are essential. Family physicians play a key role in preventing secondary complications and enhancing patient outcomes through continuity of care.

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ID 857 - Increasing screening for diabetes mellitus at a suburban polyclinic

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Context: Healthcare professions are particularly susceptible to suffering from burnout. The prevalence of this pathology is higher than in the general population.

Objectives: To determine the prevalence of professional burnout among family doctors from 2016 to 2025.

Methods: This is a multicenter cross-sectional descriptive study composed of a network of volunteer sentinel doctors from 35 primary care centers, who distributed burnout questionnaires among their coworkers during the studied period. The Maslach Burnout Inventory adapted for healthcare professionals (MBI-HSS) was used to measure burnout. We defined burnout when scores in the three subscales simultaneously exceeded the following scores: Emotional Exhaustion (EE) equal to or greater than 27 points, Depersonalization (DP) ≥10 points, and Personal Accomplishment (PA) ≤ 33 points.

Results: With a staff of approximately 390 doctors. In November 2016, out of 82 surveys, 6% experienced burnout. In May 2019, with 119 responses, 11% presented burnout. In November 2020, with 84 participants, burnout cases reached 58.3%. In May 2021, with 160 surveys, burnout did not drop below 28%. In May 2022, with 123 responses, burnout reached 19.5%.In May 2023, 82 doctors responded to the survey, and burnout was 8.5%. In May 2024, out of 147, 32 met burnout criteria (21.7%). In May 2025, out of 83 responses, 12.3% suffered from it. The response rate ranged between 21% and 43%.

Discussion: The data from 2017, with 6% burnout, was similar to other previous Catalan publications. After the burnout chords from the end of 2018, during any 2019, burnout stabilizes at around 10%. But the arrival of the pandemic, burnout to exceed 50% of respondents.

Conclusion: Burnout among family doctors in the centers increased until reaching its historical maximum in 2020, 6 months after the outbreak of the pandemic. Subsequently, a progressive decrease began, with a spike in 2024 and a new decrease in 2025. It seems unattainable to return to the values of a decade ago.

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ID 1491 - Association between Average Weekly Work Hours and Glycated Hemoglobin in Patients with Diabetes Mellitus: Korea National Health and Nutrition Examination Survey Results

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Context: In recent years, primary healthcare systems have undergone rapid digital transformation, including the expansion of telemedicine, electronic health records, and mobile health applications. These developments aim to enhance access, efficiency, and continuity of care. However, concerns remain regarding their implications for equity, patient liberty, and

humanistic values—core principles of General Practice and Family Medicine.

Objectives: To synthesize existing evidence on the impact of digital primary care interventions on equity, access to care, patient autonomy, and the humanistic dimensions of clinician–patient relationships.

Methods: A narrative literature review was conducted using PubMed, Scopus, and additional peer-reviewed databases. Publications from 2015 to 2025 were included. Search terms combined concepts related to primary care, digital health, telemedicine, equity, and patient-centered care. Inclusion criteria encompassed empirical studies, systematic reviews, qualitative research, and relevant policy analyses addressing digital primary care. Hospital-only studies and purely technical evaluations without patient or clinician perspectives were excluded. Data were thematically synthesized using an equity- and humanism-oriented analytical framework.

Results: The reviewed literature highlights a dual impact of digital primary care. Digital consultations and remote monitoring improved access for populations facing geographical, mobility, or time-related barriers and supported continuity of care for people living with chronic conditions. Conversely, persistent inequities were reported among older adults, individuals with limited digital literacy, socially disadvantaged groups, and those facing language or communication barriers. Several studies identified challenges in maintaining empathic communication, relational continuity, and shared decision-making in digitally mediated encounters.

Discussion: Digital primary care is neither inherently equitable nor inequitable. Its impact depends on social context, organizational models, and implementation strategies. When digital tools prioritize efficiency over relationships, humanistic care may be compromised. The literature emphasizes the importance of inclusive design, clinician training, and alignment with social determinants of health.

Conclusion: Digital primary care offers opportunities to improve access and system responsiveness, but may also risk widening disparities if equity and humanism are not explicitly addressed. Future research and policy should focus on patient-centered digital strategies that preserve relational care and promote equitable outcomes across diverse populations.

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ID 1909 - Development of an algorithm for the discrimination of diabetic retinopathy in Primary care.

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Context: Sustainability in healthcare is increasingly recognised as a vital competency for future medical professionals. The General Medical Council (GMC) guidance underscores the importance of understanding the broader determinants of health, including environmental impacts, to deliver high-quality, sustainable care. Climate change, resource depletion, and environmental degradation are directly linked to the global burden of disease, making it imperative to integrate sustainability principles into medical curricula. This module was developed to address this gap by equipping students with the knowledge, skills, values, and confidence to tackle complex health challenges within sustainable frameworks.

Methods: The teaching module on Sustainable General Practice employs a multi-method approach, including case-based discussions, interactive workshops, reflective activities, and problem-solving exercises. Content focuses on sustainable systems within the NHS, the environmental impact of healthcare practices, and strategies to enhance sustainability across patient care pathways. Real-world patient journeys are used to contextualise sustainability within clinical decision-making and system-level thinking. Interdisciplinary collaboration with colleagues in Secondary Care, Public Health, and Pharmacy further enriches perspectives on sustainable primary healthcare delivery.

Originality: This module introduces an innovative, flexible structure that adapts to diverse educational settings and learner needs. By integrating sustainability into authentic clinical contexts and fostering interdisciplinary engagement, it moves beyond traditional didactic teaching. The approach combines practical application with reflective learning, ensuring students develop both theoretical understanding and actionable skills for sustainable practice.

Lessons learned and future implications: Undergraduate implementation demonstrated increased awareness of sustainable healthcare principles, improved confidence in problem-solving,

and a positive shift in attitudes toward environmentally responsible practice. Feedback highlighted the module's authenticity and adaptability, suggesting strong potential for replication in postgraduate education. Future directions include scaling the module across curricula and exploring its impact on long-term professional behaviours and healthcare system resilience.

Discussion: Embedding sustainability within medical education is essential to prepare future doctors as proactive stewards of health in an environmentally conscious healthcare landscape.

Conclusion: This module represents a significant step toward achieving that goal, offering a replicable and adaptable model that aligns with global health priorities.

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ID 221 - Chronic diarrhea: an atypical manifestation of a common antihypertensive drug – a case report

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Context: Unwanted loneliness is widely recognized as a significant social determinant of health in the geriatric population, linked to poorer mental and physical outcomes. However, the specific influence of gender on the subjective experience of loneliness and its intensity among community-dwelling older adults warrants further investigation in primary care settings.

Objectives: To analyze the prevalence of perceived loneliness in older adults and to evaluate the existence of significant differences based on sex.

Methods: A descriptive, cross-sectional study was conducted in seven primary care centers. Participants were older adults (>65 years). Variables analyzed included sociodemographic data (age, sex, civil status, living arrangements) and subjective perception of loneliness (frequency, intensity, and feelings over the last 5 years). Statistical analysis was performed using the Chi-square test to assess associations between sex and loneliness indicators, considering $p<0.05$ as significant.

Results: A total of 1,303 individuals were included (57.0% women, 43.0% men), with a mean age of 70.4 years. A significant disparity in civil status was observed: 17.6% of women were widowed compared to only 3.4% of men ($p<0.001$). Regarding loneliness, 69.8% of men reported "never" feeling alone, whereas this percentage dropped to 56.9% in women ($p<0.001$). Conversely, women were twice as likely to report feeling alone "often" or "sometimes" (26.9% vs. 13.9%). Intensity of loneliness was also significantly higher in women ($p<0.001$). Furthermore, when asked about the last 5 years, 20.3% of women reported moments of loneliness compared to 11.5% of men.

Discussion: The results reveal a stark gender gap. Women not only report a higher prevalence of loneliness but also experience it with greater intensity. This is likely influenced by the higher rate of widowhood among women in this age group. The data suggests that while men may maintain social support structures longer (often through marriage), women face a "survival penalty" manifesting as increased isolation.

Conclusion: There is a clear gender inequality in the experience of loneliness among the elderly. Primary care strategies to address isolation should not be gender-neutral; they must recognize the specific vulnerability of older women, particularly those who are widowed, to design more effective community interventions.

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ID 864 - Evidence-Based Approaches to Adult Constipation in Primary Care

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Context: Neonatal jaundice is common , but XXX current bilirubin-based follow-up (rather than guideline-recommended risk-stratified monitoring) may drive unnecessary visits, especially in a multi-ethnic context with higher XXX risk and breastfeeding-related persistence.

Objectives: To evaluate the factors affecting neonatal jaundice monitoring in primary care,

specifically in normal-risk newborns, with the aim of optimizing jaundice follow-up care through a risk-stratified approach.

Methods: We conducted a cross-sectional review of electronic medical records for newborns ≤90 days seen for neonatal jaundice across seven XXX (September 2022–August 2023), extracting anonymized demographics, birth weight, risk category, feeding, visit details, weights, hospital follow-ups, and TcB/SB results; unrelated visits were excluded and data were quality-checked. We performed descriptive statistics and bivariate comparisons (t-test, Mann–Whitney U, Chi-Square), and used negative binomial regression to identify factors associated with number of follow-up visits, reporting IRRs with 95% CIs; 62 records with missing birth weight were excluded from multivariable analyses. We also simulated a guideline-informed risk-based approach (XXX) versus the current bilirubin-based model to estimate safely avoided visits among normal-risk infants >7 days with bilirubin below age-specific phototherapy thresholds, applying local discharge criteria.

Results: 5,391 newborns attended 26,494 jaundice visits between 2022-2023, with 4,593 (85.2%) determined to be normal risk for severe hyperbilirubinemia. Compared to high risk newborns, normal risk newborns had significantly fewer visits (5 visits, IQR 2-7 vs 5 visits, IQR 4-7), higher birth weight (3.13kg, SD 0.47 vs 2.94kg, SD 0.43), lesser newborns reaching phototherapy thresholds (8.4% vs 27.9%), and lower jaundice discharge rate (71.4% vs 75.6%). Chinese (compared to Malay) (IRR 1.15, 95%CI 1.11-1.19) and male (IRR 1.10, 95%CI 1.07-1.13) newborns had higher follow-up rates, while higher birth weight (IRR 0.752, 95% CI 0.728 – 0.778) and normal risk (compared to high risk) (IRR 0.93, 95% CI 0.90 – 0.97) were associated with lower follow-up rates. Among normal-risk newborns >7 days old, none exceeded phototherapy thresholds.

Discussion: A simulated risk-stratified model could safely eliminate 3,652 visits (16.6%) among normal-risk infants, supporting pragmatic protocol refinements.

Conclusion: Our study provides insights into factors influencing jaundice follow-up visit rates. Further study is needed to implement and evaluate its effectiveness.

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ID 107 - Association between depression and metabolic dysfunction-associated steatotic liver disease among Korean young adults

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Context: Despite an abundance of studies focusing on work schedules and health, few have addressed the impact of duration or pattern of work on HbA1c levels in diabetic patients.

Objectives: We examined the relationship between average weekly work hours and glycated hemoglobin (HbA1c) levels in workers with diabetes.

Methods: Data of 1,556 workers with diabetes mellitus (DM) from the Korea National Health and Nutrition Examination Survey spanning 2007–2016 were analyzed. Multiple regression analysis (SAS v9.4) was used to assess the correlation between average weekly work hours and HbA1c level.

Results: Using 40–52 hours per week as the reference range, workers who worked more than 52 hours per week had significantly higher HbA1c levels (β: 0.2514; P=0.0087). This association remained significant (β: 0.2286; P=0.0308) among those working >52 hours in daytime shifts compared to than among those working standard 40–52 hour schedules. However, the correlation was not observed among other subgroup members who performed evening, night, regular, and irregular shifts.

Discussion: Workers with DM who worked long hours were prone to significant increases in HbA1c levels.

Conclusion: To mitigate this risk, workplaces should adhere to legal work-hour limitations and offer part-time options for employees with diabetes. Additionally, health education programs may help workers with diabetes manage their condition more effectively.

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ID 652 - When nights do not find rest: Clinical analysis of a refractory restless legs syndrome case

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Context: General Practice/Family Medicine (GP/FM) is a fully accredited medical specialty requiring 3–6 years of postgraduate training across the EU. Yet, GP/FM remains listed in Annex 5.1.3 of the Professional Qualifications Directive at the EU legislation, meaning it is still not recognised as a specialty at EU level. This work aims to explain why this gap persists, outline the ongoing coordinated policy advocacy, and describe what EU-level recognition could bring in terms of training quality, safety, and care equity.

Objectives: This workshop aims to explain why this gap persists, outline the ongoing coordinated policy advocacy, and describe what EU-level recognition could bring in terms of training quality, safety, and care equity.

Teaching method and workshop: Descriptive analysis of the EU legislative framework, Member States' notifications, and the coordinated advocacy efforts led by European family medicine organisations. Evidence supporting the benefits of specialist-trained family doctors was drawn from pu

Expected outcomes: Participants will gain a clear understanding of the current EU barriers, the coordinated role of institutions, and practical advocacy tools. They will leave with a shared roadmap for national and European action, strengthened collaboration channels.

Conclusion: EU recognition of General Practice/Family Medicine is still pending, but progress is happening thanks to the joint efforts of Member States and European organisations. Working together remains essential to achieve the legislative change needed.

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ID 131 - Association between small vessel disease and persons with overweight and obesity: A study using peak width of skeletonized mean diffusivity

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Context: Heart failure (HF) is a leading global cause of morbidity and mortality, disproportionately affecting older adults. WHO and WONCA emphasise equitable, person-centred chronic disease management, while NHS England (NHSE) prioritises improved access, shared decision-making and reducing unwarranted variation. Understanding patient-reported experience is essential to shaping community-based HF services and informing targeted quality improvement.

Objectives: To quantitatively evaluate patient experience of heart failure care in a rural English primary care setting, focusing on information provision, treatment tolerance, access, functional limitations and emotional impact.

Methods: A patient-reported experience questionnaire was electronically distributed, achieving a 100% consent rate. Descriptive quantitative analysis was undertaken, reporting proportions only. Free-text comments were reviewed to contextualise findings but were not thematically analysed due to sample size and the study's quantitative focus.

Results: Half of respondents were aged 61–70 years and 50% were ≥71 years; 75% were male. Diagnosis occurred within the past year for 38%, while 25% had lived with HF for over five years. Daily

life became “a bit harder” for 63%, with household tasks (63%) and walking or light exercise (50%) most affected. Information provision was partly adequate: while 25% felt information was “definitely” clear, 75% reported it was only “somewhat” clear. Most patients sought supplementary information online (75%) or from primary care HF teams (50%). Emotional and psychological burden was considerable: 88% worried about quality of life, 75% about family impact and the future, and 57% reported negative effects on mental health. Medicines were generally well tolerated, with 43% reporting no issues and 57% managing most medicines without problems. Symptomatic improvement was reported by 71%, mainly within 3–6 months (80%). Access was generally good: 71% found appointments “quite easy”. However, 57% didn't know who to contact if difficulties arose. All preferred face-to-face reviews. Functional limitations persisted, notably tiredness or breathlessness (57%).

Discussion: Findings indicate high symptom burden, partial gaps in information and coordination, and ongoing emotional impact. Results support NHSE and WHO priorities for enhanced self-management support, improved communication, and strengthened rural access systems.

Conclusion: This quantitative evaluation highlights clear opportunities to improve person-centred HF care through enhanced information, structured reviews and clearer access pathways, consistent with WONCA principles.

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ID 535 - Effect of Major Weight Loss on Cardiovascular Risk in Severe Obesity: A Case Report

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Context: SGLT2 inhibitors (SGLT2i) are the cornerstone of nephroprotection in current guidelines (KDIGO 2024), indicated for patients with Chronic Kidney Disease (CKD) and albuminuria to delay progression. However, their translation into real-world primary care practice may be lagging.

Methods: To evaluate the prescription rate of SGLT2 inhibitors in a cohort of primary care patients who objectively meet the criteria for CKD (low Glomerular Filtration Rate [GFR] and/or albuminuria). We use a cross-sectional study of 988 patients assigned to a family physician. We identified patients meeting KDIGO analytical criteria for CKD (GFR < 60 ml/min/1.73m² or ACR ≥ 30 mg/g). We then analyzed their active medication list to determine the prevalence of SGLT2i prescription (dapagliflozin, empagliflozin) within this specific target group.

Originality: Until now, we've conducted routine consultations without proper analysis of our medical procedures. This case has brought to light the reality of our patients' data. As a results a total of 69 patients met the objective criteria for renal damage. Among this high-risk group, only 14 patients (20.3%) were being treated with an SGLT2 inhibitor. The remaining 79.7% of patients with confirmed renal alteration were not receiving this specific nephroprotective therapy, suggesting a high degree of therapeutic inertia or a delay in adapting treatments to new evidence-based guidelines.

Lessons learned and future implications: From now on, we plan to assess the most appropriate treatment for patients with kidney damage in our daily practice to optimize their management.

Discussion: Despite robust evidence supporting SGLT2i for halting CKD progression, our data shows a penetration of only 20% in clear candidates. This gap highlights the difficulty of shifting prescribing habits in primary care and underscores the need for automated alerts or specific programs to identify candidates for treatment optimization.

Conclusion: There is significant underutilization of SGLT2 inhibitors in patients with objective markers of renal disease. Bridging this gap between guidelines and practice is an urgent priority to improve long-term renal prognosis.

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ID 2060 - Sustainability in Obesity Management: A Critical Review of Weight Regain Following the Discontinuation of GLP-1 Receptor Agonists

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Context: Alzheimer’s disease and related dementias (ADRD) affect over 60 million people

worldwide, resulting in significant emotional burden on informal caregivers. Existing mobile health (mHealth) applications largely fail due to non-personalized content (83% focus on generic education), lack of scientific validation (only 20% reviewed by specialists), and insufficient practical support.

Methods: This project proposes an integrated, user-centric mHealth application. The system will follow an evidence-based model, offering stage-adapted (mild, moderate, advanced) cognitive stimulation and psychosocial support. Personalization employs Explainable Artificial Intelligence (XAI) via SHAP algorithms to justify content recommendations , adapting to the user profile. Validation is secured through partnerships with neurologists and psychologists. Expected Outcomes include a 25% reduction in caregiver stress (based on Zou et al., 2024) and a 15–20% increase in patient cognitive performance. Strengths: validated information and dynamic personalization (vs. 6% of apps using AI). Limitation: reliance on external partnerships for updates.

Originality: The innovation lies in simultaneously resolving the three primary mHealth failures: non-personalization (via XAI and stage adaptation), lack of scientific validation, and excessive theoretical focus (via practical tools and external referencing to resources like Alzheimer Portugal).

Lessons learned and future implications: Key lessons emphasize the necessity of scientific validation and XAI transparency for user trust and adherence. Future challenges involve overcoming high post-launch abandonment rates (common in 71% of apps) and integration with the National Health System (SNS) for effective referral.

Discussion: The project is feasible due to reduced development costs (using open-source platforms) and strategic partnerships (e.g., university hospitals). This model encourages a shift towards validated, stage-adapted digital support in primary care settings, offering a superior alternative to generic applications.

Conclusion: This project provides a robust, evidence-based digital solution with strong potential to mitigate caregiver burden and improve patient cognitive outcomes. The next steps involve prototyping and executing clinical trials to measure real-world impact.

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ID 79 - A Prospective Audit of Osteoporosis assessment, investigation and management at a General Practice in Ireland

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Context: Chronic and lifestyle-related diseases continue to rise globally, yet most health professionals receive limited training in Preventive and Lifestyle medicine. Would-be preventionists, particularly in low-resourced settings, face significant challenges: limited instructor capacity, high curriculum development or purchase costs, and a lack of harmonized competencies aligned with global accreditation frameworks.

Objectives: Describe the structure of a competency-based Preventive & Lifestyle Medicine curriculum and its alignment with international standards. Identify strategies for locally adapting a modular curriculum using open-access educational resources. Map personal, trainee, and/or institutional training needs to core competencies and thematic areas in preventive and lifestyle medicine. Draft an initial hybrid training model within their own educational/clinical settings. Evaluate key components required for accreditation alignment, mentorship, and community-based practicum integration.

Teaching method and workshop: The workshop is designed to be a practical and collaborative learning experience, equipping educators with both the skills and the open-access tools (specifically from NextGenU.org) needed for effective curriculum development.

Expected outcomes: A draft curriculum suited to their personal or institutional learning desires. Knowledge of freely available modules that align with their learning desires. A preliminary implementation plan supporting your and your colleagues' intellectual and practical.

Conclusion: This workshop demonstrates how open-access learning and community-based practicums can equitably build global workforce capacity in preventive medicine through a scalable, locally adaptable framework.

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ID 347 - Stiff Arteries, Stiff Joints: Exploring the Vascular - Osteoarthritis Link

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Context: Albuminuria is an early and sensitive marker of renal damage and cardiovascular risk, playing a central role in the 2024 KDIGO guidelines. Despite this, systematic screening of the Albumin/Creatinine Ratio (ACR) remains suboptimal in primary care, potentially leading to an underestimation of the real burden of early-stage Chronic Kidney Disease (CKD).

Objectives: To estimate the prevalence of significant albuminuria (ACR ≥ 30 mg/g) in primary care patients without a prior recorded diagnosis of CKD, and to classify its severity according to KDIGO 2024 prognostic categories.

Methods: An observational, descriptive, cross-sectional study was conducted in a single urban primary health care center. The sample included 988 adult patients from a single physician's quota who had recent analytical determinations. Laboratory data were cross-referenced with electronic health records to exclude patients with a pre-existing CKD code. "Occult albuminuria" was defined as a confirmed ACR ≥ 30 mg/g in undiagnosed patients, stratified into categories A2 (moderately increased: 30–300 mg/g) and A3 (severely increased: >300 mg/g).

Results: Out of the 988 patients analyzed, 25 subjects (2.5%) were identified with significant albuminuria despite having no prior clinical diagnosis of renal disease in their records. Detailed analysis of this "occult CKD" group revealed that 96% (n=24) were in stage A2 (microalbuminuria), while 4% (n=1) presented with stage A3 (macroalbuminuria). These patients were largely managing their health without specific renal monitoring or risk-adjusted nephroprotective treatment.

Discussion: Our findings confirm a relevant diagnostic gap in primary care. Approximately 2.5% of the general consulting population has analytical evidence of renal damage that goes unnoticed due to a lack of coding or systematic screening. The predominance of stage A2 suggests that the ideal window of opportunity for intervention—before irreversible damage occurs—is being missed.

Conclusion: Systematic implementation of ACR screening in routine practice identifies a significant percentage of patients with undiagnosed early renal damage. Detecting this "silent albuminuria" is crucial to initiating early nephroprotection measures and meeting KDIGO 2024 quality standards.

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ID 704 - The Challenge of Fragility Fracture: A Clinical Case Report

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Context: Therapeutic advances have significantly improved outcomes for people living with HIV (PLWH), whose life expectancy is now close to that of the general population. As this cohort ages, clinicians increasingly face complex medical and social issues such as comorbidities, polypharmacy, frailty, reduced autonomy, and persistent stigma. With traditional infectious-disease–centered follow-up reaching its limits, reconsidering a more comprehensive care pathway becomes essential to support both health and ageing in this emerging population.

Objectives: - Discribe and understand who are the senior PLWH followed up at the Besançon University Hospital - Redifine the roles of general practicionner and specialists in a global and more inclusive care-pathway.

Methods: This observational, descriptive, cross-sectional study included 107 PLWH aged ≥65 years. Clinical and social data were extracted from electronic medical records and complemented by a questionnaire completed by 43 participants. Comorbidities and frailty were assessed using the Charlson Comorbidity Index and the Clinical Frailty Scale (CFS). Participants were categorized into three groups according to HIV infection duration (<15 years, 15–30 years, >30 years).

Results: The cohort was predominantly male, with a mean age of 72 years and a median HIV duration

of 25 years. Overall frailty was moderate (mean CFS 2.3), but comorbidities were common, particularly cardiovascular and renal. Interestingly, participants more recently diagnosed appeared more frail, possibly reflecting delayed diagnosis and limited integration into long-term care. In contrast, long-term survivors displayed more iatrogenic sequelae (lipodystrophy, neurocognitive issues) but generally showed better clinical stability.

Discussion: The study highlights the key role of general practitioners, who are recognized as central and trusted figures in patient support. Findings suggest the need for reinforced coordination between primary care and specialist HIV services. While infectious disease specialists remain essential, their role could evolve toward a "sentinel" function, with general practitioners taking the lead in managing multimorbidity. Geriatric expertise would be mobilized for the most complex situations.

Conclusion: Ageing among PLWH—an outcome of decades of effective care—now requires redesigned care pathways and anticipatory strategies centered on greater involvement of general practitioners. Preparing this transition is crucial to address the needs of future ageing cohorts, which will include more women and increasingly diverse populations.

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ID 48 - Prevalence of undiagnosed significant albuminuria in primary care: a missed opportunity for early nephroprotection

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Context: Population ageing increases the number of frail older adults with advanced illnesses where hospital care offers limited benefit. Primary Care is often the only service able to provide continuous, person-centred end-of-life care. This case describes a home-based palliative approach for a 94-year-old woman with probable glioblastoma, highlighting symptom control, family support, and palliative sedation.

Methods: The patient had maintained full independence until she developed rapid functional decline and recurrent seizures over several months. Neuroimaging revealed an extensive brain lesion compatible with glioblastoma. Due to extreme frailty and limited expected benefit, a symptom-oriented approach was agreed upon. After hospital discharge, she remained at home with her husband, supported by her daughter. Primary care was contacted for worsening condition (GCS 6, inability to eat, refractory seizures, and distressing agitation). The family reported exhaustion and wished to avoid further hospital transfers. A comprehensive home assessment identified a last-days-of-life situation with refractory symptoms. The primary care team implemented rapid medication adjustments, continuous monitoring, and emotional support. Due to persistent seizures and agitation, proportional palliative sedation was initiated with family agreement, using continuous subcutaneous midazolam, morphine for dyspnoea and hyoscine butylbromide for secretions. Caregivers received guidance on signs of comfort and maintaining a peaceful environment. The patient remained comfortable and died peacefully at home 36 hours later.

Originality: Home-based palliative sedation is feasible but inconsistently implemented. This case highlights a primary-care-led model applied to a very old patient who had been fully independent before acute neurological decline and addresses sedation for refractory seizures, an area underrepresented in the literature.

Lessons learned and future implications: Early communication and shared decision-making prevent unnecessary hospitalisation. Primary care teams can safely manage home-based palliative sedation when goals of care are clear. Training in seizure management and rapid-response pathways may enhance equity in community palliative care.

Discussion: It illustrates the importance of proactive symptom management, family support, and interprofessional collaboration to ensure comfort for patients. The underrepresentation of sedation for refractory seizures in community palliative care literature highlights a need for further research.

Conclusion: Primary-care-led palliative sedation can ensure comfort, avoid futile interventions, and respect patient and family preferences, reinforcing the value of community-based end-of-life care.

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ID 662 - The Growing Burden of Obstructive Sleep Apnea in western

Europe: What Future Trends Mean for General Practice

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Context: Guillain–Barré Syndrome (GBS) may initially present with mild, nonspecific neurological symptoms. Early emergency department evaluations often appear normal, leading to missed diagnoses. In contrast, family physicians who know patients longitudinally can detect subtle deviations from baseline. This case illustrates how an unexpected administrative visit enabled early recognition of GBS in primary care.

Methods: A 47-year-old woman, routinely followed in her family health center, presented only to request an administrative document. Although she denied symptoms, her family physician observed abnormal gait and difficulty rising from a chair—changes not seen previously. Neuromuscular examination revealed symmetrical lower limb weakness and reduced patellar and Achilles reflexes. Reviewing the shared electronic record showed that she had visited the emergency department two days earlier for leg pain and fatigue, where routine tests were normal. Further questioning revealed difficulty climbing stairs the previous day and a recent gastroenteritis episode. With suspicion of early GBS, the physician arranged urgent neurology referral. Cerebrospinal fluid analysis demonstrated albuminocytologic dissociation, and electromyography confirmed acute demyelinating polyradiculoneuropathy. Early IVIG treatment resulted in progressive improvement.

Originality: The diagnosis was made not through symptomatic reporting but because the family physician recognized functional decline relative to baseline. This highlights how continuity in primary care provides diagnostic advantages over isolated emergency encounters.

Lessons learned and future implications: Continuity allows early recognition of subtle neurological abnormalities. Even non-medical visits can reveal serious conditions when clinicians assess function rather than rely solely on reported symptoms. Symmetrical weakness and diminished reflexes should prompt urgent neurological evaluation. Enhancing neuromuscular examination skills and strengthening referral pathways may reduce diagnostic delays.

Discussion: Early GBS is frequently missed in emergency settings due to nonspecific presentations. Primary care's longitudinal perspective enhances early identification, reducing risks such as respiratory failure and long-term disability.

Conclusion: Continuity, vigilance, and functional assessment in family medicine are essential for early recognition of rapidly progressive neuropathies such as GBS, thereby improving patient safety and outcomes. MeSH: Guillain-Barré Syndrome, Primary Health Care, Continuity of Patient Care, Neuromuscular Diseases, Early Diagnosis.

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ID 366 - Hematological Variations in Subclinical Thyroid Dysfunction: A Cross-Sectional Population Study

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Context: Primary Sjögren's syndrome usually presents with chronic sicca symptoms, while acute sensory or ocular manifestations are atypical and may obscure the diagnostic pathway. When sudden sensorineural hearing loss (SSNHL) precedes other autoimmune features by several years, the connection is easily overlooked. This case illustrates the diagnostic complexity of recognizing Sjögren's syndrome in a patient with a long interval between an acute auditory event and subsequent ocular and cutaneous inflammatory manifestations.

Methods: A 58-year-old woman with no prior autoimmune diagnosis experienced abrupt unilateral hearing loss three years before the current evaluation. At that time, no systemic autoimmune disorder was suspected. Three years later, she presented with an acute episode of uveitis, a painful erythema-nodosum–like maculopapular eruption, Raynaud phenomenon, and newly developed mild ocular and oral dryness. A multidisciplinary workup included audiologic review, ophthalmologic assessment, immunologic testing, and evaluation of exocrine gland function. Laboratory investigations revealed anti-SSA/Ro antibodies and low complement levels, supporting active systemic autoimmunity. Salivary gland

evaluation and minor salivary gland biopsy confirmed focal lymphocytic sialadenitis, establishing the diagnosis of primary Sjögren's syndrome. Differential diagnoses—sarcoidosis, ANCA-associated vasculitis, systemic lupus erythematosus—were considered and excluded. Strengths of the evaluation included immune assessment and cross-specialty coordination. Limitations included the absence of biologic inflammatory syndrome and the difficulty finding a causal link with autoimmunity.

Originality: The long interval between sudden hearing loss and the emergence of ocular and cutaneous autoimmune manifestations is rarely documented in Sjögren's syndrome. While isolated reports describe auditory or ocular involvement, few detail a delayed multisystem trajectory suggesting evolving autoimmune dysregulation. This case differs by highlighting a "temporal dissociation" pattern that may obscure early recognition.

Lessons learned and future implications: Clinicians should maintain awareness that extraglandular autoimmune manifestations can precede classic sicca symptoms by years. Early consideration of autoimmunity in unexplained SSNHL could improve recognition of patients at risk . Multidisciplinary coordination are essential.

Discussion: This case highlights how atypical and temporally dissociated extraglandular manifestations—such as sudden hearing loss occurring years before uveitis, erythema nodosum, and Raynaud phenomenon—can precede the classic sicca features of Sjögren's syndrome.

Conclusion: Recognizing these uncommon systemic clues is essential, as early consideration of autoimmunity may facilitate timely diagnosis and prevent irreversible multisystem complications

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ID 145 - Early Diagnosis of Sarcoidosis in Primary Care: A Case-Based Reflection from an Irish General Practice

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Context: Primary care placements are central to undergraduate medical education, providing early exposure to community-based healthcare. These placements are expected to expose students to a representative patient population. However, little is known about whether the patients seen by students reflect practice demographics in terms of age and gender. Understanding these patterns is important for equitable and socially accountable learning.

Objectives: To determine whether the age and gender of patients seen by medical students during primary care placements reflect their host practice populations.

Methods: A cross-sectional study was conducted across five practices hosting third-year medical students during a Primary Care Block. Consultations involving students were identified via EMIS and SystemOne records. Patient age and gender were extracted and compared with practice-level demographic data from NHS Fingertips, an online public health platform providing population-level statistics on UK healthcare, including primary care patient demographics. Chi-square tests assessed differences in age and gender distributions between student-seen patients and the overall practice population.

Results: Four of five practices showed significant differences ($p<0.05$) in age distribution. Students saw proportionally more older adults and fewer children and adolescents than expected. Significant gender differences were observed in four practices ($p<0.05$), with students seeing a higher proportion of female patients compared to the practice population. When data were pooled across all practices, the average number of female patients seen was 23% higher than expected. Patterns were consistent across practices despite variation in overall demographics, such as age and gender makeup as well as deprivation levels.

Discussion: Reduced exposure to younger patients likely reflects current primary care pathways, where children and young adults increasingly access pharmacies, urgent care, or minor-illness services. Higher exposure to older adults aligns with increased consultation rates for multimorbidity. The overrepresentation of female patients mirrors national primary care trends.

Conclusion: Students' clinical exposure partly mirrors the demographic composition of their host practices. Awareness of these patterns can inform placement design and supervision to ensure equitable exposure to diverse patient populations. Future research should examine patient allocation processes and explore alignment with GP and registrar caseloads to optimise student learning experiences.

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ID 381 - Evaluating the significance of the prevalence of chronic conditions on Healthier SG (HSG) uptake

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Context: Death is a fundamental aspect of medical practice but remains a largely undertaught during medical education. General practice (GP) residents, who frequently serve on the front lines of patient care, are often exposed to deaths while still in the process of developing both their professional and emotional identities.

Objectives: Examine how GP residents in XXX experience the death of their patients on an emotional level, and to identify the coping strategies they employ in response.

Methods: A phenomenological qualitative approach was used among GP residents in XXX. Participants were recruited through resident groups and faculty newsletters. Eligibility criteria included completion of at least one internship as GP residents and prior involvement in end-of-life care. Semi-structured interviews were conducted between May and November 2022. Interviews were recorded, transcribed, and analyzed using NVivo software. Coding, categorization, and thematic synthesis adhered to COREQ-32 qualitative research standards. Data triangulation was conducted in collaboration with a sociology researcher to enhance analytical rigor.

Results: Nine GP residents participated. They described heterogeneous emotional reactions, including shock, helplessness, guilt, anger, and self-doubt. Emotional intensity depended on whether the death was expected, the relationship with the patient and family, and the level of team support. Coping strategies ranged from avoidance (emotional distancing, considering subspecialties with limited end-of-life exposure) to adaptive approaches such as seeking palliative-care training, discussing experiences with colleagues, reflective practice, or using emotion-focused strategies. Residents emphasized the lack of structured support.

Discussion: International literature shows that patient death is a major emotional challenge for medical trainees, often generating shock, guilt and uncertainty, especially when supervision is limited. The diversity of coping strategies reflects the absence of structured support. This study provides rich qualitative insight but is limited by a small sample and single geographical area. Patient death appears both destabilising and formative, exposing gaps in communication and emotional training. Findings highlight the need for structured debriefings, simulation training and reflective practices.

Conclusion: Patient death profoundly affects residents and influences both clinical practice and personal wellbeing. Reinforcing end-of-life education and implementing structured emotional support are essential to preparing future physicians for this inevitable dimension of care.

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ID 826 - The Critical Role of Family Medicine Continuity in the Diagnosis of Guillain–Barré Syndrome

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Context: Depression is a major public health problem that worsens chronic disease outcomes and burdens patients, families, and healthcare systems. Although air pollution is a potentially modifiable environmental factor, existing studies report mixed results and underrepresent XXX primary care populations. Clarifying whether long-term exposure relates to depression in these settings can guide screening, counseling, and collaboration with public health efforts.

Objectives: The purpose of this study was to investigate the association between air pollution and positive depression screening in XXX adults.

Methods: This cross sectional study included 17,763 (9329 men; 8434 women) adults who underwent health checkups. For each participant, one-year-lagged average concentrations of particulate matter with an aerodynamic diameter of 2.5 µm or less (PM2.5) and 10 µm or less (PM10), nitrogen dioxide (NO2), sulfur dioxide (SO2), and carbon monoxide (CO) were assigned using the Community Multiscale Air Quality model. Depressive symptoms were assessed using Patient Health Questionnaire-2 (PHQ-2). Logistic regression estimated odds ratios for positive PHQ-2 screening and linear regression estimated changes in continuous PHQ-2 scores per interquartile range (IQR) increase in pollutant levels.

Results: A positive PHQ-2 screen occurred in approximately 13%. In single-pollutant models, PM2.5 was not associated with positive screening (odds ratio 0.99, 95% confidence interval 0.95–1.04) after adjusting for age, sex, season, body mass index, smoking, alcohol use, physical activity, diabetes mellitus, hypertension, and dyslipidemia. Estimates for PM10, NO2, SO2, CO were similarly null. For the continuous score, the adjusted beta coefficient of PM2.5 was -0.013 (95% confidence interval -0.04–0.01) per IQR increase. Results of other pollutants were similarly near zero. Multi pollutant models did not show significant association. Sex and age stratified results were nonsignificant.

Discussion: The lack of significant association may reflect unmeasured confounding variables, limited exposure contrast, or reverse causation whereby depressive symptoms reduce outdoor time and actual pollutant exposure. PHQ-2, while practical for large scale screening, may underestimate symptom burden compared with the nine-item instrument.

Conclusion: The results of this study showed no clear association between exposure to air pollutants and depression by PHQ-2 screening. Longitudinal studies including finer exposure resolution, repeated assessments, and richer psychosocial and neighborhood data are warranted.

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ID 1309 - Delayed Association of Sudden Hearing Loss and Uveitis in a Systemic Presentation of Sjögren's Syndrome

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Context: Cardiovascular diseases (CVDs) remain the leading cause of mortality worldwide, placing prevention at the centre of primary care. Wearable devices such as smartwatches increasingly generate physiological and behavioural data that may complement traditional cardiovascular risk assessment and support personalised counselling. Their growing popularity raises questions about clinical usefulness, accuracy, workflow implications, and ethical considerations. Understanding how future GPs perceive such data is important for anticipating digital health integration into preventive care.

Objectives: To explore general practice trainees' perspectives on incorporating smartwatch-generated health information into a preventive consultation and its potential role in motivating cardiovascular risk reduction.

Methods: A qualitative descriptive study was conducted among postgraduate GP trainees at the Medical University of Plovdiv. A total of 51 participants completed a written, vignette- based questionnaire. The vignette described a 47-year-old man attending an annual preventive examination with a calculated SCORE risk who reported regular exercise and smartwatch use. Trainees were asked how they would integrate wearable-derived data into the consultation and how it might influence patient motivation. Responses were anonymous and open-ended. Thematic content analysis was applied, involving independent coding by two researchers, comparison of interpretations, categories, and development of overarching themes.

Results: Three thematic domains emerged. First, trainees perceived smartwatch data—such as step count, heart rate trends, and activity duration—as a useful supplement to conventional preventive assessments, enabling more personalised cardiovascular risk discussions. Second, most believed that visualising individual metrics could enhance patient motivation by increasing awareness, supporting goal-setting, and strengthening engagement in lifestyle change. Third, trainees identified potential limitations, including variability in device accuracy, risk of misinterpretation, unequal access, increased consultation time for data review, and unresolved ethical and legal concerns related to confidentiality, documentation, and medico-legal responsibility. The lack of structured protocols or guidance in primary care was frequently noted as a barrier to routine use.

Discussion: Future GPs recognise the potential value of smartwatch-generated data in cardiovascular prevention but emphasise the need for validated measurements, clear ethical and regulatory frameworks, and practical clinical workflows.

Conclusion: Addressing these requirements may support responsible and effective integration of wearable devices into general practice.

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ID 735 - The Impact of Real-Time Biometric Feedback and Personalized Digital Coaching on Lifestyle-Related Non-Communicable Disease Outcomes in Adults: A Systematic Review and Meta-Analysis Dr. Anees Alyafei

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Context: Infertility management has traditionally focused on the female partner, often overlooking the male factor and the synergistic lifestyle habits of the couple. While physical activity (PA) is known to influence fertility, the impact of synchronous interventions targeting the couple as a unit remains under-synthesized.

Objectives: This review aims to evaluate the association between couple-based physical activity interventions and reproductive outcomes (natural conception, ART success rates, and semen parameters). It specifically assesses the efficacy of couple-based lifestyle modifications emphasizing progressive overload compared to individual-focused care.

Methods: We conducted a systematic review of randomized controlled trials (RCTs) and prospective cohort studies published between 2014 and 2025. The search strategy targeted studies involving both partners in subfertile couples. Key inclusion criteria were: (1) simultaneous assessment of PA in both partners, (2) use of objective measurements (e.g., wearables) or validated questionnaires, and (3) interventions including blended care or structured exercise programs (e.g., PEPCI, IDEAL studies).

Results: Synthesizing data from key studies (n=64 to 920 couples), results indicate that couples requiring ART engaged in significantly less vigorous PA compared to naturally conceiving couples. Notably, interventions emphasizing gradual progression from accessible activities (e.g., slow jogging, brisk walking) demonstrated high adherence across diverse body types and fitness levels. Blended programs (e.g., "Smarter Pregnancy") showed that when couples progressively increased intensity together, diet and exercise behaviors significantly improved. Evidence suggests that increasing PA from low to moderate-to-vigorous levels correlates with improved semen parameters and higher implantation rates.

Discussion: Findings consistently support a positive association between couple-level PA and reproductive outcomes. Crucially, high-intensity training is not a prerequisite; the progressive accumulation of exercise load—starting with low-barrier activities—mitigates fear of injury in sedentary individuals while maximizing physiological benefits. Shared aerobic activity creates a supportive environment for conception.

Conclusion: Couple-based PA interventions enhance natural conception and ART outcomes. The evidence supports clinical recommendations for universal, progressive exercise protocols—starting with simple movements like slow jogging and gradually increasing intensity. This offers a low-cost, equitable strategy to improve fertility outcomes for couples of all ages, body types, and fitness backgrounds.

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ID 1617 - Equity and humanism in digital primary care: a literature review

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Context: Point-of-care ultrasound (POCUS) in primary care is expanding as a tool to improve diagnostic capacity, reduce delays and avoid unnecessary referrals. However, real-world comparative data with hospital imaging pathways remain limited. This study analyzes the performance of ultrasounds performed in a primary care center versus those referred to hospital, focusing on diagnostic delay, need for second imaging tests, and cost impact.

Objectives: To compare primary care versus hospital-based ultrasound pathways in terms of (1) diagnostic delay, (2) frequency of second imaging requirements, and (3) direct cost differences, in order to assess the efficiency and clinical utility of a local POCUS program in family medicine.

Methods: A retrospective study was conducted at CAP Les Corts using 2024 activity data. All abdominal and reno-vesical/prostatic ultrasounds performed in the primary care center were

compared with those referred to hospital during the same period. Variables collected included time to test, frequency of second diagnostic imaging after the first ultrasound, and direct cost differences based on official local pricing.

Results: A total of 516 ultrasounds were performed at the primary care center versus 1,953 at the referral hospital. The mean delay to complete the test was significantly shorter in primary care (28.87 ± 14.76 days) compared with hospital pathways (52.69 ± 68.74 days) ($p<0.05$). After primary care ultrasound, 41 cases required a second imaging test (27 additional ultrasounds, 10 CTs, 4 MRIs). Despite these cases, the implementation of a primary-care-based ultrasound circuit resulted in an estimated direct cost saving of €27,224 in 2024. Local availability also improved accessibility but generated some demand pressure requiring scheduling optimization.

Discussion: Primary care ultrasound reduced waiting times and costs, with a relatively low rate of complementary imaging. POCUS can safely absorb demand traditionally routed to hospitals. Increased accessibility may drive additional requests, highlighting the need for structured agendas, clear referral criteria, and coordination with radiology to maintain appropriate use.

Conclusion: Primary care ultrasound reduces diagnostic delays and offers significant cost savings while maintaining an acceptable need for complementary imaging. These results support further expansion of POCUS in family medicine settings.

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ID 1816 - SMART solutions for primary care to overcome access barriers: sharing experiences with e-health across Europe

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Context: Blue sclerae in infants may represent a benign variant or signal underlying connective tissue disease. Family physicians are often the first to detect these findings and must differentiate constitucional causes from heritable disorders such as osteogenesis imperfecta (OI) or Ehlers-Danlos syndrome (EDS).

Methods: A 24-month-old boy presented at routine surveillance with persistent blue sclerae and mild motor delay requiring physiotherapy. Examination revealed generalized joint hypermobility. Family assessment identified similar hyperlaxity in the father, previously undiagnosed. Neither the child nor father had fractures, dentinogenesis imperfecta, chronic pain or easy bruising. The combination of blue sclerae and familial hypermobility raised suspicion for a connective tissue disorder.

Originality: Blue sclerae are a clinical sign, not a diagnosis. Joint hypermobility is a key diagnostic clue. When present in the child and in a parent, it strongly shifts the differential toward hereditary connective tissue disorders, particularly Ehlers–Danlos syndrome (EDS). Family assessment is essential in primary care. Examining parents for subtle features (hypermobility, skin signs, fracture history) often reveals patterns missed in isolated paediatric evaluation. Mild OI or hypermobile EDS may present only with blue sclerae and motor delay—absence of fractures does not rule them out. Primary care is crucial for timely recognition of hereditary connective tissue disorders and ensuring appropriate multidisciplinary follow-up.

Lessons learned and future implications: Need for clearer primary care algorithms for children with connective tissue “red flags” such as blue sclerae, hypermobility, hypotonia, and recurrent pain. Improved interdisciplinary collaboration between family medicine, paediatrics, ophthalmology, physiotherapy, and genetics for children with suspected collagen disorders. Potential for developing primary care educational modules on connective tissue disorders, given their under-recognition and wide phenotypic spectrum.

Discussion: This case highlights the diagnostic challenge of blue sclerae in infancy and the importance of recognising joint hypermobility as a key clue to EDS. Primary care physicians play a central role in early detection, family evaluation, and coordination of referral pathways. Identifying subtle connective tissue signs in relatives can guide earlier diagnosis and management.

Conclusion: Persistent blue sclerae with joint hypermobility should prompt a structured evaluation, including family assessment and genetic referral. Primary care is crucial for timely recognition of hereditary connective tissue disorders and ensuring appropriate multidisciplinary follow-up.

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ID 162 - Too much water, too little salt: hyponatremia and seizure following colonoscopy preparation

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Context: Cardiovascular disease (CVD) is a leading cause of global mortality. While early management of risk factors is central to primary care, individual outcomes vary. Although genetic predisposition and lifestyle behaviors contribute to CVD risk, their combined influence on mortality remains understudied in large populations. Understanding this interaction is crucial for determining if lifestyle changes can offset inherited disease susceptibility.

Objectives: This study examined how family history of CVD and modifiable lifestyle factors jointly affect CVD mortality, aiming to determine if healthy behaviors can reduce familial risk in primary care.

Methods: We analyzed data from 780,647 adults who underwent health examinations between 2002 and 2022, excluding those with CVD or cancer history. Participants were grouped by family history (yes/no) and lifestyle behavior tertiles (Healthy: 3rd tertile; Unhealthy: 1st–2nd tertiles). The lifestyle score integrated smoking, obesity (BMI ≥25 kg/m²), physical activity, blood pressure, fasting glucose or HbA1c, and non-HDL cholesterol. Cox proportional hazards models estimated hazard ratios (HRs) for CVD mortality.

Results: During 7,675,706 person-years of follow-up, 1,404 CVD deaths occurred, with an incidence rate of 18.3 per 100,000 person-years. Compared with the reference group (Healthy Lifestyle/No Family History), the hazard ratio (HR) for CVD mortality was 1.05 (95% CI 0.58–1.88) for those with a healthy lifestyle and family history. The HRs were elevated in groups with an unhealthy lifestyle: 1.84 (1.47–2.31) for those without a family history and 2.06 (1.57–2.69) for those with a family history. Individuals with a family history who maintained a healthy lifestyle showed no significant increase in mortality risk compared with the reference group.

Discussion: Our findings align with the growing evidence that favorable lifestyle behaviors substantially mitigate cardiovascular risk, even among individuals with inherited susceptibility. In this study, an unhealthy lifestyle conferred a greater increase in mortality risk than did family history alone. These results emphasize that family history is not deterministic but rather serves as a marker to identify patients who may derive particular benefits from intensive lifestyle counseling.

Conclusion: Healthy lifestyle behaviors lower CVD mortality risk, neutralizing excess risk from family history of CVD. Strengthening lifestyle modification should be prioritized for primary prevention in family medicine.

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ID 181 - Acute Alpha Chloralose Intoxication: A Descriptive Study in the emergency department

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Context: Cat bites to the hand are high-risk injuries, especially in diabetic patients, because narrow puncture wounds inoculate bacteria deeply into poorly vascularised structures such as tendon sheaths and joints (1,2). Early presentations may appear mild, leading to delays in diagnosis and treatment. This case, managed in a primary care setting, highlights the challenge of detecting deep infection early, the limitations of oral antibiotics, and the importance of imaging and timely escalation.

Methods: A 53-year-old woman with suboptimal type 2 diabetes sustained a cat bite to her left wrist complicated with mild cellulitis despite completion of oral amoxicillin–clavulanate. She returned with worsening swelling and persistent wrist pain- red flags for deep hand infection. Although blood tests and radiography were normal, ultrasound showed tendon-sheath fluid and features of suppurative tenosynovitis. Surgical exploration confirmed pus within a sloughy tendon sheath, and cultures were negative. She completed six weeks of antibiotics (intravenous and oral) and received hand rehabilitation and glycaemic optimisation.

Originality: This case highlights how early cat-bite injuries in diabetic patients can be difficult to diagnose, as initial signs may appear mild and routine tests may remain normal despite deep infection.

Lessons learned and future implications: Cat-bite wounds in diabetic patients require reassessment within 48–72 hours. Red flags should prompt imaging and early referral. Culture findings should not guide decisions when clinical suspicion is high.

Discussion: Diabetes increases susceptibility to deep infection due to impaired immunity and microvascular compromise. Cat bites penetrate tendon sheaths and joints, where antibiotics have poor penetration (1–3). Pain on passive stretch, progressive swelling, and fluctuance—indicate deep tissue involvement (3). Cat-bite wounds often seal quickly, masking deeper spread (2). Negative cultures are common—reported in up to 39% of cat-bite infections—because of fastidious organisms and prior antibiotic use (1,2,4). When antibiotics fail, surgical drainage is often needed (4). Ultrasound is valuable in guiding escalation (1,2).

Conclusion: Cat bites to the hand in diabetic patients may hide deep infection despite mild appearance. Failure to improve within 48–72 hours warrant prompt re-evaluation and imaging. Disability can be prevented by timely referral and treatment escalation.

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ID 240 - Marburg Heart Score and INTERCHEST score for telephone triage of acute chest pain: a prospective, diagnostic accuracy study in out-of-hours primary care

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Context: Although the renal protective effects of statins are known, their effects on renal function show inconsistent results depending on the study participants and types or intensity of statins.

Objectives: We examined the change of renal function after long-term use of moderate-intensity atorvastatin and rosuvastatin in the primary care patients.

Methods: We enrolled 247 patients with dyslipidemia who started taking atorvastatin10-20mg or rosuvastatin 5-10mg and maintained each for more than one year. After 1:1 ratio propensity score matching of the two groups, 68 subjects were selected from each. The demographic characteristics, anthropometric parameters, lifestyle, comorbidities, renal function, and cardiometabolic parameters of both groups were analyzed. Changes in creatinine, estimated glomerular filtration rate (eGFR) and cardiometabolic parameters before and after statin administration in both groups were analyzed by paired t-test.

Results: When comparing renal function after long-term use of atorvastatin or rosuvastatin, there were no significant changes in creatinine (from 1.02±0.15, to 1.01±0.15 mg/dL, P-value=0.14) and eGFR (from 74.7±12.5, to 75.6±12.4 mL/min·1.73m2, P-value=0.87) in the atorvastatin group and creatinine (from 1.02±0.16, to 1.01±0.17 mg/dL, P-value=0.05) and eGFR (from 76.0±10.2, to 77.8±12.3 mL/min·1.73m2, P-value=0.99) in the rosuvastatin group. Additionally, significant reductions in total cholesterol, low-density lipoprotein cholesterol, triglycerides and blood pressure were observed in both groups.

Discussion: In this study, long-term use of moderate-intensity atorvastatin and rosuvastatin did not significantly affect renal function in patients with dyslipidemia without renal disease. In the future, a large-scale prospective study is needed to determine the effect of statin types and intensity on renal function in various patient groups.

Conclusion: Long-term use of moderate-intensity atorvastatin and rosuvastatin did not have a significant impact on renal function in adults with dyslipidemia who did not have kidney disease and improved cardiometabolic parameters.

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ID 427 - Traumatic Brain Injury: A Systematic Review of Mechanisms, Epidemiology, Imaging Findings, and Emerging Biomarkers

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Context: Anxiety crises are significant mental health issues globally, with a 3.6% worldwide prevalence in 2017 according to the WHO. In Brazil, the rate reaches 9.3%, higher than in many other countries. Early identification enables more comprehensive care, and structured simulation is a valuable tool for developing essential clinical skills.

Methods: The simulation was organized by the medical education league and conducted in a controlled environment at São Leopoldo Mandic College in Limeira. An actor portrayed a patient who, during a routine consultation, experienced an acute anxiety episode marked by sudden fear or intense discomfort, palpitations, shortness of breath, tremors, and fear of imminent death or loss of

control. Groups of four to six students participated in each session, tasked with identifying the crisis, practicing active listening and patient reception, and later discussing management strategies with supervising professors.

Originality: Primary Care is the entry point to the Unified Health System (UHS), and professionals must be prepared to address all demands presented at this level. Simulation supports training for comprehensive care and reinforces the role of Primary Care in early recognition and management of mental health conditions.

Lessons learned and future implications: Students showed adequate knowledge in identifying anxiety crises and improvement in anamnesis, active listening, and patient reception. The activity highlighted the relevance of simulation in preparing future professionals to care for patients with mental health issues. For future editions, including a multidisciplinary team and expanding discussions on referral pathways may further enhance learning.

Discussion: The simulation positively impacted students' readiness to interact with patients in anxiety crises. Debriefing and active involvement in case discussions were essential for consolidating knowledge and strengthening clinical reasoning in a safe environment.

Conclusion: The simulation proved valuable in preparing future health professionals for first-contact care of patients experiencing anxiety crises, improving identification skills and promoting comprehensive, patient-centered care. As a safe and realistic learning scenario, it encourages active engagement and offers educators new possibilities for teaching in clinical and controlled settings. Simulation remains an essential tool in training professionals who will work in Primary Care.

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ID 1044 - Cat-Bite–Associated Tenosynovitis in a Diabetic Patient: A Case Emphasizing the Limits of Empirical Antibiotic Therapy

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Context: HIV infection has become a chronic condition with highly active antiretroviral therapy (HAART), requiring long-term follow-up shared between hospital specialists and general practitioners (GPs). Coordination between these settings is crucial to ensure continuity of care and maintain quality of life for people living with HIV (PLWH).

Objectives: To explore how PLWH in the Île-de-France region experience shared care between primary and hospital settings, and to identify perceived benefits, barriers, and expectations regarding this care model.

Methods: We conducted a qualitative study based on seven semi-structured interviews with PLWH receiving both hospital and community care in Île-de-France. Interviews were audio-recorded, transcribed verbatim, and analyzed using Interpretative Phenomenological Analysis (IPA). Data analysis involved investigator triangulation, with double coding by the lead researcher and a senior supervisor followed by consensus discussions. The study received approval from the university data protection officer and the CNGE national ethics committee.

Results: Receiving an HIV diagnosis emerged as a particularly challenging moment that shaped subsequent relationships with healthcare professionals. Shared care was generally perceived positively, combining hospital specialists' technical expertise with GPs' holistic, longitudinal approach. Participants emphasized the importance of trust, continuity, and clear communication between providers. However, several barriers were reported: variability in clinical practice, insufficient HIV-specific training for GPs, limited use of digital tools for information sharing, and persistent gaps in hospital–community communication, all of which can weaken the effectiveness of shared care.

Discussion: These findings are consistent with calls to strengthen the role of primary care in HIV follow-up while underscoring the organizational and symbolic barriers that still constrain shared care in everyday practice. Acceptance of shared care appears closely linked to patients' trust in their GP and to clearly defined, complementary roles between primary and hospital care.

Conclusion: PLWH are favorable toward shared care as long as GPs are adequately trained and communication with specialists is regular, structured, and efficient. This study highlights the need to enhance continuing education for GPs in

HIV care and to optimize digital coordination tools to support integrated, patient-centered follow-up.

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ID 1455 - Strengthening Heart Failure Care in Rural Primary Care: Quantitative Insights from Patient-Reported Experience Aligned with WHO, NHSE and WONCA Priorities

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Context: Tuberculosis remains a major public health problem in Tunisia, where extrapulmonary forms are frequent. Osteoarticular tuberculosis (OT) is uncommon, and carpal involvement is particularly rare and frequently misdiagnosed. We report a case of carpal tuberculosis in a 39-year-old immunocompetent man.

Methods: A 39-year-old man with no past medical history from a rural area in the Tunisian Sahel, presented with an 18-month history of progressive swelling and pain of the right hand and wrist, without fever, weight loss, or other general symptoms, and with no improvement despite multiple empiric antibiotics courses for presumed pyogenic infection and anti-inflammatory drugs in primary care. Clinical examination showed mild inflammation of the dorsal aspect of the right hand and wrist, with preserved but painful wrist mobility and no neurovascular deficit. Chest radiograph was normal, the right wrist radiograph revealed osteolytic lesions of the carpal bones, and the tuberculin skin test was positive. Bacteriological examinations of soft tissue and carpal bone biopsy specimens were negative, but histopathological analysis revealed epithelioid and multinucleated giant-cell granulomas with caseous necrosis. The patient received a 12-month course of anti-tubercular therapy combined with osteoarticular debridement and tenosynovectomy. The clinical course was marked by regression of the swelling and microbiological sterilization, but with persistent functional limitations of the wrist and hand.

Originality: This case illustrates an unusual osteoarticular localization of tuberculosis in an immunocompetent adult, presenting as isolated carpal involvement without pulmonary or other extrapulmonary localizations.

Lessons learned and future implications: This case underscores the need for primary care clinicians in tuberculosis-endemic settings to consider OT in any chronic monoarthritis or persistent wrist swelling, even without constitutional symptoms.

Discussion: Carpal tuberculosis is an uncommon form of OT. Its presentation is often insidious, with nonspecific signs that may mimic chronic inflammatory or pyogenic arthritis. As microbiological tests may be negative, imaging findings and histopathological examination are essential for diagnosis. Treatment, based on anti-tubercular therapy with or without surgical intervention, should not be delayed minimizing the risk of functional sequelae.

Conclusion: In tuberculosis-endemic countries, chronic wrist or hand swelling of unclear origin should systematically raise suspicion of OT. Early recognition and treatment are critical to prevent irreversible functional sequelae with this uncommon condition.

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ID 2136 - “Everyone Has Morning Headache”: Carbon Monoxide Exposure Suspected from One Key Question

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Context: Returning to clinical practice after maternity leave is a major professional transition for many doctors. Through informal professional conversations across multiple NHS specialties—including General Practice, hospital medicine and community-based roles—recurring challenges have emerged relating to confidence, workload, identity, and workplace culture. Understanding how these NHS-wide themes manifest uniquely in General Practice is increasingly important for workforce retention, wellbeing and training quality.

Methods: This reflection draws on iterative professional discussions with NHS mothers working in varied clinical environments. These conversations explored lived experiences of returning to clinical work, including emotional, organisational and practical challenges. Themes were identified through reflective comparison across contexts, with

a focus on how shared challenges diverge in General Practice due to continuity demands, intensity of workload, consultations requiring autonomous decision-making, and the structure of supervision. No formal research methods were used, and no identifiable information was collected.

Originality: The comparative, cross-specialty perspective presented here highlights universal themes while identifying elements that are particularly pronounced in General Practice—such as rapid re-assumption of independent clinical responsibility, limited protected orientation time, and the emotional weight of continuity with patients after extended absence. This GP-specific lens on an NHS-wide issue is seldom addressed within training pathways or workforce guidance.

Lessons learned and future implications: Across specialties, returning mothers commonly experience reduced confidence, emotional load, guilt, pressure to perform at pre-leave levels, and overlooked physical or psychological recovery needs. Within General Practice, these challenges are amplified by workload intensity, continuity expectations and variable supervisory structures. Supervision styles and managerial confidence in supporting returners varied widely, highlighting a significant training need. Informal peer support and phased returns were consistently valued. The findings suggest opportunities for clearer practice-level guidance, improved supervisor training, psychologically safe environments, structured return-to-work conversations, and formalised support pathways for parents returning to General Practice.

Discussion: Addressing these issues aligns with broader priorities in primary care relating to equity, humanism, and workforce wellbeing. Improving the return-to-work experience may support retention and strengthen early-career GP development.

Conclusion: A structured, compassionate and proactive approach to supporting returning mothers can enhance wellbeing, confidence and retention in General Practice.

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ID 122 - Analysis of the Current Situation, Risk Factors, and Primary Care of Falls Among Community-Dwelling Elderly Hypertensive Patients

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Context: Primary healthcare with an urgent referral to the Emergency Department.

Methods: Woman, 74 years old, with a medical history of hypertension and dyslipidemia. She presents to a Primary Care facility with right-sided temporal pulsatile headache accompanied by scalp hyperalgesia, decreased visual acuity in the right eye and right temporal artery light tenderness that started 24 hours before. The headache does not improve with usual painkillers. Given the presence of headache red-flags, she is referred to the Emergency Department. In the Emergency Department, laboratory tests reveal an erythrocyte sedimentation rate of 31 mm/hr and a C-reactive protein level of 16 mg/dL. Given the suspicion of giant cell arteritis (GCA), she is started on methylprednisolone 500 mg for 3 days and admitted to the Rheumatology ward. Further evaluation with ultrasound shows a halo sign with positive compression maneuvers in the frontal branches of both temporal arteries. A temporal artery biopsy is taken with normal results. The patient's symptoms improve, she is discharged and continues with outpatient follow-up.

Originality: GCA usually presents with jaw claudication and constitucional symptoms, in our case, the patient didn't have any of this symptoms and only presented visual and scalp hyperalgesia.

Lessons learned and future implications: In a Primary Care setting, besides the importance of recognizing headache red-flags, the Southend GCA Probability Score should also be used when point of care C-reactive protein is available, as it has high sensitivity prediction.

Discussion: GCA is a systemic vasculitis that primarily affects medium and large arteries, especially the extracranial branches of the carotid artery. It typically affects adults over 50 and presents with temporal headache, scalp tenderness, jaw claudication, constitucional symptoms and visual disturbances. Elevated inflammatory markers are common. Prompt diagnosis and immediate corticosteroid therapy are essential to prevent irreversible vision loss, making it the principal reason of why this diagnosis should be in mind of every primary care provider facing a red-flag headache.

Conclusion: Even though, a patient doesn't present the usual symptoms of GCA, GCA should be suspected in the diferencial diagnosis of a headache with red-flags in Primary Care and the patient should be referred to the Emergency Department. Key words: Giant Cell Arteritis; Headache; Ultrasonography.

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ID 1362 - Aging with HIV: Clinical, Functional and Care-Pathway Challenges in Primary Care – A Cross-Sectional Study of Adults Aged 65 and Older, followed at the University Hospital of Besançon, France

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Context: This rural Health Center serves approximartely 4000 individuals. No structured screening of 12-15-year-olds had been conducted in the previous three years due to resource constraints. This project introduced systematic screening of BMI and vision in 12-15-year-olds.

Methods: The Center director, school nurse, and school administration developed an action plan that included the formation of registries, periodic screenings, and data entry. The majority of students were examined at the school. Students registered in the Center but attending schools outside the community were examined at the facility. Challenges included increased staff workload due to new procedures, limited resources, and difficulty accessing students enrolled in schools outside the community.

Originality: Preventive care and quality improvement are relatively new concepts in this country. Despite longstanding guidelines for screening of children and adolescents, systems to ensure completion were absent in this region, and compliance was poor. Against this backdrop, the Health Center and the school implemented a standardized local screening pathway to support early detection of growth and vision disorders. This is a first step to establishing a culture of early detection and preventive healthcare.

Lessons learned and future implications: Structured and coordinated work is required during collaboration between the healthcare and education sectors. Even under limited resources, it is possible to build effective mechanisms if clear responsibilities, good coordination, and strong communication exist between involved parties. Furthermore, accurate data collection and proper data management can ensure continuity. The standardized process, coordinated by the Health Center director, will ensure ongoing screening of two school classes per month, with findings recorded by the school nurse and entered into the health information system by the Health Center operator.

Discussion: Screening rates went from near zero in 2024 to 92% in 2025. Vision disorders were identified in 18 students, obesity in 24, and undernutrition in 9. Several children underwent repeat examinations, others remain under assessment, and some were referred to secondary care for specialist evaluation. Parent and teacher awareness of adolescent health risks has increased.

Conclusion: This initiative restored a culture of health monitoring and strengthened collaboration between the school and Health Center, clarifying the distribution of responsibilities for adolescent preventive care.

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ID 1588 - Perceived loneliness in the elderly: is there a gender gap?

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Context: Burnout is a major threat to primary care sustainability across Europe, and Slovenia faces similar challenges. Slovenian studies demonstrate consistently high burnout levels among family medicine trainees and practicing GPs. A national study of trainees reported high emotional exhaustion in 45.9%, high depersonalisation in 43.1%, and low personal accomplishment in 45.9% . Among 316 Slovenian family doctors, 6% scored high on all three MBI dimensions, with risk factors including rural workload, high patient volume, and chronic illness. Qualitative research further highlights work–family conflict—especially for female trainees.

Methods: A scoping review of Slovenian research on burnout (2008–2025) was conducted, including quantitative cross-sectional studies, qualitative interview studies, and meta-analytic occupational stress research. In addition, reflective semi-structured interviews were held with Slovenian GPs (n = 12) working in urban, semi-rural, and rural practices to identify practical coping strategies.

Findings were synthesised through thematic analysis across individual, interpersonal, and organisational domains.

Originality: This work is the first to integrate all major Slovenian burnout studies across primary care with new qualitative insights from frontline GPs. It uniquely situates international burnout concepts within the specific realities of Slovenian healthcare, including patient load patterns, rural service expectations, the structure of GP training, and cultural expectations surrounding work and family roles. The combined evidence allows for tailored, actionable recommendations for Slovenia rather than generic resilience strategies.

Lessons learned and future implications: Small, realistic organisational changes matter. Formalising peer support is not used enough. Micro-recovery strategies, training flexibility is essential to addressing burnout risk among family medicine traiinees and specilists.

Discussion: Three themes consistently emerged: 1. Structural and Workload Pressures Dominate High daily patient volume, administrative overload, and limited organisational flexibility—especially in rural practices—were key drivers identified in Slovenian studies and interviews. These factors reduce autonomy and amplify emotional exhaustion. 2. Work–Family Conflict Is a Distinctive Slovenian Burden 3. Empathy and Relationship-Centered Care: A Double-Edged Sword.

Conclusion: Slovenian evidence shows that burnout among GPs is shaped by a combination of heavy workload, empathy demands, and work–family conflict. Effective prevention requires strategies that focus on system-level redesign, structured collegial support, and practical micro-recovery, rather than relying on resilience alone.

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ID 1704 - A Geriatric Fall at Home Complicated by Immobilization-Related Morbidities: A Case Report

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Context: Constipation is a frequent complaint in Primary Care and a significant cause of discomfort among adults. It may present as an acute or chronic condition and often results from a combination of physiological, behavioural, and lifestyle factors. For Family Medicine physicians, identifying common causes, recognizing alarm signs, and understanding therapeutic options is essential for effective management and prevention.

Objectives: This review aims to summarize recent updates in clinical guidelines on the management of constipation in adults and to highlight the central role of primary healthcare professionals in patient education, preventive counselling, and timely intervention.

Methods: Guidelines and evidence-based recommendations from the Cochrane Library, UpToDate, the World Gastroenterology Organization, and the American Gastroenterological Association were reviewed. The analysis focused on diagnostic approaches, first-line non-pharmacological measures, and the comparative effectiveness of available pharmacological and mechanical interventions.

Results: Effective management of constipation begins with careful clinical evaluation and early implementation of preventive strategies. General measures—including hydration, dietary fibre optimization, physical activity, and patient education—are consistently recommended as first-line therapy. When these are insufficient, pharmacological options may be considered. Evidence suggests that polyethylene glycol is more effective than lactulose, particularly in improving stool frequency and abdominal comfort. Mechanical interventions may be appropriate for selected cases, depending on symptom severity and underlying causes.

Discussion: Constipation is often underreported by patients, reinforcing the need for clinicians to proactively inquire during consultations. Primary Care physicians are uniquely positioned to reduce symptom burden through personalized management plans and to promote long-term behavioural changes that support bowel health. Awareness of updated guidelines enhances the capacity to deliver comprehensive and patient-centred care.

Conclusion: Constipation should not be overlooked in routine Primary Care practice. Early recognition and individualized treatment strategies improve patient outcomes and prevent unnecessary complications. Ongoing familiarity with current evidence and guideline recommendations is essential to ensure effective and tailored management for adult patients. Keywords: Constipation, Primary Health Care, Adult

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ID 983 - Carpal tuberculosis: a case report

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Context: This polyclinic serves 13,000 individuals in a small city and nearby villages. Diabetes screening was not being performed according to current guidelines, due to lack of systematic approach and data system limitations. This project aimed to improve compliance with guidelines for diabetes screening among patients 35–68 years-old.

Methods: A family physician identified eligible patients through the electronic medical record. The physician and nurse designed and implemented a system to ensure screening was conducted when patients visited the polyclinic for other complaints; nurses made calls to patients who did not come in. Data was collected in Google Sheets and analyzed by the medical staff, who also performed the examinations and assessed risks. Encountered challenges included: population passivity, staff workload, and difficulties with data entry. Teamwork and administrative support facilitated progress.

Originality: WHO states that 537 million adults worldwide live with diabetes, and every second patient is unaware of their condition. In this country, a significant portion of patients are diagnosed only when complications arise; participation in preventive examinations is poor. Quality improvement is a new concept in most practices, as is team-based care. Through this project, it was possible to increase screening of the target population, as well as improve interest and engagement among the medical staff.

Lessons learned and future implications: Team collaboration and data digitization are essential for success of screening initiatives. Population engagement requires education and communication approaches. For sustainability of the program, all healthcare workers will continue to be involved, while administration will ensure oversight and accountability.

Discussion: Approximately 32% of the target population was successfully screened, compared to 5% in 2022 and 10% in 2023. Of these, eleven patients (4%) were diagnosed with diabetes, and 18 (7%) were prediabetic. Updated numbers for the full year of 2025 and comparison to the whole polyclinic will be included in the final poster.

Conclusion: This project proved that through collaboration between doctors and nurses, support from the administration, and use of appropriate data management systems, it is possible to implement successful community awareness activities to improve early detection of type 2 diabetes.

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ID 1057 - Is Family History Destiny? The Mitigating Role of Healthy Lifestyle on Cardiovascular Mortality Risk

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Context: Knee Osteoarthritis (KOA) management requires long-term maintenance and multidisciplinary support to prevent functional decline. Evidence suggests that structured Physical Exercise (PE) can alleviate symptoms and enhance joint function when combined with standard management. Within primary health care, the XXX Center delivers a multidisciplinary program that combines gym and aquatic exercise to complement standard treatment. The objective was to evaluate the effectiveness of a PE program on knee disability among adults with KOA attending the XXX Center.

Methods: This quality-improvement project was implemented at the XXX Center between May 2022 and May 2024 using the Plan–Do–Study–Act model. Eligible participants were adults with clinically stable KOA who had completed standard management. Exclusion criteria included acute flare-ups, medical contraindications, or poor adherence. Participants were allocated to one of two groups: (A) Combined gym + swimming or (B) Swimming-only, where each had 2–3 sessions/week, 60 minutes each for 12 weeks. The Knee Injury and Osteoarthritis Outcome Score (KOOS), which assesses knee-related disability, was administered at baseline and 12 weeks. Scores range from 0 (severe problems) to 100 (no problems), with a target of ≥10% from baseline. A total of 115 adults participated, including 69 females (60%), with a mean age of 60.1 years. Seventy engaged in mixed exercise and 45 in aquatic-only sessions. Mixed-exercise participants showed greater KOOS improvements (pre = 60.1; post = 74.9, 81.9, 78.3 in 2022, 2023, and 2024), whereas aquatic-only participants demonstrated smaller or inconsistent gains.

Originality: This project introduces a primary–care–based model for KOA management through a structured PE. Unlike traditional management settings, it integrates gym and aquatic therapy within a primary care center, demonstrating functional improvement in real-world settings over 3 years.

Lessons learned and future implications: Lessons highlight the superior outcomes of combined PE modalities and the benefits of multidisciplinary support. Future directions include integrating PE after the standard management and conducting longer-term evaluations.

Discussion: The findings demonstrate that integrating a structured, multimodal PE within primary care can meaningfully improve KOA outcomes, reinforcing the value of lifestyle-medicine approaches in routine management.

Conclusion: Embedding structured PE programs within primary care is an effective and scalable strategy to improve KOA outcomes.

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ID 1406 - Free, competency-based Preventive & Lifestyle Medicine learning resources for our and our planet's health

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Context: A 58-year-old woman with no relevant medical history presented to the clinic consulting with abdominal distension and pain for several months. Laboratory tests and an abdominal X-ray were performed with not abnormal findings. She is advised lifestyle modifications, including gluten and lactose restriction, however, did not improve. Patient later developed a low-grade fever, vomiting, and diarrhea, which led her to seek care at local hospital.

Methods: During hospital visit abdomen was distended, tympanic, muscular rigidity upon palpation on right iliac region. The rest of the abdomen was unremarkable. An abdominal X-ray was ordered, which again showed no findings. Blood tests revealed only a C-reactive protein (CRP) of 52.8 mg/L. Given blood work results and clinical finds, appendicitis was suspected which led to perform en abdominal ultrasound detecting free fluid en the intraperitoneal cavity. Further investigation was carried out with abdominal CT and angiography, leading to a diagnosis of peritoneal carcinomatosis.

Originality: The finding of free fluid in the intraperitoneal cavity allowed other diagnosis to be considered, therefore, requesting further and more detailed imaging study until finally coming to the final diagnosis of peritoneal carcinomatosis which was initially not considered.

Lessons learned and future implications: This case allows us to assess the importance of point-of-care ultrasound (POCUS) in primary and emergency care. Although ultrasound is not the imaging diagnostic technique of choice for peritoneal carcinomatosis, it could have revealed secondary findings earlier if bedside ultrasound had been done in clinic by trained professional, therefore being able to diagnose much earlier when symptoms started demonstrating what Moien A. B. Khan y Fikri M. Abu-Zidan said US could see a minimum of free fluid of up to 10 mL in peritoneal cavity if done correctly.

Discussion: Despite abdominal point-of-care ultrasound (POCUS) having it´ s weakness being a user-dependent method requiring extensive training, it is an economical and effective tool that, when included in clinical practice, can help physicians achieve early diagnostic guidance and more confident decision-making if ultrasound data is correlated with the clinical evaluation of patients.

Conclusion: We consider training primary care physicians in POCUS to be an investment in the future, especially in resource-limited or hard-to-reach areas.

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ID 1664 - The Holistic Chronic Pain Consultation: Integrating Lifestyle Interventions to Enhance Self-Management in Primary Care

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Context: Adequate blood pressure (BP) management is essential to reduce cardiovascular risk in patients with hypertension. Guidelines recommend individualised BP targets, particularly for older adults, to balance the benefits of control with the dangers of overtreatment. Despite these recommendations, real-world data suggest variation in achievement of target BP across age groups and care settings.1

Objectives: To evaluate age-related differences in hypertension management and potential overtreatment in a rural primary care practice, using national audit data from CVD PREVENT (June 2025).

Methods: Patients with GP-recorded hypertension and the assessed achievement of BP targets over the preceding 12 months were analysed. Cohorts were stratified by age (<80 years vs ≥80 years). Potential overtreatment was assessed by identifying patients prescribed at least one antihypertensive with low systolic BP followed by a subsequent antihypertensive prescription. Practice-level performance was compared with the local Primary Care Network (PCN) and national averages.

Results: Overall BP control: Our practice, 75.71%; PCN, 68.64%; national, 68.27%. Patients <80 years: Our practice, 74.06%; PCN, 65.73%; national, 65.3%. Patients ≥80 years: Our practice, 82.13%; PCN, 80.24%; national, 79.61%. Potential overtreatment: Our practice, 0.78%; PCN, 0.6%; national, 0.52%.

Discussion: These data indicate a higher achievement of BP targets in older patients (≥80 years) than in younger patients (<80 years). While overall overtreatment rates were low, slightly higher rates in our practice warrant monitoring.

Conclusion: Our findings reveal an age-related discrepancy in hypertension management, with younger patients less likely to achieve target BP than older adults, despite similar guideline recommendations. These results suggest opportunities to optimise BP control in younger patients while maintaining vigilance against overtreatment in older adults. Targeted interventions focusing on age-specific barriers may further improve cardiovascular outcomes in primary care.

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ID 382 - Behavioral Health Training Priorities in Residency: Perspectives from Early-Career Physicians

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Context: Multidisciplinary teams (MDTs) are considered the standard of care in oncology, yet their structure and function vary widely across countries. In Bulgaria, MDTs often operate informally, and the extent to which GPs are recognised as meaningful contributors remains unclear. Given GPs' continuous, long-term relationships with patients and their role in addressing psychosocial determinants of health, understanding their perceived contribution within MDTs is essential for strengthening integrated cancer care.

Objectives: To explore how GP trainees perceive their role, contribution, and barriers to participation in informal MDTs caring for patients with prostate cancer.

Methods: This qualitative study was conducted during postgraduate training in General Practice. A vignette describing a typical informal MDT interaction for a patient with prostate cancer was presented to trainees. Participants (n = 50; 21 men, 29 women; mean age 29,2 years) provided written responses to the prompt: "What cultural and professional barriers are visible to you as a GP?" Inclusion criteria were current enrolment in postgraduate GP training and consent to participate. Data were analysed using thematic analysis to identify recurrent perceptions, barriers, and interpretive patterns.

Results: Four major themes emerged: Strict biomedical orientation: MDT discussions were perceived as focused exclusively on tumor markers, imaging, and treatment protocols, with psychosocial factors viewed as peripheral. Undervaluing the GP's role: GP input was often considered secondary to specialist perspectives, reflecting cultural norms that frame GPs as administrators rather than clinical partners. Low integration of psychosocial determinants: Patient fears, family pressures, financial constraints, and adherence challenges were rarely acknowledged despite their clinical relevance. Professional segmentation and weak communication: Specialists were described as working within narrow clinical boundaries, limiting receptiveness to holistic information provided by GPs.

Discussion: The findings suggest that current informal MDT structures provide limited space for the biopsychosocial expertise of GPs. This may reduce care coordination and weaken patient-centred cancer management.

Conclusion: Enhancing the integration of GPs into MDTs—through formalised structures, clearer role definition, and improved interprofessional communication—may strengthen continuity of care and better address psychosocial needs in prostate

cancer management. Further research should evaluate system-level mechanisms to support this integration. Keywords: Primary Health Care; Multidisciplinary Team; Prostate Cancer; General Practitioners; Qualitative Research.

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ID 482 - The Training Path of the CFSMG Campania Region: Objectives and Teaching Methodologies

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Context: Early identification of individuals at high risk for type 2 diabetes is a priority in primary care, especially among young and middle-aged adults, where subtle metabolic changes often go unrecognized despite long-term consequences. The homeostatic model assessment of insulin resistance (HOMA-IR) is widely used but has limited practicality in routine care. The triglyceride–glucose (TyG) index has emerged as a simpler surrogate marker, yet it remains unclear whether changes in TyG outperform changes in HOMA-IR in predicting diabetes risk.

Objectives: This study compared the predictive performance of changes in the TyG index versus HOMA-IR for incident type 2 diabetes in young and middle-aged adults.

Methods: We conducted a cohort study of 281,012 adults aged 18–49 years with ≥2 routine health visits. Changes in the TyG index and HOMA-IR were categorized into quintiles based on within-person differences. Incident type 2 diabetes was defined as fasting glucose ≥126 mg/dL, HbA1c ≥6.5%, or initiation of antidiabetic medication after baseline. Sex-specific hazard ratios (HRs) were estimated using Cox proportional hazard models.

Results: During follow-up, 5,965 men (4.09%) and 1,737 women (1.28%) developed type 2 diabetes. Increases in the TyG index demonstrated a clear graded dose–response relationship with diabetes risk. Among men, HRs ranged from 0.65 (95% CI 0.59–0.71) in Q1 to 2.17 (2.00–2.36) in Q5; among women, from 0.53 (0.44–0.63) to 2.63 (2.24–3.08). HOMA-IR showed a similar pattern but with weaker gradients across quintiles.

Discussion: The results indicate that longitudinal changes in the TyG index better identify individuals at elevated risk for type 2 diabetes than changes in HOMA-IR, particularly in younger populations. The stronger gradient associated with TyG suggests that it captures early metabolic alterations linked to insulin resistance more sensitively than traditional measures. Because the TyG index is simple, inexpensive, and based on routine laboratory values, tracking its changes in primary care could enhance early detection and preventive strategies.

Conclusion: TyG index changes showed a stronger correlation with type 2 diabetes onset than HOMA-IR changes. These findings support the TyG index as a practical and accessible tool for improving diabetes risk stratification and guiding targeted interventions in primary care settings.

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ID 774 - Family Medicine Residency e-Portfolio Competency Evaluation in Korea

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Context: During a novel respiratory pandemic, primary care clinics form the first point of contact for patients and visitors. Clinics must rapidly triage individuals based on symptoms and exposure risk, identify potentially infected persons, and manage or refer them according to established protocols. At the same time, continuity of care for patients with non-infective acute and chronic conditions must be preserved. Achieving safe segregation of potentially infectious patients from others requires clinic infrastructure that supports pandemic workflow, yet infrastructure is difficult to modify once constructed. This reflection examines the planning considerations for clinic layout to ensure pandemic readiness.

Methods: We reviewed the design and workflow planning process for a new primary care clinic, focusing on pandemic triage requirements in the event of a novel respiratory pandemic. Key considerations included establishing a single triage point, segregated patient and staff movement according to risk zones, and dedicated waiting areas for each zone. Critical service points including laboratory, radiology, and pharmacy were evaluated for specialised infrastructure needs such as radiation shielding, and temperature and humidity controls. Separate ventilation systems were planned for high- and low-risk zones. Tabletop exercises were conducted to test whether infrastructure aligned with intended workflows, including scenarios involving medical emergencies and fire incidents

within different risk zones. Strengths included early infection prevention team involvement and close collaboration with facilities teams. Limitations included the challenge of anticipating all future outbreak scenarios.

Originality: Although pandemic preparedness literature often focuses on clinical protocols, fewer reports address the structural and workflow design of primary care clinics. This experience highlights a proactive, infrastructure-centred approach that integrates infection prevention principles into early planning.

Lessons learned and future implications: Pandemic-ready infrastructure requires early multidisciplinary collaboration and scenario testing. Workflow considerations must encompass routine care, outbreak triage, and emergency contingencies.

Discussion: Aligning infrastructure with clinical operations enhances the feasibility and safety of pandemic triage and segregation. Tabletop discussion avoids the situation where workflow is impeded due to unforseen and unaddressed infrastructural limitations.

Conclusion: Thoughtful clinic design during peacetime supports effective pandemic response, protects patients and staff, and strengthens primary care resilience.

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ID 1187 - General Practice Residents' Experiences of Patient Death and Their Coping Strategies

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Context: Medical education is globally adopting a competency-based curriculum (e.g., EPAs, Milestones). The Korean Academy of Family Medicine (KAFM) has defined four core and 20 detailed competencies. Existing evaluation methods (exams, logbooks) are inadequate for the objective, comprehensive assessment of FM residents, especially due to frequent external rotations. An e-portfolio system is therefore proposed to systematically track and evaluate residents' continuous competency growth.

Objectives: The primary objective was to validate the suitability and content validity (CV) of the e-portfolio evaluation tools designed for FM residents' competencies through an expert panel. This validation is essential for establishing a structured, competency-based evaluation system.

Methods: A Delphi survey verified the CV of the evaluation tools against the 20 detailed competencies. Following an initial face validity review, content validity was quantitatively assessed using a closed-ended Delphi survey among 10 experienced KAFM experts. Analysis used the Content Validity Index (CVI), with a threshold of 0.6 or higher for tool adoption.

Results: The survey confirmed high CV and expert consensus for most proposed e-portfolio tools across the four competency domains. Evidence-Based Patient Care had the most tools (eight) adopted. However, all three tools for Communication-Based Care required further discussion due to assessment difficulty. Final tools were selected or modified after expert re-evaluation based on CVI results and practical feasibility.

Discussion: The developed e-portfolio tool is a significant step toward a systematic, competency-focused assessment, offering continuous, formative evaluation that promotes self-reflection. This system is crucial for overcoming the challenge of inconsistent evaluation in FM due to rotations. The high number of adopted tools for Evidence-Based Patient Care underscores its centrality. Future efforts must focus on developing objective tools for challenging areas like Communication-Based Care.

Conclusion: This study successfully validated the content validity of the e-portfolio evaluation framework for FM resident competencies, establishing a crucial foundation for an integrated system. This shift enhances the quality of residency training by enabling the systematic tracking and support of resident development, moving beyond simple documentation to a programmed, competency-based approach.

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ID 1249 - Age and Gender Representation of Patients Seen by Medical Students During Primary Care Placements

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Context: Hospitalization for acute myocardial infarction (AMI) creates a highly receptive moment for smoking cessation, as patients often experience heightened vulnerability and motivation to change. Although cardiac rehabilitation (CR) supports lifestyle modification, limited evidence examines the impact of inpatient CR on early cessation outcomes. This study evaluated whether participation in inpatient CR was associated with higher six-month smoking cessation among hospitalized AMI smokers.

Objectives: To assess the association between inpatient CR participation and six-month smoking cessation using a two-year retrospective cohort.

Methods: A two-year retrospective cohort included 369 hospitalized AMI smokers (2024–2025). Six-month cessation was defined as self-reported abstinence or expired carbon monoxide (CO) <10 ppm. Patients were grouped into CR (n=210) and non-CR (n=159). Cessation outcomes were compared using Chi-square and Fisher's exact tests.

Results: The CR group demonstrated a significantly higher cessation rate (43.8%) than the non-CR group (30.8%) (χ^2=5.93, p=0.0149; Fisher p=0.0128). A stronger effect observed in 2025 suggests that improvements in workflow, educational consistency, or patient engagement may influence effectiveness.

Discussion: These findings suggest that inpatient CR may serve as an effective early-phase behavioral intervention for AMI smokers. The structured education and motivational reinforcement provided during hospitalization may strengthen cessation efforts. Embedding CR-led counseling during hospitalization may provide a scalable model for secondary prevention. The association observed may also be partially influenced by unmeasured behavioral or psychosocial factors. Although unadjusted, the findings provide an important signal worthy of further controlled analyses. Future studies incorporating multivariable adjustment or propensity matching could further clarify the causal impact of inpatient CR on cessation outcomes.

Conclusion: Inpatient CR was significantly associated with higher six-month smoking cessation. Integrating structured CR-based counseling into routine AMI care and strengthening continuity between hospital services and primary care follow-up may enhance long-term cessation outcomes and support secondary prevention.

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ID 1602 - From Theory to Practice: Building Sustainable Healthcare into Medical Training

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Context: The World Health Organization (WHO) recognizes that compulsive sexual behaviors can harm individuals' mental, social, and physical health. Sexual addiction is a behavioral disorder that is often underestimated. Although its prevalence has been documented in other countries, few studies have been conducted in France, particularly in the northern regions.

Objectives: This study aims to determine the prevalence of sexual addiction in three multidisciplinary health centers in Northern France and to explore associated sociodemographic and behavioral factors.

Methods: This was an observational study conducted in three health centers located in urban, semi-urban, and rural areas. The PEACCE test, a validated tool for screening sexual addiction, was used. A sociodemographic questionnaire was administered to gather information on age, sex, relationship status, the use of the internet in sexual routines, and family history of addictions.

Results: A total of 334 adults, mostly women (68.9%), participated. The prevalence of sexual addiction was 5.1% in the overall sample. Prevalence was higher among men (6.7%) than women (4.3%). The use of the internet in sexual routines, a family history of behavioral addictions such as gambling, and a history of eating disorders (EDs) were associated with higher rates of sexual addiction.

Discussion: The results show a prevalence of sexual addiction that is lower than that found in other international studies. The study also confirms that internet use plays a key role in the intensification of compulsive sexual behaviors, a particularly relevant phenomenon. A major strength of this study lies in the use of a recognized test and a rigorous methodology. Its limitations include reporting and participation biases.

Conclusion: The difference in prevalence between men and women and the impact of family history

highlight the importance of targeting at-risk groups in order to develop prevention strategies.

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ID 127 - Development and Use of an Antimicrobial Utilisation Dashboard in XXX Primary Care

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Context: Osteoporosis is a chronic, degenerative, and progressive disease that affects bone architecture, leading to decreased bone mineral density (BMD). All of this increases the risk of fractures, especially in postmenopausal women and older adults.

Methods: A 68-year-old woman presents with dorsal low back pain of several months' duration, causing significant functional impairment. She has a 20 pack-year smoking history and reports no fever or constitutional symptoms. Physical examination reveals dorsal kyphosis and pain on palpation of the spinous processes, with negative Lasègue and Bragard tests. A lateral spine X-ray shows vertebral wedging at L3. Diagnosis: vertebral fragility fracture secondary to osteoporosis. Differential diagnosis: primary bone tumor, metastasis, osteomyelitis. Treatment with teriparatide 20 micrograms/80 microliters daily via subcutaneous injection is initiated.

Originality: This case stands out for the early identification of a vertebral fragility fracture in a patient with initially nonspecific symptoms, which allowed for prompt initiation of anabolic treatment. Unlike what is commonly reported in the literature, where diagnostic delay is frequent, the careful clinical evaluation and suspicion of osteoporosis in the presence of risk factors—such as smoking and age—enabled a rapid and appropriate approach.

Lessons learned and future implications: Early detection of fragility fractures in patients with risk factors improves outcomes. This case highlights the importance of clinical suspicion and early treatment to prevent additional fractures.

Discussion: Some rheumatology societies, such as ESCEO–IOF, consider vertebral or hip fractures in individuals over 50 years old to be a diagnosis of established osteoporosis, even without densitometry. In patients with risk factors such as low body weight, smoking, or alcohol use, starting preventive treatment is recommended.

Conclusion: Teriparatide is an agonist of parathyroid hormone receptors and is a good option for selected cases. In a postmenopausal patient with low back pain and osteoporosis risk factors, fragility fracture should be considered in the differential diagnosis Keywords: "Fragility fracture", "Osteoporosis", "Teriparatide".

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ID 1021 - Effect of long-term use of atorvastatin versus rosuvastatin on renal function and cardiometabolic parameters

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Context: Hypertension is the leading modifiable cardiovascular risk factor and a major cause of morbidity. In XXX, 34.8% of adults are hypertensive, but 43.2% receive no antihypertensive therapy and only 13.4% achieve blood pressure (BP) control. Although behavioral, psychological and social determinants influence BP outcomes, primary care practice remains largely biomedical and contextual data from XXX are limited. This study addresses the gap by evaluating biopsychosocial determinants for BP control to inform personalized decision-making in XXX primary care.

Objectives: To characterize biopsychosocial profiles of hypertensive patients and identify determinants associated with BP control.

Methods: A cross-sectional study was conducted in XXX primary health care (Dec 2021–Mar 2024). Adults aged 18–75 years with confirmed hypertension were included; acute cardiovascular diseases, severe psychiatric illness, terminal disease, or inabilities to consent were excluded. Family doctors recruited participants from 26 Health Centres, ensuring national, regional, and urban–rural representation. Biopsychosocial assessment used validated tools: WHO STEPS (adapted), GAD-7, PHQ-9, and Hill-Bone Scale. Clinical measures included physical examination, medical history and recent lab data. Data were analyzed in PSPP v.2.0.0. using descriptive statistics and multivariable logistic regression (OR, 95% CI, $p<0.05$).

Results: Among 426 participants (mean age 60.9±9.7; 51.6% women), 26.5% achieved target BP, while 73.5% were uncontrolled. BP control did not differ by sex, age group, income, comorbidity burden, anxiety (p=0.622), or depression (p=0.794). Urban residence doubled the odds of BP control vs rural (OR=0.50, 95% CI 0.32–0.78; p=0.002). Controlled BP was associated with lower salt intake, avoiding added table salt, reduced sugary drink consumption (all p<0.001), active commuting (p=0.006), and alcohol reduction for health reasons (p=0.008). Adherence strongly differentiated groups: higher Hill-Bone scores (p=0.007) and fewer missed doses or refills (p<0.001–0.021).

Discussion: Evidence from primary care settings shows that psychosocial factors and adherence play a key role in hypertension control (Sandoval et al., 2018), and similar trends have been reported in XXX (Brînduşe et al., 2024).

Conclusion: Biopsychosocial profiling identified lifestyle behavior, treatment adherence and rural–urban differences as key determinants of BP control. Embedding structured biopsychosocial assessment into routine family practice may support personalized decisions and targeted interventions.

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ID 1450 - Are we protecting our renal patients? Low penetration of SGLT2 inhibitors ina primary care cohort with objective renal damage

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Context: Digital health technologies integrating biometric feedback and personalized coaching are increasingly utilized to manage non-communicable diseases (NCDs), yet their comparative efficacy remains unclear.

Objectives: To evaluate the effectiveness of digital interventions incorporating real-time biometric feedback and tailored coaching on clinical and behavioral outcomes in adults with lifestyle-related NCDs.

Methods: A systematic search was conducted in PubMed, Embase, Cochrane Library, and Web of Science up to April 2025. 17 studies (14 RCTs, and 3 non-RCTs) involving 3,931 adults (aged 18–84 years) with NCDs (e.g., diabetes, hypertension) that assessed interventions using biometric feedback (e.g., wearables) combined with personalized coaching were included. Primary outcomes were glycemic control (HbA1c), blood pressure (SBP, DBP), depressive symptoms, and body mass index (BMI). Secondary outcomes included physical activity, sleep quality, and medication adherence. Meta-analyses used random-effects models for pooled standardized mean differences (SMDs), with subgroup analyses by intervention duration. Risk of bias was assessed using the ROB 2.0 tool.

Results: Seventeen studies (n = 3,931 participants) were included. Digital interventions significantly improved HbA1c (SMD = −0.26), DBP (SMD = −0.14), and BMI (SMD = −0.52). SBP reduction was non-significant overall but significant in long-term subgroups (SMD = −0.24). Improvements were also observed in depression (SMD = −0.30), physical activity (SMD = +0.30), and sleep quality (SMD = +0.63). Subgroup analyses revealed duration-dependent effects for BMI and SBP. Publication bias appeared low for most outcomes.

Discussion: Digital interventions combining real-time biometric feedback with personalized coaching showed consistent benefits for glycemic control, blood pressure, BMI, and psychological well-being. Improvements in physical activity and sleep suggest broader lifestyle impacts. Duration-dependent effects indicate that longer interventions yield stronger cardiometabolic outcomes. These findings support integrating tailored digital tools into primary care to enhance NCD self-management. However, heterogeneity across studies and limited long-term evidence highlight the need for future trials evaluating sustainability, equity, and implementation in routine practice.

Conclusion: Digital interventions combining real-time biometric monitoring and personalized coaching exhibited consistent, moderate benefits across clinical and behavioral NCD outcomes. These findings support the integration of tailored digital tools into NCD self-management strategies. Future trials should assess long-term sustainability and equity.

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ID 2076 - Expanding ANP Roles: Leading Benzodiazepine Deprescribing in Primary Care

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Context: The doctor–patient relationship is a fundamental pillar of healthcare. It is based on effective communication, trust, and mutual respect—elements that are essential for understanding the patient's needs, establishing an appropriate diagnostic and therapeutic plan, and ensuring high-quality care.

Methods: However, achieving this relationship is not always easy. Language barriers, cultural differences, and specific beliefs about health and illness can lead to misunderstandings, complicate the process of taking a medical history, and affect both treatment adherence and health outcomes.

Originality: This situation is clearly evident in the health center where we work, located in XXX. This neighborhood, known as XXX during its construction, was created in 1968 to accommodate immigrants from rural areas and from southern XXX, offering them dignified housing. Over time, the demographic composition has not changed significantly, and today there is a high proportion of residents of foreign origin, with diverse languages, cultures, and beliefs. As a result, we frequently encounter a significant language barrier and certain cultural specificities that make communication challenging when these patients come to the family medicine consultation. These difficulties can compromise the understanding of the reason for consultation, the transmission of health information, and adherence to treatment.

Lessons learned and future implications: Given this reality, as healthcare professionals we must know and apply various techniques and tools that facilitate communication.

Discussion: Continuous training is essential for updating our knowledge, developing intercultural competencies, and improving our communication skills in an increasingly diverse environment. In this context, digital communication tools play a key supporting role. The use of assisted translation platforms, telephone or video interpretation services, multilingual health applications, and digital visual resources can significantly reduce language barriers.

Conclusion: Effective communication in multicultural healthcare promotes equity, fraternity, and liberty. By addressing language and cultural barriers, we ensure equal access to care (equity), build trust and mutual respect between patients and healthcare professionals (fraternity), and empower patients to make informed decisions about their health (liberty). Continuous training, cultural competence, and digital communication tools are key to achieving these values, enabling healthcare systems to serve diverse communities fairly, respectfully, and inclusively.

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ID 59 - Profiles and care pathways at the XXX Women's Home : a descriptive retrospective study

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Context: Child abuse is responsible for clinical signs that are often little known, leading to an underestimation of violence. One billion children worldwide are victims of violence according to UN agencies.

Objectives: The objective of this study is to identify the clinical signs of abused children consulting in primary care.

Methods: A systematic review was conducted in the PubMed, Cochrane, PsycInfo, Embase, and Cinahl databases from 1996 to January 2024. The studies included focused on children aged 0 to 18 who were victims of abuse and consulting in primary care.

Results: Of the 3,811 articles found in the databases, 19 were included in the review. Signs of physical trauma included fractures, bruises, burns, genital and neurological injuries. Somatic symptoms in children may include abdominal pain, persistent non-specific symptoms, and atopic manifestations such as eczema or asthma. The psychological symptoms identified were depression, despair, and anxiety. Abuse is also associated with behavioral disorders (externalizing or internalizing behaviors) and developmental delays (language, learning, and social interaction disorders).

Discussion: Child abuse can appear in many different ways. That is why it is hard to identify in primary care. The studies included have limits: small and varied samples, different definitions of primary care. Many relied on self-reported data and some lacked complete information, which also reduced precision. Despite this, the results are consistent with previous publications showing links between abuse and physical injuries, psychological symptoms, somatic complaints, or developmental delays. Primary care remains a crucial place to detect these situations early, but practitioners may

struggle with doubts, emotional discomfort, and unfamiliarity with reporting procedures. More training and support would help them feel better equipped to act.

Conclusion: There are few articles studying the clinical signs of child victims of violence consulting in primary care. These children may present with various clinical signs (physical trauma, pain, atopy, psychological disorders, behavioral disorders, developmental delays) that highlight the importance of considering abuse.

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ID 694 - Article title: Identifying clinical signs of child abuse in primary care : a systematic review

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Context: Chronic obstructive pulmonary disease (COPD) is associated with increased risk of cardiovascular diseases including atherosclerotic CVD (ASCVD), stroke, heart failure (HF) and atrial fibrillation (AF).(1) Patients with COPD may therefore be eligible for primary prevention of ASCVD by offering lipid lowering therapy (LLT).

Objectives: This real-world primary care-based service evaluation assessed the feasibility of offering LLT during a routine COPD review. It also considered the quantum of patients eligible for LLT, and LLT naive patients who accepted the offer of medicines to reduce their ASCVD risk.

Methods: After educating respiratory nurses, LLT naive patients with COPD were offered therapy during routine nurse-delivered COPD reviews. ASCVD risk was discussed with patients at the time of the review. Patients wanting LLT were directed either to the primary care pharmacist or GP for a prescription, or further discussion and prescription if mutually agreed. Patients were also assessed for undiagnosed AF and HF.

Results: Of the first 58 patients reviewed in the programme, 37 (64%) were already taking LLT. All 21 patients not taking LLT were offered therapies to reduce their lipids with a view to ASCVD risk reduction. 10 of the 21 patients were prescribed LLT, 9 declined LLT and 2 requested further blood testing. The opportunistic approach increased LLT prescribing in this cohort by 17%.

Discussion: A significant number of patients with COPD were already prescribed LLT. This would be expected given the shared risk factors with ASCVD. However, a proportion of individuals who, by virtue of having COPD, were for eligible LLT to reduce their elevated ASCVD risk.

Conclusion: Routine primary care-based COPD reviews are well placed to offer LLT to patients to potentially reduce the risk of atherosclerotic diseases. We advise routine proactive CVD risk reduction as standard practice during COPD reviews in the primary care setting.

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ID 1848 - The difficulties about domestic violence towards women in General Medecine: qualitative study with General Practionners who work in the Mayenne Region

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Context: Obstructive Sleep Apnea (OSA) is a prevalent yet underdiagnosed sleep disorder, contributing to substantial cardiometabolic and neurocognitive morbidity. Despite its public health importance, long-term projections for OSA in western Europe are limited, leaving future trends largely uncertain. The EU-5 countries, France, Germany, Italy, Spain, and the United Kingdom, face rising obesity rates and aging populations, all of which influence future OSA burden.

Objectives: To project the 30-year burden of OSA across EU-5 countries by estimating future prevalence, absolute case numbers, and severity distribution, and to quantify the drivers of burden growth to inform primary care planning and public-health strategy.

Methods: An open-cohort dynamic Markov model was developed as forecasting framework and applied to adults aged 30–69 years in the EU-5 from 2020 to 2050. Country-specific demographics (age,

sex, fertility), body mass index (BMI) distributions, and baseline OSA prevalence informed model initialization. OSA incidence and progression across apnea-hypopnea index (AHI) thresholds (≥5, ≥15, ≥30) were modeled using regression equations linking age, sex, and BMI to AHI progression. Outputs included OSA prevalence, absolute case counts, and mild, moderate and severe disease burden.

Results: Across the EU-5, OSA prevalence (AHI ≥5) is projected to increase from ~36% in 2020 to ~54% in 2050. Prevalence rises in all countries, with Italy and Spain showing the steepest proportional growth. Despite population contraction in Germany and Italy, absolute numbers of moderate-to-severe OSA cases (AHI ≥15) continue to rise, while France and the UK are projected to experience increases in both prevalence and total cases. Compared to mild and moderate OSA, severe OSA (AHI ≥30) is estimated to exhibit the most proportional growth across all countries.

Discussion: The projected rise in OSA across western Europe is driven predominantly by modifiable metabolic risk and an aging population. These trends highlight the central role that general practitioners will need to play in the early identification, risk stratification, and long-term management of OSA.

Conclusion: By 2050, more than half of EU-5 adults may have OSA. Scalable screening, diagnostic, and management strategies, anchored in primary care, are urgently needed, alongside coordinated obesity and cardiometabolic risk-reduction efforts across western Europe.

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ID 658 - Medico-Economic Interest of POCUS in General Practice for First-Trimester Pregnancy Bleeding and Abdominal Pain

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Context: Point-of-Care Ultrasound (POCUS) is increasingly utilized by general practitioners (GPs) to address specific clinical questions. A preliminary study (ECHO-MG) showed POCUS modifies diagnostic hypotheses, strengthens diagnostic certainty, and reduces the need for supplementary examinations, suggesting a potential for greater efficiency in the healthcare system.

Objectives: To evaluate the potential economic benefit of POCUS in managing first-trimester pregnancy bleeding and/or abdominal pain (a frequent and often anxiety-provoking consultation reason) by calculating and comparing the associated management costs with and without the use of POCUS.

Methods: This medico-economic study is a cost-minimization analysis, based on the assumption that management pathways with and without POCUS are clinically equivalent. Resource consumption data were derived from anonymized data collected via an online questionnaire from the observational, prospective, cross-sectional, and multicenter study (ECHO-MG), which was conducted in France between October 2023 and June 2024. Data were recorded before and after POCUS, detailing the indication, diagnostic hypotheses, and planned care pathway. The analysis was conducted from two perspectives: the National Health Insurance (NHI) and the societal perspective.

Results: The sample comprised 37 patients. From the NHI perspective, the total cost decreased from €2,735.35 before POCUS to €2,454.68 after POCUS, averaging a €7.59 saving per patient. From the societal perspective, costs decreased by an average of €14.43 per patient. Crucially, these cost differences were not statistically significant (Wilcoxon test for paired samples: $p = 0.23$ for NHI; $p = 0.32$ for societal).

Discussion: The observed cost reductions, while not statistically significant, suggest a trend towards economic efficiency. It is hypothesized that costs, particularly in the non-POCUS group, may have been underestimated. Furthermore, the lack of statistical significance is likely attributable to the limited statistical power resulting from the small sample size (n=37). POCUS streamlines the diagnostic process for this potentially urgent and anxiety-provoking condition, leading to resource optimization and higher satisfaction for both practitioners and patients.

Conclusion: The integration of POCUS into general practice potentially reduces the direct management costs for first-trimester pregnancy bleeding and/or abdominal pain from both the health insurance and societal perspectives, supporting POCUS as an efficient practice for optimizing the care pathway.

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ID 799 - A POCUS Finding can Change Everything

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Context: Restless Legs Syndrome (RLS) is a common yet underdiagnosed neurological disorder characterized by disabling symptoms and a significant deterioration in quality of life. Approximately 2–3% of the population has moderate to severe manifestations, turning its management into a challenge in primary care settings. KEYWORDS Restless legs syndrome; primary care; quality of life; therapy.

Methods: We report the case of a 61-year-old male with bilateral radiculopathy and multiple spinal surgeries, who presented severe nocturnal symptoms including an uncontrollable urge to move his legs, intense paresthesias, and long-standing chronic insomnia. Following complementary diagnostic testing and assessment using the IRLS scale, our patient was diagnosed with severe RLS and received first-line pharmacological therapy—including benzodiazepines, anticonvulsants, and antidepressants—with minimal to no clinical response.

Originality: Based on international clinical guidelines and within a primary care setting, treatment was initiated with prolonged-release oxycodone/naloxone, an infrequently used therapy in this context but supported by evidence for refractory RLS. After several weeks of dose titration, our patient achieved marked clinical remission, along with solid improvement in sleep patterns.

Lessons learned and future implications: Assessment using the EuroQol-5D scale before and after treatment demonstrated a remarkable improvement in quality of life, evolving from severely impaired functioning to near-normal status. The treatment was well tolerated, with no relevant adverse effects reported. These findings support the use of opioid-based therapies—typically reserved as last-line options—in advanced cases.

Discussion: This case illustrates a complex presentation of RLS coexisting with somatosensory symptoms, chronic insomnia, and prolonged medication exposure, with limited response to first-line therapies. The eventual need for opioid therapy aligns with current evidence-based strategies for resistant RLS, particularly in patients with underlying structural pathology.

Conclusion: Primary care plays a key role in handling refractory RLS by applying evidence-based interventions. With appropriate monitoring, the oxycodone/naloxone combination may represent an effective therapeutic option. A proactive and multidisciplinary approach is essential to optimize the management of complex clinical scenarios.

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ID 1090 - Comparison of Primary Care and Hospital Ultrasound: Delay, Second Opinions and Cost Efficiency

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Context: Prenatal care is a central strategy for reducing maternal and neonatal morbidity and mortality, and Brazil has undergone major structural and demographic changes in the last three decades, including declining fertility, reduced numbers of live births, and persistent regional inequalities in access and quality of prenatal care. The ratio between the number of prenatal consultations and live births represents a synthetic indicator of gestational follow-up intensity and is sensitive to changes in system organization, primary care expansion, financing, and socioeconomic disparities.

Objectives: To analyze temporal trends in the ratio of prenatal consultations to live births in all Brazilian federative units from 1994 to 2024, identifying inflection points and regional inequalities.

Methods: An ecological time-series study was conducted using secondary data from SINASC (Live Birth Information System) and SIA/SUS (Outpatient Information System of the Unified Health System), accessed via DATASUS, covering all 27 federative

units from 1994 to 2024. For each state-year, the ratio of prenatal consultations to live births (NCP/NV) was calculated. Descriptive analyses included means, standard deviations, and absolute and relative variations. Temporal trends were evaluated using Joinpoint Regression (version 5.2.0.0), estimating Annual Percent Change (APC) and Average Annual Percent Change (AAPC) with 95% confidence intervals and $p < 0.05$.

Results: Nationally, the NCP/NV ratio increased from 0.38 in 1994 to 1.45 in 2024 (+281.6%). Three national phases were identified: accelerated growth (1994–1998), sustained expansion (1998–2015), and sharp decline (2015–2020), followed by stabilization (2020–2024). States showed heterogeneous patterns: long-term increases in Mato Grosso, Maranhão, São Paulo, and Rio de Janeiro; declines in Alagoas, Amazonas, and Roraima; and marked inflection after 2013–2016 across the North and Northeast.

Discussion: The trends reflect interactions between structural advances in primary care—especially ESF expansion and Rede Cegonha—and vulnerabilities linked to fiscal austerity, reduced federal financing, and the COVID-19 pandemic, which disproportionately affected weaker health systems.

Conclusion: Despite national progress, Brazil exhibits persistent regional inequalities in prenatal care intensity, underscoring the need for stable financing, strengthened primary care teams, and territorially tailored strategies to ensure equitable and continuous prenatal follow-up.

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ID 1736 - Democratizing Diagnostics: Handheld Ultrasound as a Triage Tool in XXXXX Family Medicine

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Context: Obesity has reached unprecedented levels globally, becoming one of the main drivers of cardiometabolic disease in current practice. Its rising prevalence is associated with earlier onset of Type 2 Diabetes (T2D), dyslipidemia, hypertension, and sleep apnea. This case illustrates the profound health impact that substantial weight loss can achieve.

Methods: A 37-year-old male, ex-smoker, with probable childhood asthma, presented in 2017 with severe obesity (maximum 187 kg, BMI around 65 kg/m²), poorly controlled T2D (HbA1c 13.7 %), dyslipidemia, and severe sleep apnea (AHI 70/h). He required insulin therapy, CPAP and required multiple antihypertensive medications. He underwent bariatric surgery in 2019 and progressively reached 87 kg by 2024 (around 100 kg loss). Follow-up was shared between primary care, endocrinology, and pulmonology.

Originality: This case demonstrates how addressing obesity as a chronic disease can reverse several cardiovascular risk factors simultaneously. In an era where obesity shapes much of the cardiovascular morbidity profile, such results emphasize the value of structured management.

Lessons learned and future implications: The patient achieved T2D remission, marked improvement in lipid profile, and a significant reduction in sleep apnea severity (AHI 70/h → 18/h) allowing CPAP withdrawal. Blood pressure and respiratory symptoms normalized with deprescribing. These changes highlight the extensive systemic benefits of significant weight loss. Primary care is essential for early detection, long-term monitoring, and coordination of multidisciplinary management pathways.

Discussion: While bariatric surgery initiated rapid clinical improvement, sustained weight loss and preservation of cardiometabolic benefits depend largely on ongoing primary care follow-up. Reinforcement of lifestyle habits, psychological support, and timely medication adjustments are key to preventing relapse. Given the current obesity epidemic, primary care must act as the anchor of continuity, ensuring long-term stabilization and protection of achieved health gains.

Conclusion: Primary care plays a central role not only in identifying candidates for obesity treatment but also in maintaining and protecting the substantial health benefits derived from major weight loss. In this patient, the approximately 100 kg reduction produced a profound decrease in cardiovascular risk and a reversal of multiple chronic conditions. Ensuring that these gains persist over time is one of the most impactful contributions of primary care to long-term patient health.

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ID 14 - Barriers and Enablers of Seeking Mental Health Services among Adult Saudi Residents with and without a Perceived Need - A Survey

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Context: The availability of glycosylated hemoglobin(HbA1c) measurement has been one of the major advances in diabetes care. Recently, HbA1c not only provides a reliable measure of diabetes but also predict disease related to insulin resistance such as hypertension, and heart disease. As the average life expectancy increases and people interest in the quality of life of individuals have started to pay much attention.

Objectives: This study was analyzed the relationship between HbA1c and Health Related Quality of Life(HQoL) from Korean adult age over 19.

Methods: We included 5,796 male and female who participated in the Korean National Health and Nutrition Examination Survey(KNHANES) from 2018. HbA1c level was separated by 6.0% in each group, The Euro quality of life-5 dimension(EQ-5D) questionnaire was used to measure HQoL. A multiple logistic regression analysis was performed to examine the association between HbA1c and HQoL.

Results: The EQ-5D index score of the lower than 6.0% HbA1c group was significantly lower than of the upper than 6.0% group. After adjusting for multiple covariates, the odds ratio (95% confidence interval, [CI]) for Anxiety/depression issues was 1.18 (95% CI, 1.017-1.365) in male and Self-care issues was 1.22 (95% CI, 1.004-1.472) in female; however, in other issues the difference was not statistically significant for male and female.

Discussion: Insulin resistance refers to a state in which insulin receptor action is reduced in the absence of insulin, and this phenomenon has been reported as a cardiovascular-independent risk factor, and the higher the insulin resistance, the lower the quality of life.

Conclusion: HbA1c was associated with reduced quality of life. It is important to control HbA1c levels to improve HQoL.

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ID 887 - Burnout Among Slovenian General Practitioners: Emerging Patterns and Pathways to Prevention

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Context: Within the framework of the Specific Training Course in General Practice/Family Medicine (CFSMG) of the Campania Region, the new educational program of the course—structured in accordance with DGRC no. 53 of 08.02.2024 - BURC no. 18 of 19.02.2024—was developed in alignment with the specific competencies of the discipline identified by WONCA (2022) and based on the need for an educational design grounded in these competencies, aimed at achieving “relevance” (Guilbert, 2002).

Methods: All activities within the Central Seminars, held at the Regional Educational Center located in So.Re.Sa. spa, were redesigned according to the Milestones model. This model enables trainees to progress through the four learning levels outlined in Miller’s pyramid (1990), particularly within the thematic areas of greatest epidemiological relevance for General Practice. To enhance teaching effectiveness, each instructor is supported by a Professional Support Figure (FPS), whose role is to participate in the lesson and provide preliminary consultation regarding lesson organization and the most effective interactive teaching methodologies.

Originality: Additionally, new modules using high-fidelity simulation with manikins were introduced, led by expert instructors and limited to a maximum of 25 participants per seminar.

Lessons learned and future implications: Trainee evaluation is conducted through two annual assessments: a training-progress test using MCQs, and an analysis of their personal portfolio, which contains tutor evaluations and a “competency simulation” session. This session is followed by feedback from the faculty board and tutors, and focuses on competencies such as: welcoming and managing patient needs, redefining health needs, the ability to integrate EBM and NBM, and the capacity to implement an efficient organizational model.

Discussion: A further aspect of the ongoing quality-improvement process involves training the trainers (General Practice tutors) through a structured regional training program that uses

interactive teaching and role-playing to help tutors develop greater mastery in promoting the specific competencies of the General Practitioner in trainees.

Conclusion: We believe that the training model developed in Campania could serve as a virtuous example of continuous improvement in specific training for general medicine.

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ID 1002 - Clinical Simulation in Managing Anxiety Crisis in Primary Care Patients

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Context: Although numerous studies examined the association between obesity and colorectal cancer, comparatively less research has focused on the relationship between weight change and physical activity.

Objectives: A research study was conducted to examine the association between weight change (based on Weight and Body Mass Index (BMI)) and cancer incidence, utilizing 10 years of nationwide health screening data from the National Health Insurance Service (NHIS).

Methods: This study used health check-up data from the National Health Insurance Service. Participants aged 20–79 years who underwent health check-ups between 2004 and 2007 and again 10 years later were included. Differences were analyzed by dividing the weight change into groups that increased or decreased by 5%, 5%–20%, and 20% or more.

Results: Among men, a 20% increase in body weight was significantly associated with a higher risk of colon cancer (hazard ratio [HR], 1.26; 95% confidence interval [CI], 1.05–1.52), even among those who exercised on at least 3 days a week. In contrast, women who had undergone a weight loss of more than 5%–20% of their body weight were found to have a significantly reduced risk of colon cancer (HR, 0.69; 95% CI, 0.50–0.93). However, women who reduced their exercise frequency from 3 or more days per week to less than 3 days per week experienced a weight gain of 20% or more, which was associated with a higher risk of developing colorectal cancer (HR, 1.82; 95% CI, 1.07–3.12)

Discussion: Previous research largely addressed the effects of weight gain and obesity; this study, in contrast, calculated the incidence risk resulting from weight loss. Nevertheless, additional analysis is required to account for differences in Socioeconomic Status (SES), dietary factors, and the presence of comorbidities (related diseases).

Conclusion: These findings highlight the association between recent increases in colon cancer incidence and weight management, emphasizing the importance of maintain a healthy weight in mitigating obesity-related cancer risk

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ID 1673 - Evolution of professional burnout in family doctors from 2016 to 2025.

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Context: As Korea's population rapidly ages, primary care clinics are increasingly expected to contribute to community-integrated care, including home-visit medical services. However, how physicians understand these roles and what barriers they perceive in urban settings remain insufficiently explored.

Objectives: To compare awareness of community-integrated care and perceived barriers between primary care physicians with and without home-visit experience in Seoul.

Methods: A cross-sectional online survey was conducted among 400 primary care physicians. The questionnaire assessed demographic characteristics, participation in integrated-care programmes, Likert-scale (1–5) measures of awareness and service necessity, and perceived barriers. Physicians were categorised based on home-visit experience. Descriptive statistics were calculated, and Welch's t-tests were used to analyse between-group differences.

Results: Of the respondents, 111 (27.7%) had home-visit experience and 289 (72.3%) did not. Compared with non-experienced physicians, those with home-visit experience showed significantly higher scores for community-integrated care awareness (2.98 ± 1.34 vs 2.28 ± 1.14, $p < 0.001$),

perceived need for integrated care (3.86 ± 1.12 vs 3.43 ± 1.07, p = 0.001), perceived necessity of home-visit services (4.02 ± 1.10 vs 3.43 ± 1.17, p < 0.001) and perceived need for discharge management (3.83 ± 1.09 vs 3.46 ± 1.16, p = 0.004). Physicians without home-visit experience consistently rated barriers—medical-liability concerns, low reimbursement, administrative complexity, workforce shortages and training needs—higher than experienced physicians, suggesting that these obstacles may reflect unfamiliarity rather than actual service difficulty.

Discussion: The findings indicate that direct exposure to home-visit care strongly shapes physicians' attitudes toward community-integrated care. The heightened perception of barriers among non-experienced physicians aligns with international evidence that limited exposure increases perceived risk and decreases engagement. Enhancing reimbursement, simplifying administrative procedures and providing coordination support may reduce these concerns. Expanding opportunities for early participation and peer learning could help narrow perception gaps and promote willingness to engage in home-visit services.

Conclusion: Home-visit experience is associated with higher awareness of integrated care and lower perceived barriers among primary care physicians in Seoul. Policy efforts to expand home-visit services should prioritise improved reimbursement, streamlined processes and supportive coordination systems. Leveraging experienced clinicians as key drivers may facilitate broader adoption of community-integrated care models in metropolitan primary care.

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ID 1812 - Experience Sharing of a Mental Health Care Programme in Primary Care in XXX

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Context: Traumatic brain injury (TBI) is a leading cause of death and disability worldwide, affecting millions each year and imposing substantial social and economic burdens. Its clinical presentation ranges from mild concussions to severe, life-threatening injuries. A comprehensive understanding of the biomechanical forces involved, global epidemiological trends, and the resulting spectrum of intracranial lesions is essential for improving acute management. Advances in neuroimaging—particularly computed tomography (CT)—and the growing development of blood-based biomarkers have the potential to refine diagnostic pathways and guide early therapeutic decisions.

Objectives: This literature review aims to systematically synthesize current evidence on (1) mechanisms and epidemiology of TBI, (2) patterns of structural brain injury, and (3) the diagnostic performance and clinical utility of CT imaging and emerging biomarkers in the acute evaluation of TBI.

Methods: A systematic search of PubMed, Scopus, and Web of Science was performed for studies published between 2010-2025. Eligible articles included observational studies, clinical trials, systematic reviews, and meta-analyses addressing TBI biomechanics, incidence, classification of lesions, CT findings, or biomarker assessment. Two reviewers independently conducted screening, data extraction, and quality appraisal using standardized tools. Discrepancies were resolved through consensus.

Results: The search identified a broad and heterogeneous body of evidence. Epidemiological data revealed significant global variation, with falls being the predominant cause of TBI among older adults, while traffic-related and sports-related injuries remained more common in younger individuals. CT imaging consistently demonstrated high accuracy for detecting clinically relevant intracranial lesions. Among emerging biomarkers, glial fibrillary acidic protein (GFAP) and ubiquitin C-terminal hydrolase L1 (UCH-L1) showed the strongest diagnostic value, particularly in mild TBI, where they correlated with intracranial abnormalities and helped reduce unnecessary CT utilization. Additional markers such as S100B and neurofilament light chain (NfL) exhibited promising but variable performance across studies.

Discussion: Despite growing evidence, differences in study design, assay platforms, and clinical thresholds limit biomarker standardization. Combining biomarkers with validated clinical decision rules may improve diagnostic precision and resource allocation.

Conclusion: Current literature highlights the central role of CT in acute TBI evaluation while emphasizing the emerging contribution of blood-based biomarkers. Further large-scale, harmonized studies are needed to support their integration into routine clinical practice.

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ID 1861 - Suicide Attempts in Bipolar Disorder: An Emergency at the Frontline of Primary Care

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Context: Maintaining health-related quality of life (HRQoL) is a fundamental goal of primary care for ageing populations. Handgrip strength is a simple, inexpensive measure of physiological reserve, yet it remains unclear how muscle strength and resistance exercise jointly influence perceived health in older adults in community settings.

Objectives: To examine sex-specific associations between muscle strength and optimal HRQoL, and to assess whether regular resistance exercise modifies these associations.

Methods: We analysed data from 4,782 community-dwelling adults aged 65–79 years who participated in the nationally representative Korea National Health and Nutrition Examination Survey (KNHANES). Optimal HRQoL was defined as an EQ-5D index score of 1.000. Muscle strength was assessed using maximal handgrip strength (HGS), relative HGS, and dynapenia based on Asian Working Group for Sarcopenia criteria. Sex-stratified multivariable logistic regression models were fitted, including interaction terms for regular resistance exercise (≥2 days/week).

Results: Higher muscle strength was independently associated with greater odds of optimal HRQoL in both sexes. Among men, this association was strongest in those not engaging in regular resistance exercise, with significant interactions for maximal HGS (interaction adjusted odds ratio [aOR] = 1.05, 95% CI 1.01–1.09; P = 0.020) and dynapenia (aOR = 0.37, 95% CI 0.16–0.89; P = 0.027). Among women, relative HGS showed the most consistent association with optimal HRQoL (aOR = 1.09, 95% CI 1.03–1.14; P = 0.002), irrespective of resistance exercise participation.

Discussion: These findings demonstrate sex- and activity-specific pathways linking muscle strength to perceived health. In older men, insufficient participation in resistance exercise may heighten vulnerability to the adverse effects of low strength. Women, in contrast, exhibit a more stable strength–HRQoL relationship across activity levels. These insights highlight the value of tailored functional assessment and behaviour-focused counselling in primary care.

Conclusion: Muscle strength is a key determinant of HRQoL in older adults, with clear variation by sex and resistance exercise participation. Incorporating handgrip strength assessment into routine primary care and promoting strength-focused activity—particularly among less active older men—may enhance functional independence and well-being in ageing populations.

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ID 2057 - From muscle pain to major depression: A case highlighting the somatic presentation of depression in primary care

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Context: Behavioral health training is a core element of primary care residency education, yet its scope and emphasis vary widely across programs. Estimates indicate that at least one in four visits involves a behavioral health concern, with another quarter requiring lifestyle or behavior change counseling, highlighting the importance of these competencies. Despite guidance from national organizations, no consensus exists on which behavioral health topics should be prioritized or how competency-based training should reflect this domain.

Objectives: To assess practicing and resident family physicians' perceived importance and self-reported comfort with core behavioral medicine competencies, with the aim of informing competency-based curriculum development.

Methods: A cross-sectional survey was administered online to family physicians within 10 years of residency graduation from family medicine training programs across the United States.

Participants rated the perceived importance and their level of comfort across common behavioral medicine domains, including assessment and management of mood and anxiety disorders, interviewing skills for mental health presentations, and health behavior change counseling.

Results: Participants consistently rated high need for training in common mood conditions, particularly depression and anxiety. Strong endorsement was observed for increased training in lifestyle counseling and support of health behavior change. Physicians emphasized the importance of developing more advanced overall interviewing skills for patients with mental health concerns. While patterns of priority were similar across levels of experience, early-career physicians reported lower overall comfort levels compared to their more experienced counterparts.

Discussion: Findings highlight consistent priorities for behavioral medicine training, espcially in mood and anxiety disorder management, lifestyle counseling, and interviewing skills. Lower comfort and higher frequency as reported by physicians suggests gaps in training readiness and variability across programs. Results emphasize the need for standardized and competency-based urriculca that emphasize practical skill development and clinical application within key areas of practice.

Conclusion: Clear priorities emerged for key behavioral medicine competencies. Enhancing training in mood disorders, health behavior change counseling, and mental health interviewing may improve preparedness for primary care practice. Strengthening competency-based behavioral medicine education could reduce comfort gaps among physicians and better align training with their needs as they enter clinical practice.

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ID 216 - Adapted Physical Activity in Eastern Occitanie : how awareness of nearby facilities promotes written Adapted Physical Activity prescriptions

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Context: Healthier SG (HSG) aims to encourage patients to manage their chronic conditions with a designated family physician. This abstract hopes to evaluate if patients with chronic conditions are incentivised to enroll in HSG due to intrinsic factors (ie. prevalence of chronic conditions) and adjust for these results by considering extrinsic factors (ie. awareness, alternative healthcare options).

Objectives: The aim is to evaluate if HSG is reaching its target audience (ie. those with chronic conditions) and the potential causes if it fails to do so.

Methods: A cross-sectional survey of 116 Toa Payoh residents was conducted in October 2025. Data collected includes participants' attitudes towards health and awareness of relevant policies. Logistic regression and basic proportion is used in analysis.

Results: Interestingly, the number of chronic diseases is negatively correlated with HSG enrollment rates, with binary regression showing (OR=0.635, 95%CI=[0.440, 0.915], p-value=0.0148). As such, further analysis is done to evaluate the correlation between chronic conditions and other factors to explain this trend. There is no significant correlation between the number of chronic conditions and HSG awareness (OR=0.951, 95%CI=[0.760, 1.188], p-value=0.657). However, 67% of those with >4 chronic conditions mainly visit hospitals, 74% of those with 2-3 chronic conditions mainly visit polyclinics and 60% of those with 0-1 chronic conditions mainly visit polyclinics.

Discussion: HSG awareness, though important, does not explain why those with more chronic conditions have a lower HSG enrollment rate. However, extrinsic factors like alternative healthcare options may contribute as HSG only applies to polyclinics and GP clinics instead of hospitals. As such, considerations can be made to expand the scope of HSG to include hospitals to better aid patients with multiple comorbidities. However, this does not explain the higher takeup rate of 31% amongst those with 0-1 chronic conditions compared to 16% for those with 2-3 chronic conditions. Hence, research should be done on other intrinsic factors like perspectives towards HSG.

Conclusion: In conclusion, HSG enrollment rate is multifactorial and in-depth studies are needed to confirm the extent to which it is affected by each factor.

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ID 508 - Association between inpatient cardiac rehabilitation and six-month smoking cessation among acute myocardial infarction smokers: a two-year cohort analysis

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Context: The association between smoking and mortality in pancreatic cancer across different clinical stages remains uncertain.

Objectives: This study aimed to evaluate the association between smoking status and all-cause mortality in patients with pancreatic cancer and to examine whether this association varies by clinical stage.

Methods: This retrospective population-based cohort study used data from four nationwide South Korean registries. A total of 9,964 adults aged ≥30 years with newly diagnosed pancreatic cancer who had received a national health screening within one year before diagnosis between 2012 and 2017 were included. Smoking status was self-reported and categorized as current, former, or never smoker. All-cause mortality was analyzed using multivariable Cox proportional hazards models adjusted for sociodemographic, lifestyle, and clinical factors. Subgroup analyses were performed according to the Surveillance, Epidemiology, and End Results (SEER) stage classification.

Results: Current smoking was consistently associated with higher all-cause mortality across all clinical stages (overall aHR 1.15, 95% CI 1.07-1.22; stage-specific aHRs ranging from 1.09 to 1.34). This association was especially strong in localized and regional disease (localized: aHR 1.34, 95% CI 1.10-1.64; regional: aHR 1.19, 95% CI 1.09-1.30; distant: aHR 1.09, 95% CI 1.00-1.19). Tests for interaction by stage were not significant ($p > 0.05$). Former smoking was not associated with increased mortality (overall aHR 0.96, 95% CI 0.90-1.03).

Discussion: Current smoking was independently associated with higher mortality in patients with pancreatic cancer across all clinical stages, and this association was stronger in earlier stage disease.

Conclusion: Smoking cessation may contribute to improved survival outcomes in patients with pancreatic cancer, especially in earlier stages when long-term survival potential is higher.

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ID 526 - Couple-based physical activity interventions and reproductive outcomes: a systematic review

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Context: Thyroid hormones play a key role in metabolism and hematopoiesis. While clinical thyroid disease is well studied, the hematological impact of subclinical thyroid dysfunction is less understood, and existing findings are inconsistent. Early identification of subtle abnormalities may help anticipate progression to overt disease.

Objectives: The study aimed to analyze variations in hematological parameters among adults with subclinical hypothyroidism or subclinical hyperthyroidism in a general population.

Methods: A cross-sectional study was conducted using data from the AEGIS cohort in the rural municipality of A Estrada (Galicia, Spain). A stratified random sample included 1516 participants aged ≥18 years. After excluding individuals with known thyroid disease, abnormal T4 levels without diagnosis, or missing data, 1271 participants were classified as euthyroid, subclinical hypothyroid, or subclinical hyperthyroid according to standard TSH and free T4 thresholds. All participants completed a structured questionnaire covering demographics, lifestyle, comorbidities, and physical activity (IPAQ). Fasting blood samples were analyzed for thyroid function and hematological parameters. Statistical analysis included chi-square tests and sex-adjusted linear regression models.

Results: Thyroid disease prevalence was 9.43%, while subclinical dysfunction accounted for 6.8% (5.31% hypothyroidism; 1.49% hyperthyroidism). Subclinical hypothyroidism was more frequent in women (66.7%). Smoking status showed significant associations with thyroid function. Among hematological markers, only hematocrit was significantly lower in the subclinical hypothyroidism group. In sex-adjusted regression analyses, red blood cell count, hemoglobin, hematocrit, and platelet count increased with higher free T4 levels. Men showed higher values in red cell indices, while women had higher platelet counts. No meaningful

associations were found for leukocyte count, MCV, MCH, or MCHC.

Discussion: Findings confirm a low but notable prevalence of subclinical thyroid dysfunction, especially among women, consistent with prior epidemiological data. The hematological impact of subclinical disease appears modest, though the positive correlation between free T4 and several erythroid parameters aligns with known physiological effects of thyroid hormones on erythropoiesis.

Conclusion: Subclinical thyroid dysfunction is relatively common and exhibits sex-specific patterns. Hematocrit is the only hematological parameter significantly reduced in subclinical hypothyroidism, while erythroid and platelet indices rise with increasing free T4. These results may support early identification of subtle hematological changes in mild thyroid dysfunction.

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ID 845 - Effectiveness of Structured Physical Exercise in Improving Knee Osteoarthritis Outcomes at a Primary-Care Wellness Center

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Context: Aortic stiffness, assessed by estimated pulse wave velocity (PWV), has recently been linked to knee osteoarthritis (KOA) independent of traditional cardiovascular risk factors and systemic inflammation. Novel oscillometric and ultrasound techniques have enabled non-invasive detection of vascular changes that may accompany osteoarthritic progression. Understanding whether vascular stiffness reflects KOA severity could improve risk stratification and management in primary care, particularly among postmenopausal women who represent a high-risk population.

Objectives: This study aimed to determine whether PWV can differentiate between mild (Kellgren–Lawrence [KL] 1–2) and severe KOA (KL 3–4) in primary care. Additionally, it examined whether disease severity corresponds to differences in proinflammatory status, metabolic dysregulation, and functional capacity.

Methods: A total of 225 postmenopausal women with KOA, diagnosed according to American College of Rheumatology criteria, were recruited. Exclusion criteria included autoimmune disease, hematological disorders, malignancy, neurological or psychiatric conditions, end-stage organ failure, and ongoing hormonal or anti-inflammatory therapy. All participants provided informed consent and underwent anthropometric assesment, peripheral blood sampling, BMI and SCORE2/SCORE2-OP calculation, blood pressure and PWV measurement using an oscillometric device. Functional capacity was evaluated using the 6-minute walk test, and physical activity was assessed with the International Physical Activity Questionnaire (IPAQ).

Results: PWV was significantly higher in women with severe KOA (KL 3–4: 10.53 m/s) compared with mild KOA (KL 1–2: 8.78 m/s; $p < 0.001$). A cut-off value of 8.4 m/s could distinguish mild from severe KOA (AUC 0.798, sensitivity 67.46%, specificity 76.92%, P = 0.001, measured with the Agedio device). Higher PWV correlated with older age, higher systolic blood pressure, increased waist circumference and waist-to-hip ratio, elevated fasting glucose and HbA1c, higher SCORE2/SCORE2-OP, serum uric acid, creatinine, and ESR, as well as lower eGFR. Functionally, greater stiffness was associated with severe pain, reduced 6-minute walk distance, total IPAQ score, and vigorous physical activity.

Discussion: PWV rises with KOA severity and parallels metabolic and inflammatory disturbances, suggesting a shared pathophysiological pathway involving vascular dysfunction, low-grade inflammation, and reduced mobility.

Conclusion: PWV represents a valuable, non-invasive marker for differentiating KOA severity and capturing broader inflammatory, metabolic, and functional impairment in postmenopausal women—without exposing patients to additional radiation.

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ID 30 - Impact of a two-month community hospital rotation on PGY doctors' competencies in palliative care in Taiwan

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Context: Low skeletal muscle mass is an established risk factor for adverse health outcomes, but its prognostic relevance in cancer remains insufficiently studied.

Objectives: We investigated the independent and combined effects of low muscle mass (LMM) and obesity on all-cause, cancer-specific, cardiovascular, and respiratory mortality in cancer patients.

Methods: This population-based cohort study included 635,867 cancer patients from the Cancer Public Library Database. LMM was defined as the lowest quartile on the appendicular skeletal muscle mass index (ASMI), estimated using a validated prediction equation. Obesity and abdominal obesity were defined as body mass index ≥25 kg/m² and waist circumference ≥90 cm in males and ≥85 cm in females, respectively. Patients were classified into four groups based on muscle mass and obesity status: normal muscle mass (NMM) without obesity, LMM without obesity, NMM with obesity, and LMM with obesity. Adjusted hazard ratios (HRs) and 95% confidence intervals (CIs) for mortality during follow up were calculated using Cox proportional hazards models.

Results: Compared with individuals in the highest ASMI quartile, those in the lowest quartile had significantly higher risks of all-cause (HR 1.25, 95% CI 1.23–1.27), cancer-specific (HR 1.21, 95% CI 1.19–1.23), cardiovascular (HR 1.49, 95% CI 1.36–1.64), and respiratory mortality (HR 2.26, 95% CI 1.99–2.56) during follow up. The association between LMM and higher mortality during follow up was more pronounced in early-stage cancer and older patients. Conversely, obesity alone was associated with lower mortality during follow up across outcomes: all-cause (HR 0.89, 95% CI 0.89–0.90), cancer-specific (HR 0.91, 95% CI 0.90-0.92), cardiovascular (HR 0.82, 95% CI 0.77–0.88), and respiratory mortality (HR 0.64, 95% CI 0.59–0.70).

Discussion: LMM was independently associated with increased mortality during follow up in cancer patients, regardless of obesity status. The adverse effect was amplified in those with sarcopenic obesity, but obesity alone showed a modest inverse association.

Conclusion: These findings highlight the clinical relevance of evaluating muscle mass and body composition in cancer prognosis.

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ID 1337 - Primary care-led home palliative sedation for refractory seizure in a previously independent 94-year-old woman

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Context: In pregnancy, the practice of ingesting non-food items such as dirt, chalk and clay is referred to as pica, and it is a serious health risk both to the mother and the child. This behavior is usually seen in pregnant women and is associated with several complications, such as nutrition deficiency, anemia, and pregnancy-associated problems like preterm labor and low birth weight.

Objectives: To describe the extent of pica practices among pregnant women and its impact on maternal outcomes including anemia, preterm labor, and neonatal outcome including birth weight and Apgar scores.

Methods: This cross-sectional study was carried out at Indus Hospital and Health Network Karachi, Pakistan from January 2023 to June 2023. Self-administered questionnaires and hospital records of 300 pregnant women were used to obtain data. As screening criteria, the inclusion and exclusion criteria were defined, and the variables based on which the research would be conducted were identified.

Results: This study had a pica prevalence of 50%. Pica-practicing women had significantly low hemoglobin levels, high degrees of preterm labor, their neonates had low birth weight and low Apgar scores.

Discussion: This study emphasizes the significant negative impact of pica behaviors on the health of both mothers and newborns. The high prevalence of pica among pregnant women at Indus Hospital and Health Network Karachi, Pakistan, along with limited awareness about its risks, contributes to complications such as iron deficiency anemia, preterm labor, low birth weight, and low Apgar scores. These findings emphasize the importance of increased awareness and intervention. Healthcare professionals should regularly assess for pica during prenatal check-ups and provide pregnant women with information about the potential dangers associated with the condition while emphasizing the importance of a balanced diet. Due to the lack of comprehensive understanding regarding pica and its potential long-term consequences on both maternal and neonatal health, additional research is

necessary to gain insights into its root causes and establish effective preventive measures.

Conclusion: Pica behavior has been found to have negative consequences that affect the health of both the mother and the infant. Therefore, encouraging activities and additional testing during antenatal Care appointments are needed.

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ID 39 - Association between Long-term Exposure to Air Pollutants and Thyroid Function

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Context: Current telephone triage of chest pain in Dutch out-of-hours primary care (OOH-PC) is guided by protocols from the Netherlands Triage Standard (NTS), and has limited diagnostic accuracy. Clinical decision rules such as the Marburg Heart Score and INTERCHEST score may improve triage by providing better diagnostic discrimination than current NTS protocols.

Objectives: We evaluated the diagnostic accuracy of the MHS and INTERCHEST score for ACS or other major events in patients with chest pain contacting an OOH-PC facility, and compared their performance to the current triage protocol.

Methods: We conducted a prospective diagnostic accuracy study at a large regional OOH-PC facility in XXX, the Netherlands. Triage assistants asked study questions in addition to the NTS protocol to complete the MHS and INTERCHEST score. Performance was evaluated using C-statistics and diagnostic accuracy parameters regarding the occurrence of a major event (i.e. composite of all-cause mortality, and urgent cardiovascular and non-cardiovascular conditions) or acute coronary syndrome (ACS) within 6 weeks.

Results: A total of 1,254 eligible patients contacted the OOH-PC facility (median age 56.0 years, 57.9% female) between December 2022 and May 2023. Additional study questions were completed and informed consent obtained in 280 (22.3%) patients. Among these patients, a major event occurred in 36 (12.9%), including 13 (4.6%) ACS. For predicting major events, the MHS and INTERCHEST score showed C-statistics of 0.67 (95%-CI: 0.57-0.77) and 0.64 (95%-CI: 0.54-0.74), respectively, compared to 0.62 (95%-CI: 0.53-0.71) for the NTS protocol. At thresholds of ≥2 (MHS) and ≥1 (INTERCHEST), both scores showed higher point-estimates for specificity (MHS: 27.9%; INTERCHEST: 26.6%) compared to NTS (19.7%), but at the cost of lower sensitivity (MHS: 88.9%; INTERCHEST: 86.1%, vs NTS: 97.2%). None of the models showed significant discrimination for ACS.

Discussion: Our findings suggest that simple clinical decision rules may improve specificity, however, at the expense of reduced sensitivity, which limits their clinical utility for telephone triage of chest pain.

Conclusion: The MHS and INTERCHEST score have comparable, modest discriminative ability and diagnostic accuracy for major events compared to current protocols for telephone triage of acute chest pain in Dutch out-of-hours primary care.

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ID 1098 - Association between air pollution and depression screening in XXX adults

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Context: Chronic diarrhea is a frequent clinical problem, and determining its etiology can be challenging. While infectious and autoimmune causes are often explored, drug-induced enteropathies remain underrecognized despite their clinical relevance. Olmesartan, a widely used angiotensin II receptor blocker, has been increasingly associated with a sprue-like enteropathy that mimics celiac disease.

Methods: A 62-year-old man with hypertension, treated with amlodipine/olmesartan (5 mg/20 mg) for five years, presented to primary care with a six-month history of non-bloody, mucus-containing diarrhea and unintentional weight loss, without anorexia. Colonoscopy revealed intraepithelial lymphocytosis consistent with lymphocytic colitis, suggesting drug-induced lesions, celiac disease, or resolving acute colitis. Laboratory evaluation, including celiac antibodies and stool cultures, was negative. The patient was referred to Internal Medicine, where olmesartan was discontinued and further tests were performed. Three weeks after withdrawal, bowel habits normalized and weight gain was observed. Four months later, he remained asymptomatic, confirming olmesartan-induced enteropathy. Strengths of this case include thorough

diagnostic evaluation and complete clinical recovery after medication withdrawal; limitations include lack of histological follow-up.

Originality: This case adds to the growing recognition of olmesartan-induced enteropathy and reinforces the importance of considering drug-related causes in chronic diarrhea. Although similar cases have been described, awareness remains limited in clinical practice, leading to diagnostic delays. The present report contributes by emphasizing the reversible nature of the condition and the need for systematic medication review before extensive investigations.

Lessons learned and future implications: Clinicians should maintain a high index of suspicion for medication-related enteropathies in patients with unexplained chronic diarrhea. Early discontinuation of the offending drug can prevent unnecessary procedures and improve patient outcomes. Education and clinical guidelines should highlight olmesartan as a potential cause.

Discussion: Olmesartan enteropathy often mimics celiac disease histologically, with intraepithelial lymphocytosis or villous atrophy, but patients have negative serologies and fail to respond to a gluten-free diet. Other drugs, such as azathioprine, mycophenolate, methotrexate, neomycin, and colchicine, can cause similar lesions.

Conclusion: This case underscores the importance of considering olmesartan-induced enteropathy in patients with chronic diarrhea. Recognizing and discontinuing the causative drug leads to full recovery, highlighting the need for greater awareness of this reversible yet underdiagnosed condition.

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ID 1897 - General practitioners' role in climate change awareness: a qualitative study

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Context: In France, the prevalence of chronic diseases continues to rise, and physical inactivity is a major risk factor contributing to this trend. Physical activity, as a non-pharmacological intervention, is recognized for its ability to prevent and treat many chronic conditions. However, despite recommendations from the public authorities, written prescriptions for physical activity remain rare.

Objectives: We aimed to study whether the knowledge of a nearby Adapted Physical Activity (APA) facility promotes written prescriptions by general practitioners (GP) in the Eastern Occitanie region.

Methods: A cross-sectional survey was distributed via email to all GPs in Eastern Occitanie, using the mailing lists of the Conseil Départemental de l'Ordre des Médecins. The rate of written APA prescriptions over the previous 12 months was compared between physicians aware of an APA facility in their practice area and those who were not, using Chi-square tests and multivariate analysis. We used the https://occitanie-sport-sante.fr/ website to identify the presence of an APA facility in the GP's practice area.

Results: Of the 167 GPs who responded, 118 were included in the analysis. GPs aware of an APA facility in their practice area prescribed APA in writing seven times more frequently than those who were not. Eighty percent of respondents had an APA facility located within 5 km of their practice. No significant difference was found in the geographic distribution of APA facilities between prescribers and non-prescribers. In 18% of cases, no APA facility was listed within the practice area of GPs who reported being aware of such a facility in their territory.

Discussion: A lack of awareness of nearby APA facilities hinders the written prescription of physical activity by GPs. Two main limitations should be noted: the low response rate (5%), likely related to the email-based distribution method, and the presence of numerous unregistered APA facilities, as highlighted by our findings.

Conclusion: The results suggest that efforts should be made to improve the visibility of APA facilities among GPs, which could facilitate broader prescription of this non-drug therapy.

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ID 151 - Pica Practices in Pregnant Women and Their Impact on Maternal and Neonatal Outcomes

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Context: Acute alpha-chloralose intoxication remains a frequent cause of attempted suicide. Its main manifestations are neurological, ranging from mild symptoms such as tremors and mydriasis to severe conditions such as coma requiring mechanical ventilation.

Objectives: This study aimed to describe the epidemiological characteristics and clinical findings of patients consulting our emergency department (ED) for acute alpha-chloralose intoxication.

Methods: We conducted a retrospective, descriptive study in the ED of the Mahmoud Yacoub Center for Emergency Medical Assistance in Tunis over a period of 2 years (January 2023–December 2024). Data were analyzed from the records of patients consulting our ED for acute voluntary or accidental alpha-chloralose intoxication. The following variables were collected: demographic data, initial symptoms, physical examination findings, and management.

Results: A total of 50 patients were included, with a median age of 29.2 ± 9.27 years and a female predominance (70%). The majority of cases were intentional ingestions (95.9%), and only 4.1% were accidental. Twenty-two percent of the patients had a psychiatric history. Common symptoms included tremors (38%) and altered consciousness (33.3%). Notably, no cases of agitation or seizures were reported in our study. The median presumed ingested dose was 3g [3-5.5]. and the median delay to consultation was 2 hours [1-3]. Physical examination mainly revealed pupillary abnormalities, with mydriasis in 20% of cases and miosis in 8%. The median Glasgow Coma Scale score was 15 [8-15]. No abnormalities were noted on the rest of the examination, with a median heart rate of 92 beats per minute ± 17.5, SpO2 of 97%, systolic blood pressure of 123 ± 18.3 mmHg, diastolic blood pressure of 75.4 ± 11.8 mmHg, and a temperature of 37°C ± 0.4°C. Severe cases requiring intubation occurred in 44% of patients, who were subsequently admitted to the ICU. Twenty-six percent were transferred to the psychiatric ED. Discharge without transfer occurred in 24% of cases.

Conclusion: Alpha-chloralose intoxication was mainly voluntary and most frequently observed in young females. About half of the cases were severe, requiring mechanical ventilation.

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ID 961 - Supporting Mothers Returning to Clinical Practice: A Practice-Based Reflection on NHS-Wide Experiences and Their Implications for General Practice

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Context: Colonoscopy is a common procedure often coordinated through general practice and requires bowel preparation for adequate visualization. Although generally safe, bowel-cleansing regimens can occasionally cause serious electrolyte disturbances, particularly in elderly patients or those on diuretics. Awareness of these risks in primary care is essential for prevention and patient safety.

Methods: A 78-year-old woman developed severe symptomatic hyponatremia with a generalized tonic–clonic seizure after standard bowel preparation for colonoscopy. She consumed about four liters of water following a sodium picosulfate–based cleansing solution. On admission, her serum sodium was 117 mmol/L, confirming severe hypotonic hyponatremia. Other renal, hepatic, and endocrine causes were excluded. The episode was attributed to acute dilutional hyponatremia caused by excessive water intake, low solute load, bowel preparation, and chronic indapamide use. Careful correction with hypertonic saline led to full neurological recovery, and no further seizures occurred.

Originality: Although hyponatremia is an uncommon complication of bowel preparation, this case highlights the key role of general practitioners in identifying risk factors before colonoscopy. It shows how low solute intake, excessive water ingestion, and thiazide-like diuretic therapy can combine to cause acute hyponatremia. Even sodium picosulfate–based regimens, considered safe, may induce life-threatening electrolyte disturbances. The case adds to limited primary care literature by emphasizing medication review and individualized risk assessment.

Lessons learned and future implications: In general practice, thorough pre-procedure assessment in elderly or high-risk patients is essential. Physicians should provide clear fluid-intake advice, consider checking electrolytes, and temporarily stop diuretics when appropriate. Using lower-volume or isotonic regimens and improving communication between primary and specialist care can enhance safety.

Discussion: Bowel preparation–related hyponatremia is multifactorial, involving excess water intake, antidiuretic hormone activation, and drug effects. In family medicine, proactive medication review and patient education are vital to prevention.

Conclusion: Severe hyponatremia after bowel preparation, though rare, can cause seizures and neurological symptoms. Recognizing risk factors and providing tailored advice in general practice are key to safe colonoscopy preparation in elderly and comorbid patients.

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ID 1906 - Building a Practice-Based Research Network in Portuguese Primary Care: The Research2Care Experience

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Context: Sarcoidosis is a rare multisystem granulomatous disorder that often presents with non-specific symptoms, making diagnosis in primary care challenging. Early identification can prevent progression to pulmonary or systemic involvement. This reflection describes a diagnostic journey initiated in general practice that led to the confirmation of sarcoidosis through coordinated multidisciplinary collaboration.

Methods: A 32-year-old female presented with fatigue, arthralgia, and intermittent dry cough. Initial blood tests showed mild hypercalcaemia and raised ACE levels. Chest X-ray ordered by her GP revealed bilateral hilar shadowing. The GP referred her to respiratory medicine, where HRCT demonstrated perilymphatic nodularity consistent with sarcoidosis. Subsequent biopsy confirmed non-caseating granulomas. Throughout the process, the general practitioner coordinated communications between respiratory, rheumatology, and ophthalmology services, provided patient education, and monitored treatment response in the community.

Originality: This reflection highlights the pivotal role of the general practitioner in recognizing early, non-specific features of a systemic disease and ensuring timely investigation and referral. It demonstrates how continuity, accessible diagnostics, and holistic patient-centred care within primary care can expedite specialist evaluation and improve patient outcomes.

Lessons learned and future implications: Key lessons include maintaining vigilance for multisystem presentations, using structured baseline investigations (calcium, ACE, chest X-ray) in unexplained fatigue or arthralgia, and maintaining close communication with tertiary teams. The case reinforces the educational value of reflection in enhancing diagnostic reasoning and inter-service collaboration. Future implications include developing practice templates for unexplained inflammatory presentations and promoting GP-led follow-up protocols for stable sarcoidosis.

Discussion: Early recognition in general practice can significantly shorten the diagnostic delay in sarcoidosis, preventing unnecessary morbidity. This case underscores the importance of reflective practice, multidisciplinary teamwork, and continuity of care as core elements of high-quality family medicine.

Conclusion: Primary care physicians play a crucial role in the early detection and ongoing management of sarcoidosis. Structured reflection on such cases strengthens diagnostic acumen, fosters collaboration, and exemplifies the holistic ethos of general practice.

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ID 93 - Sick leave and unmet healthcare needs among employees in XXX

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Context: Blood pressure measurement for the purpose of hypertension (HTN) screening is a routine procedure in family medicine practice.

Objectives: The objective of this study was to determine the appropriate frequency for hypertension screening in adults.

Methods: A systematic review of the literature was conducted in accordance with PRISMA guidelines. The databases PubMed, Embase, Cochrane CENTRAL, and LiSSa were searched in April 2024 using standardized search equations. The keywords were “hypertension” and “screening”. The terms “child”, “adolescent”, and “pulmonary hypertension” were used as exclusion criteria. The selection process was summarized in a flow diagram, and included studies were presented in tables. An update of the data was performed in July 2025.

Results: Four publications were included from the database search: two primary research articles and two guideline papers. An additional six guideline articles were included to supplement the data. The two primary research articles consisted of: - a cohort study assessing blood pressure variability over time to determine the appropriate screening frequency for hypertension; - a case-control study comparing the sensitivity and specificity of blood pressure measurement at each consultation versus annual measurement for hypertension diagnosis.

Discussion: There is limited primary research addressing the specific question of the appropriate frequency for hypertension screening. No study evaluating the impact of different screening frequencies on the incidence of hypertension-related complications was identified. These findings are consistent with a previous Cochrane Library review, which aimed to assess the effectiveness of various hypertension screening strategies in reducing hypertension-related morbidity and mortality, but found no eligible studies.

Conclusion: Current evidence suggests that: - screening for hypertension more than once a year has no proven benefit; - individuals at higher risk of complications (patients with cardiovascular risk factors, those of sub-Saharan African origin, or those with systolic BP ≥130 mmHg or diastolic BP ≥85 mmHg) should undergo annual screening; - individuals with normal blood pressure and no cardiovascular risk factors may be screened every 3 to 5 years. A prospective study comparing the incidence of hypertension-related complications among groups screened at different intervals would substantially strengthen the existing evidence base.

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ID 438 - Perceptions of Community-Integrated Care and Determinants of Home-Visit Participation among Primary Care Physicians in Seoul: A Cross-Sectional Study

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Context: Obesity and overweight are increasingly recognized as contributors to cerebrovascular disease, including cerebral small vessel disease (SVD). Peak width of skeletonized mean diffusivity (PSMD), derived from diffusion tensor imaging (DTI), provides a sensitive and automated marker of microstructural white matter (WM) damage associated with SVD. However, the relationship between body mass index (BMI) and PSMD in neurologically healthy individuals remains unclear.

Objectives: To investigate whether people with overweight or obesity exhibit higher PSMD values—indicating greater SVD burden—compared with those of normal weight, using the World Health Organization (WHO) Asia-Pacific BMI classification.

Methods: We retrospectively analyzed data from 62 neurologically and medically healthy adults who underwent brain MRI with DTI. Participants were categorized as normal weight, overweight, or obese according to the WHO Asia-Pacific criteria. PSMD values were computed using a standardized automated pipeline based on tract-based spatial statistics. Group comparisons were performed using the Mann–Whitney U test. Associations between BMI and PSMD were examined using Spearman’s rank correlation and age-adjusted residual analyses.

Results: BMI was positively correlated with PSMD ($\rho = 0.42$, $p = 0.0007$), and the relationship remained significant after adjusting for age ($\rho = 0.38$, $p = 0.0021$). Participants with overweight (BMI ≥ 23.0 and < 25.0 kg/m²) showed significantly higher PSMD than those with normal weight ($2.24 \pm 0.22 \times 10^{-4}$ mm²/s vs $2.08 \pm 0.24 \times 10^{-4}$ mm²/s; $p = 0.0032$). When individuals with overweight and obesity were combined, this group also demonstrated elevated PSMD both before and after age adjustment ($p < 0.01$).

Discussion: These findings demonstrate that elevated BMI is associated with microstructural WM injury consistent with SVD, even at BMI levels classified as overweight in Asian populations. This suggests neurovascular vulnerability may occur

earlier along the BMI spectrum than previously recognized.

Conclusion: Higher BMI—including within the overweight range—was significantly associated with increased PSMD, reflecting early cerebral microvascular damage. PSMD may serve as a sensitive neuroimaging biomarker for detecting obesity-related white matter changes, underscoring the importance of early lifestyle and weight management strategies to preserve brain health.

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ID 561 - Three Decades of Prenatal Care in Brazil: Temporal Trends in the Ratio of Prenatal Consultations to Live Births (1994–2024)

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Context: Strengthening health information systems to monitor antimicrobial utilisation (AU) is a core WHO AMR intervention for primary care. Leveraging electronic health records via dashboards enables timely AU surveillance. Strengthening health information systems to monitor antimicrobial utilisation (AU) is a core WHO AMR intervention for primary care. Leveraging electronic health records via dashboards enables timely AU surveillance.

Objectives: We describe the design and development of an AU dashboard to support an antimicrobial stewardship programme (ASP) across seven XXX in XXX for internal monitoring and external reporting.

Methods: The dashboard was co-designed with the ASP committee and XXX. Data came from the XXX AI platform integrating Epic electronic medical records. A daily 3:30 AM extract captured all encounters with prescribed antibiotics over a rolling 15-day window. Using Spotfire and Python, we implemented an ETL pipeline to: extract antibiotic orders; join medication tables to derive prescriber role, drug, route, and AWaRe class; map to natural units/strength and WHO defined daily dose (DDD); derive diagnoses/indications from same-day case notes via rule-based regex against a clinician-validated codebook; and join patient demographics (age, sex, race). AU metrics included DDD per 1,000 visits and counts by drug/class and prescriber. No predictive modelling was used; missing/erroneous source data were not imputed.

Results: The dashboard enabled near real-time AU monitoring (≤24-hour latency) with flexible filtering by clinic, prescriber, day of week, demographics, diagnosis/indication, and antimicrobial class/type, dose, duration, and frequency. Key views tracked the last 7 days: total medications, total prescriptions, and sum of DDD, alongside DDD per 1,000 visits. Operational performance improved markedly, reducing data preparation time from >6 hours to <10 minutes. The system supported external reporting to the AMR Coordinating Office and timely trend analyses to evaluate ASP interventions.

Discussion: Future work includes internal validation, external benchmarking, incorporation of cost analytics, and evaluation of subsequent ASP interventions.

Conclusion: This AU dashboard improved the accuracy, efficiency, and timeliness of AU reporting and visualization.

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ID 2150 - Socioeconomic vulnerability and prenatal care provision in São Paulo State, Brazil: a spatiotemporal analysis

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Context: The global population is experiencing increase in aging and rise in chronic diseases, among which falls represent a significant concern. Falls are the primary cause of injury-related mortality among older adults in XXX, leading to physical and psychological harm and economic burden. Existing research indicates that older adults with hypertension are at a heightened risk of falls, however, there is a paucity of data from communities in XXX. This study aims to fill this research gap.

Objectives: The study aims to describe the incidence of falls and identify associated risk factors among community-dwelling elderly patients with hypertension in XXX. The findings are intended to inform strategies for community management and intervention.

Methods: Study involved 703 hypertensive patients aged 65 and older from four communities in XXX. Fall was defined as having experienced at least one fall in the preceding three months. Sociodemographic characteristics, behavior and lifestyle factors, and medical history were collected. Univariate and logistic regression analyses were employed.

Results: 13.5% individuals reported fall within the preceding three months. It revealed significant associations between falls and factors such as age, marital status, duration of hypertension, smoking habits, polypharmacy, and comorbidities. Further analysis identified age (OR=2.970), extended duration of hypertension (OR=2.159), and the presence of comorbidities (OR=4.818) as significant independent risk factors.

Discussion: The observed fall incidence rate underscores the importance of this issue as a public health concern. The risk factors identified in this study are consistent with existing literature. Advanced age and the presence of comorbidities contribute to increased frailty, while a longer duration of hypertension may reflect greater physiological decline. Additionally, being unmarried or widowed, which may suggest reduced social support, lack of physical activity, and polypharmacy were also associated with a heightened risk of falls, highlighting the multifactorial nature of this issue. The role of community primary care is vital in the prevention of falls.

Conclusion: Falls among elderly hypertensive patients residing in the community are affected by a multitude of factors. It is imperative for community healthcare providers to formulate comprehensive and targeted preventive strategies that address these modifiable risks with the aim of reducing falls and enhancing overall well-being.

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ID 911 - Screening examinations for adolescents aged 12-15 in a rural village

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Context: Metabolic dysfunction-associated steatotic liver disease (MASLD), previously referred to as non-alcoholic fatty liver disease (NAFLD), is the most common cause of chronic liver disease. MASLD is characterized by the presence of hepatic steatosis in conjunction with metabolic syndrome, without significant alcohol consumption. It is strongly associated with liver-related conditions such as cirrhosis, hepatic failure, and hepatocellular carcinoma, as well as with extrahepatic diseases. Depression is a depressed mood or loss of interest in activities and the most common psychologic disorder.6 It is estimated that approximately 300 million people worldwide affected depression.This disease is associated with the incident risk of CVDs, and metabolic diseases, such as obesity and diabetes mellitus.

Objectives: There were limited studies examing the associations between depression and metabolic dysfunction-associated steatotic liver disease (MASLD) among young adults. The present study investigated these associations in Korean young adults.

Methods: This is a cross-sectional study of Korean adults aged 19–44 years who participated in the Korea National Health and Nutritional Examination Survey in even-numbered years from 2014 to 2022. Depression was divided into two (no and depression) and four (normal, mild, moderate, and severe) groups using Patient Health Questionnaire-9 (PHQ-9). We analyzed odds ratios (ORs) and 95% confidence intervals (CIs) using multivariable logistic regression analysis to investigate the associations between depression and MASLD.

Results: Among 7831 participants, the proportions of MASLD were 23.8% in participants without depression and 33.9% in those with depression, respectively. Compared to young adults without depression, the OR for MASLD in those with depression was increased by 2.0 times (OR: 2.02) after adjusting confound factors. Compared to young adults with normal, the ORs for MASLD were at 1.96 for moderate and 2.45 for severe in young adults (p for trend <0.01).

Discussion: Young adults aged 19—44 years with depression were significantly associated with an increased risk of MASLD compared to these without depression. Moderate and severe depression were also associated with significantly associated with increased ORs of MASLD.

Conclusion: The present study demonstrated that more severe depression was associated with increased MASLD among young adults. It is

necessary to screen and manage for MASLD among young adults with depression.

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ID 1061 - Blue sclerae and joint hypermobility in infancy: A primary care diagnostic pathway and family evaluation approach

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Context: Unmet healthcare needs reflect critical gaps in accessing essential services, where individuals either do not receive needed care or face barriers to obtaining it. Despite XXX's universal health insurance coverage through the Health Insurance Fund (97% of population), significant health inequalities persist due to demographic, socioeconomic, and geographical factors. Understanding the relationship between sick leave and healthcare access is crucial for improving health system responsiveness and reducing health disparities.

Objectives: This study examines the relationship between sick leave duration and unmet healthcare needs among XXX's working-age population, identifying key barriers to healthcare access and population groups at highest risk.

Methods: A cross-sectional study analyzed data from 4,652 employed participants aged 18-65. The investigation focused on patterns of unmet healthcare needs and their association with sick leave duration. Chi-square tests examined associations between categorical variables, while binary logistic regression identified independent predictors of unmet healthcare needs, controlling for sociodemographic factors, health status, and social support.

Results: Overall, 12% of participants reported unmet healthcare needs in the previous year. Significantly higher rates (40.8%) were observed among those on long-term sick leave exceeding 30 days. Women demonstrated higher odds of unmet needs compared to men (OR=1.594, 95%CI: 1.283-1.980). Poor self-perceived health was the strongest predictor (OR=9.167, 95%CI: 5.427-15.483). Key barriers included extended waiting times, geographical distance, and financial constraints. Regional variations revealed fewer unmet needs in XXX compared to other regions. Weak social support networks correlated with increased unmet healthcare needs.

Discussion: Extended sick leave significantly impacts healthcare access, particularly affecting individuals with poor self-perceived health and women. The findings suggest that current healthcare system barriers disproportionately affect vulnerable populations. Regional disparities highlight the need for improved healthcare infrastructure outside the capital. The strong association between social support and healthcare access underscores the importance of comprehensive support systems.

Conclusion: This study identifies significant healthcare access disparities among XXX employees, particularly those on extended sick leave. Findings can inform targeted policy interventions to reduce waiting times, improve geographical accessibility, address financial barriers, and strengthen social support networks. Enhancing healthcare system responsiveness for vulnerable populations is essential for achieving health equity in XXX.

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ID 1501 - Factors Influencing Jaundice Follow-up Rates in a Multi-Ethnic Asian Population: A Cross-Sectional Study

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Context: Osteoporosis is a common, underdiagnosed condition associated with increased morbidity, mortality, and healthcare costs. Early identification of high-risk patients can reduce fracture incidence. Current guidelines recommend routine fracture risk assessment (FRAX) in women over 65, men over 75 and adults with osteoporosis risk factors including glucocorticoid use, family history, smoking, and diabetes. This practice reflection aims to measure compliance with evidence-based osteoporosis management in adults at risk of fracture and implement improvements in a single centre in Ireland.

Methods: A prospective chart review of 100 patients aged ≥50 attending in July 2025 was conducted. Data includes FRAX score documentation within 12 months, number of risk factors for osteoporosis, bone densomitry scan, charted diagnoses of osteopenia/osteoporosis, and initiation and monitoring of medications.

Originality: While most osteoporosis data in Ireland come from hospital studies, this audit focuses specifically on primary care, where at-risk patients are first seen. The integration of FRAX into the IT system and linkage with chronic disease reviews represents an innovative, actionable approach that can be scaled to other practices.

Lessons learned and future implications: This audit demonstrates a gap between international guidelines and actual practice. It underscores a need for a systemic screening process for osteoporosis. Re- audit in early 2026 will assess the effectiveness of implementing fracture assessment to routine health reviews, and incorporating frax as an auto-populated phrase on GP IT systems. This may provide a framework to be adapted to other practices.

Discussion: The results of first cycle audit demonstrate; no patient included had a documented fracture assessment. Of the 100 patients, 76 meet criteria for fracture assessment based on age and comorbidities. 24 patients had a previous DEXA; of those, 11 have osteoporosis, 12 osteopenia, and 1 had a normal scan. All patients on treatment for osteoporosis had up to date medications review.

Conclusion: While management and monitoring of diagnosed osteoporosis were appropriate, systematic case finding was lacking. Planned interventions including staff education and IT changes aim to embed fracture risk assessment into routine care. These measures are expected to improve identification and treatment of osteoporosis, ultimately reducing fracture rates and healthcare costs. Re-audit in 2026 will evaluate the impact of these changes.

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ID 2053 - Beyond the Rash: Tinea Corporis Mimicking a Sexually Transmitted Infection in an Adolescent Male

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Context: Gender-based violence (GBV) is a pervasive public health concern with enduring physical, psychological and social consequences. General practitioners (GPs) are often the first point of contact for victims-survivors and play a key role in identification, support and referral. One-stop centres such as the Maison des Femmes de XXX (MdFG) offer integrated, trauma-informed care models that may inform primary care practices.

Objectives: The primary objective was to describe the sociodemographic characteristics, health status, and violence exposure of patients attending the MdFG. Secondary objectives included exploratory analyses of associations between patient characteristics, violence exposure and patterns of care use.

Methods: This retrospective cross-sectional study included all adults (≥18 years) who received an initial in-person evaluation at the MdFG between November 2022 and April 2023 and did not opt out. Data were extracted from medical and administrative records up until April 2024.

Results: Data from 112 female participants were analysed. Most were of reproductive age, with one or more children, socioeconomically vulnerable, professionally inactive and single. Comorbidities were frequent: psychiatric (88.4%), somatic (78.6%), gynaecological (67%), and social (40.2%). Nearly all participants reported past GBV exposure (94.6%), with 48.2% disclosing ongoing violence, primarily in intimate or familial contexts. PTSD and moderate-to-severe depression affected 90% and 76%, respectively. Median follow-up was 336 days. Frequent interventions included GP consultations (69.6%), psychoeducation (59.8%) and physiotherapy (47.3%). Psychiatric follow-up and pharmacological treatment were limited.

Discussion: Participants presented with high levels of socioeconomic vulnerability, poly-victimisation and associated psychiatric and somatic comorbidities. Such results are in line with descriptive studies of one-stop centres across the world. Notably, depression and PTSD were highly prevalent while access to specialised psychiatric care remained limited.

Conclusion: Victims-survivors of GBV present with complex, overlapping health and social needs. This study highlights the essential role of GPs and the relevance of multidisciplinary, trauma-informed care models to enhance primary care responses to GBV.

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ID 2062 - Clinical epidemiology of metabolic-associated steatotic liver disease in children and adolescents: The LiverKids Study

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Context: Both diabetes mellitus and smoking are major determinants of cardiovascular disease (CVD), and individuals with diabetes who continue smoking face substantially elevated cardiovascular risk. Heated tobacco products (HTPs) and electronic cigarettes (ECs) have recently emerged as alternatives to conventional combustible cigarettes (CCs), but evidence regarding their cardiovascular effects in diabetic populations remains limited.

Objectives: To assess whether switching from CCs to HTPs and/or ECs is associated with changes in CVD risk among adults with type 2 diabetes.

Methods: Using the Korean National Health Insurance Service database, we identified 267,928 individuals aged 40 years or older newly diagnosed with diabetes between 2010 and 2016. Smoking behaviors, including the use of CCs, HTPs, and ECs, were assessed by two standardized health screenings: the first within two years after diagnosis and the second in 2019–2020. Incident CVD, defined as hospitalization for ≥2 days or death due to coronary heart disease, myocardial infarction, or stroke (ICD-10 I20–I25, I60–I69), was identified through claims records. Multivariable Cox proportional hazards models estimated adjusted hazard ratios (aHRs) and 95% confidence intervals (CIs) for CVD outcomes according to smoking behavior transitions.

Results: Among 62,960 baseline CC smokers, those who switched to HTPs and/or ECs showed a modest, nonsignificant reduction in overall CVD risk (aHR = 0.78; 95% CI, 0.59–1.03), while dual users exhibited a similar trend (aHR = 0.86; 95% CI, 0.73–1.01) compared with continued CC smokers. Participants who quit all tobacco products had a significant risk reduction (aHR = 0.81; 95% CI, 0.74–0.88). When quitters were the reference, persistent CC use—but not HTP/EC use—was associated with higher CVD risk (aHR = 1.24; 95% CI, 1.13–1.36). Risk reduction was more pronounced for stroke (aHR = 0.56; 95% CI, 0.35–0.91).

Discussion: Switching from CCs to HTPs or ECs may partially mitigate CVD risk in adults with diabetes, particularly for stroke. However, these alternatives do not replicate the cardiovascular protection of complete cessation. Further longitudinal studies are needed to confirm durability and assess potential interactions with emerging antidiabetic therapies.

Conclusion: Switching from CCs to HTPs and/or ECs was linked to attenuated CVD risk compared with sustained CC use, but complete cessation remains the optimal recommendation.

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ID 2085 - Do common medications influence hip fracture risk in older women? Long-term follow-up from Swedish primary care

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Context: Despite the high burden of air pollutants in East Asia, the association between air pollutant exposures and thyroid function in the general population is inconclusive.

Objectives: This study aimed to investigate the association between annual exposure to air pollutants and thyroid function in Korean adults.

Methods: This study included a total of 16,193 participants without a prior diagnosis of thyroid disease. The annual average concentrations of five air pollutants, including particulate matter (PM2.5 and PM10), nitrogen dioxide (NO2), sulfur dioxide (SO2), and carbon monoxide (CO), were estimated using hourly measurements from nationwide monitoring stations. These measurements were linked to each participant's residential address and averaged over the 365 days preceding the date of thyroid function testing, including serum thyroid-stimulating hormone (TSH) and free thyroxine (FT4).

Results: Exposure to all air pollutants, including PM2.5, PM10, NO2, SO2, and CO, was positively associated with TSH levels and negatively associated with FT4 levels (all $p < 0.05$). The interquartile range increases in annual average concentrations of all air pollutants significantly increase the odds of being in the highest quartile of TSH and the lowest quartile of FT4 (all $p < 0.05$), respectively. The annual average

concentrations of air pollutants were significantly associated with low FT4 levels, whereas no significant associations were observed with elevated TSH levels (i.e., above the 95th percentile). In particular, among air pollutants, interquartile range increases in PM10 and SO2 concentration in the adjusted model demonstrated the highest odds ratio for the low FT4 group (odds ratio [OR] = 1.41; 95% confidence interval [CI] = 1.27–1.56), and this was higher in female (OR = 1.51; 95% CI = 1.31–1.74) than in male (OR = 1.44; 95% CI = 1.22–1.71).

Discussion: In this large population-based cohort study, we observed consistent associations between annual air pollutant exposure and thyroid hormone levels.

Conclusion: Annual exposure to air pollutants was positively associated with TSH and negatively associated with FT4 levels. Furthermore, higher annual air pollutant exposures were significantly associated with increased odds of low FT4 levels. The effect size was bigger in females than in males and further intervention study warranted.

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ID 2084 - Coaching of interprofessional team practices to integrate physician assistants in XXX primary care within the project “Physician Assistants meet primary care” (PAAM)

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Context: In Taiwan, postgraduate year (PGY) training requires doctors to complete a two-month community hospital rotation, which includes exposure to long-term care and palliative medicine. Educational interventions during this period usually consist of lectures, ward observations, and home visits focusing on end-of-life care. However, evidence on the measurable learning outcomes of such programs in Taiwan remains limited.

Objectives: To evaluate the impact of a structured community-based curriculum, including palliative care teaching and home visits, on PGY doctors’ self-perceived knowledge and competencies in palliative care.

Methods: We conducted a pre–post study among PGY doctors in a community hospital rotation. A structured questionnaire covering seven domains of palliative care competencies (e.g., empathy, breaking bad news, symptom control) was administered at the beginning and the end of the two-month training. Scores were measured on a 10-point Likert scale. Paired t-tests were performed to assess differences between pre- and post-test scores.

Results: A total of 1,208 paired responses were analyzed. Significant improvements were observed across all seven domains: 1.Adequate training in palliative care: pre 5.42 vs. post 8.02 ($p < 0.001$) 2.Breaking bad news: pre 6.48 vs. post 8.18 ($p < 0.001$) 3.Guiding patients’ emotional responses: pre 6.09 vs. post 7.97 ($p < 0.001$) 4.Expressing empathy: pre 7.26 vs. post 8.50 ($p < 0.001$) 5.Discussing treatment options: pre 7.02 vs. post 8.32 ($p < 0.001$) 6.Managing end-of-life pain: pre 6.55 vs. post 8.18 ($p < 0.001$) 7.Guiding patients and families at end of life: pre 6.32 vs. post 8.04 ($p < 0.001$) All improvements were highly statistically significant ($p < 0.001$). The largest gain was in perceived adequacy of training (+2.6 points).

Discussion: The findings demonstrate that a structured community-based rotation substantially enhanced PGY doctors’ confidence and self-assessed competencies in palliative care. Compared with previous local studies in nursing and medical education, our data provide large-scale evidence in the PGY context.

Conclusion: A two-month community hospital rotation, including lectures and home visits on palliative care, significantly improved PGY doctors’ competencies across multiple domains. These results support strengthening palliative care training in postgraduate medical education and may inform curriculum development in Taiwan and similar settings.

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ID 1409 - Mobile Application to Support Informal Caregivers of Patients with Alzheimer's Disease Context

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Context: Cervical cancer remains a leading cause of morbidity and mortality among women globally. Women living with HIV (WLWH) are a sixfold increased risk compared to the general population, with an estimated 5% of all cervical cancer cases attributable to HIV World Health Organization. NICE

guidelines recommend more frequent (annual) screening within this group.

Objectives: Aim: to explore how primary care can enhance cervical screening uptake among this vulnerable group.

Methods: A retrospective audit was conducted using the database to identify HIV-positive women aged 25–64 registered between 2020 and 2023 (n=38). Data on coding accuracy, recall intervals, and reminder notifications were reviewed. Interventions included: Tailored Communication: Developing sensitive and appropriate materials to address diverse patient needs. Staff Training: Enhancing understanding of the challenges faced and the importance of personalised care. Patient Education: Providing information on the elevated cervical cancer risk and benefits of regular screening.

Results: Initial coding accuracy was 84%, but only 40% received annual screenings. Barriers included: - Systemic Factors: Inconsistent recall intervals and reminder notifications. - Interpersonal Factors: Healthcare providers reduced awareness about specific screening needs for WLWH. - Individual Factors: Patients' limited understanding of the importance of regular screening / non-engagement.

Discussion: A systematic review identified WLWH face barriers to cervical cancer screening, including lack of knowledge, fear and limited access to services. These challenges are compounded by healthcare system limitations and cultural factors. Addressing these barriers through targeted interventions is crucial to improving screening uptake and reducing disparities. Implementing integrated care models that include primary care services has been shown to enhance screening rates. To help mitigate these barriers, recommendations include: - Updating recall systems to clearly differentiate between patients requiring annual versus three-year screening intervals. - Providing training and clear guidance to healthcare professionals - implementing automatic alerts to patients' phone or addresses - Offering consultations to discuss reasons for non-engagement if possible.

Conclusion: This audit highlights the important role of primary care in promoting equity and humanism in healthcare. By addressing systemic, interpersonal, and individual barriers, providers can significantly improve cervical screening uptake among WLWH and contribute to the global effort to reduce cervical cancer as a public health problem.

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ID 713 - Improving the doctor–patient relationship in multicultural communities.

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Context: This study examines the perceived need, barriers, and enablers of accessing mental health services among adult Saudi residents .

Objectives: To present the barriers, perceptions, and attitudes in accessing mental health services (MHS) among adult Saudi residents.

Methods: In this 2025 cross-sectional survey, a closed-ended questionnaire was used to understand awareness, attitudes, practices, perceived barriers, and enablers for seeking MHS. The determinants of the perceived need for MHS were compared with those of those who did not perceive a need for MHS.

Results: Our survey included 502 adults. The rate of availing and perceived need for MHS among surveyed adult participants was 17.7% (95% CI 14.2; 21.2) and 37.8% (95% CI 33.6; 42.1), respectively. The MHS need was significantly higher among Saudi participants compared to non-Saudi participants. [OR = 2.66, 95% CI 1.8-3.9, P <0.001]. Confidentiality (49%), lower cost (42.4%), and accessibility (43.8%) were leading enablers. The perceived challenges were accessibility and affordability, level of comfort, and effectiveness of MHS. The enablers (P = 0.84) and challenges (P = 0.53) were not significantly different among those with and without perceived need for MHS. The age group of 26 to 35 (P <0.001), Saudi participants (P <0.001), highly educated (P =0.002), and employed (P = 0.04) were associated with perceived need for MHS. Age group was the only significant predictor of MHS need.

Discussion: This study found a 20% gap between perceived need and use of mental health services (MHS) among Saudi adults, with confidentiality, access, and affordability seen as key enablers. Stigma, reputation, and employment concerns were major barriers. Saudis reported higher perceived need than non-Saudis, though barriers and enablers were similar across groups. Younger adults (25–35) were more likely to seek MHS. Findings highlight the need for culturally sensitive promotion, community and tele-MHS, and policies aligned with Vision 2030.

Conclusion: The gap between perceived need and MHS availing among adults is substantial. The '26 to 35' age group seems to be more vulnerable to MH issues needing interventions. The identified barriers and enablers could help in strengthening MHS for adults, mainly in the study area.

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ID 409 - Sex-specific associations between muscle strength, resistance exercise, and health-related quality of life in older Korean adults

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Context: Although regular physical activity is typically associated with enhanced well-being, the excessive and compulsive patterns of exercise characteristic of exercise addiction (EA), characterized by compulsive engagement in excessive physical activity, may paradoxically be associated with a decline in perceived well-being over time. A remarkable increase in the frequency and intensity of exercise across populations in different countries has been observed in recent years, but little is known in Asian contexts.

Objectives: We aimed to examine the prevalence of EA and its psychobehavioral correlates, combining the results of cross-sectional data from Taiwan, Malaysia, and India.

Methods: We assessed EA using the Exercise Addiction Inventory (EAI), with scores ≥24 indicating risk. General well-being was evaluated using the WHO-5 Well-Being Index and perceived healthiness. Psychological distress was assessed via the Hospital Anxiety and Depression Scale, while body image was assessed via the Muscle Dysmorphic Disorder Inventory (MDDI) and Drive for Leanness Scale (DLS). Eating behaviors were evaluated via the Eating Disorder Examination Questionnaire (EDEQ) and the Muscularity-Oriented Eating Test (MOET). Pearson correlation analyses and adjusted multivariate regression were performed to explore the relationship to EA. Pooled correlation and beta coefficients with 95% confidence intervals (CI) were reported.

Results: Among 2,680 participants, the pooled prevalence of EA was 11%. The highest risk was observed in India (15%), followed by Taiwan (10%) and Malaysia (9%). The adjusted pooled-bivariate model showed positive correlations between EAI and MDDI (estimate=0.39; 95% CI=0.22–0.54) and MOET (estimate=0.41; 95% CI=0.20–0.58). The pooled multivariate analysis identified positive associations with EAI for WHO-5, perceived healthiness, MDDI-functional impairment, DLS, EDEQ, and SCOFF, while MDDI-appearance intolerance and EDEQ-shape concern were negatively associated with EAI. At-risk EA was linked to well-being, psychological distress, body image concerns, and eating disorders.

Discussion: The main findings indicate that EA is not uncommon in these surveyed countries, with a varied prevalence of around 9-15%. Besides, we found a positive correlation between EA and psychological and behavioral factors such as perceived well-being, psychological distress, body image concerns, and eating disorders.

Conclusion: Considering the non-negligible prevalence and adverse impacts of EA, screening may aid early identification, especially in those with psychobehavioral issues.

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ID 2072- "A LONG ROAD TO RECOVERY" - A family case presentation on multi-drug resistant tuberculosis infection

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Context: Chronic insomnia (more than three months duration) is a common and significant health problem which impacts negatively on mental and physical health, quality of life, and is associated with increased healthcare utilisation costs. Cognitive behavioural therapy for insomnia (CBTi) is an effective non-drug intervention. General practitioners commonly manage patients with insomnia but lack the time and referral options to either provide or refer patients for CBTi. These issues are compounded in rural and regional areas where mental health professionals such as psychologists are in short supply. In this context, use of sedative/hypnotic medications that can cause dependence and have adverse effects is common. Use of digital CBTi may be an option for providing low cost and accessible treatment but there is a need for evidence on effectiveness and whether clinician support and follow-up is needed.

Objectives: The study aims to compare two methods of delivering digital CBTi for chronic insomnia in primary care, with usual care (sleep hygiene advice).

Methods: The research plan has been co-designed with consumers and representatives of professional associations. In a three-arm cluster randomised controlled trial we compare the effectiveness and cost effectiveness of; 1) self-guided digital CBTi (access to an interactive digital CBTi program without GP support), 2) clinician-guided digital CBTi (digital CBTi + individualised onboarding and follow-up support from GPs), and 3) augmented usual care control (sleep hygiene advice, provided digitally).

Results: Patient outcomes assessed will include insomnia severity, depression, and use of sedative/hypnotic medication. A process evaluation will explore experience of the interventions from the perspectives of consumers and health professionals.

Discussion: The poster presentation will describe the intervention and study design. To date 33 GPs from 24 rural and regional general practices have agreed to take part in the study. The first block of 6 practices will be randomised in early 2026.

Conclusion: The study will explore whether digital CBTi is acceptable to people living in regional and rural locations, whether it is more effective than digital sleep hygiene advice, and the extent to which GP involvement increases uptake and effectiveness.

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ID 2167- "Enhancing Migrant Health Through Integrated Primary Care: Challenges and Opportunities"

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Context: Family doctors are often tasked with assessing fitness to drive in older drivers. As the population ages there are more older drivers. With age cognitive, motor and sensory function can decline potentially affecting fitness to drive. Assessing fitness to drive is important for protecting public safety. Yet some family doctors are not comfortable assessing fitness to

drive citing concern to maintain relationships and about the impact that driving cessation can have on an older person's wellbeing and independence, and poor access to on-road driving assessments. An objective measure could help to both inform clinical judgement and support maintaining relationships. We developed the 3-Domains screening toolkit that tests across the three functional domains essential for driving using tests that are feasible in general practice: sensory (Snellen visual acuity), motor (functional reach), and cognitive (road signs recognition test). The toolkit uses as online calculator to generate a predictive score that is the likelihood an older driver would pass a specialist occupational therapist driving assessment (%) based on

Objectives: To improve accuracy of the toolkit predictive equation.

Methods: Validation study in specialist Occupational Therapy Driving Assessment and Rehabilitation Service. Participants are older drivers referred by their family doctor for driving assessment including on-road driving test. Data includes demographics, visual acuity, functional reach, road signs recognition, Trail Making Test B, Rapid Pace Walk Test, Montreal Cognitive Assessment, Adelaide Driving Self-efficacy scale, previous incidents, and assessment outcome. Data analysis: Predictive validity will be displayed with absolute numbers and percentages. A receiver operating characteristic (ROC) curve will be produced, and the area under the ROC curve calculated. Driving assessment outcome will be dichotomized into pass/fail categories with "conditional" merged with "fail".

Results: Data collection is ongoing.

Discussion: Older driver medical assessment sometimes requires family doctors to balance their responsibility to the older driver against their responsibility to protect public safety.

Conclusion: The 3-Domains screening toolkit could be used to support older driver medical assessment, informing clinical judgement and supporting communication about the need for further on-road testing and to plan for eventual driving cessation.

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ID 1775- "How Old Do You Feel?" Subjective Age as a Tool to Enhance Communication in Primary Care: An Observational Study

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Context: Left ventricular hypertrophy (LVH) is a common cardiovascular abnormality in type 2 diabetes mellitus (T2DM) patients. Its predictors within Middle Eastern populations are not well documented. This study aimed to determine the prevalence and independent predictors of LVH among patients with T2DM in Saudi Arabia.

Methods: A retrospective cross-sectional analysis of clinical experience was performed at a tertiary centre of diabetes in Saudi Arabia. Medical records of 625 adults with T2DM who underwent echocardiography were reviewed.

Originality: Demographic characteristics, comorbidities, diabetes duration, BMI, and glycemic control were collected. LVH prevalence was determined and comparisons between patients with and without LVH were performed. Multivariable logistic regression analysis for independent predictors.

Lessons learned and future implications: There were a mean age of 65.7 ± 11.4 years, of which 53.4 percent were male. Hypertension was present in 79% of participants and 78.2% had diabetes over 15 years. Most patients had uncontrolled HbA1c (77.6%). Obesity was the most prevalent BMI category (37.1%).

Discussion: LVH was detected in 23.4% of patients. It showed that male gender had significant relationship with LVH ($p = 0.002$). There were no significant differences for LVH vs non-LVH groups in age, hypertension, duration of diabetes, BMI and glycemic control. Overall

in our adjusted model, male gender continued to be the sole independent predictor of LVH (OR 1.71; 95% CI: 1.16–2.54; p = 0.007). No other independent variables predicted LVH.

Conclusion: In this Saudi retrospective cohort, LVH was prevalent in nearly one-quarter of patients with T2DM. Male gender was the only independent predictor of LVH, underscoring the need for targeted cardiovascular screening in this subgroup. These findings contribute region-specific evidence to the understanding of diabetic cardiac complications. Keywords Bariatric surgery, Hypoglycemia, machine learning

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ID 1460- "Mirror Mirror on the Wall" Situs Inversus Totalis and Alpha Thalassemia in a 51 year old female: A Case Report

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Context: hyroid disorders are common in the general population; however, data on thyroid ultrasound findings obtained in primary care settings remain scarce. Ultrasound is increasingly used by primary care physicians, yet evidence regarding its role in evaluating thyroid structure alongside thyroid function in asymptomatic adults is limited.

Objectives: To evaluate thyroid ultrasound findings and thyroid function test results in a healthy adult population undergoing routine health screening in a primary care setting

Methods: This prospective observational study will include adult individuals aged 35–65 years undergoing periodic occupational health examinations with no thyroid-related symptoms at presentation. Thyroid ultrasound examinations will be performed by a primary care physician experienced in point-of-care ultrasound. Thyroid structure, including gland volume, echogenicity, and presence of nodules, will be recorded. Thyroid function tests (thyroid-stimulating hormone, free thyroxine, and free triiodothyronine) will be obtained concurrently. Demographic characteristics, medical history, current medications, and relevant lifestyle factors will be documented. Ultrasound findings identified in primary care will be referred to radiology for confirmation when clinically indicated. Associations between ultrasound findings and thyroid function parameters will be analyzed using descriptive statistical methods

Results: The study aims to describe the prevalence and characteristics of thyroid ultrasound findings in an asymptomatic adult population and their relationship with thyroid function test results in primary care. It is anticipated that structural thyroid abnormalities may be detected in individuals with normal laboratory findings.

Discussion: This study addresses an important evidence gap regarding thyroid ultrasound use in primary care. Evaluating thyroid structure alongside biochemical function may improve understanding of subclinical thyroid alterations in healthy adults.

Conclusion: Prospective assessment of thyroid ultrasound findings combined with thyroid function testing in primary care may provide valuable insights into thyroid health in asymptomatic populations and inform future screening strategies. Keywords (MeSH) : Primary Health Care; Thyroid Diseases; Ultrasonography; Screening

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ID 1672- "Therapeutic Disobedience as an Act of Humanism

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Context: Health certification for sick leave is an important task in the daily work of physicians in the Primary Health Care setting in Brazil and worldwide.Health certification for sick leave is an important task in the daily work of physicians in the Primary Health Care setting in Brazil and worldwide.

Objectives: This work aims to discuss about he role family physicians play in the process of health certification for sick leave in the primary

health care setting in Brazil, by reviewing Brazilian and international publications and the regulations of the Federal Council of Medicine of Brazil (CFM) on this topic, in order to contribute to reflection on this issue in the Brazilian context and to propose ways to improve this task in practice.

Methods: This work employs a narrative literature review methodology conducted inside the Virtual Health Library platform, that includes multiple international databases such as LILACS, Medline, Arca, among others. The research used the meSH terms "Health Certificate" and "Sick leave", and selected international and brazilian publications inside the topic. Another part of the work included the regulation research inside the federal medical council portal, in order to find revelant norms on this topic issued by the brazilian concil. Finally, gray literature was included, such as governmental publications and the main brazilian Family Medicine textbooks.

Results: The reseach was able to select twelve articles, from wich only one brazilian paper, two from other latin american countries, and the other nine papers from european countries. The results demonstrate that the topic, understudied in Brazilian journals, is a relevant theme on the agenda of European countries and contextualizes the discussion within the scenario of welfare states.

Discussion: The study discusses the particularities of the role of the primary health care physician in Brazil, the technical component of disability assessment and the federal concil regulations.

Conclusion: It is concluded that the topic demands more studies in the Brazilian context, as it is a complex task of social relevance, whose improvement depends on intersectoral articulation, the articulation of the health care network, and a training process for professionals working in primary health care.

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ID 971- "Trashcan junkie" to Faculty Chair: how to turn life-threatening negatives into career-affirming positives

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Context: Primary Health Care (PHC) is central to medical education in Brazil, emphasizing early, supervised student engagement in community care. In private schools outside major cities, such as São Leopoldo Mandic de Araras, PHC integrates teaching, services, and community needs. Yet, how ambulatory production reflects activities for early training remains unclear.

Objectives: To identify and analyze ambulatory care procedures recorded in DATASUS that align with supervised practice of medical students in the first six semesters, considering the PHC curriculum (PHC I–VI), national guidelines, and SUS policies.

Methods: An ecological time-series study was conducted using secondary data from the Brazilian Outpatient Information System (SIA/SUS) for São Paulo between 2008 and 2024. Procedures compatible with supervised undergraduate practice were grouped into formative axes: health education activities; physical and integrative practices; educational home visits; basic nutritional assessment; collective oral health actions; workers' health education; patient reception; and total ambulatory production. Annual rates per 10,000 inhabitants were calculated using official population estimates. Joinpoint regression was applied to procedures with continuous data to estimate Annual Percent Change (APC) and identify trend inflection points.

Results: Selected procedures represented a broad spectrum of PHC activities aligned with early medical training. Home visits by mid-level professionals showed the highest rates, increasing from 8,670.4 per 10,000 inhabitants in 2008 to 10,422.2 in 2024, underscoring territorial and longitudinal care as a learning environment. Anthropometric assessment rose

until 2017 (3,956.4), declined during COVID-19, and partially recovered by 2024 (2,437.6). Group educational activities declined significantly (global APC = −11.1%; p<0.001), with sharp reduction between 2017 and 2020. Integrative practices and oral health actions became more frequent from the late 2010s onward.

Discussion: Ambulatory PHC production reflects service delivery and systemic changes. Educational and integrative activities proved more vulnerable to disruptions than home visits and anthropometric assessment, which may affect PHC-based curricula and student exposure to community-oriented practices.

Conclusion: Aligning medical education, SUS policies, and health information systems is essential to strengthen teaching–service integration and sustain community-oriented training. These findings highlight the need for resilient strategies to preserve formative activities during systemic challenges.

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ID 1485- "We just wanted to check if the cold was progressing properly Doctor"

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Context: Cervical cancer screening through the Papanicolaou test is a core preventive action in primary health care and a central responsibility of Family and Community Medicine. In Brazil, screening performance reflects the territorial organisation of services, workforce availability, and continuity of care. Medical schools influence local health systems by training physicians, supporting service provision, and strengthening integration between education and primary care networks. However, few studies explore how the spatial distribution of medical schools relates to regional performance of preventive services, particularly cervical cancer screening.

Objectives: Marked territorial inequalities persist in cervical cancer screening coverage across São Paulo State. Understanding whether regions hosting medical schools demonstrate different screening patterns may inform workforce planning and health policy strategies to strengthen primary care systems.

Methods: We conducted an ecological spatiotemporal study including all 645 municipalities. Annual screening rates were calculated using secondary national data and aggregated by DRS. Medical schools were identified through administrative records and spatially linked to DRS. We used GIS to map spatial patterns and compared trends descriptively between DRS with and without medical schools.

Results: Screening rates displayed substantial spatial heterogeneity across São Paulo State between 2015 and 2024. DRS hosting medical schools comprised 29 regional units and concentrated mainly in urbanized and economically dynamic regions. These DRS consistently showed higher screening rates and greater temporal stability, including smaller declines during the COVID-19 pandemic. In contrast, DRS without medical schools exhibited wider variability and sharper reductions in screening activity. Regions sustaining higher screening intensity frequently overlapped with DRS that concentrate medical education institutions.

Discussion: The findings suggest that medical schools strengthen regional primary care capacity by improving workforce availability, supporting preventive actions, and fostering closer integration between education and service delivery. From a Family and Community Medicine perspective, medical education institutions appear to function as territorial anchors that enhance continuity of care and resilience of preventive services.

Conclusion: Integrating medical education planning with regional health policies may reduce territorial inequalities and strengthen cervical cancer screening performance within primary health care systems.

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ID 1856- "YUWA JOSH—An Evidence-Based Syndromic Approach to Youth Suicide Prevention Through Holistic Wellness" (Identification to Transformation)

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Context: Neurological or neuromeningeal manifestations are common during HIV infection.The diagnosis must be rapid because the patient's life may be at risk.

Methods: This is a retrospective descriptive study conducted at the HIV/AIDS/STI Reference Center in Oran, based on the medical records of patients followed for HIV infection between 2022 and 2025. HIV serology was confirmed in all patients. Analysis of encephalitic and paraclinical clinical signs was performed during the patients' hospitalization.

Originality: Demonstrate the frequency of neurological or neuromeningeal manifestations in HIV-infected patients in correlation with the degree of immunosuppression, to describe the epidemiological and clinical profile, and the evolution under treatment.

Lessons learned and future implications: We collected data from 160 patients living with HIV followed at the CDR, 44 of whom presented with neuro-meningeal manifestations, representing a prevalence of 27.5%. The age range was from 25 to 54 years. Clinical signs observed included: subacute headaches (72.73%); altered mental status (13.64%); seizures (11.36%); and balance disorders (9.1%). Diagnosed opportunistic infections included: cerebral toxoplasmosis (25%), tuberculous meningoencephalitis (20.45%), cryptococcal meningitis (22.73%), LEPM4 (9.1%), cerebral lymphoma (13.63%), and listeriosis (9.1%). Diagnostic methods relied on epidemiological and clinical findings, imaging (CT/MRI), lumbar puncture results, CSF PCR, CSF parasitology, and laboratory tests. More than half of the patients had a CD4 count <50/mm³ and a high HIV viral load. Appropriate treatment for each neuro-meningeal manifestation was prescribed as soon as the diagnosis was made; antiretroviral therapy was initiated on average 20 days after the onset of opportunistic infection. The mortality rate was 27.27%.

Discussion: Neuro-meningeal involvement is a serious condition affecting people of all ages living with HIV. The clinical presentation varies depending on the type of opportunistic infection affecting the brain. These infections are common in cases of severe immunosuppression, and the prognosis is guarded despite antiretroviral therapy.

Conclusion: Neuromeningeal manifestations are a significant cause of morbidity and mortality during HIV infection. Early diagnosis followed by appropriate treatment of any opportunistic brain infection and effective antiretroviral therapy allows for better management of these manifestations.

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ID 1054- : Ethical issues presented in primary care in a renal transplant evaluation

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Context: Rabies-prone bites are a public health problem.The WHO: 59,000 people die from rabies each year worldwide.The human rabies, a deadly and endemic disease in our country, where 11 rabies deaths were reported in 2021.

Methods: A retrospective descriptive study of patient records from 2017 to 2025 presenting to the infectious disease emergency department following bites and/or scratches. Inclusion criteria: all patients presenting with one or more bites and/or scratches posing a risk of rabies. The management of all patients was in accordance with the ministerial guidelines concerning rabies risk.

Originality: Reporting cases of bites or scratches that pose a risk of rabies in patients

presenting to the infectious disease emergency department, and the importance of urgent care.

Lessons learned and future implications: The study collected 590 cases of bites and scratches that were recorded and reported, with a male predominance (79.34%) and a sex ratio of 3.84, primarily affecting young adults between 14 and 35 years old. 82% of the injuries were superficial. Among the biting animals, dogs were the most frequently implicated (74.25%), followed by cats (14.38%) and rats (11.37%). Stray animals were the most common victims (67%). The summer-autumn nighttime period (July to November) is the most conducive to animal aggression. The most frequently affected body parts among victims were: Hand (35%), Forearm (24%), Leg (19%), Face (9%), Neck (6%), Foot (5%), and other (2%). Diagnosed in the infectious disease emergency department, treatment was rapid, consisting of first aid and antibiotics. 92% received serovaccination, 8% received vaccination alone, and 90% received tetanus prophylaxis. Surgery was performed on 14 patients. Monitoring of the vaccination process was maintained.

Discussion: Compared to a study conducted in Africa (Abidjan, Ivory Coast, 2011): The exposed victims are predominantly male (79.34%) / Study: 57.40%. The affected age group varies, as in the African study. Dogs are the most frequently implicated animal (75.35%) / Study: (92.1%). Unvaccinated animals (89.85%) / Study: 87.2%. Post-exposure prophylaxis received by 100% of patients / Study: 50%

Conclusion: Despite the efforts made by the authorities in providing care, animal bites and scratches have become a very frequent reason for emergency room visits.

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ID 1579- : Stigma and Social Vulnerability as Barriers to Integrated Care: The Importance of Family Medicine in the Context of Chemical Dependency

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Context: Chronic information dispersion regarding healthcare resources and community partnerships is a major barrier to efficiency in Primary Care. Fragmented data across institutional emails, static lists, and outdated websites hinders timely patient guidance and imposes a heavy administrative burden on healthcare teams.

Methods: Over a three-month period, a systematic mapping of resources was conducted through a review of institutional communications and direct engagement with local authorities, community associations, and pharmacies. Data were structured into an analytical matrix including service categories, eligibility criteria, referral protocols, costs, and locations. This repository was integrated into a natural language interface (LLM), allowing doctors, nurses, and administrative staff to query the database using plain language. The system provides instantaneous, structured answers to practical queries, such as: "List all psychology consultations available in the area", "Where can a patient measure blood pressure locally and at what cost?", or "What are the eligibility criteria for low-cost dental care?". The interface simulates an interaction with an intelligent, locally-curated resource guide.

Originality: To develop and implement a dynamic consultation interface based on a Large Language Model (LLM) to centralise and streamline access to local community and healthcare resource data for a Primary Care multi-professional team.

Lessons learned and future implications: Organisational literacy is a cornerstone of integrated care. By reducing the latency between identifying a patient's need and locating the appropriate resource (e.g., psychology services, pharmaceutical care, or

social activities), this tool minimises clinical inertia and enhances the precision of professional recommendations at the point of care.

Discussion: The tool effectively mitigated information compartmentalisation within the unit. It is anticipated that democratising access to this knowledge will allow administrative staff to take a more active role in social and logistical navigation in the future. This task-shifting potential could significantly release clinical time for doctors and nurses, allowing them to focus on diagnostic complexity and direct disease management.

Conclusion: The implementation of this AI-driven decision-support interface strengthens the professional-patient relationship by ensuring faster, evidence-based responses. In the long term, the ease of navigating resources translates into a direct benefit for the patient, who receives more efficient access to the health and social support systems available in their community.

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ID 2186- ''Liberty, Equity, Fraternity'' in Practice: A Gamified Workshop on Adaptive Leadership Styles in Primary Care

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Context: Selective serotonin reuptake inhibitors, such as paroxetine, are widely used for major depressive disorder and social anxiety disorder. Although generally safe, SSRI discontinuation or tapering can rarely precipitate a withdrawal syndrome that includes autonomic dysregulation, anxiety exacerbation, and, in susceptible individuals, significant hypertensive crises. Heavy alcohol consumption during tapering further amplifies risk through sympathetic activation, dehydration, and potential pharmacokinetic interactions. This case illustrates the intersection of psychiatric treatment, substance use, and acute hypertension in primary care.

Methods: A 43-year-old male with long-standing major depressive disorder and social anxiety disorder treated with paroxetine 10 mg daily presented during medication tapering with severe hypertension (200/100 mmHg) at a psychiatric clinic. Initial captopril 12.5 mg reduced blood pressure (BP) to 190/90 mmHg, but the patient refused emergency services. Later that day in family practice, BP was 190/90 mmHg with HR102/min and oxygen saturation 98%. No symptoms were reported; ECG showed sinus tachycardia without ischaemic changes. The patient disclosed consuming 750 ml of whiskey the previous night. Nitrendipine 20 mg lowered BP to 180/90 mmHg. Hospital referral was declined.

Originality: This case uniquely demonstrates a severe hypertensive crisis triggered by the combination of low-dose paroxetine tapering and acute heavy alcohol intake in an otherwise asymptomatic patient with psychiatric comorbidity and stage-one obesity. The rapid onset, absence of end-organ symptoms, and patient refusal of acute hospitalisation highlight challenges in managing acute cardiovascular complications during psychiatric medication adjustment in ambulatory settings.

Lessons learned and future implications: Early recognition of SSRI withdrawal and alcohol-related sympathetic surge enables prompt outpatient management with antihypertensive polytherapy and electrolyte support. Lifestyle intervention combined with nephroprotective multidrug regimens can achieve rapid BP normalisation without excessive HR reduction.

Discussion: Acute hypertension during SSRI tapering may be exacerbated by alcohol-induced catecholamine release and volume shifts. Fixed-dose combination antihypertensives with nephroprotective properties, alongside aggressive lifestyle modification, offer effective and tolerable control in motivated patients.

Conclusion: Initiation of triple antihypertensive therapy (hydrochlorothiazide/ARB/calcium channel antagonist), beta-blocker titration adjustment, electrolyte replacement, and strict DASH diet with alcohol abstinence rapidly normalised BP, reduced weight, and improved

cholesterol. This integrated approach successfully managed a potentially life-threatening hypertensive crisis in an outpatient psychiatric-primary care interface.

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ID 591- 'No mobile phones allowed': addressing the taboo of device use in clinical learning settings

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Context: On the verge of expanding its Universal Health Coverage (UHC), Morocco faces an urgent need to strengthen primary healthcare through a family medicine training program. With no family medicine departments in the nine national universities, the Master's program in Family and Community Health at the National School of Public Health in Rabat offers a promising interim solution, proven effective at the ten operational Family and Community Health Centers.

Objectives: Graduates of this Master's program offered by the National School of Public Health (ENSP) are trained to: - Assess health needs at the family and community level - Plan and implement preventive and health promotion initiatives - Coordinate care within a family medicine and primary care framework - Analyze health data and propose targeted solutions - Conduct applied research to improve healthcare services This program aligns with Morocco's National Health Strategy (Health Plan 2025) and aims to strengthen family medicine and primary care as the cornerstone of the health system, while developing specialized training tailored to population needs.

Methods: -Literature review and desk work - Interviews with training program coordinators - Visit to a community medicine center (in Casablanca)

Results: -The Master's program is comprehensive, combining theoretical courses with practical immersion in health centers and local hospitals. -Supporting the doctors and staff in charge of these health centers through around sixty training sessions enables them to perform their tasks with confidence and ease. - The evaluation report highlights the viability of the project and its potential for replication at other sites.

Discussion: Private sector general practitioners, aware of the existence of this Master's program, wish for it to be adapted to the conditions of practice in private clinics.

Conclusion: Strengthening primary healthcare in Morocco is a "must" to achieve Universal Health Coverage (CUS)

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ID 701- "An Uncommon Nail: A Clinical Case Report"

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Context: Evidence from several European countries, including recent target trial emulation and qualitative work, shows that improving continuity, coordination, and patient experience can reduce avoidable hospital use and strengthen patients' sense of safety. Yet many primary care teams lack practical tools to translate this knowledge into everyday practice and system-level change.

Objectives: Describe key challenges and inequities in the care of older people with multimorbidity in their own context, linked to the themes of Liberty, Equality and Fraternity. Identify a small set of feasible process measures (e.g. continuity, follow-up, care planning) and outcome measures (e.g. perceived safety, avoidable hospital use) relevant to their primary care setting. Draft a simple, context-specific improvement plan for older people with multimorbidity, including roles for patients, primary care teams, and other sectors. Share and reflect on strategies for interprofessional and cross-sector collaboration (Fraternity) that respect patient

autonomy (Liberty) and promote fair access and outcomes (Equality).

Teaching method and workshop: Methods: Short presentations, small-group work, structured discussion, and real-world examples from participating countries. Proposed schedule (90 minutes): Brief presentation of key evidence on multimorbid older adults: continuity, avoidable hos

Expected outcomes: Have a clearer understanding of how the themes of Liberty, Equality, and Fraternity can be operationalized in everyday care for older people with multimorbidity. Gain concrete examples of process and outcome indicators (clinical, organizational, and

Conclusion: Caring for older people with multimorbidity is a shared European challenge that sits at the heart of family medicine. By systematically applying the principles of Liberty, Equality, and Fraternity, primary care teams can redesign local systems to improve continuity, perceived safety, and the appropriateness of hospital use. This interactive workshop will help participants translate evidence and policy into practical, measurable changes in their own contexts, and foster ongoing dialogue and collaboration across countries.

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ID 2023- "Beyond Hormones: Family, Faith, and Fertility in PCOS with Hyperthyroidism"

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Context: Herpes simplex virus (HSV) and varicella zoster virus (VZV) are higly prevalent pathogens that establish lifelong latency and can reactivate, causing significant morbidity, especially in immunocompromised and older adults. Nevertheless, the differentiation of these two entities can be challenging specially when they present as atypical forms.

Methods: A 46-year-old male with medical history of aortic mechanical valve, hypertension and chronic alcoholic liver disease attends General Practitioner (GP) consultation for itchy skin lesions in the cervical region. After history taking and the explanation of the course of the symptoms, VZV is the suspected diagnoses. However, the lack of pain and non-metameric distribution of the lesions in the right cervical region, make a young GP doubt. Culture samples are taken and antiviral treatment is not prescribed due to several days evolution, with a symptomatic approach. Days after, with a positive result for HSV and after a literature revision, the case is diagnosed as atypical presentation of HSV, a rare but important form of HSV infection.

Originality: Dermatology is sometimes the big feared and forgetted subject for the young GP, due to its' difficulty and the lack of experience. A rare form of presentation of a common dermatological condition is an interesting way of addressing this topic.

Lessons learned and future implications: Most common and diseases that we are most used to see in our consultations can sometimes be the more challenging. Unusual presentations, strange responses to treatment or unkown facets of this disease can betray the confidence with whom we usually adress these topics. . .

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ID 2029- "Dagok ng Lagok"

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Context: Contact lens use is a major risk factor for sight-threatening ocular pathology, particularly microbial keratitis, which can lead to permanent vision loss or require corneal transplantation if not promptly treated. The pathogenesis involves disruption of corneal barrier function, increased susceptibility to infection by bacteria (notably Pseudomonas aeruginosa), fungi, and Acanthamoeba, and induction of chronic inflammation and metabolic impairment in the corneal epithelium. The high prevalence of poor lens

hygiene and risky behaviors among wearers underscores the need for meticulous care and regular professional oversight to prevent these serious complications.

Methods: A 43-year-old male with personality disorder as only as only medical history attends to a urgent demand consultation at a General Practitioner Centre in Barcelona. The reason for consultation is red and painful eye. After brief history taking and ocular inspection, several severe and urgens pathologies are considered under the differential diagnosis (uveitis, foreign body, corneal erosion or ulcer, etc). The patient referred use of contact lenses but denied the use in the previous week. Once the ocular exam was performed, contact lenses in both eyes were found. After fluoresceine tinction of the painful eye, superficial pitting and unique corneal ulcer was diagnosed. The patient was referred to Oftalmology Emergency Care Centre for treatment.

Originality: Oftalmology is often an unknown and feared topic in General Practitioner consultation. Nevertheless, with some clear concepts and minimum clinical exploration and procedures, a strong presumption of diagnosis can be issued.

Lessons learned and future implications: A methodic history taking, physical examination and high level of suspicion, is critical in low-resources environments such as a General Practitioner consultation. Furthermore, when it comes to less known topics, a orderly way of working is critical. . .

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ID 1235- “Fever Phobia” in Primary Care: Current Knowledge and Educational Strategies — A Narrative Literature Review

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Context: Nowadays, General Practitioner (GP) have to face the progressive aging of the population. Due to that, GP have to deal with increasingly complex therapeutic decision-making in ultra-nonagenarian patients with advanced peripheral arterial disease (PAD). Extreme frailty and multiple comorbidities often lead to a conservative management approach. This study analyzes the effectiveness and sustainability of revascularization in this specific age group.

Objectives: The aim of the study was to consider the impact of minimal invasive surgery in nonagerian patients with PAD.

Methods: We have reviewed nonagenarian patients with PAD (Rutherford category 4-5-6) underwent to revascularization with minimally invasive approach between 2019 and 2024. Preoperative evaluation of cognitive impairment and Activities of Daily Living (ADL) were performed. The primary outcome were technical success of the procedure and 30-days, 6 month and one year mortality. The secondary outcomes were intra-hospital morbidity, limb savage and ADL manteinance.

Results: 48 patients were prospectively enrolled and retrospectively analyzed. The technical success was 97.7%. 30-days mortality was 9.3%. Kaplan-Maier analysis showed an overall 6 month survival of 70%, and 1 year survival rate of 55%. Medical complications were 12.5% (4 patients with acute kidney injury; 2 patients acute coronary syndrome). 1 patient required major amputation. 79% preserved or improved the ADL after hospitalization .

Discussion: During the previous years lower limb revascularizations in nonagerian patients with PAD was not considered due to its high peri-operative risk. Due to that, nonagerian patients usually underwent to major amputation. Mini- invasive techniques development allowes lower limb savege in selected nonagerian patients. The results of the study confirmed a relative low rate of 30-days mortality with an high technical success. Futhermore, results showed the maintenance of ADL and mental ability after hospitalization.

Conclusion: In order to avoid major amputation and preserve a good autonomy and quality of life, mini-invasive revascularization should be considered in nonagenarian patients with PAD.

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ID 1227- “Getting Ready’’ for my GAP consultation!

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Context: Meditation is an non pharmacolgical intervention and is used in integrative medecine. in supportive care. A workshop could be an experience of meditation session for 25 or 30 participants

Objectives: -give a tool for patient support and empowerment -present the nature of meditation and its application in patient care and therapeutic education, -A full presence meditation session will be offered: it focuses on working on attention, gaze, and patient awareness.

Teaching method and workshop: -exposition of the method: 10min -a 20-minute meditation :-focus on different forms of attention : sustained attention, open attention ;-focus on body posture and points of support ; immobility -work on conscience , gaze (eye movement) , silence and respi

Expected outcomes: -A presentation will be given on the proposed programs: one, the PAMEL program, is a self-guided program consisting of 7 progressive and evolving lessons, giving patients the opportunity to take care of themselves and allowing caregivers to also become fa

Conclusion: A meditation experience to lead the participant to try to improve their relationship with themselves, with others and with the world or integrate into one's care relationship and personal and professional life Keynote: care relationship; integrative medecine; patient support ; empowerment; meditation;fullpresencemeditation; mindfullness

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ID 1131- “Heart outside the chest”

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Context: Cardiac amyloidosis is an underrecognized cause of heart failure, particularly in patients with preserved ejection fraction (HFpEF). Its clinical presentation is often subtle and overlaps with more common cardiovascular conditions, leading to delayed or missed diagnosis. Primary care physicians may play a key role in early identification through recognition of characteristic clinical and laboratory “red flags”.

Objectives: To evaluate the prevalence of clinical and laboratory features suggestive of cardiac amyloidosis in a population followed in general practice and to assess the occurrence of confirmed diagnoses within this setting.

Methods: A retrospective observational analysis was performed on 4,407 patients followed by general practitioners in L’Aquila and Avezzano (Italy) in May 2025. The presence of the following conditions was assessed: HFpEF, aortic stenosis, carpal tunnel syndrome, peripheral neuropathy, persistently elevated troponin levels, and ventricular hypertrophy.

Results: The mean age of the study population was 62.6 ± 8.4 years, and 54.9% were female. The most frequently observed conditions were left ventricular hypertrophy (4.15%), carpal tunnel syndrome (2.83%), persistently elevated troponin levels (2.06%), HFpEF (1.52%), peripheral neuropathy (0.42%), and aortic stenosis (0.03%). Two patients (0.03%) received a confirmed diagnosis of wild-type transthyretin cardiac amyloidosis.

Discussion: Although the prevalence of confirmed cardiac amyloidosis was low, multiple patients exhibited clinical features commonly associated with the disease. The coexistence of these findings in a primary care population highlights the potential for underdiagnosis and suggests that systematic evaluation of red flags may improve case detection outside specialized centers.

Conclusion: Despite being classified as a rare disease, cardiac amyloidosis can be encountered in general practice. Increased awareness and recognition of suggestive clinical and laboratory features by general

practitioners may facilitate earlier diagnosis and more timely referral, enabling access to disease-modifying therapies.

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ID 63- "Medical, or Not Medical, That is the Question" A workshop to explore what it means for GP's to heal, care, and support.

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Context: Social isolation among older adults is a growing challenge in rural primary healthcare. Standard, time-limited consultations often fail to capture psychosocial needs, loss of dignity, and reduced social participation. Person-centered, community-based approaches are needed to address aging more holistically. Oral history offers a narrative-based tool grounded in active listening.

Methods: The intervention was conducted in Vasilies, a rural community of approximately 1,000 residents in the Heraklion region of Crete. Ten older adults participated voluntarily. Oral history was used as both a qualitative research method and a community-based intervention. Structured and semi-structured interviews were held in non-clinical settings, focusing on life trajectories, social roles, and experiences of aging. Narratives revealed psychosocial and social determinants of health rarely identified in routine medical practice. Insights informed locally relevant community responses.

Originality: This case integrates oral history into rural primary care as both an intervention and a diagnostic tool, positioning older adults as active contributors to community life.

Lessons learned and future implications: Oral history proved empowering and ethically meaningful. Future applications should include appropriate training, follow-up, and mixed-method evaluation.

Discussion: This experience demonstrates that oral history can bridge the gap between clinical care and community life, revealing dimensions of health that are otherwise overlooked. By aligning healthcare practice with narrative meaning-making, primary care can move toward a more holistic and dignified model of aging care. Additionally, the community benefits through the preservation of collective memory and intergenerational knowledge transfer.

Conclusion: Oral history is a feasible, complementary tool that supports a dignified, person-centered approach to aging and community health in rural primary care, while also enabling targeted community-level interventions that address social determinants of health and, consequently, contribute to improved population health.

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ID 1924- "Mild Traumatic Brain Injury: Overlooked Rehabilitation Care Pathways": an innovative initiative in XXX region to promote patient recovery

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Context: In a society with a growing concern on the autonomy of the patients – specially elderly patients – and in which the confidence and physician-patient relationship is being doubted due to artificial intelligence and tele-medicine, restoring this confidence and relationship is a major issue for general practitioners. Thus, standarized and conscious use of verbal consent before the medical care at a nurse home is a good strategy to respect patient autonomy, establish a confidance relationship and respect ethical principles in medical care.

Objectives: Assess the degree of well-being obtained and the gain of confidence in the general practitioner in nursing homes patients by implementing the regular use of verbal consent before the medical care.

Methods: An uncontrolled before-after study is performed with nursing homes' patients from

our neighborhood. Interested, mentally not impaired and physically capable patients are selected, and a satisfaction and well-being questionnaire is performed after the verbal consented medical care at the nursing home.

Results: This study is already ongoing, and the results will be available by the time of Wonca 2026 conference.

Discussion: Assessment of patients' well-being and patient autonomy enhancement is a poorly addressed topic in medical literature, although the vital importance of the issue. Thus we perform a study to asses the importance and impact of this topic.

Conclusion: This study is already ongoing, and the conclusions will be available by the time of Wonca 2026 conference.

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ID 313- "Unprofessional feelings" – a qualitative study of general practitioner survivors' experiences, when working with people who use domestic and family violence

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Context: Acute neuromuscular weakness in adolescents is uncommon but potentially life-threatening. Guillain-Barré syndrome (GBS), an immune-mediated neuropathy often following infection, requires early recognition and coordinated care. In primary care settings, family physicians are frequently the first point of contact, placing them in a critical position to identify red flags and initiate timely referral while addressing psychosocial impact.

Methods: This practice-based case report describes a 17-year-old female who presented with rapidly progressive, symmetrical ascending weakness following a recent upper respiratory tract infection. Initial assessment in a family medicine outpatient clinic included a comprehensive neurologic examination, family assessment, and counseling. Key findings were flaccid paralysis, absent deep tendon reflexes, preserved sensation, and evolving functional dependence. The patient was promptly referred for inpatient care, where diagnostic work-up confirmed Guillain-Barré syndrome and intravenous immunoglobulin therapy was initiated. Ongoing management involved rehabilitation, adolescent medicine support, and structured family meetings. Functional recovery and caregiver burden were monitored longitudinally.

Originality: While GBS is well described neurologically, this case emphasizes the family-centered role of the family physician in early detection, care coordination, counseling, and continuity beyond hospital discharge. Integrating clinical vigilance with family assessment tools and patient-centered counseling highlights an often underreported dimension of GBS management in adolescents.

Lessons learned and future implications: Early suspicion of GBS in primary care can significantly alter outcomes. Addressing emotional distress, family dynamics, and uncertainty alongside biomedical care reduced anxiety and improved engagement with rehabilitation. Family-centered counseling should be integrated early in acute neurologic illnesses.

Discussion: This case underscores the importance of recognizing ascending paralysis as a medical emergency and illustrates how family medicine bridges acute care, specialty referral, and long-term recovery. Adolescents face unique psychosocial vulnerabilities that warrant deliberate attention.

Conclusion: Family physicians play a pivotal role in the early recognition and holistic management of Guillain-Barré syndrome. Timely referral, coordinated multidisciplinary care, and sustained family engagement can preserve function, dignity, and hope during recovery. MeSH Keywords: Guillain-Barré Syndrome; Acute Flaccid Paralysis; Adolescent Health; Primary Health Care; Rehabilitation

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ID 1981- ”Breathing Hope” Holistic Care for a Child with Probable Hurler Syndrome with Recurrent Pneumonia

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Context: Family physicians educate their patients, peers, residents, students and other health professionals. Research reveals that teaching does not imply recipients have acquired the necessary knowledge. In order for family physicians to enhance the impact of their education, they need to be equipped with the knowledge and skills related to adult learning where facilitation methods are used instead of the standard techniques.

Objectives: Building on our extensive experience in both developed and developing countries, this workshop aims to equip the audience with the knowledge and skills needed to apply facilitation methods to foster adult learning.

Teaching method and workshop: Using facilitation techniques, we will take the participants on an adult learning journey to discover adult learning and its importance, understand the difference between facilitation and traditional techniques, devise learning outcomes rather than object

Expected outcomes: By the end of the workshop, the participants will be able to explain the concept of adult learning, differentiate between facilitation and traditional education, apply facilitation techniques to common scenarios in family practice.

Conclusion: Globalisation and access to technology have changed how we learn and acquire knowledge. Adapting to those new changes are essential for family physicians who are keen to make a difference through education.

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ID 1978- A 12-week Randomized Double-Blind Clinical Trial, Evaluating the Effect of Lithospermum erythrorhizon (Gromwell) Root Extract on Skeletal Muscle Function in Adults over 50 Years of Age

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Context: Cancer-related nausea and vomiting are among the most distressing symptoms in palliative-care patients, severely impairing quality of life and oral intake. In terminal gastric cancer, multifactorial mechanisms often render symptoms refractory. In patients with metoclopramide allergy, the limitation of standard antiemetic options further complicates symptom management.

Methods: A 40-year-old woman with asthma and signet-ring cell gastric carcinoma was admitted to a family physician–led palliative care unit because of severe vomiting and complete loss of oral intake. Her quality of life had deteriorated. She also had dyspnea and abdominal distension. Laboratory tests were hemoglobin 9.9 g/dL, creatinine 2.84 mg/dL, sodium 132 mmol/L, and CRP 28 mg/L. Imaging revealed pleural effusion and ascites. Pleural catheter placement and paracentesis were performed. Acute kidney injury was considered post-renal and resolved after drainage and supportive care. Despite granisetron, proton pump inhibitors, and antacid therapy, nausea and vomiting persisted. Metoclopramide could not be used because of allergy.

Originality: After renal function normalized and infection markers were closely monitored, a short course of methylprednisolone was started, and olanzapine was added. Although olanzapine is mainly known for anxiolytic and antipsychotic effects, it is effective in nausea and vomiting through dopaminergic, serotonergic, and histaminergic pathways. This combination resulted in rapid and complete resolution of vomiting. Oral intake was restored, and the patient was able to eat her favorite foods during the final period of her life.

Lessons learned and future implications: In terminal cancer patients with refractory nausea and vomiting, short-term corticosteroids

combined with olanzapine may be considered when infection parameters and organ function are carefully monitored. Olanzapine may also reduce cancer-related anxiety, providing dual benefit. Early control of ascites and pleural effusion improves antiemetic response.

Discussion: Previous studies report that olanzapine is effective in refractory nausea and vomiting in palliative and oncology settings. Corticosteroids have also been shown to enhance symptom control by reducing inflammation and visceral edema. The clinical response in this case is consistent with the existing literature.

Conclusion: In this terminal gastric cancer case, refractory nausea unresponsive to standard therapy was successfully controlled with olanzapine and short-course methylprednisolone. Individualized pharmacological treatment in palliative care supports comfort, dignity, and humanity at the end of life.

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ID 1105- A Literature Review on Non-Communicable Diseases among Persons with Disabilities

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Context: Lifestyle Medicine (LM) has emerged as a key response to the growing burden of non-communicable diseases and the need for prevention-focused, person-centred healthcare. Its emphasis on behavioural and environmental determinants of health aligns with the core principles of Family Medicine (FM). However, the role of LM within FM remains a contested issue. Questions persist as to whether LM should be considered an intrinsic component of FM practice, a formally recognised competency across medical specialties, or a transversal field linking clinical care, public health, and community action. Across Europe, variation in training structures, healthcare systems, and service delivery models reinforces the need for a shared strategic vision regarding LM integration in FM.

Objectives: • Critically reflect on the current and potential role of LM within FM. • Identify key perceptions, barriers, opportunities, and risks related to the integration of LM into routine FM practice. • Compare and appraise different models for positioning LM, including core discipline, accredited competency, and cross-sector approach. • Contribute to the development of preliminary recommendations to support professional training, service organisation, and policy development.

Teaching method and workshop: The workshop will adopt an interactive approach, combining brief expert input with facilitated small-group work and plenary discussion. A structured SWOT analysis will support reflection and peer exchange, while moderated debate will foster synthesis and

Expected outcomes: Participants will gain clearer insight into the positioning of LM within FM, increased awareness of implementation challenges and enablers, and a shared understanding of future strategic options. The workshop will produce initial, practice-informed recomm

Conclusion: This workshop seeks to align perspectives, stimulate constructive dialogue, and contribute to the development of a coherent and forward-looking strategic vision for the integration of LM within FM.

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ID 1014- A Look at Neglected Populations: Health Education in the Context of Migration and People in Situations of Vulnerability

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Context: Lung, colorectal, breast, cervical, and prostate cancers are the most common malignancies globally, in Europe, and in Republika Srpska. Reducing their morbidity and mortality is a priority in public health. Key strategies include health promotion, early detection, risk factor reduction, and timely treatment initiation. Primary healthcare plays a critical role in implementing preventive measures and screening programs.

Objectives: This study aims to implement preventive measures in primary healthcare, detect malignant diseases early, initiate treatment promptly, and reduce mortality and morbidity through continuous preventive examinations.

Methods: From January 1, 2021, to July 1, 2025, eight family medicine teams systematically invited healthy patients from specific age groups via telephone for preventive mammography, Pap tests, and fecal occult blood tests (FOBT). Participation rates, abnormal findings, and confirmed cancer cases were recorded. The study evaluated adherence to screening recommendations and identified detected malignancies.

Results: Mammography: Of 2,803 eligible women, 1,186 were screened. 23 abnormal findings were detected, including 9 confirmed breast cancer cases. Pap tests: Of 4,525 eligible women, 1,986 were screened. 8 abnormal findings were recorded, including 1 confirmed cervical cancer case. FOBT: Of 6,416 eligible patients, 890 screenings were conducted. 152 abnormal results were identified, 27 patients underwent colonoscopy, and 7 colorectal cancers were confirmed.

Discussion: Organized preventive examinations in primary healthcare have demonstrated their crucial role in early detection of breast, cervical, and colorectal cancers. Participation varied across screening tests, with the highest uptake for Pap tests (approximately 44%), for mammography (around 43%), and lowest for FOBT (about 14%), reflecting barriers such as test perception, fear, or logistical challenges. Early detection enables more effective treatment and improves treatment outcomes. These results underscore the essential role of family medicine teams in conducting continuous and systematic preventive examinations and highlight the need for patient education and reminders to increase participation in prevention programs.

Conclusion: The treatment of malignant disease is multidisciplinary, but preventive examinations form the cornerstone of care. Therefore, it is essential to strengthen the role of primary healthcare in conducting continuous preventive examinations and early symptom recognition, in order to detect the disease at a stage when treatment is most effective.

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ID 1347- A Lump On The Run - Can We Spot A Sarcoma In The Jungle?

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Context: Visceral Leishmaniasis (VL) is a zoonotic disease that may progress to severe clinical forms with high lethality. In the XXX, Leishmania infantum is the main etiological agent. Immunosuppression caused by Human Immunodeficiency Virus (HIV) infection compromises cellular immunity and is associated with increased treatment failure, relapse, and mortality, making VL - HIV coinfection a major public health concern in endemic urban areas such as XXX, XXX, XXX.

Objectives: To characterize reported cases of VL - HIV coinfection in XXX between 2015 and 2024, analyze its impact on VL-related mortality, and summarize evidence-based interventions to improve outcomes in coinfected individuals

Methods: A quantitative and descriptive epidemiological study was conducted using secondary data from the Mortality Information System and the Notifiable Diseases Information System (SINAN) between 2015 and 2024. Sociodemographic variables, HIV coinfection, and mortality were analyzed. A literature review was performed in PubMed and SciELO using the terms "Visceral Leishmaniasis and HIV" combined with "Intervention," "Treatment," or "Prevention."

Results: Between 2015 and 2024, 1,496 cases of Visceral Leishmaniasis were reported in XXX, of which 421 (28.14%) occurred in individuals coinfected with HIV. Coinfected patients accounted for 39.02% of all VL-related deaths. Most coinfected cases (85%) and deaths (78%) occurred among males, with the highest mortality observed in individuals aged 40-59 years. The literature review identified four main intervention axes: optimization of pharmacological treatment, improvement of early and parasitological diagnosis, prediction of treatment failure and relapse using antigen detection tools, and implementation of secondary prophylaxis in high-risk patients.

Discussion: The proportion of VL-HIV coinfection observed in XXX is consistent with other endemic regions and confirms the association between HIV infection and increased VL lethality. Evidence supports liposomal amphotericin B as the preferred treatment for coinfected patients. Diagnostic limitations in HIV-infected individuals highlight the importance of parasitological methods and emerging antigen-based tests. Secondary prophylaxis and adherence to antiretroviral therapy are key strategies to reduce relapse and mortality.

Conclusion: VL-HIV coinfection significantly contributes to VL mortality in XXX. Strengthening early diagnosis, optimizing treatment, implementing prognostic tools for relapse prediction, and adopting secondary prophylaxis may reduce mortality and disease burden.

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ID 1277- A national learning community to improve antibiotic prescribing in out-of-hours general practice

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Context: Graves' disease, the leading cause of hyperthyroidism, often overlaps with menopausal transition in women over 50. This coexistence intensifies vasomotor symptoms such as hot flashes and excessive sweating while promoting cardiovascular instability, including hypertension and altered nocturnal blood pressure patterns. Thyroid dysfunction elevates systolic blood pressure and vascular stiffness, while menopause exacerbates risks through estrogen decline and autonomic changes. This case highlights diagnostic and therapeutic challenges in managing these overlapping conditions in primary care.

Methods: A 52-year-old postmenopausal woman presented with a history of Graves' disease treated with thiamazole, accompanied by persistent hot flashes and profuse sweating. She reported recent home blood pressure (BP) spikes—afternoon readings around 150/95 mmHg and morning values near 140/90 mmHg—despite normal clinic measurements (<140/90 mmHg) and heart rates ≤80 bpm without palpitations. Echocardiography showed left atrial wall thickening and ventricular hypertrophy, indicating early left ventricular hypertrophy likely from long-standing undiagnosed hypertension. Thyroid tests confirmed ongoing Graves' activity. Prior attempts to stop thiamazole caused TSH suppression and worsened BP fluctuations. Ambulatory monitoring confirmed episodic spikes.

Originality: This case is noteworthy for illustrating the complex interplay between active Graves' disease, persistent postmenopausal vasomotor symptoms, and masked/white-coat-normal hypertension with home spikes and early echocardiographic evidence of target-organ damage (LVH), where standard attempts to withdraw antithyroid therapy provoked BP instability.

Lessons learned and future implications: This case distinctively features masked hypertension with preserved heart rate in a postmenopausal patient with active Graves' disease. Antithyroid drug withdrawal triggered rebound hyperthyroidism and BP instability despite lacking typical sympathetic symptoms. Early echocardiographic evidence of target-organ damage emphasises the subtle cardiovascular consequences of combined endocrine and menopausal influences.

Discussion: The case illustrates that antithyroid monotherapy may inadequately address cardiovascular effects when hyperthyroidism coincides with menopause. Evening angiotensin receptor blocker administration provides consistent 24-hour control, complementing thyroid management and mitigating risks in this population.

Conclusion: Starting telmisartan 40 mg nightly with low-dose thiamazole 5 mg daily rapidly normalised BP, resolved spikes within weeks. This dual-therapy model offers a safe, practical framework for similar complex presentations in family medicine.

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ID 429- A Neglected Disease in a Neglected Community: Cutaneous Leishmaniasis in Ngäbe-Buglé Children

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Context: The World Health Organization indicates benefits of art for human health. Multiple approaches are used around the world with psychological, behavioral and social effects, helping both preventing and treating fields. Public policies aim to promote the devlopment of artistic and cultural events in the health care systems.

Objectives: Describe the effects of collective artistic workshop involving patients and healthcare professionals.

Methods: We conducted a qualitative study based on the model of research-intervention. We collected the feedback of the participants in a collective mural painting involving patients and caregivers (also with patient's families). The artistic workshop was supervised by a professional artist. After, we conducted individual interviews with participants according to a previous guide. Each participant gave his consent and anonymity has been respected. We get the autorizations from ethical local comity and the CNIL.

Results: Health benefits have been reported, with both mental and physical therapeutic effects. Creativity and imagination is a way of expression. The workshop gave birth to a fraternal impulse, sharing and social cohesion. It leads to the improvement of relaxation and well-being. This artistic collective experience reduced the anxiety relative to care, it helps patients to relativize and better accept the disease. It rise the quality of live at work for healthcare professionals. The workshop increased the self-esteem and the self-confidence of participants. It place humanity in the center of the care relationship.

Discussion: This workshop shows many positive impacts due to the strenght of the human relationship between participants. The collective creative project involving both patients and heath care professionals and promotes the empowerment by active participation. The collective creative experience allowed self-transcendence thanks to the sublimated energy. The approach combining art and care fits into this notion of global health that consider the person as a whole with their values and experiences. The approach by empathy in the "patient-doctor relationship" without hierachy leads to a true therapeutic alliance.

Conclusion: This study shows that collective artistic workshop helps to creat a better relationship in care. Patients could improve their experience of the disease thanks to artistic expression. It could inspire other projects using art into heathcare.

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ID 1971- A new initiative for long waiting time : The review from Family Medicine Orthopaedic Clinic

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Context: Higher attainment at university is linked with attendance at timetabled teaching sessions. Understanding student motivations and priorities in learning is crucial to enhancing engagement. During the COVID-19 pandemic, education systems worldwide transitioned to online platforms with little preparation. At University of Glasgow virtual tutorials using pre-recorded GP consultations were developed, evaluated positively, and formally integrated into the curriculum. Over the last 2 years attendance at these sessions has been poor. Last year many students failed the written exam and low performance was linked with attendance at timetabled teaching sessions. This study aimed to understand the cause of low attendance and whether the pedagogy and structure of the tutorials was still engaging and appropriate in the post-pandemic era.

Methods: A mixed-methods approach was used, including questionnaires, using Likert scales to assess student attitudes towards online and in-person learning with follow-up focus groups to explore in-depth perceptions about the effectiveness of pedagogical approaches and factors influencing approaches in the post-COVID era.

Originality: This offers a review of the pedagogy of online GP teaching in a UK university and how understanding students educational needs can be used to address curriculum redesign to improve long term attendance.

Lessons learned and future implications: Medical students have competing demands on their time and often take strategic approaches to learning aiming to achieve optimum grades through effective time management and selective study. Self-efficacy and autonomy experienced during remote learning influenced preferences, reducing perceived necessity for live attendance Actively involving students in the creation of learning materials and incorporating student feedback could improve attendance and engagement through building a sense of ownership.

Discussion: The pandemic acted as a catalyst for rapid development in online learning methods and this transition highlighted both opportunities and challenges. While it has offered flexibility, some students have found it difficult to engage with. Online learning has a place in medical curriculums especially when modern day teaching needs to engage large numbers of students from diverse backgrounds with differing needs.

Conclusion: The adoption of innovative educational delivery styles and collaborative efforts between educators and students will be essential in shaping the future of medical education in the post-pandemic era.

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ID 1677- A Novel Machine Learning–Based Model to Support Shared Decision-Making for Early Identification of Esophageal Variceal Bleeding Risk in Primary Care Patients With Non–Cancer-Related Cirrhosis

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Context: Primary Health Care (PHC) is the main point of contact between users and the healthcare system, making the assessment of the quality and performance of its Functional Units (FUs) essential. As respiratory disease management is part of their routine activity, it is relevant to examine how organisational characteristics influence this practice.

Objectives: To assess how the different characteristics of each FU affect their performance in managing respiratory diseases in mainland Portugal, by analyzing several clinical governance tools available on the BI-CSP® platform: the “Global Performance Index”

(IDG_IPDA), the subarea "Disease Management – Respiratory System Diseases," and its associated indicators.

Methods: A cross-sectional observational study was conducted using public data extracted from the BI-CSP® platform, covering 940 FU (USF-B and UCSP) across all Regional Health Administrations (ARS). Indicators analyzed included COPD and asthma follow-up, influenza vaccination coverage, hospitalization rates, and diagnostic proportions. Descriptive statistics, correlation analyses, multiple linear regressions, and multivariate tests (Wilks' Lambda) were applied.

Results: USF-B units, those with medical residents, and those with a higher number of physicians demonstrated better performance across the evaluated indicators. The IDG_IPDA proved to be a statistically significant predictor in nearly all models. The regions defined by the former ARS also exerted a statistically significant influence on the outcomes. Conversely, hospitalizations due to pneumonia and asthma were not explained by the organizational variables included in the analysis.

Discussion: Performance in respiratory disease management is associated with the organizational model, the presence of medical residents, physician staffing levels, and the regional context. Strategies aimed at strengthening the USF-B model, enhancing clinical training, and promoting regional equity may improve care outcomes. The cross-sectional nature of the data used prevents the establishment of causal relationships between the organisational characteristics of the UF and the outcomes obtained. Although statistically significant associations are identified, it is not possible to determine with certainty whether these variables were the direct cause of the variations in performance indicators.

Conclusion: The performance of FU in the management of chronic respiratory diseases in PHC in Portugal is significantly associated with several organisational characteristics, such as pay-for-performance schemes, which may influence priorities in terms of public investment.

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ID 522- A Nurse in Crisis: The Family Doctor as Case Manager in the Multidimensional Aftermath of Complex Myocardial Infarction

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Context: Lifestyle Medicine (LM) is strongly recommended by leading international organisations, including WHO, ADA, and AHA, for the prevention and management of chronic diseases. Despite robust evidence, many family doctors report difficulties integrating structured lifestyle interventions into routine consultations. These challenges stem from time constraints, limited practical tools, uncertainty about how to initiate interventions, and insufficient knowledge and experience, which ultimately undermine confidence. This workshop provides a simple, operational framework—grounded in recognised guidelines—to support the effective and realistic use of LM within everyday primary care practice.

Objectives: Understand key international LM recommendations relevant to primary care. Identify practical, stepwise strategies for integrating lifestyle interventions into time-limited consultations. Apply evidence-based approaches to motivational counselling and behavioural change monitoring. Analyse real clinical cases to understand intervention pathways and recognise achievable outcomes.

Teaching method and workshop: A highly interactive format combining short conceptual inputs, facilitated small-group discussions, analysis of real patient cases, practical communication exercises, and collaborative

reflection. Structured tools and checklists will be introduced to supp

Expected outcomes: Participants will gain concrete skills to integrate LM into brief consultations, operationalise evidence-based recommendations, and tailor interventions to individual patient contexts. They are expected to leave equipped to apply strategies that improve a

Conclusion: This workshop offers a pragmatic, evidence-based, and highly transferable approach to strengthening the role of primary care in chronic disease prevention and management through Lifestyle Medicine.

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ID 769- A Purple Finger Seen in the Family Medicine Setting

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Context: Injection therapy is a widely adopted intervention in the management of musculoskeletal and inflammatory disorders within primary care. Traditionally performed using blind techniques based on anatomical landmarks, these procedures are increasingly supported by point-of-care ultrasound. The growing availability of portable ultrasound devices has expanded their potential role in General Practice, offering new opportunities to improve diagnostic accuracy and therapeutic precision.

Methods: This work is based on a narrative review of the scientific literature, including clinical guidelines, comparative studies, and case series addressing blind and ultrasound-guided injection techniques. Published evidence was integrated with clinical experience in General Practice to evaluate feasibility, safety, effectiveness, and applicability in routine Primary Care settings.

Originality: This study specifically focuses on the implementation of ultrasound-guided injection therapy in General Practice, a setting traditionally underrepresented in interventional musculoskeletal research. It highlights the role of the General Practitioner not only as a referrer but also as an active provider of image-guided procedures.

Lessons learned and future implications: Ultrasound guidance consistently improves needle placement accuracy, reduces procedural complications, and enhances patient confidence. However, successful implementation requires structured training, access to appropriate technology, and organisational support. Future integration may redefine the scope of procedural skills in Primary Care.

Discussion: Compared with blind techniques, ultrasound-guided injections demonstrate superior clinical outcomes, particularly in anatomically complex or previously treated sites. While blind approaches remain effective in selected cases, ultrasound guidance provides added value in terms of safety and therapeutic efficacy.

Conclusion: Injection therapy remains a cornerstone of musculoskeletal care in General Practice. Ultrasound-guided techniques represent an important advancement, enabling General Practitioners to deliver safer, more precise, and patient-centred care. With adequate training and resources, their integration into Primary Care has the potential to significantly improve clinical outcomes and optimise healthcare delivery

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ID 1585- A revolution from within: Liberty, equality, fraternity- needed now more than ever

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Context: Atherosclerotic cardiovascular disease (ASCVD) is a major cause of death in Türkiye and worldwide. Because it progresses silently, early risk prediction is critical. Current risk

scoring systems are based on standard factors and may overlook metabolic problems and insulin resistance. New data suggest that novel metabolic markers and machine learning, particularly in primary care settings, can help better predict risk.

Objectives: This research sought to create a better model for predicting the risk of ASCVD in men aged 40–65. It did this by including new factors related to metabolism and insulin resistance and by testing how well machine learning models could predict risk. The study checked if including HbA1c, TSH, SPISE, and AIP, along with standard risk factors, made the prediction of ASCVD risk more accurate.

Methods: This case–control study looked at 350 men between 40 and 65 years old who visited the Family Medicine clinic at Ankara Bilkent City Hospital. Of the participants, 175 had ASCVD and 175 served as controls. Lifestyle and laboratory data were collected, and predictive modeling was conducted using ROC analysis and machine learning algorithms, including SVM, decision trees, and random forest models.

Results: Older age, family history, obesity, high systolic blood pressure, high triglycerides, low HDL-Cholestrol (HDL-C) and high HbA1c were associated with atherosclerotic cardiovascular disease. ROC analysis showed that AIP and SPISE better discriminated cases from those with normal lipid markers. The Support Vector Machine (SVM) model had the best among machine learning algorithms.

Discussion: The study results suggest that metabolic and insulin resistance factors greatly improve ASCVD risk prediction compared to standard risk factors. The strong performance of SPISE and AIP shows they are clinically relevant for early risk classification. Machine learning models, specifically SVM, showed better discrimination by assessing many interacting variables at once, which addresses some limits of standard scoring systems.

Conclusion: Incorporating novel metabolic markers such as SPISE, AIP, HbA1c, triglycerides, physical activity level, and smoking exposure into machine learning–based models significantly improves ASCVD risk prediction. The SVM model showed high accuracy and discriminatory power, suggesting strong potential for personalized, data-driven ASCVD risk assessment tools that can be effectively integrated into primary care practice.

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ID 1454- A routine case of chest pain?

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Context: In France, the 2016 health system modernization law recognized adapted physical activity (APA) as a therapy in its own right. For PWD, despite the possible APA prescription by the general practitioner, access to sports practice remains a real challenge, due to persistent social, cultural and material obstacles. What are the effects of APA in PWD aged 18 to 59 found in the literature?

Objectives: Mapping in the literature the effects of APA for PWD aged 18 to 59 years.

Methods: A double-blind scoping review was carried out using Rayyan software. She queried six databases (PubMed, Cochrane, Embase, Scopus, SportDiscus et Web of Science) on the concepts of disability and physical activity, from 2020 to 2025, for the population aged 18 to 59.

Results: Out of 9749 articles, 57 of them were included. The main effects observed were to improving the quality of life among people with disabilities. In short, it acts on several levels: • Physical (reduction of pain, better mobility), • Psychological (well-being, vitality), • Social (inclusion, interactions), • Functional (autonomy in activities of daily living).

Discussion: Strength: Prisma ScR criteria respected. Limitations: heterogeneity of studies, the under-representation of certain pathologies and the lack of standardization of assessment tools limit comparability. This review highlights the richness and diversity of APA interventions, confirming its essential role for the health, autonomy and quality of life of PWD.

Conclusion: Despite the growing development of adapted sport encouraged by public authorities, APA remains insufficiently implemented. This review confirms the role of APA in improving the overall health of PWD, as well as improving their quality of life. The APA must therefore be promoted by general practitioners, and society must allow PWD to access it both in supporting the deployment of activity proposals, assistance with transport and the accessibility of structures. PWDs need access to common rights and full citizenship. The APA is one of them. An assessment of the specific needs of PWD to practice APA would be relevant.

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ID 439- A Seven-Year Journey of Prevention: Integrating Physical and Mental Health in an Evolving Employee Wellness Program (2019–2025)

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Context: Managing diabetes in frail patients is complex due to varying clinical factors. The optimal HbA1c target for each level of frailty remains unclear. Existing thresholds are based on expert opinion, but evidence guiding individualized targets by frailty severity is limited.

Objectives: 1. What is the association between diabetes control and mortality among community-dwelling frail older adults. 2. What is the optimal HbA1c target for each level of frailty.

Methods: A retrospective cohort study of patients aged ≥75 with type 2 diabetes, insured by Meuhedet Health Services (MHS), from 2015 to 2022. Inclusion required continuous enrollment in MHS, ≥2 years of medical history, ≥2 HbA1c values ≥6.5%, and at least one antidiabetic prescription. Exclusions were type 1 diabetes, missing recent HbA1c, and conditions affecting HbA1c reliability (e.g., G6PD deficiency, anemia, splenectomy). HbA1c category was defined using the most recent value in the year prior to cohort entry; frailty was assessed using a validated index based on ≥2 years of records. Follow-up began at age 75 and continued until death or December 31, 2024. The primary outcome was all-cause mortality. Analyses will be stratified by frailty level to explore the association between glycemic control and mortality across frailty categories. Statistical analysis included Cox proportional hazards models with HbA1c categorized as <7% (reference), 7–7.9%, and ≥8%, adjusting for age, sex, SES, diabetes duration, and insulin use. Effect modification by frailty was assessed using interaction terms and penalized splines. Kaplan-Meier curves and subgroup/sensitivity analyses were also performed.

Results: No results yet.

Discussion: No results yet.

Conclusion: No results yet.

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ID 119- A Study on Factors Affecting the Quality of Life of Elderly Cancer Survivors

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Context: To present a case of a patient with dermatological changes occurring one month after a tourist trip to Zanzibar, and to outline the diagnostic and therapeutic procedures undertaken by the family physician and dermatologist for the confirmation and treatment of the parasitic disease Larva migrans.

Methods: A 54-year-old female presented to the family physician with skin changes on the right sole, accompanied by pruritus. She was afebrile and did not report any systemic symptoms. The patient had a medical history of Hashimoto's thyroiditis and was being treated with levothyroxine. Upon inquiry, she reported traveling to Zanzibar a month prior, where she had walked barefoot on sandy beaches.

Originality: A review of the literature was conducted focusing on dermatological conditions associated with travel to Zanzibar

and the surrounding East African region. The findings support cutaneous larva migrans as a common travel-related parasitic dermatosis linked to barefoot exposure on sandy beaches and are consistent with the clinical presentation in our patient.

Lessons learned and future implications: A detailed travel history is essential for recognizing travel-related dermatological conditions and enables early suspicion of parasitic infections such as cutaneous larva migrans. Awareness of region-specific diseases, supported by literature review, allows timely referral and effective treatment, leading to complete patient recovery.

Discussion: Upon initial examination by the family physician, a small papule was observed, which developed into a moving erythematous serpentine lesion. The blood count was normal. Based on the epidemiological history and clinical findings, a working diagnosis of Larva migrans was made. The patient was referred for further diagnostic and therapeutic procedures to the dermatology department of the clinical hospital center. Subsequent diagnostic tests confirmed the diagnosis, and the patient was prescribed Albendazole 400 mg (to be taken with a fatty meal) once daily for three days. After completing the treatment, the skin lesion resolved completely without any residual effects.

Conclusion: A thorough medical history, appropriate knowledge of travel medicine, and a review of the relevant literature provide valuable guidance for family physician in diagnostic and therapeutic decision-making. In the presented case, this approach enabled timely diagnosis and successful treatment of parasitic disease Larva migrans

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ID 2073- A Study on General Practitioners' Knowledge, Awareness and Current Management Status of Mild Cognitive Impairment

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Context: In last few years Italy has faced ad increase in Emergency Department (ED) admissions, mostly for non-urgent conditions: although institutions often attribute this trend to perceived General Practice's (GP) inefficiency, evidence remains scarce.

Objectives: This study analyses inappropriate ED visits, quantifying the proportion of patients bypassing GP consultation and evaluating the GP's effectiveness as a gatekeeper for emergency services' access.

Methods: This descriptive observational study examined 300 ED admissions among patients of four GPs in Piacenza, Italy. For each case, we recorded: mode of referral (self-referral vs. GP-mediated or specialist-mediated access), prior contact with GP, triage code and clinical inappropriateness (feasibility of management within Primary Care). Data were analysed using absolute frequencies and proportions.

Results: Most patients (84%, n=251) did not consult their GPs before accessing to the ED and 87% (n=261) were self-referred, occasionally even after prior medical consultation with their GPs. Among the 234 self-referred visits without GP contact, only 43% (n=100) were deemed clinically appropriate, compared to 79% (n=34) of the 43 visits filtered by the attending physician. While minor triage codes accounted for 67% (n=200) of cases, clinical judgment determined that only 51% (n=154) of total visits were inappropriate. Notably, only 2% (n=5) of self-presentations followed a lack of response from the GP; among these, 3 cases were assigned "major" triage codes suggesting time-dependent conditions.

Discussion: Approximately half of ED accesses are clinically unnecessary and manageable within a Primary Care setting. High ED utilization is primarily driven by patient self-initiative rather than GP unresponsiveness, which accounted for a negligible fraction of self-refferals. Conversely, when General Practice performs a gatekeeping role, ED utilization is more frequently appropriate. Minor triage codes not always correspond to

inappropriateness of access according to clinical judgment (it is standard practice to assign minor codes to obstetric or orthopedic conditions requiring urgent instrumental diagnostics).

Conclusion: The patient's tendency to bypass the GP's gatekeeping function, rather than a presumed inefficiency of General Practice is the primary driver of ED overcrowding from non-acute presentations. Lack of GP responsiveness is a misconception. Study limitations include: small sample size and potential confirmation bias.

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ID 206- A Visual Narrative of Inequality: Analyzing Paternalism and Social Determinants in 19th-Century Medical Art

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Context: Advanced practice nursing roles are promoted internationally to improve access and quality in primary health care (PHC). In Brazil, nurses in PHC already perform autonomous clinical work, but the extent to which their consultations include activities aligned with advanced practice remains unclear.

Objectives: To analyze indicators of advanced clinical activities within nurses' routine PHC consultations; to identify which activities are most and least frequent; and to inform implementation through a strategic guide.

Methods: Descriptive exploratory quantitative study using secondary data from a multicenter database of recorded nursing consultations in three Basic Health Units (Unidades Básicas de Saúde, UBS) in Brazilian municipalities. Eighteen nurses were included. Seventy three consultations were analyzed using a structured instrument based on seven International Council of Nurses clinical activities for advanced practice. These activities were prescribing medicines, ordering tests, indicating treatments, making clinical diagnoses, holding responsibility for a patient panel, referring and counter referring, and being recognized as a first point of contact. Frequencies and proportions were calculated. Associations between consultation type and selected activities were tested with significance set at $p<0.05$.

Results: Most nurses were women (72.2%). Consultations were mainly in women's health (75.3%), followed by older people's health (12.3%). Activities related to first contact and responsibility for a patient panel were frequent, reflecting core nursing work in PHC. Activities requiring higher clinical complexity showed limited occurrence and varied by consultation type. There was a statistically significant association between consultation type and prescription being absent versus performed ($p=0.0013$). When restricted to women's health consultations, this association was not significant ($p=0.1798$). Similar patterns were observed for ordering tests ($p=0.0515$) and documenting clinical diagnosis ($p=0.7408$).

Discussion: The findings suggest that Brazilian PHC nurses consistently deliver longitudinal, first contact care, but advanced clinical decision making tasks such as prescribing, test ordering, diagnosis documentation, and counter referral are not yet routine across consultation types. Local protocols, training, and governance may influence this variability.

Conclusion: Indicators of advanced practice are present but uneven. Strengthening regulation, education, and service protocols may support safer expansion of advanced clinical activities beyond women's health and increase equity in access to PHC services.

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ID 668- ABC Basic Clinical Ultrasound in Family Medicine: Scaling POCUS Training Across Europe

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Context: Family physicians in Poland increasingly encounter patients who speak neither Polish nor English. This study aims to identify the main challenges, coping strategies, and support needs among primary care physicians when communicating with these patients.

Objectives: To identify the types of language bariers Polish primary care physicians face.

Methods: A cross-sectional survey is being distributed to family physicians working in primary care across Poland. Data collection began in September 2025 and is ongoing. The questionnaire assesses encounter frequency, perceived communication problems, languages involved, current coping strategies, available resources, and desired support. Preliminary results are presented here.

Results: Preliminary data include 19 respondents, predominantly female (79%), family medicine specialists (74%), and practicing in cities >100,000 population (63%), with a mean age of 48.6 years. 32% reported frequent (weekly or daily) encounters with non-Polish/English speaking patients. For questions on languages encountered, challenges, coping strategies, and support needs, respondents could select multiple options. Ukrainian was identified as the most common language barrier (100%), followed by Russian (47%) and Vietnamese (37%). The most frequently reported problems were difficulty obtaining a thorough history (53%), uncertainty about patient understanding (53%), and difficulty explaining medical advice (47%). 26% of surveyors reported concerns about increased medical error risk. Coping strategies relied predominantly on improvised solutions: family members as interpreters (89%) and smartphone translation applications (84%), with many respondents using both approaches. 68% reported having no dedicated translation resources in their practice. 63% considered current institutional support inadequate, and 21% had experienced situations where lack of professional interpretation potentially endangered patient safety. Priority needs included improved technology support for translation applications (63%) and funded access to professional interpreters (58%).

Discussion: Preliminary findings indicate that language barriers may represent a common everyday challenge in Polish primary care. Early data suggest physicians rely on improvised solutions while lacking dedicated resources.

Conclusion: Final results will determine the scope of these challenges and whether systemic support — including interpreter services, translation technology, and collaborative networks are needed to ensure effective practice and equitable access to care.

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ID 2171- About a case" Bilateral papilla edema in adulthood focused from Primary Care"

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Context: The university degree “meditation and therapeutic relationship” exists at the University in France since 2020. It is a theoretical and practical training of three types of meditation: mindfulness, full- presence and yoga. The health benefits of meditation have been scientifically demonstrated. This study aimed at describing the contributions of this degree for the participants, on a personal level and on a professional level within their therapeutic relationship.The university diploma program consisted of lectures and workshops to learn how to lead meditation sessions of these approaches.

Objectives: The main objective was to report on the benefits of University Diploma (DU) in “Meditation and Care Relationship” to participants, from both a personal perspective and from the perspective of care relationship. Secondary objectives wanted to evaluate the strengths and weaknesses of this university degree and consider initial training.

Methods: This is a qualitative study on 17 participants of this university degree,with data collection by individual semi-directed interviews and analysis by grounded theory.

Results: The participants have acquired ways to reduce stress and work on their emotions. They

developed qualities of attention, presence, empathy and communication, that improved the quality of doctor- patient relationship.The personal benefits were: increased perceptual abilities,action on attention, concentration, memory and non-judgment; pride, self-esteem, and self-confidence.On a professional level, they experienced an increase in empathy,.new skills for stress management and experimenting with a new caregiver role: they identify the real dimension of care relationship applied in the biopsychosocial notion of health.This learning experience also allowed them to improve their teaching methods.

Discussion: The university degree “meditation and therapeutic relationship” had a positive impact on the participants, on a personal and professional level. Such training is to be encouraged within universities during medical studies.This corresponds to what is written in the literature, but this university diploma is completely original because it informs us on the specific contributions of each approach.

Conclusion: The diploma " meditation and therapeutic relationship " talks about the concept of " patient-centered approach". It is part of non-pharmacological interventions.An initial training to healthcare professionals could be proposed.. Keywords university degree, medical studies, meditation, mindfulness, full- presence, yoga, therapeutic relationship, doctor- patient relationship

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ID 1763- Acceptability and feasibility of an evaluation table to assess the competency of general medicine interns during ambulatory rotations in XXX.

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Context: Cervical cancer screening is an effective strategy to reduce morbidity and mortality. However, participation rates remain suboptimal in many populations, despite organised screening programmes. Primary care plays a key role in implementing population-based screening and addressing barriers to participation. Mass screening initiatives conducted in primary care settings provide an opportunity to evaluate real-world adherence and to explore factors influencing women’s decisions to participate or not.

Objectives: To assess adherence to cervical cancer screening and to identify facilitators and barriers to participation among eligible women during a mass screening initiative in a primary care setting.

Methods: An observational cross-sectional study is being conducted during a cervical cancer mass screening initiative implemented in a primary care unit. Eligible women, according to national screening recommendations, are actively invited to participate. Screening uptake is registered, and data are collected using a structured questionnaire. Variables include sociodemographic characteristics, previous screening history, knowledge about cervical cancer screening, perceived benefits and perceived barriers. Data collection is ongoing at the time of abstract submission.

Results: Data analysis will describe screening adherence rates and identify the main facilitators and barriers associated with participation and non-participation. Associations between selected sociodemographic and clinical variables and screening uptake will be explored. Preliminary and final results will be presented at the conference.

Discussion: Understanding facilitators and barriers to cervical cancer screening in a primary care setting can inform strategies to increase participation and reduce inequities. Active involvement of family doctors, targeted education, and addressing modifiable barriers are key elements to improve adherence. Mass screening initiatives also provide an opportunity to assess population-level behaviour and inform future preventive programmes.

Conclusion: Mass cervical cancer screening in primary care is effective not only for early detection but also for identifying modifiable barriers to participation. Insights from this

initiative can support tailored interventions to enhance adherence and equity in preventive healthcare, reinforcing the central role of family doctors in promoting women's health.

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ID 608- Accreditation Process by ONA to Improve Medical Team Performance and Care Quality at the AMA Primary Emergency Unit in São Paulo

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Context: Maternal mortality is defined as the death of a woman related to pregnancy or childbirth, caused by direct complications, such as hemorrhage and hypertension, or indirect complications related to pre-existing diseases aggravated by pregnancy. Studying these causes is essential to improve care and reduce maternal deaths in the city of São Paulo.

Objectives: To describe the socioeconomic profile of maternal deaths and the maternal mortality ratio by type of obstetric cause in the city of São Paulo, from 2013 to 2023.

Methods: This is an ecological, descriptive, and quantitative epidemiological study using data from the Mortality Information System (SIM) and the Live Birth Information System of São Paulo (2013–2023). Sociodemographic data of maternal deaths were included: age group, education, marital status, place of occurrence, and cause of death. To calculate the maternal mortality ratio by cause of death, the number of live births in São Paulo was used, stratified by year. The specific maternal mortality ratio by type of cause was used to construct the time series graph.

Results: Maternal deaths in the municipality of São Paulo in the period from 2013 to 2023* occurred predominantly in women aged 30 to 39 years (48.49%), white (46.99%), single (55.21%), took place in hospitals (96.06%), and were due to direct obstetric causes (50.92%). The maternal mortality ratio due to direct causes was higher from 2013 to 2019 and from mid-2021 to 2023. From 2019 to early 2021, the predominant obstetric cause was indirect. Throughout the period, the unspecified obstetric maternal mortality ratio was the lowest among the causes; however, it increased in 2020, similar to the indirect causes.

Discussion: Advanced maternal age and single status indicate social vulnerability and increased risk. The predominance of in-hospital direct causes suggests failures in emergency care. The shift to indirect causes reflects the impact of COVID-19 mortality and health system overload.

Conclusion: Maternal mortality in São Paulo between 2013 and 2023 highlights social inequalities and weaknesses in women's health care. The predominance of direct causes and the oscillation during the pandemic reinforce the importance of public policies that guarantee access, quality, and equity in care, especially in prenatal care and childbirth.

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ID 1387- Acral fibrokeratoma: recognizing a rare but treatable skin lesion

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Context: Patients with cancer may be at increased risk of fractures. Fractures result in morbidity and mortality and reduced quality of life. Addressing the morbidity and mortality of cancer is an important public health concern. This is the first study the risk of fracture in patients with various types of cancer in the southeast of Iran.

Objectives: The Study aims to investigate the associations of cancer diagnoses with the risk of fractures among individuals with cancer compared with the fracture risk among adults without a history of cancer.

Methods: We performed a study using population-level healthcare administrative databases from the southern province of Iran, from January 2014 to December 2024. Diagnoses were identified through the Iran

Cancer Registry. In individuals with cancer who were more recently diagnosed (<5 years since diagnosis) or who had chemotherapy.

Results: This study included 18722 individuals with cancer (mean [SD] age, 66.9 [6.2] years; [79.1%] female) and 16,357 noncancer individuals (mean [SD] age, 67.3[8.3] years; [83.6%] female). An increased risk of fractures, within the first year after diagnosis, was seen in patients with primary bone cancer (OR_3.42, 95% CI: 1.33_7.06), multiple myeloma (R_4.91, 95% CI: 2.81_8.12), metastases to the bone (OR_5.178, 95% CI:3.49_6.99), metastases to other organs than bone (OR_1.91, 95% CI: 1.61_2.18), lung cancer (OR_1.90, 95% CI: 1.51_2.38), and cancer of the liver, gall bladder and pancreas (2.14, 95% CI: 1.39_3.21), cancer of the breast (2.23, 95% CI: 1.41_3.22). In patients with prostate cancer, an increase in fracture risk was observed over time within the first year after diagnosis.

Discussion: This study showed fractures associated with various cancers in patients with cancer and significantly affects bone health. The findings of our study are concordant with prior studies demonstrating an increased fracture risk in patients with solid cancers.

Conclusion: Education of patients, lifestyle modification can improve patient outcomes. This may have implications for which patients should be selected for prevention against fractures. Patients with cancer are at modest risk of fractures compared to non-cancer controls, particularly for breast, prostate, and multiple myeloma.

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ID 1576- Actinomycosis : A Forgotten Chronic Infection About 22 cases in Tunisia

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Context: Domestic violence (DV), due to its high prevalence and associated morbidity, constitutes a major public health concern. As frontline healthcare providers, general practitionners (GPs) play a pivotal role in the identification of DV and must be adequately trained to deliver appropriate medical and psychological care to direct and indirect victims, as well as to perpetrators. The XXX from XXX has developed well-established expertise in this domain, as evidenced by several peer-reviewed publications, academic theses, clinical guidelines, and the ongoing delivery of Continuing Medical Education programs focused on domestic violence for primary care professionals.

Objectives: To strengthen the capacity of primary healthcare professionals to detect violence at an early stage and to ensure appropriate biopsychosocial support for individuals concerned.

Teaching method and workshop: The professional stance and the nature of the relationship established with the patient are key determinants in both the disclosure of violence and the development of sustainable change in situations involving violence. Grounded in active learning pedagog

Expected outcomes: To strengthen participants' clinical awareness and to provide them with evidence-based professional attitudes and clinical tools, from the first patient encounter through to appropriate biopsychosocial approach

Conclusion: This workshop aims to enhance participants' skills in managing DV, a widespread but frequently underscreened problem, which is often inadequately addressed by GPs, resulting in both patient revictimization and iatrogenic medicalization.

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ID 1015- Actionable Awareness as a Predictor of Preventive-Care Uptake: Analysis of a Literacy Threshold in Singapore Rental-Flat Residents

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Context: The use of artificial intelligence (AI) in healthcare both enhances patients' quality of life and reduces the workload of healthcare professionals.

Objectives: To determine the extent to which physicians, midwives, and nurses working in primary care utilize AI tools, as well as to assess their levels of AI literacy, AI-related anxiety, and attitudes toward AI-based healthcare services.

Methods: This descriptive, observational research design consisted of a total of 337 participants, including 170 physicians and 167 midwives/nurses, were selected using simple random sampling. Data were collected through face-to-face interviews between July 25 and August 22, 2025. The data collection instruments included the Participant Information and AI Use Form, the Meta Artificial Intelligence Literacy Scale (MAILS), the Artificial Intelligence Anxiety Scale, and the General Attitude Toward Artificial Intelligence in Health Services Scale. Data were analyzed using SPSS 27.0 and the PROCESS macro version 4.2. Independent Samples t-Test, ANOVA, Pearson Correlation Analysis, and Mediation Analysis were used, with a statistical significance level set at $p<0.05$.

Results: Results revealed that the most common professional uses were for reading resources and translation, while the use of virtual assistants, automated reporting, and triage applications remained limited. The main concerns reported by participants included data privacy, lack of trust in AI, insufficient legal regulations, and integration difficulties. Overall AI literacy levels were below average, with the highest competence in using AI tools and the lowest in developing new AI applications. AI anxiety levels were moderate, with ethical concerns and fear of job loss being the most prominent.

Discussion: Attitudes toward AI were generally moderate, with positive attitudes being more prevalent. Physicians demonstrated higher AI literacy than midwives and nurses, while younger participants scored higher than older ones. Women exhibited higher levels of AI-related anxiety. Mediation analysis indicated that AI anxiety partially mediated the effect of AI literacy on attitudes; as AI literacy increased, anxiety levels decreased, leading to more positive attitudes toward AI use in healthcare.

Conclusion: In conclusion, enhancing the AI awareness and literacy levels of primary healthcare professionals may reduce their concerns regarding data privacy and security, strengthen their willingness to integrate AI technologies into clinical practice.

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ID 622- Active Arterial Mid-Gut Bleeding Identified in the Prehospital Setting: A Case Enabling Timely Specialized Management

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Context: Numerous residents suffer from stress, anxiety, which may be acutely exacerbated by stressful situations such as being on call. When confronted with uncertainty situations, residents experience a mismatch between their theoretical knowledge and their clinical reasoning skills. In a previous study we observed high levels of cognitive weariness and anxiety in residents being on call in the paediatric emergency department, and the reduction of their cognitive weariness by training clinician-educators in the supervision of clinical reasoning.

Objectives: We sought to inform the findings of our previous research by exploring in depth the experience of on-call residents in the paediatric emergency department, including: the factors that impact their well-being, and how supervision of their clinical reasoning might change it.

Methods: We performed a qualitative study using semi-structured interviews. We interviewed medical residents who were on call in the emergency department, mentored by

supervisors who had received specific training in the supervision of clinical reasoning.

Results: The findings revealed two opposing profiles of how residents experience being on call and having their clinical reasoning supervised. First, there were those who expressed marked discomfort, characterized by anxiety, a strong need for supervision, a fear of being judged by the supervisor, and a major impact of physical fatigue. Residents with this profile seem to be at risk of developing burnout. The second profile expressed little unease, had a sense of self-efficacy, a feeling of personal competence, a high level of self-confidence, greater tolerance of uncertainty, and little difficulty with making decisions.

Discussion: Clinical experience alone may not linearly move residents from basic to advanced reasoning. Targeted supervision techniques can identify these difficulties and provide remediation strategies. In emergency departments, lack of experience and few operational scripts hinder non-analytical reasoning, requiring systematic data analysis and high working-memory capacity. The study links working-memory load to cognitive fatigue, a burnout component, and suggests that improving reasoning scripts could reduce anxiety and burnout.

Conclusion: Supervision of clinical reasoning based on questioning techniques seems to participate to promote development towards second profile, with greater tolerance of uncertainty, ease with decision-making, and a reinforced sense of belonging to a team.

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ID 926- Acupuncture for Migraine : French Guidelines on Non-Pharmacologicals Treatments

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Context: Effective communication is the cornerstone of Family Medicine. Studies show that patients forget up to 80% of medical information provided verbally. Visual aids significantly improve health literacy and adherence; however, many General Practitioners (GPs) hesitate to use visuals due to a lack of artistic skill or time constraints. The rapid emergence of Generative AI (e.g., DALL-E, Midjourney) offers a novel solution, but it also raises questions regarding accuracy, ethics, and the human element of the consultation.

Objectives: This interactive workshop aims to empower GPs to visualize complex medical conditions using two distinct approaches: traditional "napkin sketches" and modern "AI prompting." Participants will: Learn to simplify complex pathophysiology into basic, hand-drawn schematics (analog). Acquire skills in "Prompt Engineering" to generate instant, personalized patient education visuals using AI tools (digital). Critically evaluate the risks (e.g., anatomical hallucinations) and benefits of AI versus the empathy of hand-drawn explanations.

Teaching method and workshop: The session will follow a "Compare and Contrast" structure (60 mins): Introduction (5 min) Part 1 (15 mins): The Pen (Analog): Participants will be challenged to draw a specific condition (e.g., Heart Failure mechanisms) using simple geometric shapes. The

Expected outcomes: By the end of this workshop, participants will have an expanded toolkit for patient communication. They will leave with the confidence to use simple sketches for immediate explanation and the technical know-how to utilize AI tools responsibly for creating

Conclusion: The key takeaway is the importance of choosing the right method at the right time, balancing human warmth and clarity with the ethical use of technology in clinical communication.

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ID 733- Acupuncture in small groups: Optimizing time and space in therapy

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Context: Despite rapid artificial intelligence integration in healthcare, family physicians receive inadequate training to critically evaluate and safely apply AI-based clinical tools. Studies show strong physician interest but limited confidence and skills, leaving primary care providers unable to assess AI tool validity, understand performance metrics, or identify potential biases.

Objectives: To evaluate the effectiveness of a structured continuing professional development course in improving family physicians' knowledge, attitudes, and self-efficacy regarding artificial intelligence and machine learning applications in primary care.

Methods: Pre-post intervention study of Israeli family physicians enrolled in a two-day course (November 27-28, 2025). The curriculum covered: machine learning fundamentals (supervised/unsupervised learning, overfitting, AUC, calibration, neural networks), large language models in medicine, hands-on predictive modeling demonstrations, and critical appraisal of AI clinical prediction studies. Three questionnaires assessed: (1) ML knowledge (7 multiple-choice questions on overfitting, calibration, supervised learning, LLM mechanisms); (2) attitudes toward AI across 11 clinical scenarios (4-point Likert); (3) self-efficacy in AI-assisted decision-making (adapted validated scale, 4-point Likert). Paired t-tests and Wilcoxon signed-rank tests were used ($p<0.05$).

Results: Of 62 enrolled physicians, 40 completed pre-intervention and 27 completed both assessments (67.5% completion rate). Significant knowledge improvement was observed (pre: 0.51, post: 0.71; 39% increase; $p<0.001$). No significant changes in attitudes (pre: 2.40, post: 2.39; $p=0.93$) or self-efficacy (pre: 3.30, post: 3.36; $p=0.14$). High baseline attitudes and self-efficacy scores suggest potential ceiling effects.

Discussion: This study demonstrates that a multi-modal AI literacy course significantly improves family physicians' foundational machine learning knowledge. The 39% improvement shows complex technical concepts can be effectively taught to practicing physicians without computational backgrounds. Unchanged attitudes and self-efficacy, despite high baseline scores, may reflect existing positive AI perceptions among self-selected participants rather than intervention ineffectiveness. The limited sample size (n=27) warrants validation in larger cohorts.

Conclusion: A focused continuing professional development intervention effectively enhances family physicians' AI literacy, providing essential skills to critically evaluate AI-based clinical tools. This evidence-based approach demonstrates feasibility for integration into primary care professional development programs, addressing a critical gap in physician preparedness for AI-augmented practice.

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ID 810- Acute focal bacterial nephritis in elderly patients

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Context: Psycho-emotional disorders are present in approximately one third of patients with heart failure (HF). When not adequately recognized, these conditions may lead to cardiac decompensation, the occurrence of acute coronary syndromes, reduced treatment adherence, and the relapse into or adoption of unhealthy lifestyle.

Objectives: The aim of this study was to identify the presence of anxiety and depression in patients with heart failure and to determine the factors associated with the development of psycho-emotional disorders in this population.

Methods: This observational study was conducted in five family medicine practices over a three-month period (January–March

2024). Adult patients with heart failure confirmed by a cardiologist were enrolled. Patients with a prior diagnosis of psychiatric disorders were excluded. Demographic data and information regarding the clinical stage of heart failure were collected. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale (HADS).

Results: The study sample included 103 participants, with a mean age of 71.17 ± 11.62 years. Clinical signs of depression were identified in 32.04% of patients, while anxiety symptoms were present in 26.21%. A statistically significant correlation was found between heart failure severity and anxiety and depression scores ($p = 0.007$ and $p = 0.009$, respectively). The number of family physician visits for heart failure related issues was significantly correlated with mean depression scores ($p = 0.003$), mean anxiety scores ($p = 0.001$), and heart failure severity ($p < 0.0001$). Factors associated with psycho-emotional disorders included older age ($p < 0.0001$), female sex ($p = 0.003$; $p = 0.002$), lower educational level ($p = 0.016$), and loneliness following the loss of a life partner ($p = 0.005$).

Discussion: A holistic approach to patients with heart failure requires the identification of risk factors for psycho-emotional disorders, their timely diagnosis, and appropriate referral for specialist care, alongside cardiovascular pharmacological treatment.

Conclusion: The family physician plays a crucial role in the objective identification of anxiety and depression in patients with heart failure. Routine heart failure follow-up consultations represent an important opportunity for the assessment of psycho-emotional disorders in cardiac patients.

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ID 821- Acute Neurological Collapse in a Patient With Undisclosed Neurodegenerative Disease: A Case Highlighting the Importance of Accurate and Comprehensive Medical History in Primary Care

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Context: Scorpion envenomation is a major public health problem and a frequent reason for emergency consultation, particularly during the summer season. In Tunisia, the Primary Health Care Directorate (DSSB) reports approximately 30,000 scorpion stings per year, of which 1–2% evolve into severe forms.

Objectives: The objective of this study is to describe the epidemiological and clinical characteristics of scorpion envenomation cases managed in the Emergency Department of Ibn Jazzar Hospital in Kairouan.

Methods: This is a retrospective descriptive study involving 47 patients admitted to the emergency department for scorpion envenomation between May 1st, 2022 and September 31st, 2023.Inclusion criteria:Patients aged 18 years or older,Presenting to the emergency department for confirmed scorpion sting.Exclusion criteria:Patients presenting in cardiorespiratory arrest upon arrival.

Results: The study included 47 patients, with a slight male predominance:Men: 58%,Women: 42%.The median age was 40 years (IQR: 29–54 years).2. Circumstances of the Sting Place of sting:– Home environment: 70%.Seasonality:A clear peak in the hottest months, especially July and August.Location on the body:– Upper limbs: 42%– Lower limbs: 42%.Scorpion color:– Yellow scorpion: 58%.Use of traditional methods:– 94% of patients reported using traditional practices.Delay to consultation:– Median of 1 hour. Clinical Findings:Local signs were present in all patients (100%): redness, heat, swelling (each present in 94%).General symptoms were seen in 34%: asthenia (24%), chills (28%). Systemic Manifestations:Cardiovascular signs: 18%,Digestive signs: 32%.Vital Signs:Blood pressure: generally stable,Median heart rate: 88 bpm (IQR: 73–96),Median respiratory rate: 22/min (IQR: 20–24).Chest X-ray: normal in 20%,ECG: normal in 56%.Most patients showed favorable evolution, with rapid improvement.There was one reported death.

Discussion: This study provides an overview of the epidemiological and clinical characteristics of scorpion envenomation cases managed in the Emergency Department of Ibn Jazzar Hospital in Kairouan. Overall, the findings emphasize the need for continued public health interventions focusing on early consultation, avoidance of traditional harmful practices, and prevention strategies targeting households in endemic areas.

Conclusion: Scorpion envenomation is a frequent reason for emergency consultation, particularly during the hot season. Most patients arrived early to the emergency department, often after using traditional methods. In the majority of cases, clinical presentation remained limited to local signs and mild general symptoms, with rare severe complications.

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ID 541- Acute visual symptoms after exercise: A possible retinal tear in a 33-year-old woman

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Context: The prevalence of cardiovascular disease is intensely increasing particularly in developing countries. The burden of cardiometabolic disorders will increase in elderly.The southeast of Iran is bordering Afghanistan and Pakistan which suffers from the effects of low economic- social issues.

Objectives: The aim of this study was to investigate the prevalence of cardiometabolic disorders (diabetes, hypertension and hyperlipidemia) in older adults in the southeast of Iran.

Methods: This was a cross-sectional study. The study was conducted on 1952 older adults participating in (2023–2025|). Logistic regression models were used to determine the odds ratio and 95% confidence intervals (ORs and 95% CIs) of cardiometabolic disorders across related factors. Semi structured interviews performed to explore barriers to access health care system in this population.

Results: The mean age of the participants was 66.36 years. Scopes of diabetes, hypertension, hyperlipidemia and hypercholesterolemia were 531%, 78.91%, 63.84% and 41.31% respectively. Untreated diabetes prevalence was higher for males (OR = 1.80, 95%CI = 1.30–2.25), older adults (OR = 1.52, 95%CI = 1.03–1.08), and pre-frail status (OR = 0.68, 95%CI = 0.62–0.91). Males (OR = 2.26, 95%CI = 1.74–2.82) and current smokers (OR = 1.44, 95%CI = 1.15–1.93), in contrast to married participants (OR = 0.25, 95%CI = 0.08–0.78), people with higher education levels (OR = 0.51, 95%CI = 0.32–0.88) and dementia (OR = 0.81, 95%CI = 0.631–1.01) were more likely to have untreated HTN. Untreated dyslipidemia is more common in smokers (OR = 1.79, 95%CI = 1.18– 2.59) and males (OR = 1.57, 95%CI = 1.31–2.41), while untreated hypercholesteremia is more common in males (OR = 3.31, 95%CI = 1.63–6.59). Financial and insurance resources were the main barrier for participants to fully commit to a long-term health care or ongoing preventive program. There are no support structures for patients and the awareness of the disease is low.

Discussion: This study shows that gender and dementia are important factors affecting cardiometabolic disorders in elderly people living in south-east Iran.

Conclusion: The Iranian public health care (PHC) system and insurance companies need to target patients to improve their access to ongoing preventive program.

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ID 1435- Addressing alcohol use in primary care: from screening to management - an interactive clinical decision workshop

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São Leopoldo Mandic Araras, Araras, Brésil

Context: Chronic Kidney Disease (CKD) is a common and progressive complication of Type 2 Diabetes Mellitus (T2DM), induced by sustained hyperglycemia that promotes glomerular injury, oxidative stress, inflammation, and activation of the renin-angiotensin-aldosterone system (RAAS). In this context, Sodium-Glucose Cotransporter 2 inhibitors (SGLT2i) demonstrate renoprotective effects by reducing intraglomerular pressure, whereas finerenone modulates renal inflammatory and fibrotic pathways via selective mineralocorticoid receptor antagonism.

Objectives: To evaluate the efficacy and safety of the combination of finerenone and SGLT2i in patients with CKD and T2DM.

Methods: A literature review was conducted in the PubMed database using the keywords 'Diabetes mellitus', 'Sodium-Glucose Cotransporter 2 Inhibitor', and 'Finerenone'. These descriptors were associated using the Boolean operator 'AND', and the search was filtered to clinical trials published in the last 5 years.

Results: Trials indicate finerenone reduces CKD progression and cardiovascular events, with a noted hyperkalemia risk. SGLT2 inhibitors (dapagliflozin and empagliflozin) demonstrate efficacy in reducing albuminuria and providing cardiorenal protection. The CONFIDENCE trial reported that combined therapy (finerenone plus empagliflozin) reduced the urine albumin-to-creatinine ratio (UACR) by 52% after 180 days. This reduction was numerically superior to monotherapy: 29% greater than finerenone alone and 32% greater than empagliflozin alone. Safety data showed the combination did not result in unexpected adverse events compared to individual agents.

Discussion: The combined regimen's superiority suggests synergy between SGLT2i hemodynamic effects and finerenone's anti-inflammatory/anti-fibrotic mechanisms. While finerenone carries a hyperkalemia risk, data suggests this is manageable and does not outweigh the significant reduction in albuminuria, a key surrogate marker for renal outcomes. The absence of unexpected adverse signals implies that maximizing cardiorenal blockade through this dual pathway is a safe strategy for high-risk patients.

Conclusion: The review of studies highlights benefits with both monotherapy and combined therapy of finerenone and SGLT2i in patients with CKD and T2DM. However, the combination of finerenone and SGLT2i presents superior clinical benefit in reducing albuminuria in this population, amplifying cardiorenal benefits without compromising safety. These findings reinforce the potential of combined therapy as a new therapeutic standard in diabetic nephropathy, and it should be considered in clinical practice and future guidelines.

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ID 634- Adult-Onset Type 1 Diabetes Mellitus Revealed by Incidental Hyperglycemia in a 30-Year-Old Patient: Diagnostic Challenges in Primary Care

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Context: We are researchers and clinicians. Our research covers interdisciplinary topics aimed at improving primary care practices in the areas of access to care, social inequalities in health, health promotion, etc. We are aware that we are in a unique position, both as witnesses and actors in the realities on the ground. We also believe that we are sometimes led to form judgments based on our values, without always having the opportunity to go through the complete scientific process. We would like to propose an ethical reflection on this particular position of clinician and researcher. We will examine our feelings as individuals and the moral conflicts in which we find ourselves. We will feed our debate with the concepts of "positivism" and "constructivism." We will also analyse the historical construction of the notion of "neutrality" in medicine (whether in clinical care or academia). We take the position of addressing these questions at the beginning of our careers, based on the assumption that

these ethical considerations are shared by other clinician and researchers, both young and experienced.

Objectives: Have a collective brainstorming session on these ethical concepts that affect us all to varying degrees. Refine our position and strengthen our capacity for action.

Teaching method and workshop: We plan to discuss these topics in a forum of reflexion with collective intelligence facilitation tools and small groups discussions. - Introduction with a discussion of the concepts used (positivism, constructivism, neutrality) and examples of scientists

Expected outcomes: A collective and a personal reflection on the researcher's commitment to their subject of study.

Conclusion: We believe that WONCA is a place for debate, to strengthen our critical thinking skills and our position as clinicians and researchers.

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ID 1119- Advance Care Planning in Neurocognitive Disorders: Challenges and Opportunities in French General Practice

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Context: Emergency department work is recognized as one of the professions where the team is confronted with multiple and repeated stressful situations. We conducted an assessment of this topic with our emergency department team.

Objectives: The objective of our work was to determine the degree of stress among all members of the emergency department team and to identify the different stressors in order to modify them and improve the work environment.

Methods: This is a descriptive study conducted at the Ibn Jazzar Kairouan Emergency Department, involving 44 healthcare professionals. The study period was from November 2024 to January 31, 2025.We used the Karasake questionnaire.The responses to these questions are closed-ended, using a four-point . In practice, if the psychological demands score is above 20 and the decision latitude score is below 71, the employee is in the "strained" quadrant and therefore considered to be experiencing job strain.

Results: We included 44 participants. The participation rate was 86% for general practitioners . The majority of the population (34.9%) were between 45 and 49 years old. We noted a clear female predominance, with a sex ratio of 4.5. The sample study consisted of 37 general practitioners.The majority of participants (72.7%) reported working variable 24-hour shifts.A high prevalence of high psychological demands was noted among general practitioners and residents, with 65.1% of participants reporting a high level. The median psychological demands score was 29 points, indicating high psychological demands. Ninety-five percent of participants reported a medium to high decisional attitude. . Interpreting these different results placed our population within the "stressed" or job-strain category for the overall population.

Discussion: Overall, 60% of participants were classified as stressed, placing the majority of our study sample within the "job strain" quadrant of the Karasek model. These findings are consistent with literature indicating that women physicians often report higher stress levels due to a combination of professional and personal demands.

Conclusion: This study assesses the level of stress in the Ibn Jazzar Emergency Department. It was concluded that healthcare staff experienced significant stress, suggesting the need for improved working conditions and better organization of the healthcare structure.

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ID 396- Advanced Gout in a Universal Healthcare System: The Impact of Rural Barriers to Care

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Context: The context of this review article is the importance of vitamin D levels in chronic diseases with inflammation.

Objectives: This literature review aims to synthesize existing research on the anti-inflammatory roles of vitamin D (Vit D), elucidating its mechanisms of action, clinical implications, and potential therapeutic applications.

Methods: A standardized protocol was followed to perform a systematic literature review by a search of published articles in PubMed, Scopus, and Medline databases from their inception date until December 2024. A total of 59 published articles were reviewed for this study.

Results: Vitamin D receptors (VDRs) are present in almost all cells of the immune system, including B cells, T cells, NK (Natural Killer) cells, dendritic cells, and monocytes, as well as the epithelial cells of many organs such as the intestine, pancreas, prostate, lungs, and cardiomyocytes. In addition, some immune cells, including dendritic cells, macrophages, and B and T cells, can synthesize calcitriol by expressing 1α-hydroxylase. Upon binding to VDRs, vitamin D (Vit D) regulates the expression of genes involved in immune responses, including those encoding for cytokines. It modulates the production of pro-inflammatory cytokines while promoting the synthesis of anti-inflammatory cytokines. Vit D also affects the differentiation and maturation of cells of the immune system. By inhibiting the nuclear factor kappa B (NF-κB) and mitogen-activated protein kinase (MAPK) pathways, Vit D reduces the expression of pro-inflammatory genes.

Discussion: The evidence supporting the association between Vit D status and various inflammatory conditions is compelling, suggesting that maintaining adequate Vit D levels may be crucial for preventing and managing diseases characterized by chronic inflammation

Conclusion: These effects highlight the potential of Vit D as a therapeutic agent in the management of inflammatory diseases, including autoimmune disorders, cardiovascular diseases, diabetes, metabolic syndrome, cancer, neurological diseases, depression, and inflammatory bowel disease.

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ID 2230- Advanced nursing practice indicators in Brazilian primary health care nursing consultations

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Context: Upper respiratory tract infections (URTIs) are a common reason for pediatric primary care visits and a major driver of antibiotic prescribing. Inappropriate antibiotic use contributes to antimicrobial resistance and remains a key quality-of-care challenge.

Objectives: To describe antibiotic prescribing patterns for pediatric URTI visits and examine variation by diagnosis category, age group, and season.

Methods: We are conducting a retrospective cross-sectional analysis of electronic health records from a pediatric outpatient clinic at a tertiary care centre. The study covers a one-year period and includes patients aged 0-18 years. Eligible encounters are identified using URTI-related ICD-10 codes recorded as the primary diagnosis. Outpatient visits with complete prescription data are included, while encounters requiring hospitalisation or involving diagnoses that typically require antibiotic therapy are excluded to ensure a clinically homogeneous sample. Primary outcomes include the proportion of URTI encounters resulting in an antibiotic prescription, the distribution of antibiotic classes, and prescribing rates stratified by age group, diagnosis category, and season. Descriptive statistics and chi-square tests will be used, with multivariable logistic regression planned as a secondary analysis. A minimum sample size of 400 eligible encounters is anticipated.

Results: Data extraction and dataset construction are underway. An interim analysis is planned prior to final submission, and full-period results will be presented at the conference. Results will include overall and diagnosis-specific antibiotic prescribing rates and seasonal variation. As a retrospective, single-center study based on routinely collected data, findings may be subject to diagnostic coding variability and incomplete documentation, which will be considered in interpretation.

Discussion: This study is expected to identify real-world patterns of antibiotic prescribing for pediatric URTIs and areas of potential overuse. Although conducted in a tertiary-care outpatient clinic, most URTI presentations are uncomplicated conditions commonly managed in primary care. The observed prescribing patterns are likely relevant to family physicians' clinical decision-making. Diagnosis-specific and seasonal variation may highlight opportunities for improved guideline adherence and targeted antimicrobial therapy in primary care.

Conclusion: This study will provide practical benchmarks for antibiotic prescribing in pediatric URTIs and support rational antibiotic use in family medicine. The findings may increase awareness of rational drug use and strengthen evidence-based practice in primary care.

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ID 41- Advancing Equity and Humanism in Cervical Cancer Prevention for Women Living with HIV: A UK Primary Care Initiative

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Context: A case of a persistent fever in a 12 year old girl who consistently downplayed symptoms of a large labial minora abscess.

Methods: A 12 year old year presented to our clinic with a 5 day history of fever. She denied all symptoms apart from mild throat pain the previous day. Upon examination no obvious source of fever was found. The next day she reported mild dysuria. Bloods, serology and cultures were ordered. She was advised to start antibiotics for a urinary tract infection if symptoms continued over the weekend. She started the antibiotic treatment. However, the fever persisted despite the treatment and urine cultures subsequently yielded negative results; the antibiotics were stopped. Repeated history taking and examinations revealed no source. Initial serology results returned negative. Eventually, on day 10 the young patient confessed to her mother that she felt something on her vulva. With their consent the patient was examined and a large 3cm by 4cm abscess was found on her left labia minora. It appeared to have spontaneously drained. The next day the fever resolved. The patient was referred to gynaecology. She received the appropriate treatment including antibiotics.

Originality: This case was increasingly looking to be an FUO case . Steps were taken to investigate the cause methodically. The source was eventually found to be a large labia minora abscess. An uncommon finding in itself, but also it was alarming to us that the child felt unable to report the abscess until day 10, especially given its size.

Lessons learned and future implications: It was a perfect case for how to methodically work through a persistent fever of unknown source. It was also a reminder that paediatric patients may struggle to report certain complaints.

Discussion: The medical profession appreciates that abdominal pain in young boys could mean testicular pain. This case shows that "mild dysuria" or "discomfort" in young girls might be disguising an uncommon vaginal complaint such as an abscess.

Conclusion: A broad mindset is always required when approaching a case of suspected FUO. This case proves that a broader once still is required when dealing with pediatric cases.

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ID 599- Advancing liberty, equity and fraternity: practical solutions for European primary care (Workshop 2)

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Context: Functional gastrointestinal symptoms consistent with irritable bowel syndrome (IBS) are common during adolescence and frequently present to primary care, with potential impacts on school attendance, health care utilization, and quality of life. Primary care plays a key role in the early recognition and appropriate management of these symptoms.

Objectives: To estimate the frequency of Rome based IBS symptom patterns among adolescents presenting to primary care and to describe associated symptom burden and health care seeking characteristics.

Methods: We are conducting an ongoing cross-sectional survey across multiple family health centres in Istanbul, Türkiye. Adolescents aged 8 to 17 years attending primary care for any reason are screened using a brief Rome based symptom questionnaire. The selected age range aligns with commonly used pediatric IBS epidemiological frameworks and supports reliable self-reporting. Participants reporting alarm features or known organic gastrointestinal conditions are excluded to focus on functional symptom patterns relevant to primary care. Additional questionnaire items assess symptom burden and patterns of health-care use. Descriptive statistics will be used to estimate symptom frequency and burden, with exploratory group comparisons performed using chi-square tests. A minimum target sample size of 300 adolescents is planned and considered feasible within routine primary care recruitment.

Results: The questionnaire has been developed and piloted to assess feasibility, comprehension, and completion time. Participant recruitment is ongoing, and results will be presented at the conference. As a symptom based cross-sectional survey relying on self-reported data, findings may be influenced by recall bias and by the inability to establish a formal IBS diagnosis. These limitations will be considered when interpreting the results.

Discussion: Estimating the frequency and burden of Rome consistent IBS symptom patterns in primary care highlights the clinical relevance of functional gastrointestinal symptoms among adolescents and points to the need for structured recognition in routine practice.

Conclusion: Primary care based assessment of Rome consistent IBS symptoms may facilitate timely recognition and patient centred management of functional gastrointestinal symptoms in adolescents.

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ID 1114- Advancing Secondary ASCVD Prevention: Real-World Inclisiran Patient Experience Supporting LDL-C Target Achievement and WONCA, NHS and WHO Priorities

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Context: Social media shapes how the public and health professionals access, share, and judge health information. Nursing digital influencers may strengthen health literacy and trust in primary care by disseminating evidence-informed content and correcting misinformation, yet their profiles and audience motivations are not well described.

Objectives: To characterize nursing digital influencers and analyze audience connection justifications related to dissemination of health information and confrontation of misinformation.

Methods: Documental, cross-sectional quanti-qualitative study using public data from

Instagram, Facebook, TikTok, X (formerly Twitter), and YouTube (July 2022 to December 2024). Eligible accounts were public profiles of nursing professionals identified as opinion leaders using the Flynn, Goldsmith and Eastman model, with professional status verified in the national registry; only profiles created before the COVID-19 pandemic were included. Variables (platform, follower volume, profile type, professional category, main theme) were summarized with frequencies; chi-square tests for trend used alpha=0.05. Connection-justification texts were analyzed in IRaMuTeQ (text analysis software) (similarity analysis with chi-square and Z-scores for word prominence).

Results: We identified 324 nursing digital influencers with a combined reach above 45 million followers. Most were registered nurses (91.4%), managed personal profiles (75.4%), and used Instagram (75.3%) ($p<0.05$ for trends). Nursing education was the most frequent main theme (31.2%), followed by general nursing (24.7%). Most total audience reach was concentrated among macro-influencers (500,000 to 1,000,000 followers). Two thematic domains emerged from connection justifications. Dissemination of health and nursing information included engagement with educational content, professional development, technical-practical guidance, and appreciation. Confronting misinformation included professional advocacy and identity, daily practice experiences, critique of devaluation and power, peer support, and legitimizing the influencer as a spokesperson. A central lexical cluster connected learning and professional interest to nursing identity and advocacy.

Discussion: The combination of high reach, educational focus, and explicit misinformation correction suggests that nursing influencers are relevant actors for primary care oriented health communication. Their legitimacy also underscores the need for ethical guidance and quality assurance for online health information.

Conclusion: Nursing digital influencers can contribute to dissemination of reliable information and to confronting health misinformation. Collaborative strategies with primary care services and professional bodies may enhance health literacy and trust.

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ID 2022- AF and GP

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Context: Food insecurity, defined as insufficient access to adequate quality or quantity of food, is an increasing public health concern. University students are particularly vulnerable, and this situation is associated with poorer health and academic outcomes. However, few studies have focused on medical students, whose training involves unique academic and personal challenges.

Objectives: The primary objective was to estimate the prevalence of food insecurity among medical students enrolled in the second cycle of medical studies. The secondary objective was to identify associated factors.

Methods: We conducted a multicentre cross-sectional study from April to August 2023, with an online questionnaire, among medical students in XXX enrolled in their 4th to 6th year of medical studies. Participants were recruited via two channels: direct email invitations sent to eligible student cohorts and dissemination of the survey link on social networks. Food insecurity was assessed using the 10-item USDA Household Food Security Survey Module (HFSSM). Descriptive and bivariate analyses were performed to explore associated factors.

Results: A total of 609 students participated. The study population included 75% women and 27% scholarship holders, with participants from five universities. This represented approximately 11% of the target population and was consistent with the demographic distribution usually reported in this group. The prevalence of food insecurity was 18.2% (95% CI 15.2–21.3). It was significantly higher among students receiving scholarships, those working alongside their studies, those living in student housing, and those with chronic illnesses or self-perceived poor health.

Discussion: This study provides the first XXX estimate of food insecurity among medical students using a validated scale. The large sample size strengthens its reliability, though selection and participation biases cannot be excluded. The prevalence observed is higher than in the general population and consistent with international literature linking food insecurity to economic and health vulnerabilities.

Conclusion: Food insecurity affects a substantial proportion of future physicians and may impact both well-being and academic performance. Addressing this issue is relevant to medical education and general practice, as it highlights the role of socioeconomic factors in health. Further nationwide studies should explore causal pathways and guide interventions to support medical students and enhance equity in healthcare training.

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ID 2138- Agentic AI for Long-Term Condition Recall

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Context: Ethical decision-making in primary care often occurs in “grey zones” where clinical guidelines offer limited guidance and competing values must be balanced. Family physicians routinely face ethical dilemmas embedded in everyday consultations, such as responding to non-medical requests for reports or prescriptions, managing repeated somatic complaints driven by psychosocial distress, or balancing patient autonomy with professional responsibility in relationships. These situations are rarely dramatic, yet they significantly influence clinical quality, professional integrity, and patient trust. Such dilemmas are highly context-dependent and shaped by cultural norms, healthcare systems, and the continuity of doctor–patient relationships. In international settings like WONCA, similar ethical challenges may be interpreted and managed differently. This workshop creates a structured, reflective space for participants to explore how ethical reasoning operates in real-life primary care encounters across diverse contexts.

Objectives: By the end of the workshop, participants will be able to: 1.Identify common, everyday ethical dilemmas specific to primary care practice. 2.Analyse these dilemmas using core ethical principles (autonomy, beneficence, non-maleficence, justice). 3.Reflect on and compare different culturally and system-informed approaches to managing ethical uncertainty in primary care.

Teaching method and workshop: The workshop uses interactive, case-based learning primary care scenarios. Participants will work in small, facilitated groups to discuss anonymised cases reflecting ethical grey zones, including non-medical requests, psychosocially driven presentations,

Expected outcomes: Participants will gain practical frameworks for ethical reflection, increased confidence in navigating uncertainty, and transferable insights applicable to daily primary care practice.

Conclusion: By focusing on everyday ethical grey zones, this workshop strengthens family physicians’ ethical reasoning in routine practice. Through case-based discussion and international peer exchange, participants gain practical strategies to manage uncertainty, set professional boundaries, and maintain patient trust, supporting ethically grounded and person-centred primary care across diverse contexts.

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ID 2216- AI Literacy for Family physicians (ALF): development and evaluation of artificial intelligence training for family physicians

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Context: Burnout among family physicians is a significant and increasingly recognised issue that affects physician well-being and the quality of patient care. While its associations with job dissatisfaction and medical errors have been widely reported, its potential impact on patients' perceptions of psychosocial support remains less explored. In primary care, psychosocial support is a central component of patient-centred and holistic practice.

Objectives: To examine the relationship between burnout levels among family physicians and patients' perceptions of psychosocial support in primary care settings.

Methods: A cross-sectional mixed-methods study is planned in three major regions of Istanbul. Thirty family physicians will be included. Burnout will be assessed using the Maslach Burnout Inventory (MBI). For each physician, ten adult patients will complete the Patient–Doctor Relationship Questionnaire (PDRQ-9) following a routine consultation. Patients will also respond to semi-structured open-ended questions exploring perceived psychosocial support, communication, and emotional engagement during the consultation. Quantitative data will be analysed using descriptive statistics and Spearman correlation analyses between MBI subscale scores and physician-level mean PDRQ-9 scores. Qualitative data will be analysed thematically to complement quantitative findings.

Results: A negative association is anticipated between physician burnout and patient-perceived psychosocial support. Higher levels of emotional exhaustion and depersonalisation are expected to be associated with lower PDRQ-9 scores. Thematic analysis is anticipated to identify patient-reported perceptions related to emotional connection, communication quality, and engagement during consultations.

Discussion: The integration of quantitative and qualitative findings is expected to provide a more comprehensive understanding of how physician burnout may influence psychosocial aspects of the doctor–patient relationship from the patient perspective.

Conclusion: Exploring the relationship between family physicians' burnout and patient-perceived psychosocial support may contribute to evidence-informed approaches aimed at supporting physician well-being and enhancing the psychosocial quality of primary care.

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ID 143- AI Scribes in UK General Practice: Navigating the Emerging Integration of Artificial Intelligence in Clinical Documentation for Professionals

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Context: Community-acquired pneumonia (CAP) is a major public health problem and remains one of the leading causes of morbidity and mortality related to infectious diseases. It is also among the most common reasons for consultation in emergency departments.

Objectives: This study aims to describe the epidemiological, clinical, paraclinical, therapeutic, and evolutionary characteristics of patients managed for CAP in the emergency department of Ibn Jazzar Hospital in Kairouan, and to evaluate hospitalization and orientation strategies.

Methods: This was a retrospective observational study conducted from September 2023 to December 2024 in the emergency department of Ibn Jazzar Hospital, including all patients diagnosed with CAP during the study period.• Inclusion criteria:All adult patients aged 18 years or older admitted for CAP . Exclusion criteria: Patients with incomplete records, those with nosocomial

pneumonia, or those who refused to participate in the study.

Results: Thirty patients were included: 15 men (50%) and 15 women (50%), sex ratio = 1. Mean age: 64.7 ± 17.6 years (range 17–98). Patients over 60 years accounted for 73.3%. COMORBIDITIES AND RISK FACTORS:Comorbidities were present in 60% of patients: – Chronic respiratory disease (40%) ,– Diabetes (30%) ,– Hypertension (23.3%) ;Smoking: 40%.CLINICAL FEATURES:Most frequent symptoms: – Cough: 80% ,– Dyspnea: 70% ,– Fever: 56.7% .Vital signs: – Temperature: (fever in 40%) ;– Heart rate: 87 bpm (tachycardia in 23.3%) ;– Respiratory rate: 27.5 cycles/min ;– SpO_2: 84.8% (<94% in 76.6%) ;– Respiratory distress: 56.7% .PARACLINICAL DATA:– Chest X-ray: • Pulmonary consolidation: 30% ; • Interstitial syndrome: 26.7% . MANAGEMENT:Oxygen therapy required in 73.3% of cases;.Antibiotic therapy: – Monotherapy (amoxicillin-clavulanic acid): 50% ; – Dual therapy (cefotaxime + levofloxacin): 50%.CLINICAL EVOLUTION (CRB-65):Group 1 (score 0–1): 10 pts → no deaths ;Group 2 (score 2): 15 pts → 4 stable, 2 worsened, 1 death ;Group 3 (score ≥3): 3 stable, 1 death.

Discussion: Our study highlights epidemiological and clinical characteristics consistent with international data. The CRB-65 score proved effective in stratifying severity and guiding hospitalization decisions.

Conclusion: CAP remains a common and potentially severe condition. Early evaluation, severity assessment using tools like CRB-65. Strengthening diagnostic and therapeutic resources is necessary for optimized emergency care.

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ID 2056- AI-Assisted diagnosis in general practice: impact on clinical decision-making

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Context: Family physicians are de facto leaders of their clinics, yet formal leadership training is often lacking. The WONCA Europe 2026 theme; Liberty (autonomy), Equity (fairness), and Fraternity (team cohesion) mirrors the core tensions in clinical management. Physicians must balance these values against the harsh realities of primary care, deciding when to empower the team (Liberty), how to serve needs fairly (Equity), and how to build consensus (Fraternity), versus when to take absolute command during a crisis.

Objectives: 1. Participants will identify their own dominant leadership style (Authoritative, Democratic, Servant, or Delegating) using a rapid, vignette-based assessment tool. 2. Participants will apply their specific leadership style to solve a complex ''Monday Morning Crisis'' scenario in a primary care setting. 3. Participants will evaluate the strengths and blind spots of each style to develop a "hybrid" leadership toolkit for future practice.

Teaching method and workshop: This is a highly interactive, gamified session using a ‘’Scenario-Based Learning’’ approach. 1. ‘’The Leadership Compass’’: A 5-question rapid quiz based on Lewin and Greenleaf’s theories divides participants into four ‘’Tribes’’ (Commanders, Diplomats, C

Expected outcomes: Participants will gain a clear ‘’diagnostic map’’ of their natural leadership reflexes (e.g., Commander vs. Caretaker). They will acquire practical strategies to toggle between styles using authority to manage crises, delegation to foster Liberty, and emp

Conclusion: We conclude that leadership in family medicine is the art of balancing tensions. Participants will leave with a practical roadmap to navigate these dynamics, ensuring that their leadership style does not just dictate, but serves protecting the Liberty of their team to innovate, ensuring Equity in workload distribution and strengthening the Fraternity essential for surviving the daily challenges of primary care.

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ID 233- AI-Assisted Implementation of an Integrated Deprescribing and Medication Optimization Flowchart for Home Care Patients with Polypharmacy

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Context: Asthma is a common chronic disease in childhood, and achieving optimal symptom control remains challenging. Lifestyle-related factors, including dietary patterns such as the Mediterranean diet, may influence asthma outcomes through anti-inflammatory and antioxidant effects.

Objectives: To systematically review the evidence on the association between postnatal adherence to the Mediterranean diet and asthma control and exacerbations in children and adolescents.

Methods: A systematic literature search was conducted in PubMed to identify studies published between 2007-2024 evaluating Mediterranean diet adherence and asthma-related outcomes in individuals aged 0-18 years. Eligible studies used validated Mediterranean diet indices (e.g., Mediterranean Diet Score, KIDMED) and reported asthma control, wheezing, or exacerbation outcomes. Prenatal exposure studies and adult populations were excluded. The methodological quality of included observational studies was assessed using the Newcastle–Ottawa Scale (NOS) and considered in the interpretation of findings. Reported adjusted odds ratios and corresponding confidence intervals were collated and synthesized to support comparative presentation of results.

Results: A total of six pediatric studies, including population-based cross-sectional studies and a limited number of prospective or intervention studies from Europe, Latin America, and the Middle East, were included. Higher adherence to the Mediterranean diet was associated with improved asthma-related outcomes, with reduced odds of wheezing or asthma symptoms (adjusted odds ratios ranging from 0.45 to 0.70 (95% CI: 0.28-0.90). Incremental increases in Mediterranean diet scores were linked to a modest reduction in severe asthma or frequent wheezing. Evidence on asthma exacerbations was limited and heterogeneous, as objective outcomes were infrequently reported.

Discussion: Greater adherence to the Mediterranean diet is associated with better asthma control and fewer respiratory symptoms in children, while evidence for a reduction in asthma exacerbations remains inconclusive.

Conclusion: From a primary care perspective, promoting healthy dietary patterns may represent a feasible, low-risk, non-pharmacological approach to support pediatric asthma management. Further prospective studies and randomized controlled trials are needed.

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ID 66- AI-Driven Simulation for Better Urgent Care Decisions

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Context: Brazil´s Unified Health System (SUS) organizes Primary Health Care (PHC) through the Family Health Strategy (FHS), its main territorial model. Community Health Workers (CHWs) playing a pivotal role in direct engagement within communities. Their activities include home visits, vulnerability assessment, and family follow-up, fostering continuity of care. This proximity positions CHWs as key actors in the early detection of health risks, including those related to alcohol and drug use. SUS adopts harm reduction as a guiding principle, aligned with human rights. Understanding CHW´s responsibilities and challenges is essential to strengthen prevention and person-centered care strategies in PHC.

Objectives: To analyze and synthesize evidence on the role of Community Health Workers in

the early identification of health problems related to alcohol and other drug use, potentialities, barriers, and strategies to improve CHW performance in Primary Health Care.

Methods: A narrative review was conducted, including institutional documents and qualitative studies on harm reduction, practices and professional performance within the Family Health Strategy. Materials addressing CHW work, harm reduction policies, and the management of drug-related problems were included. The analysis emphasized convergent themes, considering the predominance of qualitative approaches and their implications for practice.

Results: The reviewed studies indicate that CHWs occupy a strategic position in the early identification of drug-related health problems due to their close relationship with families, regular home visits, and knowledge of the territory. Despite this, actions remain limited and are frequently restricted to referrals. Barriers include stigma, moralistic views, work overload, lack of matrix support, and insufficient continuing education.

Discussion: This review highlights the significant potential of CHWs to support prevention and care related to drug use; however, this potential is constrained by structural and subjective barriers. These challenges reflect systemic gaps in training, support, and integration with specialized services, which hinder the implementation of harm reduction principles.

Conclusion: This review highlights the significant potential of CHWs to support prevention and care related to drug use; however, this potential is constrained by structural and subjective barriers. These challenges reflect systemic gaps in training, support, and integration with specialized services, which hinder the implementation of harm reduction principles.

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ID 805- AI-enhanced prediction and real-world risk assessment of hyperglycemia in patients receiving PCSK9 inhibitors

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Context: Understanding how people navigate services is essential for family medicine and primary care. In Brazil, the Unified Health System (SUS) is organized through Health Care Networks (Redes de Atenção à Saúde, RAS). Undergraduate teaching often presents the RAS concept with limited contact with real referral pathways.

Methods: This practice based reflection synthesizes technical visits carried out in 2024 and in the first semester of 2025 in a Collective Health module for fifth semester medical students. Each semester, 90 students were enrolled. Small groups visited one RAS service under faculty supervision and used a shared observation guide focused on first contact and reception, access, comprehensiveness, interprofessional work, and network articulation. Sites included Basic Health Units (Unidades Básicas de Saúde, UBS), which function as primary health care (PHC) clinics, Psychosocial Care Centers, a reference unit for older people's health, a specialized rehabilitation center, general hospitals, and specialty outpatient clinics.

Originality: The design converts single site visits into a network level understanding through standardized observation and collective synthesis across groups.

Lessons learned and future implications: Students linked user needs to service functions, identified barriers in access and coordination, and discussed feasible improvements for referrals and counter referrals. Future editions can add brief pre and post questionnaires, expand to other thematic networks, and

incorporate extension activities based on needs observed in services.

Discussion: Immersion in the RAS supported competencies relevant to integrated care, including communication, interprofessional collaboration, feasible referral planning, and critical reflection on equity and continuity of care.

Conclusion: Short technical visits, combined with structured guidance and collective synthesis, can strengthen undergraduate medical education oriented to coordinated care within the SUS.

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ID 1467- Air quality evaluation of general practitioner's office in XXX

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Context: It is evident that the COVID-19 pandemic has affected all segments of society in many ways since its declaration.

Objectives: In this study, it was aimed to evaluate whether there is a change in the level of smoking and nicotine addiction of family medicine specialty students who encountered various risk factors in their working environment during the COVID-19 pandemic and to evaluate the related factors.

Methods: In the research, an online questionnaire was applied to family medicine specialty students working throughout the province of Izmir between 01/04/2023 and 31/05/2023. 201 of the 405 people reached in total agreed to participate in the study and completed the questionnaires. In the first part of the questionnaire, questions were asked about sociodemographic information, workplaces during the COVID-19 pandemic and smoking behaviors. The second part included the Fagerström Nicotine Dependence Test.

Results: The mean age of 201 participants who participated in the study was 29.6±3.6 (min: 23, max: 51), 65.7% were female. The number of participants actively working in at least one place during the COVID19 pandemic was 91.5% and 29.4% smokers. 5.0% of the participants increased smoking during the pandemic. To the question of what will be your smoking status if the COVID-19 pandemic process is repeated, 8 participants (4.0%) said “I smoke, I can increase it”, 31 participants said (15.4%) “I smoke, my count does not change” and 13 participants said (6.5%) “ I smoke, I can quit”. The FNBT scores of the participants who did not have COVID19 infection were statistically higher than those who had COVID-19 infection (p=0.023).

Discussion: Approximately 30% of family medicine specialty students that they smoked during the COVID-19 pandemic. Although the risks in the pandemic process are known, there has not been an expected decrease in smoking behavior, but a slight increase has been detected. The factors affecting this situation should be carefully evaluated.

Conclusion: Smoking cessation activities should be individualized and necessary psycho-social support should be provided. Studies that give importance to the wellbeing of physicians, who guide the society and are also a part of the society, should be increased in order for the society to adopt healthy lifestyles.

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ID 1287- AIT in a Young Adult with Patent Foramen Ovale (FOP)

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Context: Medical training that immerses students in primary health care (PHC) can strengthen competencies for person centred and equitable care. Ageism refers to stereotypes, prejudice, and discrimination based on age. It undermines older people’s access to services, the quality of care, and

autonomy, yet it remains insufficiently addressed in undergraduate curricula.

Methods: We report a curricular extension activity implemented in the first semester of 2025, with 90 medical students enrolled. Supervised by faculty, the activity took place in Brazilian primary health care (PHC) clinics (Basic Health Units) within the Unified Health System (SUS) in an urban setting. Students co-created a plain-language leaflet on ageism, older people's rights, common health needs and how to navigate local care networks. The intervention was delivered in UBS waiting rooms through brief conversation circles that combined welcoming, active listening, guided questions and practical orientation about access to services and resources. Faculty facilitated debriefing and reflection to connect community needs, communication skills and equity-oriented practice.

Originality: This experience uses the waiting room as a pedagogical and citizenship space and places ageism and rights at the centre of a PHC health education device. It integrates teaching, service and community engagement while promoting intergenerational dialogue and addressing a neglected form of stigma that is relevant to everyday general practice.

Lessons learned and future implications: Accessible language facilitated engagement and understanding; horizontal dialogue and qualified listening helped identify misconceptions and barriers to service navigation; student co-authorship increased ownership and motivation. The activity proved feasible within PHC routines, but highlighted the need for systematic formative evaluation (e.g., brief pre/post questions), adaptations for sensory and literacy needs, and strengthened intersectoral partnerships to sustain and expand actions across successive student cohorts.

Discussion: Embedding anti-ageism content in PHC-based education aligns with humanism and equity, supports health literacy, and may improve communication and trust between services and older users.

Conclusion: A waiting-room, student-led extension strategy is a feasible approach to integrate anti-ageism and rights-based education into PHC teaching. Future iterations should incorporate simple outcome measures and accessibility enhancements to strengthen transferability to other PHC settings.

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ID 1400- All of a sudden, sitting across the table in my practice, he pulled out his gun

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Context: The increasing digitisation of healthcare is transforming patients' access to information and services. In France, 51% of the population used the internet for health-related purposes in 2022. Although information and communication technologies (ICT) are often promoted as tools for patient empowerment and healthcare system improvement, little is known about how patients actually use them, the determinants of these uses, and their implications for primary care.

Objectives: The primary objective of this study was to explore patients' perspectives on their uses of ICT for health. We aimed to develop a typology of uses, identify their determinants, and analyse patients' perceptions of their impact on care and the patient–doctor relationship in primary care.

Methods: We conducted a qualitative, non-interventional study between February and May 2023 in Alsace, France. Using iterative theoretically reasoned sampling, six adult patients followed in primary care and using ICT for health-related purposes were recruited. Data were collected through semi-structured interviews. A hybrid deductive–inductive qualitative content analysis was performed, informed by Mastafari's ICT typology. A total of 585 coded segments were analysed.

Results: Four categories of ICT use were identified: ICT for training and self-directed learning; ICT for research and documentation; ICT for exchange, communication, collaboration, and cooperation; and ICT for organisation and management. No use related to producing, creating, or publishing content

was reported. Determinants of use included patients' perceptions of health, trust in digital information, and facilitating or inhibiting factors such as digital skills, access, usability, and perceived added value. Patients reported ambivalent perceptions, combining feelings of autonomy, reassurance, and empowerment with anxiety, information overload, and concerns regarding professional legitimacy. Across all categories, hidden inequalities in access, skills, and awareness were identified.

Discussion: Patients' ICT use reshapes roles and expectations in primary care, fostering engagement while also generating new tensions and reinforcing digital and social inequalities. Patients are not always aware of the broader individual and systemic implications of their digital practices.

Conclusion: Patients' uses of ICT in healthcare reveal hidden inequalities and contribute to transforming the patient–doctor relationship. These findings highlight the need for primary care professionals to support equitable, informed, and shared digital health practices.

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ID 986- All that glitters is not gold

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Context: Endocrine disruptors represent an emerging risk to human health. The perceived lack of knowledge, contradictory research findings, and the absence of official recommendations hinder the dissemination of information to patients. The perinatal period constitutes a phase of significant vulnerability; however, parents' knowledge regarding these risks remains limited

Objectives: The objective of this study was to gather information on parents' experiences with these risks and their specific expectations.

Methods: A qualitative, phenomenological study was conducted through open-ended individual interviews between June 2023 and February 2024, until data saturation was reached.

Results: Controversies surrounding healthy lifestyles abound, and current practices are not always appropriate. Parental responsibilities often lead to learning from media sources, which are frequently questionable. For greater reliability and independence, there needs to be less medical discretion and more efforts to combat misinformation, disinformation, and conflicts of interest. Information dissemination must be tailored to individual needs, and free will must be respected, as many obstacles to change exist.

Discussion: The lack of pre-existing studies and the recent emergence of endocrine disruptors in the news make this work unique. Despite likely biases in self-reporting, selection, and interpretation (lack of data triangulation), this study is consistent with the existing literature. Endocrine disruptors remain poorly understood but are intuitively perceived by parents. Access to reliable, supportive, and unbiased information is sought. Research on other populations or in other areas of environmental health would be beneficial. It would also be relevant to study how patients use digital tools—the internet, social media, artificial intelligence—in their information searches and knowledge construction.

Conclusion: This study, conducted in La Réunion, is innovative and consistent with the literature. Endocrine disruptors are still relatively unknown, but parents are intuitively aware of them. Access to reliable, benevolent and unbiased information is essential. Researching other populations or areas of environmental health would be useful.

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ID 82- Allergic Reaction to Tranexamic Acid: A Therapeutic Dilemma in a Patient with von Willebrand Disease

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Context: Lower-limb musculoskeletal complaints are a frequent reason for consultation in primary care and often present diagnostic challenges. Clinical examination alone may not reliably differentiate muscle injury, joint effusion and tendon pathology. Point-of-care ultrasound (PoCUS) provides a safe and radiation-free extension of the physical examination, improving diagnostic accuracy and supporting timely clinical decision-making. However, access to practical PoCUS training tailored to the needs of family medicine remains limited. This workshop aims to address this educational gap by focusing on essential ultrasound concepts and key anatomical landmarks for the assessment of the knee and the calf–Achilles complex in primary care.

Objectives: Participants will be able to: - Recognise normal sonoanatomy of key lower-limb structures relevant to primary care; - Perform a focused knee ultrasound to assess joint effusion and periarticular tendons; - Acquire standard ultrasound views of the gastrocnemius–soleus complex and Achilles tendon; - Recognise common pathological patterns, including muscle tears, joint effusion and tendinopathy.

Teaching method and workshop: The workshop will use a structured, case-based approach. Participants will discuss clinical cases integrating symptoms, physical examination and ultrasound findings to support diagnostic reasoning. Teaching will be supported by the presentation of selecte

Expected outcomes: Participants will gain clear, practical landmarks and high-yield tips for lower-limb ultrasound assessment, improving diagnostic confidence and facilitating integration of PoCUS into everyday primary care consultations.

Conclusion: This workshop provides a concise and clinically focused introduction to lower-limb ultrasound for family physicians, emphasising essential landmarks and practical skills to enhance patient assessment and management in primary care settings.

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ID 2129- Ambient Voice Technology to Improve Documentation and Clinician Wellbeing in Primary Care

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Context: 42-year-old female patient who goes to the Primary Care Consultation. She reports that 1 month ago has had blurred, sometimes accompanied or not by holocranial headache, sometimes pungent with a duration more or less 15 minutes that gives away with paracetamol. The patient, a Family Doctor, associates it with greater stress due to the care burden at work, so she didn´t worry till was more frecuently.

Methods: No allergies, no toxic habits. 3 pregnancies, last with Gestational Diabetes with prediabetes currently with recent treatment with metformin. Hypothyroidism after Hashimoto´s T with levothyroxine. Also she used topical retinol 5 days/week. BP 100/70. BMI 29. Neuro: Conscious and oriented. Language without alterations. normal cranial pairs, no dysmetry, no adidocokinesia, no Romberg, symmetric Rot not exalted. Dubious tandem. She was referred to the Emergency Service for evaluation by Ophthalmology and Internal Medicine: Posterior Pole described both eyes with loss od papillary profile confirmed with OCT a bilateral increase in thickness and Campimetry with increase in Blind Spot. Cranial CT scan and MRI without significant findings. Analytical without alterations even vitamin A in normal range. Lumbar puncturre LCR with output pressure 50mmHg, transparent with negative culture. Treatment was initiated with acetazolamida 6cp per day and potassium before the diagnosis of " Benign Idiopathic Intracranial Hype.rtension" After 9 months of oral treatment, she was referred to Neurosurgery with new tests. A venous MRI angio where it observed a bilateral transverse breast stenosis (right 3.5 cm and 2.5 cm left being hypoplastic). Endovascular treatmentof right breast stenosis was decided after checking a pre/post stenosis pressure gradient of 10 mmHg with improvement of it after the procedure. Doble

antiaggregation began for 3 months, maintaining acetylsalicylic 300mg.

Originality: Special case where it is highlighted how from Primary Care we can make a temporary follow- up of the patient, seeing the evolution of the symptoms, emphasizing changes in lifestyle, prevention of FRCV as well as taking care of the mental health of patients.

Lessons learned and future implications: Do not underestimate any symptoms and or signs that patients may give us.

Discussion: As a complicated case, it can be addressed from Primary Care and be conducted and accompaied throughout the process, always having a comprehensive focus on the patient.

Conclusion: In summary, maintaining a good doctor-patient relationship, maintained over time,we see interesting cases for our daily practice. It is an example ot the meaning of our profession, so punished with burnt out, but that we try to take care of everyone for good health.

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ID 2296- Ambulatory primary care production and early medical training in Brazil: a time-series analysis, 2008–2024

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Context: By integrating Metabolic Equivalent of Task (MET) values and frequency to assess PA, alongside Medication Possession Ratio (MPR) for antidepressant adherence, this study sought to provide a more comprehensive and clinically grounded evaluation.

Objectives: Depression is a known risk factor for dementia, and physical activity (PA) benefits both conditions. This study examined whether early physical activity after a new depression diagnosis is associated with subsequent dementia risk.

Methods: This cohort study used data from the Korean National Health Insurance Service and included 46,871 patients with newly diagnosed depression. PA within two years of diagnosis was categorized by frequency (0, 1-2, 3-4, ≥5 times/week) and by metabolic equivalent of task (MET) levels (0, 1–499, 500–999, ≥1000 MET-min/week). Cox proportional hazards models were used to estimate adjusted hazard ratio (aHRs) and 95% confidence intervals (95% CIs), with adjustments for antidepressant adherence and additional covariates.

Results: Higher levels of PA (frequency, MET) were significantly associated with a reduced risk of overall dementia (P for trend <0.001). Individuals who exercised ≥5 times per week had a 13% lower risk of dementia compared with non-exercisers (aHR, 0.87; 95% CI, 0.78-0.95). A comparable pattern was observed for MET levels, with the ≥1000 MET-min/week group exhibiting a lower risk (aHR, 0.84; 95% CI, 0.75–0.93) than the 0 MET-min/week group. A significant sex-specific difference was observed only in the frequency of PA (P for interaction = 0.017)

Discussion: We identified that the association between PA frequency and dementia risk may vary depending on the sex of the patients with depression. To our knowledge, this is the first cohort study to link early post-diagnosis PA with dementia risk in newly diagnosed depression patients while adjusting for major covariates, including anti-depressant adherence and comorbidities, both of which are key clinical variables in this population.

Conclusion: Our findings indicate that increased physical activity, measured by both frequency and METs, is associated with a reduced risk of dementia in the early post-depression period. These findings highlight the critical importance of early PA as a preventive strategy against dementia following a depression diagnosis, and underscore the need for clinical interventions to encourage active lifestyles during this period.

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ID 1696- An AI-enabled digital ecosystem supporting humane, equitable onboarding and safer clinical practice in primary care

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Context: Seemingly harmless prescriptions, often written in primary care, can lead to life-threatening clinical situations if potential drug interactions are overlooked. This presentation highlights clinically important drug interactions that may occur with medications commonly prescribed in primary care.

Methods: Three representative cases scenarios were constructed. The cases were developed based on standard pharmacology textbooks (see "References"). The approval of an Ethics Committee was not required. References: Brunton, L. L., Hilal-Dandan, R., & Knollmann, B. C. (Eds.). (2017). Goodman & Gilman's the pharmacological basis of therapeutics (13th ed.). McGraw-Hill Education. Katzung, B. G., Trevor, A. J., & Kruidering-Hall, M. (2017). Basic and clinical pharmacology (14th ed.). McGraw-Hill Education.

Originality: It highlights foreseeable but often overlooked risks.

Lessons learned and future implications: Case 1: A patient who is prescribed clarithromycin. If the patient is concomitantly using a statin, myopathy and even rhabdomyolysis may develop. Macrolides reduce hepatic metabolism of statins, thereby increasing their adverse effects which may lead to myopathy. Case 2: A patient who is prescribed omeprazole. If the patient is using clopidogrel, an increased risk of thrombosis may occur. Omeprazole inhibits hepatic activation of clopidogrel, increasing the risk of thrombotic events. Case 3: A patient who is prescribed acetaminophen. If there is a history of chronic alcohol use, acute liver injury may develop. Chronic alcohol use increases the formation of toxic metabolites of acetaminophen.

Discussion: The presented cases demonstrate that some risks can be anticipated through brief and focused history taking.

Conclusion: Prescriptions that appear simple in primary care may lead to serious outcomes if the patient's ongoing treatments and clinical history are not adequately assessed. A basic awareness of drug interactions combined with targeted history taking is an effective and low-cost strategy for preventing avoidable adverse effects.

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ID 137- An Audit on the Concurrent Use of Anti-platelet Medications and Proton Pump Inhibitors (PPIs) in Patients Attending Dr Doyle's Surgery

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Context: Primary Health Care (PHC) aims to provide accessible, scientifically sound, and community-centered care. It serves as both the first level of the health system and a model for clinical practice. Key PHC attributes include first-contact access, long-term patient relationships, comprehensive care, and care coordination, along with family, community, and cultural orientation.

Objectives: To examine how the attributes of Primary Health Care (PHC) influence the health care of migrants, identifying both the potential strengths and challenges of providing care to this population within the primary care context.

Methods: An integrative literature review was conducted to examine how Primary Health Care (PHC) attributes affect migrant health, identifying key challenges and opportunities. Databases searched included BVS, LILACS, and SciELO using health science descriptors in English and Portuguese.

Results: Migration creates significant barriers to health care, including linguistic, cultural, legal, and geographic obstacles. Strengthening

Primary Health Care through accessibility, cultural competence, and professional training can improve migrant health and reduce pressure on emergency services. Longitudinal care in Primary Health Care (PHC) goes beyond continuity of care, emphasizing ongoing relationships of trust between patients and professionals. It involves attentive listening, welcoming, and personalized care, which strengthen bonds, enhance problem identification, and improve service effectiveness and quality.

Discussion: Primary Health Care (PHC) for migrants requires more than access alone. While access is crucial as the first point of contact, other attributes—longitudinality, care coordination, comprehensiveness, and cultural competence—are essential for quality care. Sustained patient-provider relationships, culturally sensitive practices, and integrated care networks improve health outcomes, while barriers such as language, legal status, and geographic access continue to challenge equity. Strengthening all PHC attributes together is key to reducing disparities and enhancing the effectiveness of health systems for migrant populations.

Conclusion: Effective care coordination in Primary Health Care (PHC) requires a well-structured, connected network of services. Studies show that gaps in coordination, such as in migrant maternal care, undermine service quality, highlighting the need to integrate perspectives of users, health professionals, and the health system.

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ID 160- An injury to the shoulder or something else entirely?

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Context: The workshop Occupational Health in Family Medicine: Practical Tools for Safer, Healthier Work is designed to strengthen the integration of occupational health principles into routine family practice and primary care. Set against the broader theme of “Liberty, Equality, Fraternity,” it emphasizes the importance of enabling safe and autonomous work decisions, ensuring equitable access to preventive measures and accommodations, and fostering interprofessional collaboration under a One Health framework.

Objectives: The session’s objectives are to equip participants with the ability to define key occupational health concepts relevant to community health, apply a structured five-minute work-focused history within consultations, draft fit notes that highlight functional capacity and shared decision-making, co-develop practice policies for safe return-to-work and psychosocial risk reduction, and plan a 90-day implementation strategy with measurable clinical, equity, and value-on-investment outcomes.

Teaching method and workshop: Teaching methods are highly interactive, combining case vignettes, small-group design sprints, and toolkit walkthroughs to ensure participants not only acquire knowledge but also co-create practical tools adaptable to busy clinical workflows. The workshop

Expected outcomes: Expected outcomes include enhanced clinical capacity to integrate occupational health into family medicine, improved patient autonomy through functional capacity notes, strengthened collaboration with employers and community resources, and measurable redu

Conclusion: By the conclusion, participants will leave with a printable toolkit, a structured implementation checklist, and a clear evaluation plan, empowering them to embed a work dimension into their clinical practice, align with WONCA networks in prevention and quality, and advance humanistic, community-oriented family medicine that supports safer, healthier work for all.

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ID 613- An Innovative AI-Driven Multimodal Restraint Monitoring and Clinical Decision Support System to Improve Patient Safety

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Context: The COVID-19 pandemic led to a rapid deployment of teleconsultation (TC) in French primary care. Before the crisis, routine use remained limited, including in the XXXXXXX departments of XXXXXXX and XXXXX. Exploring GPs' lived experience in these island settings can inform how TC may be integrated beyond emergency conditions.

Objectives: To explore general practitioners' (GPs) lived experiences with TC during the first wave of COVID-19 in XXXXXXX and XXXXXXX.

Methods: Qualitative phenomenological study using semi-structured interviews. Five investigators conducted five independent regional sub-studies (four in XXXXXX, one in XXXXXX). Ambulatory GPs were eligible if they had used TC during the first wave; physicians-in-training and non-primary-care physicians were excluded. Interviews were conducted in French between May and December 2020. Data were analysed inductively with manual coding and triangulation, and a cross-regional interpretative synthesis produced a unified conceptual model.

Results: Fifty-five GPs were interviewed (10–13 per region). TC was widely perceived as imposed, with limited preparedness, training and secure digital infrastructure. GPs reported frustration, diagnostic uncertainty linked to the lack of physical examination, ethical concerns (notably confidentiality when using common communication apps), administrative burden, and a perceived loss of holistic, relationship-based care. At the same time, they identified benefits: continuity of care during lockdown, reduced infection risk, and legitimisation of previously informal remote acts. Over time, many described a shift from improvisation to a reasoned and selective use of TC, defining indications and limits.

Discussion: TC was not viewed as a substitute for in-person consultations but as a complementary tool for specific situations. The observed evolution—from constraint to cautious appropriation—highlights the need for regulation, training and reliable infrastructure, particularly in underserved regions, to support sustainable integration of telemedicine in primary care.

Conclusion: Strengthening secure digital infrastructure and practical guidance, alongside clinician training, may facilitate safe and equitable long-term use of TC beyond crises.

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ID 270- An Innovative Three-in-One Multi-Point Fixation and Adjustment Device for ETT, NGT, and Bite Blocks: A Usability Evaluation for Safe and Efficient Care

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Context: Twin pregnancy is a high-risk obstetric condition associated with prematurity and selective intrauterine growth restriction. Although management mainly occurs in specialized care, Primary Health Care is strategic for early risk identification, prenatal follow-up, and care coordination, impacting maternal and perinatal outcomes.

Methods: This report describes the care of a 33-year-old woman, G5P1A3, with a dichorionic twin pregnancy in a bicornuate uterus, followed in prenatal care and timely referred to high-risk services. One fetus developed severe selective intrauterine growth restriction, with estimated fetal weight below the 10th percentile and progressive Doppler abnormalities, including absent and reversed end-diastolic flow, associated with fetal distress. Coordination between Primary Health Care, specialized services, and the hospital team enabled intensified surveillance and shared decision-making regarding pregnancy interruption. Delivery occurred by cesarean

section at 34 weeks and 2 days, with immediate neonatal support and multidisciplinary follow-up.

Originality: This case demonstrates that Primary Health Care acts beyond care coordination, integrating with specialized services from early prenatal follow-up. Its role in prevention, early risk detection, and longitudinal monitoring ensured continuity of care and was essential for comprehensive maternal and child health care, despite obstetric resolution in specialized settings.

Lessons learned and future implications: Early identification of risk factors during prenatal care, combined with timely referral and effective articulation between Primary Health Care and specialized services, supports appropriate clinical decision-making and the prevention of severe perinatal outcomes. Strengthening PHC as an active component of shared care improves the quality of maternal and child health services.

Discussion: Selective intrauterine growth restriction in dichorionic twin pregnancies is associated with placental abnormalities and may be aggravated by uterine malformations. In this case, a bicornuate uterus likely contributed to placental insufficiency in one fetus, with progressive Doppler abnormalities supporting timely pregnancy interruption. Although management occurred in specialized care, Primary Health Care was fundamental for early risk recognition, referral, and longitudinal follow-up, positively impacting perinatal outcomes.

Conclusion: Integrated action between Primary Health Care and specialized services is essential for the safe management of twin pregnancies complicated by selective intrauterine growth restriction. Through surveillance, shared care, and continuity of assistance, PHC plays a decisive role in improving perinatal outcomes, even in highly complex obstetric settings.

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ID 1139- An integrated curriculum based pilot program for resilience and reflection for GP registrars

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Context: A popular documentary series presents experimental “Medicine 3.0” longevity protocols (e.g., genetic risk awareness, thermal stress, fasting, functional training) framed as strategies to extend healthspan. The question for family medicine is how to translate such content into feasible, equitable, evidence-informed preventive care.

Objectives: To classify the documentary’s featured interventions; appraise feasibility, safety considerations, and equity risks for primary care; and translate them into deliverable counselling pathways.

Methods: We conducted a structured analysis of the documentary’s featured interventions and a focused narrative appraisal of supporting clinical evidence to assess feasibility and potential risks in primary care. The interventions were mapped to actionable, patient-centred prevention and behaviour-change pathways deliverable within routine consultations. No patient-level data were collected.

Results: The interventions mapped to four practical counselling domains: (1) cardiometabolic risk reduction and follow-up, (2) function/strength optimisation, (3) stress management and sleep/wellbeing, and (4) nutrition behaviour strategies (including caloric restriction/fasting approaches). Three key implementation requirements were identified: (i) shared decision-making and safety screening before intensive protocols, (ii) health literacy and motivational interviewing to support adherence, and (iii) explicit attention to accessibility when biomarker tracking or personalised strategies are promoted to avoid widening inequities.

Discussion: Lifestyle targets (stress management, caloric restriction, and muscle strength optimisation) are broadly transferable,

yet intensity and resource requirements may limit scalability. Primary care can reframe “protocols” into graded, culturally appropriate, and sustainable plans.

Conclusion: Documentary-driven interest in longevity can be leveraged in family medicine if translated into safe, equitable, evidence-informed preventive care pathways that prioritise behaviour change support and accessibility.Ultimately, the documentary poses a fundamental question for both physician and patient: "Do we seek merely a longer life, or a more meaningful one?"

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ID 1880- An interesting case of subacute malrotation of midgut presented in middle age.

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Context: Biotinidase deficiency (BD) is an autosomal recessive metabolic disorder that can lead to severe neurological and cutaneous symptoms if untreated. Early detection through neonatal screening is vital for preventing irreversible complications. Given the high rates of consanguineous marriages in certain regions of Türkiye, local data are essential for assessing regional prevalence within the National Newborn Screening Program (NTP).

Objectives: To provide a preliminary evaluation of screening outcomes, interim recall rates, and the preliminary incidence of profound and partial BD among newborns in Igdir province.

Methods: This ongoing retrospective descriptive study analyzes data from all newborns screened in Iğdır between 2012 and 2025. Screening is conducted via the colorimetric method on dried blood spots (Guthrie cards). Infants with suspected low enzyme activity are recalled for repeat testing and quantitative enzyme analysis. Descriptive statistics were used to calculate interim recall rates and incidence estimates for profound (<10% activity) and partial (10-30% activity) BD.

Results: Based on the preliminary data analysis of approximately 25,000 newborns (interim estimate), initial positive screening results were observed in 458 infants (approx. 1.83%), who were subsequently recalled for confirmatory testing. To date, preliminary diagnostic workups have identified 114 cases classified as profound deficiency and 170 as partial deficiency. Current projections suggest an incidence rate of 1 in 62 in the Igdir region, which is markedly higher than national and global averages.

Discussion: The high interim recall rate may reflect pre-analytical variability in dried blood spot sampling and/or increased genetic risk in the region; final analyses are ongoing to validate incidence estimates and programme performance metrics.

Conclusion: Interim findings suggest a high regional prevalence of BD in Igdir, underscoring the indispensable role of the NTP in Eastern Anatolia. Optimizing pre-analytical sample collection and recall follow-up may improve programme efficiency. Family physicians are central to counselling, long-term management, and follow-up of confirmed cases.

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ID 838- An Unexpected Diagnosis in a 26-Year-Old Male Presenting With Back Pain in Primary Care: Acute Aortic Dissection

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Context: Antibiotic use to combat infections is common everwhere; however, antimicrobial resistance (due to indiscriminate use of antibiotics) has become a global challenge. The World Health Organization (WHO) has declared antimicrobial resistance among the top 10 global public health challenges to mankind. Healthcare professionals are actively involved

in the process of prescribing, dispensing and administering antibiotics.

Objectives: Antibiotics are extensively dispensed over the counters, even without prescriptions and simultaneously it is becomming more and more difficult to treat serious infections because of increasing antimicrobibial resistance to antibiotics; we assessed the knowledge, attitudes and practices regarding antibiotic use and antibiotic resistance among healthcare professionals working in a tertiary hospitals of Pakistan.

Methods: A hospital-based cross-sectional survey was carried out in Dec. June, 2025 involving 350 healthcare workers at nine teaching hospitals of Abbottabad (KPK Province); Islamabad (ICT); Lahore (Punjab Province) and Muzaffarabad-AJK (Kashmir) Pakistan, to ensure participation of all ethnic & regional population groups of Pakistan. A purposive sample of healthcare workers across diverse professional roles was surveyed using a structured, validated and pilot tested questionnaire on antibiotic use and resistance. Data was analyzed by using SPSS v25 for descriptive statistics and to summarize participant characteristics and inferential tests to explore variable associations.

Results: Medics constituted the dominant professional group (59%). Most of the health care respondents (80%) were aware of the appropriate use of antibiotics; however, premature discontinuation of antibiotics and reuse of leftover antibiotics was fairly common. The detailed results will be presented in WONCA Paris-2026.

Discussion: Our Findings highlights the urgent need for focussed education among all healthcare workers, especially nurses & allied health workers. Like rest of the developing countries, majority of healthcare professionals were well versed with knowledge of antibiotics use and their resistance; however, still gap in knowledge, attitude and practices exist and warrants awareness strategies & interventions.

Conclusion: The study identified persistent gaps in healthcare workers' knowledge, attitudes, and practices regarding antibiotic use and resistance, despite encouraging awareness in Pakistan.

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ID 1884- An unusual clinical presentation of a case of absence of infrahepatic inferior vena cava.

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Context: Karoshi, a Japanese term meaning "death due to overwork," describes fatal physical and psychological consequences associated with chronic occupational stress, excessive workload, and burnout. While traditionally recognised in corporate settings, the concept is increasingly relevant to General Practice. Rising consultation demand, workforce shortages, administrative burden, and emotional labour place family physicians at growing risk. Understanding Karoshi within a primary care context is essential for clinician wellbeing, patient safety, and workforce sustainability.

Objectives: Help participants recognise early warning signs of burnout and overwork in themselves and colleagues. Attendees will reflect on subconscious behaviours, including co-dependent traits and the "hero narrative" in General Practice, that increase burnout risk. They will explore practical strategies to set healthier boundaries, manage workload sustainably, and foster shared responsibility, while understanding how clinician wellbeing directly influences patient safety and quality of care.

Teaching method and workshop: Brief teaching segments will be combined with reflective exercises and facilitated group discussions in this highly interactive session. Participants will examine personal and systemic risk factors for overwork and burnout, using case-based examples to il

Expected outcomes: Increased self-awareness of behaviours that contribute to burnout and overwork. Participants will leave with practical tools to protect their emotional, physical, and mental wellbeing, reduce co-dependent working patterns, and adopt more sustainable appro

Conclusion: General practice is losing physicians worldwide due to increasing workload and burnout. Karoshi represents an extreme, yet preventable, outcome of unrecognised burnout among family physicians. By creating space for reflection, discussion, and practical skill-building, this workshop supports clinicians at all career stages to recognise risk, challenge unhealthy patterns, and prioritise wellbeing. Caring for clinicians is essential to providing safe, effective care, as well as supporting workforce retention.

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ID 99- An Unusual Foreign Body Causing Symptoms After 40 Years: A Case Report

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Context: Acute abdominal pain in adolescent females is a common but high-risk presentation in primary care. Gynecological emergencies such as ovarian torsion require rapid recognition and urgent referral to prevent loss of ovarian function. Additionally, incidental findings during acute evaluation may uncover previously unrecognized hereditary conditions. This case highlights the critical gatekeeping role of family physicians in both emergency recognition and holistic follow-up.

Methods: A 12-year-old girl presented to a primary care center with her mother, reporting one week of left lower quadrant abdominal pain with sudden worsening on the day of admission, resulting in difficulty walking. On examination, her general condition was poor, and marked guarding and rebound tenderness were noted in the left lower quadrant. Vital signs were stable, but laboratory testing revealed anemia (hemoglobin 8.9 g/dL). Given the acute abdomen findings, the patient was urgently referred to the emergency department. Secondary care imaging with ultrasonography and contrast-enhanced computed tomography demonstrated a ruptured left ovarian cyst with associated ovarian torsion and intra-abdominal free fluid. Emergency surgery confirmed these findings, and appropriate surgical management was successfully performed. During further thoracoabdominal imaging, incidental cystic renal changes with kidney torsion were identified. This prompted family screening, which revealed cystic kidney disease in both the patient's mother and sister, suggesting a familial cystic kidney disorder. The family was referred for nephrology and genetic evaluation.

Originality: This case uniquely combines a gynecological emergency with the incidental detection of a hereditary renal condition, emphasizing the extended impact of primary care–initiated evaluation.

Lessons learned and future implications: Primary care physicians should maintain a high index of suspicion for gynecological causes of acute abdomen in adolescents and recognize the importance of follow-up for incidental findings. Family screening can enable early diagnosis of hereditary diseases.

Discussion: This case emphasizes the need for rapid recognition of ovarian torsion in adolescents with acute abdominal pain in primary care. Early referral was crucial for timely management. .

Conclusion: Timely primary care recognition and referral prevented serious gynecological complications and facilitated early identification of a familial renal disorder, underscoring the integrative role of family medicine. Acute Abdomen; Ovarian Torsion; Ovarian Cysts; Adolescent; Polycystic Kidney Diseases; Primary Health Care

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ID 1160- Analysis of Artificial Intelligence-Related Theses in Turkey: Clinical Trends and the Family Medicine Perspective

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Context: During my rheumatology rotation, I encountered a woman in her early forties with longstanding back, hip, and shoulder pain lasting more than twelve years. Her pain severely restricted daily functioning and had led to repeated healthcare encounters without a unifying diagnosis. She was raising three children alone while her husband was incarcerated and was receiving venlafaxine 150 mg daily for a chronic psychiatric condition. Over time, she had lost confidence that her symptoms could be adequately explained or treated.

Methods: I conducted a comprehensive clinical assessment, including detailed history-taking, physical examination, and review of national electronic health records and prior imaging. On examination, I observed deep ulcerated injection sites on both upper thighs. The patient disclosed self-administering intramuscular diclofenac injections two to three times daily to maintain mobility, without awareness of the associated risks. Her records documented more than thirty hospital visits within the previous year and multiple MRI and CT scans, all reported without a definitive diagnosis. Rather than requesting further investigations, we reviewed her existing sacroiliac MRI images directly together with the supervising rheumatologist.

Originality: This experience highlighted that diagnostic failure may persist not due to lack of data, but due to fragmented interpretation. The turning point was not additional testing, but integrating existing information into a coherent clinical narrative.

Lessons learned and future implications: This encounter reshaped my approach to patients with chronic, unexplained symptoms. I learned the importance of longitudinal pattern recognition, careful review of prior assessments, and exploration of patients' social context and health literacy. Social vulnerability, coping strategies, and misunderstanding of treatments can significantly influence symptom expression and healthcare utilization.

Discussion: Direct review of imaging revealed grade 3 sacroiliitis with erosions, consistent with ankylosing spondylitis. When this diagnosis was explained, the patient stated it was the first time her symptoms "made sense." Previous encounters had addressed isolated complaints rather than the underlying disease process.

Conclusion: This reflection reinforces that effective care is not always achieved by escalating investigations, but by synthesizing existing clinical information within the patient's broader life context. Seeing the whole story—medical, social, and emotional—can be transformative in the care of chronic pain.

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ID 292- Analysis of the ATP2B1 Polymorphism on Blood Pressure Based on Smoking and Drinking Habits: from Genome and Epidemiology Study

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Context: At the European level, the population is undergoing a continuous aging process. In 2021, there were approximately 215 million individuals age over 60 years, and by 2050, this number is projected to exceed 300 million. The dependency ratio (people over 65 whose pensions and health insurance depend on young contributors aged 15-64) will decrease, so that there will be approximately two contributors per pensioner, instead of three, by 2070. Sarcopenia is associated with higher incidence of falls and fractures and with the onset or worsening of chronic conditions such as type 2 diabetes mellitus, vascular dementia, Alzheimer's disease.

Objectives: The aim of this study is to identify the prevalence of sarcopenia at a primary care

unit and to establish if there is a link between sarcopenia and the educational level.

Methods: The qualitative prospective study was conducted in 2025 and it included 69 patiens aged over 65 years, with different pathologies. To identify the prevalence of sarcopenia were used the hand grip test, fat free body mass index (FFMI) determined by using bioelectrical impedance analysis and the 400 m walk test. Studies from the literature have proven that FFMI has a strong positive correlation with the appendicular skeletal muscle mass index (ASMI) and could be employed as a surrogate marker for screening in sarcopenia. Thus, this study was based on the cut-off values established by European Working Group on Sarcopenia in Older People 2, while substituting the ASMI values, for those established for the FFMI by the European Society of Clinical Nutrition and Metabolism.

Results: The study included 35 women and 32 men. Our findings showed that probable sarcopenia was found in 21 women and 32 men, confirmed sarcopenia in 3 women and 12 men, severe sarcopenia in 3 women and 3 men. 3 out these only had primary school studies, 2 secondary school studies and 1 went to trade school.

Discussion: These findings showes that sarcopenia can be related with the level of education, higher education giving more understanding of the importance of balanced meal and proper physical activity.

Conclusion: Future research will expand the participant pool to further analyze the impact of sarcopenia.

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ID 557- Analyzing the ratio between prenatal consultations and live births in Brazil: spatial and professional patterns from 2008 to 2023

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Context: Atrial fibrillation (AF) is common in older adults and is strongly associated with ischemic stroke and transient ischemic attack (TIA). Anticoagulant therapy is essential for stroke prevention; however, long-term adherence is often suboptimal. In primary care, unrecognised treatment discontinuation may expose patients to avoidable cerebrovascular risk.

Methods: A 76-year-old woman presented to primary care with sudden numbness in her left hand lasting approximately five minutes, which resolved completely. She had no prior similar episodes. Her medical history included atrial fibrillation and hypertension. On examination, she was alert, cooperative, and fully oriented. No focal neurological deficits were detected. Blood pressure was 160/100 mmHg. An electrocardiogram performed in the primary care setting confirmed atrial fibrillation. During medication review, the patient reported that she had stopped her prescribed anticoagulant therapy two years earlier on her own initiative, without consulting a physician. Given the presence of AF, disclosure of anticoagulant discontinuation, and a brief focal neurological deficit with full recovery, a provisional diagnosis of transient ischemic attack was considered. The patient was urgently referred to the emergency department for further evaluation. A key limitation of this case was the complete resolution of symptoms at presentation, which could have led to underestimation of risk without careful clinical assessment.

Originality: While the association between AF and thromboembolic events is well established, this case demonstrates how treatment non-adherence may remain undetected until an acute presentation in primary care. It highlights routine medication review as a critical safety practice.

Lessons learned and future implications: This case reinforces the need for regular assessment of anticoagulant adherence in patients with AF. Even brief, self-limiting neurological symptoms should prompt urgent evaluation. Improving patient education and continuity of care may help prevent avoidable cerebrovascular events.

Discussion: TIA often precedes ischemic stroke. Early recognition in primary care enables timely referral and intervention, potentially reducing long-term neurological morbidity.

Conclusion: Unmonitored discontinuation of anticoagulant therapy in patients with atrial fibrillation carries significant risk. Primary care plays a crucial role in identifying silent treatment gaps and initiating timely preventive action.

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ID 1662- Anaplastic large cell Lymphoma

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Context: Long-term conditions (LTCs) are the largest driver of primary care workload globally. As populations age and multimorbidity rises, traditional manual recall systems can no longer keep pace. Many health systems face the same structural pressures: rising demand, increasing emergency presentations, and limited workforce capacity. AI-enabled recall offers a practical, scalable and evidence-based way to modernise LTC management by shifting care from reactive to proactive. Worldwide, LTCs account for a substantial proportion of primary care appointments, outpatient activity and hospital admissions. When recalls rely on manual phone calls, letters or opportunistic reviews, patients fall through gaps, clinical risk rises, and emergency demand increases. Digital and AI-supported recall pathways can automate invitations, identify non-responders, and help prioritise patients most at risk of deterioration. These models support planned care over emergency care, enabling clinicians to intervene earlier and more effectively. The workshop focuses on implementation principles that work in low-, middle- and high-resource settings, emphasising safety, inclusion and sustainable workflow redesign.

Objectives: Participants will be able to: 1. Understand the components of an AI-enabled LTC recall pathway and how these complement existing systems. Redesign workflows to support proactive, population-level LTC management. Apply governance, clinical safety and risk-stratification principles. Build digital and non-digital pathways to ensure inclusion. Introduce and scale recall models with strong staff and patient engagement.

Teaching method and workshop: Focused presentations on proactive care models and workflow redesign. Mentimeter exercise: participants vote on their biggest LTC system barriers (e.g., demand spikes, workforce limits, missed recalls). Small-group reflection on transferable implementatio

Expected outcomes: Participants gain a clear, adaptable framework for modernising LTC recall and shifting systems toward proactive, preventative care. They leave with practical steps to evaluate readiness, engage teams, and build hybrid recall pathways suited to their own h

Conclusion: This workshop provides a scalable, internationally relevant model for strengthening LTC management using digital and AI-enabled tools—supporting safer care, earlier intervention and more sustainable primary care systems.

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ID 1514- Antibiotic Prescribing Patterns for Upper Respiratory Tract Infections in General Practice: A Case Series

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Context: Co-dependency subtly permeates everyday relationships, presenting as normal dynamics as a ‘giver’ and ‘taker’, between doctor/patient, parent/child, spouses, etc. While healthy interdependence is essential, difficulties arise when these patterns become habitual cycles of overgiving and rescuing. In General Practice, co-dependency is frequently overlooked, causing clinician burnout, compassion fatigue, blurred boundaries, and

patient overdependence. It may also present in patients as medically unexplained symptoms, chronic pain, and fatigue. Describing real patient experiences and reflective clinical practice, we will explore co-dependency as a hidden cause of distress in both clinicians and patients, highlighting its relevance to wellbeing, sustainability, and quality of care.

Objectives: Support participants in recognising co-dependent relational patterns in clinical and personal contexts, understanding how these dynamics contribute to burnout and patient overdependence, and developing practical strategies to promote healthier boundaries, shared care, and patient autonomy. Encourage participants to reflect on their own relational habits and explore ways to foster more compassionate, empowering and balanced interactions in General Practice.

Teaching method and workshop: Helping participants identify features of unhealthy relational patterns using real-life scenarios to facilitate reflection and discussion. Explaining a clear definition of co-dependency. Describing the Karpman Drama Triangle to explore shifting roles of V

Expected outcomes: Participants will be equipped to recognise co-dependency as a potential contributing factor and an “ingredient in the pain soup” for patients presenting with chronic pain and fibromyalgia. They will develop skills to address unmet emotional needs through

Conclusion: Co-dependency is a modifiable yet under-recognised influence on wellbeing, and is rarely addressed explicitly in medical education. This workshop equips clinicians with practical frameworks to recognise and disrupt unhealthy relational dynamics, setting healthy boundaries while empowering patients to protect clinician wellbeing and supporting more sustainable care.

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ID 136- Antibiotic Prescriptions and the Risk of Overweight and Obesity in Children between 2 and 17 years old: A French Retrospective Primary Care Cohort Study

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Context: Traditional long-term condition recall systems relied on repeated manual calls, letters and SMS reminders. These processes were time-consuming, inconsistent across sites and often frustrating for staff. Younger adults in particular struggled to engage, finding it difficult to book appointments during working hours. Operational pressures meant that non-responders absorbed significant administrative time, and staff were concerned that patients with the greatest needs were being overlooked.

Methods: Primary care teams serving over 500,000 patients co-designed an innovative agentic AI-supported recall process that automated initial invitations at-scale and gathered clinical information before appointments were booked. Patients able to complete a digital review could do so at their convenience. Staff then received a clear list of individuals who needed personal follow-up, allowing them to prioritise time for patients requiring support. A key strength was the clarity and consistency of the new workflow. Initial staff concerns included the perception that some patients might be disadvantaged if they could not engage digitally. However, staff found that the streamlined digital flow freed capacity for deeper, more personalised conversations with patients needing additional help. Safety checks were embedded at critical points and concerns about clinical safety addressed in DTAC, DPIA and DCB0129/0160-aligned safety assessment.

Originality: Existing recall models focus on volume rather than prioritisation. This approach differed by using digital automation to reduce low-value work while improving equity. The hybrid model—automated where appropriate, manual where needed—allowed teams to redistribute effort rather than simply accelerate existing tasks.

Lessons learned and future implications: Concerns about digital exclusion diminished when staff saw extremely high patient acceptance and the solution helped to identify and support vulnerable patients more proactively. Future development will focus on expanding to other conditions and refining templates to reflect multimorbidity.

Discussion: This experience demonstrates that digital automation can enhance—not replace—relational care when implemented with clear workflows and ongoing staff involvement. The approach aligns with broader primary care goals of access, continuity and personalised care.

Conclusion: With 68% immediate digital uptake, Agentic-AI recall offers a practical, transferable method for modernising LTC management. Intelligent risk stratification and prioritisation resulted in a 41% reduction in appointments, offering a sustainable solution to operational pressures internationally.

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ID 914- Antimicrobial Stewardship – prescribing practices in ethnically diverse urban population

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Context: Herpes zoster is a common presentation in general practice and usually managed with antiviral therapy. However, potential implications for household members, including transmission risk and preventive counselling may be underestimated during consultations. A family-centred perspective is essential to address overlooked aspects in primary care.

Methods: A 55-year-old woman with type 2 diabetes mellitus presented with a painful vesicular rash involving the right upper face, scalp and ear with neuropathic pain radiating to the right shoulder. Examination showed a dermatomal vesicular eruption without facial nerve involvement. Herpes zoster was diagnosed, antiviral treatment was initiated, and follow-up was planned. Isolation was recommended with emphasis on pharmacological management. At follow-up, the patient showed clear improvement. She reported her 22-year-old daughter in the same household had developed fever. She was too advised to attend the clinic. When she presented next day, itchy vesicular lesions were noted on her face and upper body. The rash had started approximately 12 hours after the onset of fever. She was diagnosed with primary varicella infection, despite reporting complete childhood vaccination. This reflection is based on routine clinical practice and follow-up, highlighting continuity of care and limitations related to the prioritization of acute management over preventive counselling.

Originality: While herpes zoster and varicella transmission are well described in the literature, this case offers a contribution on a frequently overlooked aspect of primary care practice. Unlike hospital-based case reports, this reflection emphasizes continuity, follow-up, and family- centred decision-making in general practice.

Lessons learned and future implications: This case demonstrates that herpes zoster management should extend to household members regardless of reported vaccination status. It highlights the need for clear, structured isolation counselling and systematic consideration of household contacts. Future practice may benefit from integrating household risk assessment into routine herpes zoster consultations in primary care.

Discussion: The case illustrates how everyday clinical priorities may unintentionally limit preventive counselling. Follow-up visits provide critical opportunities to identify household risks and reinforce preventive strategies within a family-centred framework.

Conclusion: Herpes zoster should be approached as a condition with potential household consequences in primary care. Incorporating isolation guidance, household contact assessment, and continuity of care can strengthen preventive practice and reduce secondary infections.

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ID 125- Applying a Health Justice Lens to Curriculum Review in Primary Care Education: A Practice-Based Reflection

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Context: Thyreotoxicosis means that there is too much thyroid hormone in the body. Tremor in young patients is a common neurologic complaint. Essential tremor and psychogenic causes are frequently suspected. Tremor may be the presenting sign of endocrine disorders, which can remain undiagnosed for months.

Methods: 34 years old woman presented to GP in September. She complained about hands tremor, worsened with nervous tension, which she attributed to discontinuation of antidepressants month ago. During examination tremor was not present, no other pathologic findings were found. Neurologic examination revealed no significant abnormalities. Essential tremor was diagnosed. Patient sought care again, in November, with her neck appeared swollen, palpitation and fatigue.The thyroid gland was palpably enlarged, tremor of the upper limbs, tachycardia of 130/min were noted. Laboratory findings revealed TSH 0.01. She was reffered to endocrinologist for futher examination of thyreotoxicosis. She was restarted on tiamazol 20 mg per day, vitamin B6, betablockers.

Originality: This case highlights the importance of repeated clinical evaluation in patients with persistent or evolving tremor symptoms. Tremor can result from neurological, psychiatric, toxic, or endocrine causes. In a young woman with a history of antidepressant discontinuation, a psychogenic or iatrogenic tremor is often considered most likely. The initial diagnosis of essential tremor was reasonable at first, as no other alarming signs were present.

Lessons learned and future implications: Even when tremor initially appears benign, clinicians must remain vigilant for systemic causes, especially when additional symptoms emerge. Re-evaluation based on current findings rather than prior assumptions can prevent diagnostic delay.

Discussion: Endocrine causes of tremor are often underdiagnosed, especially when patients are initially evaluated in a neurological setting. This case underscores the importance of assessing tremor in the context of the overall clinical picture and not excluding systemic diseases based solely on history or prior assumptions.

Conclusion: This case emphasizes that tremor should not be evaluated in isolation. Clinical signs may be dynamic and change over time. Assuming that an initial diagnosis remains valid can lead to overlooking serious conditions. When new symptoms arise the differential diagnosis should be reconsidered. Reassessment of patients with changing symptoms is essential, as new clinical signs may redirect diagnostic reasoning.

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ID 984- Applying the Calgary-Cambridge guide to video-recorded consultations of family medicine trainees in Brazil: a teaching case report.

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Context: Acute abdominal pain in adolescent females is a common but high-risk presentation in primary care. Gynecological emergencies such as ovarian torsion require rapid recognition and urgent referral to prevent loss of ovarian function. Additionally, incidental findings during acute evaluation may uncover previously unrecognized hereditary conditions. This case highlights the critical gatekeeping role of family physicians in both emergency recognition and holistic follow-up.

Methods: A 12-year-old girl presented to a primary care center with her mother, reporting one week of left lower quadrant abdominal pain with sudden worsening on the day of admission, resulting in difficulty walking. On examination, her general condition was poor, and marked guarding and rebound tenderness

were noted in the left lower quadrant. Vital signs were stable, but laboratory testing revealed anemia (hemoglobin 8.9 g/dL). Given the acute abdomen findings, the patient was urgently referred to the emergency department. Secondary care imaging with ultrasonography and contrast-enhanced computed tomography demonstrated a ruptured left ovarian cyst with associated ovarian torsion and intra-abdominal free fluid. Emergency surgery confirmed these findings, and appropriate surgical management was successfully performed. During further thoracoabdominal imaging, incidental cystic renal changes with kidney torsion were identified. This prompted family screening, which revealed cystic kidney disease in both the patient's mother and sister, suggesting a familial cystic kidney disorder. The family was referred for nephrology and genetic evaluation.

Originality: This case uniquely combines a gynecological emergency with the incidental detection of a hereditary renal condition, emphasizing the extended impact of primary care–initiated evaluation.

Lessons learned and future implications: Primary care physicians should maintain a high index of suspicion for gynecological causes of acute abdomen in adolescents and recognize the importance of follow-up for incidental findings. Family screening can enable early diagnosis of hereditary diseases.

Discussion: Timely primary care recognition and referral prevented serious gynecological complications and facilitated early identification of a familial renal disorder, underscoring the integrative role of family medicine.

Conclusion: Timely primary care recognition and referral prevented serious gynecological complications and facilitated early identification of a familial renal disorder, underscoring the integrative role of family medicine. Keywords (MeSH) Acute Abdomen; Ovarian Torsion; Ovarian Cysts; Adolescent; Polycystic Kidney Diseases; Primary Health Care

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ID 297- Applying the health belief model to integrate vaccination and smoking cessation: experience from a rural public health center

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Context: Child and adolescent sexual violence as a public health problem poses ethical, clinical, and emotional challenges to healthcare professionals. This context needs to be explored for the improvement of healthcare services.

Objectives: To describe the emotional aspects of healthcare professionals in the care of victims of child and adolescent sexual violence.

Methods: Qualitative and descriptive study conducted in a program at a pediatric hospital in the State of Ceará, Brazil, with 18 healthcare professionals (social workers, psychologists, doctors, nurses, and pharmacists). Semi-structured interviews were conducted, with data analyzed using Thematic Content Analysis. This study is part of a larger project, approved by the Ethics Committee of the Federal University of Ceará, under opinion number 7,500,752.

Results: The professionals' statements reveal psychological suffering, feelings of distress, anguish, and a sense of helplessness in some cases, also linked to other factors that challenge their work, such as overload, weakened work relationships, and a work structure that does not fully support compassionate care. There was thus a perceived absence of institutional support mechanisms for caregivers, as the topic 'institutional strategies to improve working conditions' was only mentioned in the context of technical training actions from the professional training plan within the service program.

Discussion: The need for emotional support is evident, as it is observed from the findings and

reflections presented in this study that the continuous exposure of these healthcare professionals to situations of child and adolescent sexual violence has significant repercussions on their mental health (something that the literature in the field also reflects). These aspects can be exacerbated by adverse institutional conditions, such as work overload, weakened relationships, and structural limitations.

Conclusion: The study understood that emotional aspects are central dimensions in addressing child and adolescent sexual violence and are related to working conditions. The absence of institutional caregiver support mechanisms highlights a persistent challenge in organizing health services. It becomes necessary to implement strategies that integrate technical training and psychosocial support for professionals, as these actions can strengthen care, protect workers, and improve attention to children and adolescents.

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ID 651- Approach to abnormal uterine bleeding in non-pregnant women

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Context: Unintentional weight loss, palpitations, and fatigue are common but non-specific complaints in primary care. These symptoms are frequently attributed to stress, anxiety, or lifestyle factors, particularly in young and middle-aged adults. However, endocrine disorders such as hyperthyroidism must be considered, as delayed diagnosis may lead to significant cardiovascular and metabolic complications. Primary care plays a critical role in early recognition and appropriate referral.

Methods: A 34-year-old woman presented to a primary care clinic with a two-month history of palpitations, fatigue, heat intolerance, excessive sweating, nervousness, insomnia, and a 5-kg unintentional weight loss despite increased appetite. She also reported exertional dyspnea when climbing stairs. She had no known chronic disease and was not using regular medication. Family history was positive for thyroid disease on the maternal side. On examination, she appeared anxious but cooperative. Blood pressure was 120/70 mmHg, heart rate 112 beats/min, and temperature 36.7°C. Physical examination revealed a mildly enlarged, non-tender thyroid gland, fine bilateral hand tremor, warm moist skin, and regular tachycardia. Based on clinical suspicion, targeted laboratory tests were ordered. Results showed suppressed TSH (<0.01 µIU/mL) with elevated free T4 (2.8 ng/dL) and free T3 (6.1 pg/mL), confirming hyperthyroidism.

Originality: This case illustrates how classic hyperthyroid features may initially present as non-specific complaints and highlights the diagnostic value of focused history-taking and physical examination in primary care.

Lessons learned and future implications: Unintentional weight loss combined with palpitations and tremor should prompt thyroid function testing in primary care. Early recognition enables timely intervention and prevents avoidable complications.

Discussion: The overlap between hyperthyroidism and anxiety-related symptoms can delay diagnosis. Primary care physicians are uniquely positioned to integrate clinical clues and initiate appropriate investigations.

Conclusion: Systematic clinical assessment in primary care allowed early diagnosis of hyperthyroidism and timely referral, underscoring the essential role of family physicians in managing endocrine presentations. MeSH key words Hyperthyroidism; Graves Disease; Weight Loss; Palpitations; Primary Health Care; Family Medicine; Thyroid Hormones

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ID 252- Approach to sexuality among General Practitioners, a qualitative study of 13 french General Practitioners

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Context: Undesired loneliness remains under-addressed in primary care, yet family physicians are seeing more patients who use AI applications for companionship and emotional support. Millions of patients worldwide now form relationships with AI chatbots and virtual companions, often without telling their healthcare providers. This raises critical questions: Are patients replacing human connection with AI relationships? Should we screen for AI companion use? Can these tools help treat loneliness, or do they represent harmful social withdrawal? This workshop provides evidence-based insights to address this clinical challenge.

Objectives: - Assess and identify: Recognize patterns of AI companion use among lonely patients and distinguish beneficial from harmful presentations - Apply evidence: Evaluate current research on mental and physical health impacts of AI companionship - Screen effectively: Add practical questions about AI companion use to routine patient encounters - Develop interventions: Create patient-centered approaches for discussing AI relationships and provide appropriate referrals when use becomes problematic.

Teaching method and workshop: Introduction and framework (10 min): Overview of AI companions in patient care and learning objectives. Recognition through cases (15 min): Interactive scenarios to identify beneficial versus harmful use patterns. Evidence review (10 min): Current resear

Expected outcomes: Participants will leave with: - Assessment skills: Practical screening questions to identify patients who may benefit from or be harmed by AI companion use. - Clinical framework: Evidence-based understanding and decision-making strategies for addr

Conclusion: As AI technologies increasingly affect patients' emotional experiences, family physicians must understand how AI companionship affects health outcomes and therapeutic relationships. This workshop offers evidence-informed exploration of AI companionship as both a potential tool and clinical concern. Participants will gain practical skills to assess loneliness, provide appropriate guidance, and ensure digital relationships complement rather than replace human connection and professional care.

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ID 1878- Artificial intelligence as a clinical assistant for family physicians

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Context: Across the world, primary care clinicians face overwhelming documentation requirements. In many systems, clinicians spend as much time—or more—writing notes as they do in direct patient care. This administrative load contributes to burnout, reduces patient-facing time, undermines continuity and threatens workforce retention. Ambient Voice Technology (AVT) offers a transformative opportunity: accurate, real-time consultation notes produced unobtrusively during the patient encounter. When implemented safely, AVT can restore clinician capacity, improve documentation quality and strengthen the sustainability of primary care systems. Documentation burden is a universal challenge, affecting high-, middle-, and low-income settings. For some clinicians, delayed or incomplete notes affect clinical quality and introduce medico-legal risks. For others, the cumulative burden creates chronic fatigue and diminished job satisfaction. AVT provides an emerging solution by capturing the consultation narrative and generating structured notes that clinicians verify. The workshop focuses on universally transferable principles: evaluating readiness, adapting workflows, safeguarding data and achieving

cultural adoption—regardless of local infrastructure or digital maturity.

Objectives: Participants will be able to: 1. Understand how AVT works and its potential to reduce burden and improve safety. 2. Apply governance, workflow and risk-mitigation principles for safe deployment. 3. Support clinician adoption using behavioural and organisational change strategies. 4. Evaluate infrastructure and inclusion requirements in varied resource settings. 5. Adapt phased implementation models to their own health system.

Teaching method and workshop: Short presentations on documentation burden, AVT principles and implementation models. Mentimeter activity: participants vote on their biggest documentation challenges. Small-group reflection on local feasibility and potential adaptations. Facilitator-led

Expected outcomes: Participants gain an actionable framework to evaluate and introduce ambient documentation safely; strategies to strengthen workforce morale and wellbeing; and adaptable models suited to diverse healthcare systems.

Conclusion: This workshop reframes ambient transcription as a structural workforce solution, offering practical, transferable insights that enable delegates to reduce burden, enhance documentation quality and build more sustainable primary care services.

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ID 1261- Artificial intelligence: freedom, equality and the hidden traps in your clinical decisions

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Context: Clinical documentation has become a major source of workload and stress in primary care. Many clinicians routinely spent time after clinic completing notes, and occasional concerns around documentation quality created additional supervisory burden. A supportive, unobtrusive method of producing accurate notes during consultations was sought to improve clinician experience, reinforce safety and reduce administrative pressure.

Methods: Ambient voice technology was introduced in a phased, carefully supported rollout. The initial pilot involved 47 GP partners who were keen to explore the benefits. Following successful early testing, this innovative programme expanded progressively to salaried GPs, resident doctors, advanced clinical practitioners, pharmacists and nurses. This staged, at-scale rollout enabled refinement of workflows, governance processes and onboarding before adoption widened. Over time, hundreds of clinicians used the system, and more than 1.2 million minutes of consultations were transcribed, demonstrating significant scale. A key example of impact involves a clinician whose documentation raised concerns. With ambient transcription, their notes immediately became clear, accurate and well structured. This prevented the need for intensive performance-management and reinforced the value of the tool as a supportive intervention. Strengths of the programme included reduced after-hours work and improved record quality. Limitations centred on initial hesitation, addressed through gradual rollout and peer-to-peer advocacy. Safety checks were embedded at critical points and concerns about clinical safety addressed in DTAC, DPIA and DCB0129/0160-aligned safety assessment.

Originality: The model differed from typical digital transcription tools by embedding ambient capture into routine multidisciplinary practice, demonstrating applicability beyond GPs. Its dual benefit—supporting wellbeing and strengthening clinical governance—made it a novel application in primary care settings.

Lessons learned and future implications: Early adopters played an essential role in fostering trust. Allowing adoption to grow organically, rather than mandating use, ensured sustained engagement. Future expansions may include structured data extraction and integration into broader digital pathways.

Discussion: The experience highlights how ambient technology can enhance documentation while preserving clinician–patient connection. It supported both quality improvement and workforce sustainability.

Conclusion: A phased, multidisciplinary rollout of ambient voice technology across practices serving 500,000 patients improved documentation quality, reduced administrative burden and demonstrated a scalable, supportive solution for modern primary care.

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ID 51- Artistic expression, self-worth, and mental health: pathways to dignity

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Context: Laryngeal cancer is a common head and neck malignancy, strongly associated with tobacco use. Early symptoms may be subtle and are frequently first encountered in primary care. Persistent hoarseness lasting longer than three weeks—particularly in high-risk individuals—should prompt urgent evaluation. Family physicians play a critical role in recognizing red-flag symptoms and initiating timely referral.

Methods: A 62-year-old man presented to a family medicine clinic with progressive hoarseness lasting one month. He also reported sore throat and unintentional weight loss of 7 kg over the same period. He was an active heavy smoker (approximately three packs per day) with a family history of lung cancer. He denied fever, night sweats, or dyspnea. Physical examination revealed marked dysphonia and a firm, non-tender left cervical lymph node measuring approximately 2 cm. Vital signs and basic measurements were within normal limits. Given the persistence of hoarseness, heavy tobacco exposure, weight loss, and cervical lymphadenopathy, a laryngeal malignancy was strongly suspected, and the patient was urgently referred to otorhinolaryngology. Three weeks later, the patient returned with hospital records. Fiberoptic and direct laryngoscopy revealed a suspicious laryngeal lesion, and biopsy confirmed squamous cell carcinoma of the larynx.

Originality: This case illustrates how a common symptom such as hoarseness can represent an underlying malignancy and emphasizes the pivotal gatekeeping role of primary care in early cancer detection.

Lessons learned and future implications: Persistent hoarseness beyond three weeks should always be evaluated carefully in primary care. Smoking history, weight loss, and cervical lymphadenopathy are critical red flags. Family physicians should maintain a low threshold for urgent referral, as early recognition can significantly affect prognosis and treatment options.

Discussion: Laryngeal cancer often presents with voice changes before advanced symptoms develop. In busy clinical settings, hoarseness may be misattributed to benign causes. This case demonstrates how systematic assessment and awareness of risk factors in primary care can prevent diagnostic delay.

Conclusion: Primary care physicians are essential in the early identification of laryngeal cancer. Careful history-taking, focused examination, and timely referral enable earlier diagnosis and improved patient outcomes. MeSH keywords (plain text): Laryngeal Neoplasms; Hoarseness; Primary Health Care; Smoking; Early Diagnosis; Squamous Cell Carcinoma

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ID 1622- Assessment intrinsic capacity and functional ability for people 65 years of age and older in Yerevan 1Lamara Manukyan, 2Davit Manukyan 1National Institute of Health named after Academician Avdalbekyan, dept. of family medicine, Yerevan, Armenia 2State med

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Context: Born in 1997, Malala Yousafzai was encouraged from childhood by her father to value education as a fundamental right. Her trajectory demonstrates how education can be a powerful tool for social transformation.

Methods: Experience report of health education and empowerment actions using the life of Malala Yousafzai.

Originality: The mapping of Malala's steps and actions aimed at overcoming prejudice and securing the right to education was, for the first time, associated with motivational interviewing techniques to develop self-efficacy among women in marginalized situations, based on the Characteristics of Successful Changers.

Lessons learned and future implications: Initial actions occurred in 2018. In 2019, the approaches were replicated in remote rural communities, engaging women who had dropped out of or not completed primary or higher education. In 2022, actions were carried out with women experiencing homelessness, using a conversation circle methodology.

Discussion: Stage 1 consisted of presenting Malala's story, emphasizing the importance of education in changing life perspectives for women living in peripheral areas of northeastern Brazil. Stage 2 focused on developing the concept of health, highlighting a biopsychosocial perspective for comprehensive health maintenance. The role of education in improving job opportunities, income, and family support security was emphasized. A playful and participatory activity addressed family types and the impact of role overload in contemporary women's lives. In Stage 3, women shared stories of struggle and resilience across life stages, addressing issues such as domestic violence, stigma, sexual abuse, child labor, physical and mental overload, human rights violations in arranged marriages, deprivation of education and pressure for early motherhood, emotional dependence and psychological violence, and limited access to women's health care, contraception, and family planning.

Conclusion: The empowerment of women and girls can be coordinated by family and community physicians, contributing to improved social outcomes and the construction of meaningful life projects that uphold human rights to health and quality education.

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ID 1707- Assessment of Family Medicine Residents' Knowledge on Rabies and Its Prophylaxis

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Context: Falls in older adults are a common presentation in primary care and often reflect multifactorial etiologies. Polypharmacy—particularly the use of centrally acting medications—significantly increases the risk of orthostatic hypotension, dizziness, and recurrent falls. Family physicians are well positioned to identify medication-related adverse effects early and implement deprescribing strategies to prevent morbidity and unnecessary hospital referrals.

Methods: A 78-year-old woman presented to a family medicine outpatient clinic with recurrent falls over a three-month period. The falls were accompanied by dizziness and typically occurred when standing up. Her medical history included hypertension, type 2 diabetes mellitus, osteoarthritis, and hyperlipidemia. Current medications were hydrochlorothiazide, metformin, simvastatin, diazepam prescribed for insomnia, and gabapentin for chronic pain. On examination, orthostatic hypotension was detected, with a systolic blood pressure drop exceeding 20 mmHg upon standing. Cardiovascular and neurological examinations were otherwise normal. Laboratory tests, including renal function and electrolyte levels, were within normal limits. A structured medication review identified diazepam and gabapentin as likely contributors to the patient's symptoms.

Originality: This case illustrates how recurrent falls may represent a medication-related adverse effect rather than a primary

neurological or cardiovascular disorder, emphasizing the diagnostic value of systematic medication review in primary care.

Lessons learned and future implications: Deprescribing centrally acting medications in older adults can significantly improve safety and functional outcomes. Primary care–based medication review should be routine in elderly patients presenting with falls or dizziness.

Discussion: Benzodiazepines and gabapentinoids are well known to increase fall risk through sedation and impaired postural reflexes. Addressing polypharmacy at the primary care level can reduce preventable harm.

Conclusion: Benzodiazepines and gabapentinoids are well known to increase fall risk through sedation and impaired postural reflexes. Addressing polypharmacy at the primary care level can reduce preventable harm. Keywords (MeSH, plain text): Primary Care, Family Medicine, Polypharmacy, Falls, Orthostatic Hypotension, Older AdultsKeywords (MeSH, plain text): Primary Care, Family Medicine, Polypharmacy, Falls, Orthostatic Hypotension, Older Adults

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ID 1764- Assessment Of LDL-cholesterol Levels Before and After Clinical Pharmacist's Treatment Recommendations

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Context: Nephrotic syndrome, characterized by heavy proteinuria, hypoalbuminemia, edema, and hypertension, represents a potentially serious renal condition that may first be encountered in primary care. Membranous glomerulonephritis (MGN) is one of the most common causes of nephrotic syndrome in adults and can present without overt systemic symptoms. Early recognition in family medicine is essential to prevent complications and enable timely specialist referral.

Methods: A 26-year-old woman presented to a primary care clinic with a two-month history of bilateral eyelid swelling, progressive lower extremity edema, and reduced urine output. She had no known chronic disease, no regular medication use, and no family history of renal disease. Physical examination revealed marked bilateral periorbital edema, severe pitting edema of the lower extremities, diffuse hyperpigmented skin lesions, and elevated blood pressure (170/100 mmHg). Given the combination of persistent edema and hypertension, the patient was urgently referred to a tertiary care center for further evaluation. One month later, the patient returned with discharge documentation. Investigations demonstrated nephrotic-range proteinuria (>6 g/day), hypoalbuminemia, and normal renal serology, including negative anti-dsDNA antibodies and normal complement levels. There was no history of non-steroidal anti-inflammatory drug use or systemic symptoms suggestive of secondary causes. Renal biopsy confirmed the diagnosis of primary membranous glomerulonephritis.

Originality: This case highlights how subtle but persistent clinical findings in a young patient can indicate severe renal pathology and underscores the diagnostic value of vigilant assessment in primary care.

Lessons learned and future implications: Persistent edema and hypertension in young adults should prompt consideration of glomerular disease. Early referral for advanced diagnostics, including renal biopsy, is critical.

Discussion: MGN may present insidiously, and primary care physicians play a key role in initiating timely evaluation and referral, enabling early immunosuppressive treatment.

Conclusion: Family physicians are central to the early detection of nephrotic syndrome. Clinical vigilance and prompt referral can significantly influence patient outcomes in serious renal disease. Keywords (MeSH, plain text): Nephrotic Syndrome; Membranous Glomerulonephritis; Primary Care; Proteinuria; Renal Biopsy

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ID 765- Assessment of the impact of fatty acids in patients with rheumatoid arthritis

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Context: Primary care teams worldwide face increasing administrative pressure alongside growing demand and workforce shortages. Intelligent automation—often referred to as Robotic Process Automation (RPA)—can streamline routine, rule-based tasks and release time for patient care. This workshop introduces system-neutral, transferable principles for adopting automation safely and effectively in diverse international settings. Across many countries, clinicians and administrative teams spend substantial time on repetitive tasks such as filing results, handling prescriptions, routing documents and updating records. This reduces capacity for direct care and contributes to burnout. Automation offers a method for supporting overstretched teams, even in low-resource environments, by targeting predictable workflows that do not require clinical judgement. Drawing on practical implementation experience, this workshop focuses on identifying suitable tasks, preparing teams for change and establishing safe, reliable processes.

Objectives: Participants will be able to: 1. Understand the role of automation in primary care and its limitations. 2. Identify key criteria for selecting tasks suitable for automation in any health system. 3. Apply a structured approach to piloting and scaling automation. 4. Recognise essential governance, safety and workforce considerations. 5. Reflect on how automation could support their own local context.

Teaching method and workshop: Short presentations on workflow selection, governance and international use cases. Interactive Mentimeter activity where participants vote on which administrative tasks could be automated within their own settings. Small-group reflection on results, discu

Expected outcomes: Participants will gain a practical framework for evaluating automation opportunities, understanding safety considerations and engaging staff. They will leave with transferable strategies to begin exploring or refining automation within their own environme

Conclusion: This workshop offers a concise, practical and internationally adaptable introduction to administrative automation in primary care, supporting delegates to reduce burden and improve sustainability within their own systems.

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ID 1163- Assessment of the incidence of scabies in primary care and its associated pharmacological load.

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Context: Administrative workload in primary care has grown substantially, with clinical and non-clinical teams spending large amounts of time on repetitive tasks such as prescription processing, results handling, document workflows and routine data entry. These pressures limited capacity for proactive patient care and contributed to delays, variation and staff fatigue. Practices sought an at-scale solution to reduce low-value work and improve the working day while supporting safe, timely operations.

Methods: An innovative, structured programme of intelligent automation was introduced across multiple primary care sites serving approximately 500,000 patients. Systematic review of clinical and non-clinical administrative workflows across all practices identified processes that were: • High volume • Highly repetitive • Rule-based • Safety-sensitive, but amenable to automation with robust governance • Likely to free capacity More than thirty workflows were selected across prescriptions, pathology routing,

document handling, registration workflows and administrative triage. Each process was mapped collaboratively with staff, ensuring the automation reflected real operational nuance. Transparent communication and early demonstrations of effective processing helped build trust. Safety checks were embedded at critical points and concerns about clinical safety addressed in DTAC, DPIA and DCB0129/0160-aligned safety assessment. Potential for unchecked errors was addressed through meticulous planning, strict governance, exception reporting and robust clinical monitoring. Strengths included rapid impact and the ability to scale once a workflow was proven safe.

Originality: The programme differed from typical digital interventions by creating a cross-cutting automation layer that supported numerous workflows simultaneously. It was not a single-tool implementation but a systematic redesign of how administrative work flowed through the organisation.

Lessons learned and future implications: Starting with simple, stable workflows built confidence and generated early wins. Staff reported substantial relief as thousands of repetitive actions were absorbed by automation, allowing more time for patient-facing and complex tasks. Future work includes expanding automation into clinical correspondence and population-health processes.

Discussion: Selecting workflows based on volume, predictability and safety ensured automation enhanced—rather than disrupted—daily practice. Collaboration with frontline staff proved essential.

Conclusion: The intelligent automation programme significantly reduced administrative burden releasing of 55,000 hours of staff time, equivalent to 30 WTE clinicians. This offers a transferable framework for modernising primary care operations.

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ID 2169- Association between Early Post-Diagnosis Physical Activity in Reducing Dementia Risk Among Patients with New-Onset Depression

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Context: Acute scrotal pain is a time-critical emergency, but adolescents may present with non-specific lower abdominal pain, leading to delays in examination and referral in busy primary care clinics.

Methods: A 14-year-old boy presented to a FHC with sudden left lower abdominal pain and nausea for six hours. He denied diarrhea or urinary symptoms and felt embarrassed to discuss genital complaints. Vital signs were stable; abdominal examination showed mild left lower quadrant tenderness without guarding. Because of pain severity and the absence of gastrointestinal symptoms, a brief, respectful genitourinary history was revisited. The patient then disclosed that the pain “started in the testis and moved up.” A focused scrotal examination (with consent and a chaperone) revealed a high-riding, tender left testis and absent cremasteric reflex. Suspecting testicular torsion, the physician arranged immediate transfer to the nearest urology-capable emergency department, advising nil by mouth and explaining urgency to the family. The receiving team performed urgent surgery confirming torsion; detorsion and orchiopexy were completed, and the testis was viable. Contralateral fixation was also done. At FHC follow-up, the patient and parents reflected that embarrassment nearly delayed care. Education was provided on seeking urgent help for any acute scrotal pain.

Originality: The case highlights how deliberate, consent-based examination can uncover hidden red-flag conditions in adolescents.

Lessons learned and future implications: Primary care teams should normalize confidential questions for adolescents and keep a low threshold for genital examination when abdominal pain is unexplained.

Discussion: Torsion is primarily a clinical diagnosis; delays reduce salvage rates. Clear communication and a chaperoned exam protect both patient safety and trust.

Conclusion: In FHC practice, unexplained acute lower abdominal pain in boys should prompt consideration of testicular torsion and urgent referral.

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ID 187- Association between Frailty Index and the Risk of Mortality and ICU Admission in Older Adults: A Nationwide retrospective study based on Long-Term Care Insurance Database

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Context: General Practice is under significant strain from an aging population, multimorbidity, marked under-resourcing and increased waiting lists post COVID pandemic. Secondary care faces similar pressures, resulting in a growing number of rejected referrals. Multisystem, complex conditions are being redirected to GPs who may lack specialist training in the diagnosis and management of them. Examples include suspected hypermobile Ehlers-Danlos syndromes, fibromyalgia and postural orthostatic tachycardia syndrome.

Objectives: To identify common conditions and issues are being frequently rejected by secondary care across Europe. Explore and share how GPs are managing these challenges in practice.

Teaching method and workshop: This workshop will begin with a short presentation outlining the context and real-world examples, followed by interactive roundtable discussions. Participants will discuss experiences and strategies from their respective countries.

Expected outcomes: This workshop will produce a summary of Pan-European challenges and insights on the rising remit of family doctors, which will inform future research and is intended for publication.

Conclusion: Rejected referrals are not isolated incidents and they represent a growing systemic challenge across Europe. GPs are innovating under pressure but the lack of structured training and resources for complex multisystem conditions represents a crucial gap. Pan-European collaboration is essential to share strategies, develop guidance and advocate for the realistic boundaries of primary care.

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ID 1526- Association between low phase angle scores and cardiovascular disease risk factors

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Context: Across many countries, primary care teams are experiencing rising demand linked to stress, anxiety, sleep disturbance, low mood and lifestyle-related conditions. Digital self-management tools can help patients build healthier routines, improve emotional wellbeing and reduce reliance on reactive care. This workshop introduces practical, transferable strategies for implementing digital wellbeing tools in a wide range of international primary care settings. Globally, wellbeing-related concerns are among the most common reasons patients seek primary care. These issues often coexist with multimorbidity, social stressors and chronic conditions, creating frequent appointments and placing sustained pressure on clinical teams. Many systems have limited capacity for structured psychological support or behavioural interventions, making it difficult to offer continuity between consultations. Digital self-management tools offer a scalable means of supporting patients outside traditional appointments through personalised prompts, behavioural nudges and structured reflection. They can strengthen patient autonomy, reduce avoidable consultations and shift care from reactive to

preventative without requiring high-resource infrastructure. Adaptable onboarding, hybrid support for digitally excluded groups and integration with existing workflows make these tools viable across low-, middle- and high-income settings. This workshop focuses on how primary care teams can safely and effectively implement these tools in their own context.

Objectives: Participants will be able to: 1. Understand essential components of digital self-management tools. 2. Identify suitable patient groups and referral criteria. 3. Integrate tools within primary care workflows. 4. Support digital inclusion through structured onboarding and hybrid pathways. 5. Adapt implementation strategies to varying technological and cultural environments.

Teaching method and workshop: Short presentations on behavioural change, patient activation and workflow integration. Mentimeter activity: delegates vote on the wellbeing challenges most affecting their populations. Small-group discussion exploring implementation barriers and enablers

Expected outcomes: Participants will gain an adaptable framework for implementing digital wellbeing support, improving patient self-management and reducing avoidable demand.

Conclusion: This workshop provides a practical, context-sensitive roadmap for integrating digital self-management tools into primary care, enabling delegates to improve wellbeing support and enhance system sustainability.

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ID 1713- Association between menopausal status and steatotic liver disease in middle-aged women

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Context: Climate change poses growing challenges to health systems worldwide, with significant implications for primary care. Rising temperatures, extreme weather events, air pollution, and ecological changes are altering disease patterns and increasing the burden of climate-sensitive conditions. As the first point of contact in healthcare, family medicine plays a critical role in responding to these emerging health threats.

Objectives: This systematic review aims to synthesize existing evidence on the impact of climate change on family medicine practices, focusing on clinical workload, service delivery, preventive care, and professional roles.

Methods: A systematic literature search was conducted in PubMed, Scopus, and Web of Science following PRISMA guidelines. Peer-reviewed studies examining the effects of climate change on family medicine or primary care settings were included. Data were synthesized thematically to identify key challenges, practice implications, and response strategies.

Results: The reviewed studies indicate that climate change is associated with increased presentations of respiratory, cardiovascular, infectious, and mental health conditions in primary care. Family physicians face growing workloads, service disruptions during extreme weather events, and expanding responsibilities in risk communication and prevention. However, evidence on structured adaptation strategies and climate-informed practice models remains limited.

Discussion: This review demonstrates that climate change is increasingly shaping the scope and workload of family medicine through climate-sensitive diseases, service disruptions, and preventive care demands. However, evidence on practical implementation remains limited. Integrating climate-informed education, preparedness frameworks, and policy support into primary care is essential to strengthen the resilience of family medicine practices.

Conclusion: Climate change is increasingly influencing the scope and demands of family medicine practice. Strengthening climate-informed education, preparedness, and policy integration within primary care is essential to enhance the resilience and sustainability of family medicine in the face of climate-related health risks.

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ID 625- Association between metabolic syndrome and lower urinary tract symptoms suggestive of benign prostatic hyperplasia in male patients

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Context: Family medicine inherently requires a multidisciplinary perspective; however, translating this approach into academic research and scholarly collaboration remains challenging. Multidisciplinary academic studies—bringing together family physicians with researchers from public health, nursing, psychology, sociology, health economics, and other disciplines—are increasingly recognized as essential for addressing complex health problems and strengthening primary care research capacity.

Objectives: This literature review aims to examine the scope, characteristics, and contributions of multidisciplinary academic research in family medicine, with a focus on research themes, collaborative structures, and academic outcomes.

Methods: A narrative literature review was conducted using PubMed, Scopus, and Web of Science. Peer-reviewed studies describing multidisciplinary or interprofessional academic research conducted in family medicine or primary care settings were included. The literature was thematically analyzed in terms of disciplinary composition, research focus, and reported academic and system-level impacts.

Results: The literature demonstrates that multidisciplinary academic collaborations in family medicine contribute to more comprehensive research questions, methodological diversity, and higher translational relevance. Common research areas include chronic disease management, preventive care, health services research, medical education, and community-based interventions. Key facilitators include institutional support, shared research frameworks, and mutual disciplinary respect, while barriers include role ambiguity, differences in academic culture, and limited structural incentives.

Discussion: The findings highlight that multidisciplinary academic collaboration enhances methodological rigor and translational relevance in family medicine research. However, sustainable collaboration requires clear role definitions, institutional support, and academic incentive structures. Strengthening interprofessional research training may further advance the academic capacity and global visibility of family medicine.

Conclusion: Multidisciplinary academic research strengthens the scientific foundation and societal impact of family medicine. Supporting collaborative research structures and fostering interprofessional academic networks are crucial for advancing primary care scholarship and addressing complex health challenges.

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ID 288- Association between screen time exposure and autism symptoms scores (M-CHAT-R/F) in children from a multi-ethnic population-based sample in XXX.

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Context: Headache is common after childbirth and may be attributed to sleep deprivation. Yet postpartum hypertension and delayed preeclampsia can emerge after discharge and require rapid recognition in first-contact primary care.

Methods: A 32-year-old woman, 10 days after an uncomplicated vaginal delivery, attended a FHC with sudden severe frontal headache and blurred vision since the previous night. She denied fever and had no migraine history. On triage her BP was 168/112 mmHg, pulse 92/min, temperature normal. Focused neurological examination was non-focal. Urine dipstick in the clinic showed 2+ protein. The

combination of postpartum status, severe headache, hypertension, and proteinuria raised concern for postpartum preeclampsia. The patient was advised to avoid driving, was given clear safety-netting (seizure, worsening vision, chest pain, dyspnea), and was urgently referred to the emergency department with a written note. Hospital evaluation confirmed postpartum preeclampsia; magnesium sulfate and antihypertensive therapy were started. At FHC follow-up two weeks later, BP was controlled, symptoms had resolved, and she received counseling on home BP monitoring and warning signs for recurrence.

Originality: This case shows how basic measurements available in FHC settings can trigger life-saving referral decisions

Lessons learned and future implications: Postpartum headache should be treated as a red-flag symptom until BP is checked. A short "postpartum red-flag" triage checklist can reduce missed cases.

Discussion: Delayed postpartum preeclampsia may present subtly and is easy to mislabel as normal postpartum fatigue. Continuity in family medicine supports follow-up and prevention.

Conclusion: Delayed postpartum preeclampsia may present subtly and is easy to mislabel as normal postpartum fatigue. Continuity in family medicine supports follow-up and prevention

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ID 462- Association between smoking behaviors and hemoglobin levels in South Korean adult men: a population based analysis

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Context: Pruritus is a frequent and often benign complaint in family medicine. Nevertheless, when symptoms persist or evolve particularly in older patients with complex medical backgrounds they may reflect serious underlying disease. This case illustrates the value of thorough anamnesis, repeated physical examination, and continuity of care in primary practice.

Methods: A 79 year-old man, well known to his family physician, with type 2 diabetes mellitus and stable chronic myelomonocytic leukemia (CMML), presented following recovery from herpes zoster with persistent pain and severe pruritus. Initial assessment was consistent with postherpetic neuralgia. Through ongoing visits, careful anamnesis revealed progression in symptom severity and character. Repeated physical examinations over time identified evolving erythematous, flat, scaly lesions on the back, thighs, and later the arms. Despite multiple specialist consultations, family medicine maintained longitudinal responsibility integrating fragmented information, reassessing working diagnoses, and advocating for further investigation. Examination revealed red-brown, flat to slightly raised lesions with sharp yet irregular borders, dry and scaly, without systemic involvement. Skin biopsy was eventually performed.

Originality: While mycosis fungoides is known to mimic benign dermatoses, this case is distinctive due to its initial presentation following herpes zoster, which obscured the diagnosis. Unlike many reports arising solely from dermatology settings, this diagnosis emerged through continuous observation in primary care, highlighting the unique contribution of family medicine.

Lessons learned and future implications: Family physicians should reassess persistent pruritus through repeated anamnesis and examination. Avoid premature diagnostic closure, ensure follow-up continuity, and attend to subtle symptom evolution, especially when complaints persist despite expected recovery.

Discussion: Ongoing follow-up enabled recognition of evolving clinical patterns beyond isolated symptoms. Careful attention to the patient's narrative and clinical judgment was central to identifying deviation from the expected clinical course.

Conclusion: This case highlights family medicine's capacity to uncover serious disease behind common symptoms through continuity, attentive anamnesis, repeated physical examination, and holistic clinical reasoning, while addressing patients' bio-psycho-social needs throughout the diagnostic and therapeutic journey.

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ID 139- Association Between the Korean Healthy Eating Index (KHEI) and Healthcare Costs Among Adults: KNHANES 2016 and 2021

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Context: Serendipity—the art of finding what one is not seeking—has played a pivotal role in many medical breakthroughs, from Fleming's discovery of penicillin to Pepys' work on C-reactive protein and amyloidosis. This workshop explores how serendipity can be actively embedded within the EBM process to enhance creativity and innovation in general practice.

Objectives: 1. Define serendipity and its historical impact on medical discoveries. 2. Explore how serendipity can enhance clinical practice, research, and education. 3. Develop practical strategies to cultivate curiosity and openness in daily practice.

Teaching method and workshop: Interactive discussions, case studies (e.g., penicillin, CRP, mustard gas), and group exercises to identify serendipitous opportunities in clinical scenarios. Participants will share personal experiences and practice brainstorming techniques to apply thes

Expected outcomes: Participants will: - Recognize serendipity as a valuable tool in medicine. - Develop strategies to integrate curiosity and openness into their practice. - Leave with concrete ideas to apply serendipity in research, education, and patient care.

Conclusion: Serendipity is not mere chance but a mindset that can be cultivated. By embedding curiosity into EBM, general practitioners can transform routine practice into a space for innovation, ultimately improving patient care and advancing medical knowledge.

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ID 1503- Association between Workplace Burnout and Sickness Absenteeism and Presenteeism Among Staff of a Tertiary Government Hospital: A Cross-Sectional Study

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Context: One Health, Planetary Health, and Sustainability are increasingly described as the bedrock of modern family medicine, particularly within the WONCA framework. These approaches aim to address complex global challenges by integrating human, animal, environmental, and system-level perspectives. However, as these principles gain prominence, an important question emerges regarding how consistently these global health frameworks enhance patient safety and quality of care, and how much they contribute to patient-centered practice in real-world implementation. Family medicine, positioned at the interface between individual care and population health, is uniquely affected by this tension.

Objectives: A key objective is to clarify the interaction between the bedrock of WONCA tree and the clinical approach in family medicine. Thus, this workshop aims to critically examine whether the WONCA bedrock effectively serves in family doctors' daily practice. Participants will explore: How these principles can improve patient care, Where they may introduce ethical, clinical, or organizational risks, How a balance can be maintained between global responsibilities and patient-centered care. How to apply the bedrock principles in the real world.

Teaching method and workshop: This interactive workshop uses a case-based and reflective learning design. After a brief framing introduction, participants work with a single complex family medicine case examined through three lenses: One Health, Planetary Health, and Sustainability. S

Expected outcomes: Participants will develop the ability to: Critically appraise the application of One Health, Planetary Health, and Sustainability in clinical practice, Recognize situations where these frameworks enhance care and where they may pose risks, Apply a patient

Conclusion: This workshop discusses how the WONCA bedrock strengthens family practice through appropriate support for the principles of family medicine, including patient-centeredness, continuity, comprehensiveness, coordination, and safety.

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ID 189- Association mental health with dietary pattern

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Context: Across many countries, women face barriers to timely, person-centred gynaecological care, including long waits, centralised services, cultural stigma, and limited specialist provision. Community-based Women's Health Hubs provide a flexible, locally adaptable model that brings care closer to women's everyday settings, strengthens continuity, supports earlier intervention and improves equity. Drawing on experience from a multi-site programme, this workshop focuses on the universal principles that underpin successful hub models and shows how these can be adapted to diverse international contexts.

Objectives: Participants will be able to: Understand the core components of a community-based Women's Health Hub adaptable across different health systems. Identify workforce, training and governance principles that support safe, effective care. Apply transferable steps for implementing women's health services in low-, middle-, or high-resource settings. Explore co-design and culturally sensitive engagement strategies. Reflect on how hub principles can be adopted or modified in their own clinical or organisational context.

Teaching method and workshop: Short presentations on global challenges and adaptable hub principles. Guided-reflection using digital polling (Mentimeter) to explore which elements of the model participants would retain, adapt or omit in their own settings. Small-group discussion of po

Expected outcomes: Participants will gain: A flexible framework for implementing community-based women's health services. Insight into how to adapt service components to different cultural, economic and organisational contexts. Tools to begin planning or refining women's he

Conclusion: This workshop provides a globally relevant roadmap for improving access, equity and quality in women's health through community-based models. Blending strategic insight with interactive reflection, it offers practical, transferable learning that delegates can adapt to their own environments.

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ID 1946- Association of Diet, Physical Activity, Treatment Adherence and Disease Activity with Sociodemographic Features of Patients Diagnosed with Ankylosing Spondylitis

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Context: Falls are a leading cause of injury, hospitalization, and loss of independence in adults aged ≥65. Multifactorial interventions targeting physical, environmental, and medical risk factors are effective in reducing falls.

Objectives: To synthesize recent evidence on fall prevention strategies for adults ≥65 and provide guidance for clinical and community implementation.

Methods: A literature search was conducted in PubMed in December 2025 using the keywords "Prevention of Falls" and "Older Adults," limited to studies published within the past five years and involving adults aged 65 years and older. Randomized controlled trials, cohort studies, meta-analyses and systematic reviews were included.

Results: Exercise and balance programs (e.g., balance-focused training using Huber stabilizer and C-mill simulators, gait-based balance exercises, Tai Chi)improve strength, gait and postural control, reducing fall risk.Environmental interventions such as ,nonslip socks and home hazard modifications, enhance safety in community-dwelling older adults.Risk prediction tools (nomograms for frail and pre-frail adults) allow individualized prevention strategies. Medical factors, including vision impairment and comorbidities, contribute to falls, highlighting the need for comprehensive evaluation. Healthcare engagement, including annual wellness visits, improves fall prevention and reduces fractures. Family-centred, nurse-led home modification interventions have been associated with reduced falls in community-dwelling older adults.

Discussion: Multifactorial interventions combining exercise, environmental modifications, and risk-based medical management are most effective.Primary care physicians, who are able to assess individuals together with their family and home environment and maintain continuous contact with patients, are in a unique and strong position to identify risks and provide preventive strategies and counseling

Conclusion: Individualized, multifactorial strategies effectively reduce falls among older adults. Implementing these interventions in clinical and community settings can enhance independence, decrease healthcare burden, and improve quality of life.

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ID 266- Association of multimorbidity clusters with adverse health outcomes: analysis of data from CHARLS

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Context: Vitamin D deficiency is common in older adults and associated with such as falls, fractures, reduced muscle strength, and functional decline. Globally, the rapidly increasing population aged 80 years and older is characterized by frailty, multimorbidity.Vitamin D deficiency risk is increased by reduced sun exposure, limited mobility, nutritional inadequacy, polypharmacy, and social inequalities. In our country, despite the inability to routinely measure vitamin D levels in primary care and the frequent prescription of vitamin D at prophylactic doses, uncertainties persist regarding optimal serum threshold values and the appropriateness of routine supplementation in elderly populations. Social disadvantages makes it essential to clarify the existing evidence in order to support equitable, humanistic, and patient-centered decision-making in family medicine.

Objectives: The aim of this review is to evaluate current evidence on vitamin D levels and prophylactic supplementation in frail adults aged 80 years and older in order to support evidence based and patient centered decision making in primary care.

Methods: A literature review was conducted using PubMed. Articles published within the last five years were identified using the keywords "vitamin D" OR "25-hydroxyvitamin D" AND "aged 80 and over." Review and systematic review studies were included.

Results: The reviewed literature reports a high prevalence of vitamin D deficiency among adults aged 80 years and older.Evidence supporting routine vitamin D supplementation inconsistent. Some reviews report potential benefits of supplementation in selected high-

risk and frail subgroups, such as individuals with osteoporosis, previous falls or fractures, limited outdoor activity.In contrast, routine supplementation has not demonstrated consistent improvements in clinically meaningful outcomes.

Discussion: Clarifying current evidence is essential to support equitable, humanistic, and patient-centered decision-making in family medicine.

Conclusion: Current evidences do not support routine supplementation for all patients in this group.Therefore, decisions regarding vitamin D supplementation should be guided by individual risk profiles rather than routine practice. Vitamin D levels below 20 ng/mL indicate deficiency, while levels ≥20–30 ng/mL are generally considered sufficient, with ≥30 ng/mL in frail older adults. Supplementation with 800–1000 IU/day is commonly recommended.Individualized dosing based on clinical risk factors and serum monitoring remains essential in this group.

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ID 300- Association of the pulmonary artery–aorta ratio with clinical outcomes in acute exacerbations of COPD: implications for primary care

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Context: Adolescence is a developmentally sensitive period characterized by identity formation, emotional fluctuation, and an increasing need for autonomy and belonging. Psychosocial distress during this stage rarely presents with clear psychiatric symptoms; instead, it often manifests through early signals such as emotional withdrawal, reduced communication, academic difficulties, and social isolation. Family physicians, through continuity of care and a biopsychosocial perspective, are uniquely positioned to recognize these warning signs before they reach diagnostic thresholds. The TV series Adolescence offers a metaphorical portrayal of how adolescents' emotional burdens and environmental stressors may remain unnoticed until they escalate to a crisis.

Objectives: To discuss the preventive role of listening and understanding in family medicine practice before the onset of adolescent mental disorders, using Adolescence as a metaphorical and awareness-raising framework rather than a clinical case presentation.

Methods: This study is a narrative and reflective review grounded in the biopsychosocial model of primary care. Relevant literature on adolescent mental health and the HEEADSSS psychosocial assessment framework was reviewed. Selected scenes from the TV series were used solely as fictional and non-diagnostic metaphors to illustrate unmet emotional needs, family communication difficulties, peer exclusion, and delayed responses within home and school environments.

Results: The metaphorical narrative demonstrates that adolescents often express distress indirectly through silence, behavioral changes, and disengagement rather than explicit help-seeking. Scenes depicting family communication breakdown, peer bullying, and social exclusion closely parallel early psychosocial signals commonly encountered in primary care settings.

Discussion: In family medicine practice, non-judgmental listening, protection of confidentiality, and longitudinal follow-up facilitate early recognition of psychosocial vulnerability. The HEEADSSS framework provides a structured approach to identifying risk areas before pathology emerges. Cultural narratives can enhance professional awareness by illustrating the consequences of missed preventive opportunities.

Conclusion: Family physicians play a key preventive role in adolescent mental health by listening before labeling and intervening before pathology develops. Early, trust-based communication remains one of the most effective preventive strategies in primary care.

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ID 1725- Associations Between Global Cancer and Screening Test Search Behaviors, Epidemiological Indicators, and the Human Development Index: An Ecological Study Using Google Trends

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Context: Chronic Obstructive Pulmonary Disease (COPD) remains underdiagnosed in the Philippines despite its high prevalence and mortality. Smoking continues to be the leading risk factor, compounded by environmental exposures such as biomass fuel use and limited access to health services, especially in geographically isolated and disadvantaged areas (GIDA). This case highlights the clinical, psychosocial, and family dimensions of COPD in a heavy smoker and underscores the importance of holistic, family-centered care.

Methods: This case presentation utilized a comprehensive family medicine approach. Data were gathered through detailed history taking, physical examination, diagnostic tests, family assessment tools (genogram, family APGAR, SCREEM, lifeline, eco-map), and counseling sessions. Clinical evaluation was supported by spirometry, imaging, and laboratory tests. Patient-centered education, counseling, and family involvement were emphasized to address medical, psychosocial, and economic concerns.

Originality: The uniqueness of this case lies in its integration of clinical management with a biopsychosocial and family-oriented framework. Beyond diagnosing very severe COPD, the case demonstrates how family dynamics, cultural beliefs, economic limitations, and health literacy significantly influence disease perception, adherence, and outcomes. The use of community and government support systems further illustrates practical continuity of care in a rural setting.

Lessons learned and future implications: Early identification of COPD risk factors, clear communication, and continuous education are vital. Addressing emotional distress, cultural beliefs, and socioeconomic barriers enhances patient acceptance and compliance. Family involvement strengthens long-term disease management.

Discussion: The patient's long smoking history, biomass exposure, and delayed diagnosis contributed to disease progression. Misconceptions regarding heredity initially affected health-seeking behavior. Through effective clinician–patient–family engagement, these beliefs were corrected, leading to improved insight, smoking cessation, and treatment adherence. Family support emerged as a key protective factor, while financial and access barriers required coordination with local resources.

Conclusion: COPD management extends beyond pharmacologic treatment. A holistic, family-centered, and community-linked approach is essential in improving quality of life, preventing exacerbations, and empowering patients—particularly in underserved communities.

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ID 198- Associations of BMI-based body image perception accuracy with health behaviors and metabolic syndrome risk factors among XXX adults.

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Context: Clinical reasoning is a core competency in family medicine but is often assumed rather than explicitly taught. Family physicians routinely manage undifferentiated presentations under conditions of uncertainty and time pressure. While trainees receive frequent feedback on clinical decisions, much less attention is given to the reasoning processes behind those decisions. Consequently, cognitive biases affecting both learners and supervisors may go unrecognized. Teaching clinical reasoning requires making clinical thinking explicit and central to everyday supervision in primary care.

Objectives: By the end of this workshop, participants will be able to: Identify common cognitive biases in family medicine practice .Use practical, time-efficient strategies to teach clinical reasoning in real time. Supervise trainees with an explicit focus on reasoning rather than solely on outcomes.

Teaching method and workshop: This 60-minute interactive workshop uses experiential learning methods suited to busy primary care settings. The session begins with a brief clinical case presented in plenary, followed by participant discussion of immediate diagnostic impressions to high

Expected outcomes: Participants will gain increased awareness of cognitive bias and practical tools to teach clinical reasoning during routine supervision.

Conclusion: Clinical reasoning is a teachable skill. Focusing supervision on thinking processes rather than answers promotes deeper, more reflective clinical practice.

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ID 1947- Attitude pratique devant une adénopathie cervicale tuberculeuse, en Médecine Générale.

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Context: Physician advocacy is a core professional competency, yet many practitioners feel unequipped due to a lack of formal training and systemic barriers. The COVID-19 pandemic and heightened awareness of social inequities have intensified the need for physicians to advocate for their patients and public health policies. This presentation addresses the gap between this professional expectation and practical readiness.

Methods: Physician advocacy is a core professional competency, yet many practitioners feel unequipped due to a lack of formal training and systemic barriers. The COVID-19 pandemic and heightened awareness of social inequities have intensified the need for physicians to advocate for their patients and public health policies. This presentation addresses the gap between this professional expectation and practical readiness.

Originality: This program moves beyond theory to offer a replicable, skills-based framework. Its originality lies in a holistic, action-oriented approach that demystifies advocacy. By combining simulated legislative, written, and media communication, it provides the confidence and tools to translate clinical insights into action, reframing advocacy as a manageable professional intervention.

Lessons learned and future implications: The program is highly sought after, with participants actively engaging in advocacy and publishing their work. This proves that structured training helps physicians overcome perceived barriers. The key implication is that integrating practical advocacy training into medical education and continuing professional development is essential for creating physician-advocates who can drive health policy reform.

Discussion: This model's success highlights a critical need. While physicians have the passion and knowledge to be powerful advocates, they often lack specific communication skills for policy and media engagement. This curriculum effectively bridges that gap, providing a clear pathway from clinical concern to public influence and confirming that barriers like unfamiliarity are surmountable with targeted education.

Conclusion: "Prescribing Change" offers a proven model to empower trainees and physicians, transforming them from observers to active agents of systemic change. It provides a practical guide enabling them to use their unique voice to shape a healthier, more equitable future.

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ID 1903- Attitudes of medical students towards eldery in Adana, Türkiye

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Context: Acute pancreatitis is a common cause of acute abdominal pain and may result in significant morbidity if diagnosis is delayed. In first-contact care settings, including emergency departments serving as initial points of access, early diagnosis can be challenging. Atypical symptom presentation, limited access to key laboratory tests, and low sensitivity of early imaging may lead to premature diagnostic exclusion. This case highlights the risks of early exclusion of acute pancreatitis and the importance of reassessment when symptoms evolve.

Methods: A 21-year-old underweight male presented with a one-week history of progressive postprandial back pain, more prominent in the evenings and absent in the mornings. He denied alcohol use, vomiting, changes in stool or urine color. Family history was notable for gallstone disease. Physical examination revealed a soft, non-tender abdomen without guarding or jaundice. Initial laboratory tests showed mildly elevated serum amylase, total bilirubin of 1.5 mg/dL, elevated C-reactive protein (≈25 mg/L), and a normal complete blood count. Serum lipase testing was unavailable. Abdominal ultrasonography revealed no abnormalities. As diagnostic criteria for acute pancreatitis were not met, conservative management was initiated. Symptoms improved within 12 hours, and the patient was discharged with clear safety-netting advice. Two days later, the patient re-presented with recurrent abdominal pain. Computed tomography demonstrated findings consistent with acute pancreatitis. Serum lipase measured after referral was markedly elevated (890 U/L), confirming the diagnosis. Biliary causes were excluded, and autoimmune pancreatitis was considered retrospectively.

Originality: This case highlights a diagnostic challenge in emergency care, where limited access to key laboratory tests and early negative imaging may lead to premature exclusion of acute pancreatitis.

Lessons learned and future implications: Persistent or recurrent symptoms should prompt reassessment, even when initial findings are inconclusive. Robust safety-netting and clinical vigilance are essential in diagnostic uncertainty.

Discussion: This case illustrates the limitations of first-contact care, where restricted access to lipase testing and low sensitivity of early imaging may obscure evolving acute pancreatitis. Mild enzyme elevation and transient symptom improvement may provide false reassurance.

Conclusion: Acute pancreatitis may be missed at first presentation in first-contact care. Awareness of evolving clinical patterns and timely reassessment are critical to prevent delayed diagnosis and adverse outcomes.

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ID 1711- Atypical non–ST elevation myocardial infarction presenting with dizziness and severe hypertension

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Context: Family physicians are often the first health professionals to encounter signs that may suggest child abuse. In rural settings, where social relationships are closely intertwined and access to specialist support is limited, distinguishing between pathological findings and normal variants presents significant ethical and clinical challenges. Managing diagnostic uncertainty while protecting both the child and the family relationship requires careful judgment.

Methods: During my first year working as a family physician in a small rural clinic, a 15-year-old boy attended a routine visit accompanied by his father. Physical examination revealed multiple horizontal, linear marks on the upper back. Given their appearance, the possibility of physical abuse needed to be considered. The

adolescent was tall and lean, with no additional findings suggestive of systemic or endocrine disease. To ensure a safe and confidential assessment, the father was asked to leave the room, and the adolescent was interviewed alone. He appeared calm, denied any harm, and provided consistent responses. With the father's consent, clinical photographs were taken. Subsequent review of dermatological resources identified the lesions as physiological striae distensae, commonly seen during rapid growth. This interpretation was supported by the patient's body habitus and history. Findings were explained transparently to both the patient and his father, which reduced anxiety and restored trust.

Originality: This reflection addresses a common but under-discussed dilemma in rural primary care: managing child protection concerns when clinical findings fall into a diagnostic grey zone.

Lessons learned and future implications: Slowing down clinical reasoning, questioning assumptions, consulting objective sources, and ensuring private adolescent interviews are essential. Respectful communication and careful documentation help balance vigilance with fairness.

Discussion: In primary care, ethical decision-making often involves uncertainty. Reflective practice and structured assessment are crucial to avoid both missed harm and unwarranted accusations, particularly in resource-limited settings.

Conclusion: Child protection in family medicine requires a delicate balance between safeguarding vulnerable patients and maintaining trust. Thoughtful reflection and transparent communication enable ethical and professional management of uncertainty.

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ID 835- Atypical Presentation of Acute Coronary Syndrome in a Primary Care Setting: A Diagnostic Challenge

Ibtissem SAAD SAOUD

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Context: Primary aldosteronism (PA) is an underdiagnosed cause of secondary hypertension in primary care settings. Beyond increased blood pressure, patients with PA often exhibit metabolic disturbances including obesity, dyslipidaemia, and impaired glucose regulation. These abnormalities aggregate as metabolic syndrome (MetS), a significant contributor to cardiovascular morbidity and mortality. For ordinary care physicians, identifying metabolic patterns in hypertensive patients may enable earlier detection of primary aldosteronism and enhance cardiovascular risk assessment.

Objectives: To evaluate the prevalence of MetS among patients with PA and to examine the relationship between aldosterone excess and specific metabolic components related to primary care practice.

Methods: We performed a retrospective observational study involving patients diagnosed with PA between 2020 and 2022. Demographic information (age and gender), personal and family medical histories, and diagnostic circumstances were gathered. Clinical and biochemical parameters covered age at disease onset, hypertension degree, serum potassium concentrations, and the renin–aldosterone ratio (RAR). Medical and surgical treatment methods were recorded. Metabolic parameters involved body mass index (BMI), fasting glucose concentrations, and lipid profile. MetS was characterized in accordance with the criteria established by the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III). Ethical approval was obtained

Results: Twenty-one patients diagnosed with PA were enrolled, all of whom presented with hypertension. Based on BMI, 33.3% of patients were classified as obese, while 28.6% were

categorized as overweight. Impaired glucose metabolism, characterized by diabetes mellitus or anomalous fasting glucose levels, was identified in 28.6% of patients, while 19.0% exhibited dyslipidaemia. Serum potassium levels were within the normal range in 61.9% of cases. The renin–aldosterone ratio was elevated in all patients. Based on NCEP-ATP III criteria, MetS was diagnosed in six patients (28.6%).

Discussion: The general co-occurrence of obesity and impaired glucose metabolism in patients with PA underscores a clinically significant link between aldosterone excess and metabolic dysfunction.These metabolic characteristics may function as supportive factors for primary care physicians in assessing hypertensive patients with elevated cardiovascular risk.

Conclusion: Nearly one-third of patients with primary aldosteronism had metabolic syndrome, suggesting that routine metabolic screening in hypertensive patients may help general practitioners identify those at higher risk and improve cardiovascular management.

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ID 1570- Atypical Presentation of Mycoplasma pneumoniae Dilated Myocarditis Leading to Stroke

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Context: To investigate the knowledge and current management status of Mild Cognitive Impairment (MCI) among general practitioners (GPs) in primary care.

Objectives: A questionnaire survey was conducted among GPs in primary care. The electronic questionnaire was distributed via the Fengtai District Community Health Service Administration Center from January 2024 to May 4, 2025, and completed by the participating GPs voluntarily. Statistical analysis was performed using SPSS 22.0 software. Measurement data were expressed as mean ± standard deviation ($\bar{x}\pm s$), and count data were expressed as composition ratios or rates.

Methods: A total of 185 questionnaires were distributed, with a recovery rate of 100%. The knowledge of GPs regarding MCI diagnostic criteria, risk factors, and screening tools was relatively low. Community health service centers had insufficient experience in MCI management. Regarding training needs, 64.9% of GPs expressed a desire for MCI-related training. The order of training needs was as follows: MCI screening, diagnosis, risk factor identification, treatment plans, prognosis, and comprehensive management.

Results: The knowledge of MCI among GPs is not optimistic. Strengthening training for GPs to improve their MCI-related knowledge will help identify MCI patients earlier and delay disease progression.

Discussion: This survey indicates that primary-care GPs have limited knowledge of MCI diagnostic criteria, risk factors, and screening tools, and community health service centers lack standardized management experience. The high training demand, prioritizing screening and diagnosis, points to practical gaps that may delay case detection. Targeted continuing education, adoption of validated screening instruments, and clear referral and follow-up pathways could strengthen early identification and continuity of care.

Conclusion: GP knowledge and management capacity for MCI are insufficient. Strengthening structured, practice-oriented training—especially in screening and diagnosis—may improve early detection and support timely management, potentially slowing disease progression.

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ID 1749- Atypical Presentations of Celiac Disease in Adult Women: A Practice-Based Reflection from Primary Care

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Context: This case examines a household in the launching stage of the family life cycle, a period when children transition toward independence. Ordinarily, this stage requires parents to redefine roles and cope with the "empty nest" experience. However, the father's diagnosis of multidrug-resistant tuberculosis (MDR-TB) complicates this transition, creating overlapping stressors for both patient and family. The impact of illness is profound, producing distress, isolation, and diminished self-worth in the patient, while the family faces financial burdens and anxiety. Misconceptions about TB were corrected through the Health Belief Model, improving self-efficacy and adherence. Within the family illness trajectory (Stage III), the physician coordinates therapy and education, underscoring the need for holistic, family-centered care.

Methods: The method used is a holistic, family-centered case study approach, combining SCREEM, ecomap, family life cycle analysis, illness trajectory, and the Health Belief Model. This multi-framework method allows physicians to assess medical, psychological, social, cultural, and economic dimensions, ensuring comprehensive care planning and family adaptation.

Originality: Can be seen in how people approach challenges, express themselves, or invent solutions.

Lessons learned and future implications: Illness during the launching stage of the family life cycle magnifies vulnerabilities but also reveals resilience. With coordinated medical care, family support, and community resources, both patient and family can adapt, sustain hope, and navigate the challenges of TB while maintaining functional family roles.

Discussion: Tuberculosis (TB) is an infectious disease caused by Mycobacterium tuberculosis, primarily affecting the lungs. It is both curable and preventable, yet remains a major global health challenge. Transmission occurs through airborne particles released when an infected person coughs, sneezes, or talks. Individuals infected with TB bacteria face a 5–10% lifetime risk of developing active disease. The 6-month BPaLM regimen is currently the preferred option for most MDR/RR-TB patients, offering improved outcomes compared to older, longer treatments

Conclusion: MDR-TB is not solely a biomedical condition but a multifaceted challenge encompassing medical, psychological, social, and economic dimensions. Addressing this disease requires coordinated action among patients, families, healthcare providers, and policymakers. A holistic, family-centered strategy is imperative to mitigate the adverse impacts of MDR-TB, restore health, and safeguard the long-term well-being of affected households.

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ID 123- Audit; Sick Day Rule advice in patient's prescribed SGLT2 inhibitors.

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Context: Tuberculosis remains a major public health challenge in the Philippines, which ranks among the highest TB-burden countries globally. Despite effective treatment, substantial gaps in case detection persist, particularly in rural and underserved communities. In San Manuel, Isabela, TB case detection rates consistently fell below provincial targets, contributing to delayed diagnosis, continued transmission, and preventable morbidity. Structural barriers such as stigma, transportation costs, limited diagnostic access, and low health literacy hinder timely care. This Community Oriented Primary Care project, "It's Time! To Be Tested," was developed to strengthen TB case detection through community engagement and primary care integration.

Methods: A COPC framework guided the project, beginning with community characterization and problem prioritization using local health data, program reports, and stakeholder consultations. Key barriers to TB detection were addressed through multicomponent interventions, including community education campaigns, active case

finding, mobile TB caravans with chest X-ray and sputum collection, and capacity building for barangay health workers. Public–private partnerships and intersectoral collaboration with the local government unit, Department of Health, and community organizations supported implementation. Monitoring focused on screening coverage, diagnostic yield, and TB case detection trends.

Originality: This project demonstrates how a rural primary care unit operationalized COPC principles to improve TB case detection by integrating health education, active case finding, and system-level strengthening. It highlights the central role of family physicians in translating national TB strategies into community-responsive actions.

Lessons learned and future implications: Improved TB detection was facilitated by reducing access barriers through mobile diagnostics, engaging trusted community actors, and embedding TB screening into routine and regulatory health processes. Persistent challenges included stigma, funding limitations, and workforce constraints. Institutionalizing TB initiatives through local ordinances, sustained financing, continuous training, and strengthened referral systems is essential for long-term impact.

Discussion: Active case finding and community-based screening proved more effective than passive approaches in identifying undiagnosed TB cases. Strengthened public–private linkages and routine monitoring enhanced notification, follow-up, and treatment initiation, contributing to improved program performance.

Conclusion: "It's Time! To Be Tested" shows that COPC-driven, community-engaged strategies can strengthen TB case detection in resource-limited settings. Empowering communities and reinforcing primary care systems are critical to sustaining gains and advancing toward a TB-free San Manuel.

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ID 1828- Auriculotherapy as an Occupational Health Strategy: Reducing Stress and Pain Among Healthcare Professionals

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Context: Artificial intelligence (AI) based diagnostic prediction models are able to predict the likelihood of a disease based on routine healthcare data and may support general practitioners (GPs) in the diagnostic process. However, the development of such models into fit-for-practice- tools does generally not involve GPs. It is therefore unclear how GPs asses such an AI based prediction tool.

Objectives: To explore the impact of an AI based diagnostic prediction tool on 1) the diagnostic decision making; and 2) the experiences of GPs and GPs in training with regard to its usefulness and reliability.

Methods: This study has two parts. The first part consists of interviews with a panel of GPs and GPs in training to map the needs and preferred functionalities of the tool. Vignettes have been created based on the results of the interviews and real patient consultation data. These vignettes show consultations of individual patients, either with or without the use of a diagnostic prediction tool. This tool presents a differential diagnosis considering patient variables such as age, sex and reason for encounter. In the second part of the study, we test the clinical vignettes on GPs and GPs in training. The impact of the tool on the diagnostic decision-making process and the usability (from the System Usability Scale) and reliability is explored. Descriptive statistics will be used to describe the results.

Results: Data collection and vignette development are ongoing. Findings of both parts of the study will be available by the time of presentation.

Discussion: Using an AI based diagnostic prediction tool during consultation might result in less diagnostic testing, especially for less experienced doctors. In-depth interviews will be needed to further explore the results of this study. Furthermore, research in a real-time setting is needed.

Conclusion: This study will provide insights into whether an AI-based diagnostic prediction tool can support GPs and GPs in training by influencing diagnostic decision-making and whether it is perceived as usable and trustworthy in clinical practice.

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ID 506- Australian GP experience diagnosing and managing opioid dependence in patients' prescribed opioids for chronic pain, 2021 to 2023.

Emmanuela FERNANDOVA

Prakticky Lekar Krtiny, Brno, Tchéquie

Context: A 75-year-old female patient, who had undergone a partial gastrectomy for recurrent bleeding ulcers in May, presented to her general practitioner (GP) in July with a two-week history of back pain. Despite recent major surgery and clinical symptoms (exertional dyspnea, edema, diminished breath sounds), the patient insisted she felt "well" and attributed the pain only to prolonged bed rest, explicitly refusing hospital referral.

Methods: A clinical assessment was performed in the GP's office, including physical examination and laboratory testing (CRP). To overcome the diagnostic uncertainty and the patient's reluctance, the GP performed a Point-of-Care Ultrasound (POCUS) examination of the lungs and abdomen. Subsequent management involved referral to a university hospital for CT imaging, drainage, and antibiotic therapy.

Originality: This case demonstrates a rare and life-threatening delayed post-operative complication: a subphrenic liver abscess that led to a massive tension fluidothorax (pleural empyema). It highlights the unique role of a GP who, despite a patient's subjective feeling of being "fine," used bedside technology to diagnose a condition that required the drainage of 3,800 ml of fluid.

Lessons learned and future implications: 1.Post-operative complications can present with misleading musculoskeletal symptoms (back pain). 2.Geriatric patients often understate their symptoms, requiring high clinical suspicion. 3.POCUS is a crucial "visual stethoscope" in primary care that can objectively confirm a diagnosis and facilitate necessary hospitalization in reluctant patients.

Discussion: The diagnostic pitfall lay in the discrepancy between the patient's refusal of care and her severe physiological state (CRP >270 mg/l). The POCUS finding was the decisive factor for immediate referral. Cultivation confirmed Streptococcus alpha-hemolyticus. This case emphasizes the GP's role in the long-term follow-up of surgical patients and the benefits of integrating ultrasound into routine practice.

Conclusion: General practitioners must remain vigilant when post-operative patients present with "simple" complaints. POCUS significantly increases diagnostic accuracy in the primary care setting, allowing for the timely detection of massive pleural empyema and other internal complications that physical examination alone might miss.

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ID 2050- Back pain as a masking symptom of tension fluidothorax and subphrenic abscess following gastric resection: a case report

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Context: Digital Twins (DTs) in healthcare are digital models of patients, organs, or processes that undergo updates in real-time, allowing simulation and analysis of health trajectories and outcomes. This helps clinicians develop a personalised management plan for patients

and facilitate shared decision-making. DTs are successfully being used in hospital based specialites for personalised treatment of patients. However, their application in primary care remains largely unexplored.

Objectives: To understand the concept of a human digital twin. To identify at least three primary care use cases of digital twins. To discuss practical implementation challenges and opportunities.

Teaching method and workshop: Teaching method: Interactive teaching and small group discussion Workshop schedule: 0–5 min — Welcome and poll Introduction and establishing a baseline of knowledge among the participants. 5–15 min — Discussion of the main concept Definition of digi

Expected outcomes: By the end of the workshop, participants should have a clear understanding of the concept of digital twins, have an idea of the practical uses of DTs in primary care, and have an awareness of the limitations and ethical considerations relating to this tec

Conclusion: Digital twins are an evolving technology. Their use in primary care can have a beneficial impact on health outcomes for patients and may result in a reduction in workload for clinicians. However, there are potential limitations and ethical considerations that need to be addressed before this technology can be widely adopted in primary care.

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ID 2054- Balance, Strength, Safety: Reducing Falls in Older Adults

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Context: We describe the experience of a home care team in which nurses are the main providers of POCUS examinations at patients' homes.

Methods: Our home care team consists of a nurse, a physician and a clerk, providing continuity of care for approximately 120 homebound patients with complex chronic conditions, elderly patients, disabled patients or palliative needs. The team completed six accredited POCUS (Point of Care Ultrasound) training sessions covering the main systems: lung, vascular, abdominal, soft tissue, musculoskeletal and FAST examination. After, completion of training (October 2025), home-based POCUS examinations were systematically incorporated into clinical practice.

Originality: The originality of this topic lies in the fact that, to date, most ultrasound examinations have been performed by medical professionals. This work demonstrates that nursing staff are also adequately trained to perform ultrasound examinations correctly and to draw accurate clinical conclusions from them.

Lessons learned and future implications: Seven, home-based POCUS examinations were performed during the study period, all conducted independently by nurses, within their scope of practice. Indications included vascular assessment (n=2, suspected deep vein thrombosis), lung ultrasound (n=2, suspected heart failure exacerbation), and abdominal ultrasound (n=3, including suspected bladder neoplasm, ascites and hepatic pathology related to jaundice). In all cases, POCUS findings confirmed the initial diagnosis. None of the patients required transfer to hospital or additional outpatient imaging and the acute clinical condition was solved at home.

Discussion: Although the ultrasound equipment used in this study performs well, it poses challenges for home use due to its large size and significant weight. This makes it difficult to handle in a domestic setting. Even that the number of patients examined so far is low, POCUS performed by a nurse is extremely useful to clarify the initial diagnosis and to avoid referrals to the hospital and to the emergency room. Nurses are enough skilled to perform POCUS and to contribute to the diagnosis and treatment of the patient at home.

Conclusion: In conclusion, nurses are skilled to perform point of care ultrasound with high

quality. This experience can be generalized to broader settings. Further studies with a larger number of cases are needed to reinforce these conclusions.

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ID 1915- Balancing suspicion and diagnosis in suspected child abuse in a rural primary care setting: A practice-based reflection

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Context: Non-immune fetal hydrops (NIHF) is a rare, life-threatening fetal condition associated with high fetal mortality. Outcomes depend on early recognition, prompt referral, and multidisciplinary management. In rural settings, access to Maternal-Fetal Medicine (MFM) specialists is often limited, making Family Physicians trained in both obstetrics and point-of-care ultrasound (POCUS) critical for early detection and care coordination.

Methods: A 34-year-old G2P1001 at 17 weeks 5 days gestation presented to a rural family medicine clinic for routine prenatal care. POCUS revealed fetal ascites, cranial edema, and abnormal limb development, raising immediate concern for fetal hydrops. Urgent referral to MFM was initiated, and within 48 hours severe NIHF was confirmed. Amniocentesis revealed trisomy 21, and infectious and structural cardiac evaluations were negative. The patient elected expectant management and was co-managed weekly by Family Medicine and MFM with alternating visits to minimize travel while ensuring close fetal and maternal surveillance for mirror syndrome. Fetal demise occurred at 22 weeks 3 days, followed by uncomplicated induction of labor. Strengths of this approach included early diagnosis through POCUS, expedited specialist access, and coordinated longitudinal care. Limitations included lack of fetal therapeutic options.

Originality: This case uniquely highlights the utility of rural, obstetrically trained family physicians using POCUS to diagnose life-threatening NIHF and rapidly mobilize subspecialty care. Few reports emphasize rural-led detection and an effective co-management model between Family Medicine and MFM physicians in severe fetal pathology.

Lessons learned and future implications: Access to obstetrical-trained family medicine physicians proficient in POCUS can significantly shorten time to diagnosis of high-risk fetal conditions in rural populations. Structured co-management between rural generalists and subspecialists at tertiary centers may significantly improve patient safety and maternal-fetal outcomes.

Discussion: Although NIHF associated with aneuploidy carries a poor fetal prognosis with limited therapeutic options, early diagnosis and vigilant maternal monitoring due to the risk of mirror syndrome is crucial for patient safety.

Conclusion: This case underscores the essential role of rural, obstetrically trained family physicians in the early recognition of severe fetal disease and demonstrates how collaborative co-management with MFM specialists can safely deliver high-risk obstetric care across geographic barriers.

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ID 468- Balint Group workshop: a humanistic approach of the patient and an experience of equity and fraternity

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(2) Abs Cassà De La Selva, Cassà De La Selva, Espagne
(3) Abs Cassà De La Selva, Sant Feliu De Guíxols, Espagne
(4) Abs Cassà De La Selva, Blanes, Espagne
(5) Abs Cassà De La Selva, Sant Antoni De Calonge, Espagne

Context: We present our experience when diagnosing Chagas disease in a male migrant patient native of Bolivia who attends the GP due to a 3 day-long lower back pain that does not ease when taking analgesics. No record of previous injuries. Expresses mechanical back pain when flexing/extending the torso. The patient migrated to Catalunya (Spain) 23 years ago due to socioeconomic reasons. We observe

the phenotypic traits of the patient: brown skin, almond-shaped eyes, Roman nose, black, straight hair. We ask his place of origin. He is Quechua, from the Cochabamba valley in the Bolivian Andes mountains. Following the guidelines on migrant patients, we proceed to screen for Chagas disease due to it's high morbidity and mortality and taking into account that Bolivia is the country with the highest prevalence in the world, where Chagas it's an endemic disease.

Methods: We request a Trypanosoma Cruzi serology test, it comes out positive. Confirms Chagas disease, the silent neglected disease. From the Primary Health Centre we investigate about cardiovascular and digestive affectation and a screening of any electrocardiographic alterations. The patient is transfered to the Imported Disease Tropical Medicine Hospital Unit for the echocardiographic study given that 25-30% of Chagas patients have cardiac complications. Monitored and treated by both the Hospital and the Primary Health Centre.

Originality: The fenotype is a non-invasive biomarker that can provide important information.

Lessons learned and future implications: This case calls for the importance to look beyond the reasons for a GP appointment and consider the patient's personal story. Understanding the patient's personal context can save lives.

Discussion: The information that the phenotype (non-invasive biomarker) of the migrant population provides is relevant, although not conclusive.

Conclusion: It's necessary to approach the patient with a holistic vision: to listen, understand and observe to provide the appropriate support.

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ID 692- Barriers to Inclisiran Uptake Among UK Primary Care Healthcare Professionals: Insights from a Primary Care Cardiovascular Society Survey

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Context: Some individuals infected with SARS-CoV-2 experience a wide range of mid- to long-term symptoms, a condition known as Long COVID. The long-term mental health consequences of the COVID-19 pandemic are of growing concern, particularly among individuals with Long COVID and cognitive complaints.

Objectives: To explore the presence and distribution of anxiety, depression, and stress in individuals with Long COVID with cognitive complaints in northern Barcelona (Spain).

Methods: This cross-sectional study included 155 diagnosed individuals with Long COVID who were recruited from the Aliança ProHEpiC-19 Cognitiu (APC) project. Sociodemographic characteristics were collected, and mental health outcomes were assessed using the self-administered Depression, Anxiety, and Stress Scale (DASS-21). Descriptive statistics, $\chi 2$ tests, and Poisson regression models were used for data analysis.

Results: High levels of psychological distress were observed in the sample, with a notable prevalence of severe stress and extremely severe anxiety. Symptoms of stress, anxiety, and depression were consistently high across sex categories, work settings, and educational levels. Significant differences were found in anxiety and depression according to age and job role, with individuals aged over 45 years and non-healthcare workers showing higher relative risks ($p < 0.05$).

Discussion: These findings indicate a substantial mental health burden among individuals with Long COVID and cognitive complaints. Elevated levels of anxiety, depression, and stress were observed across multiple groups, suggesting that psychological distress is a core component of Long COVID. Higher levels of distress were particularly evident among adults over 45 years of age and non-healthcare workers.

Conclusion: This study highlights the significant psychological impact of Long COVID, underscoring the need for targeted mental health interventions. The integration of emotional and psychological support into clinical management plans for long COVID is strongly recommended. Further research is needed to better understand its complex mental health consequences and to inform effective, evidence-based care strategies.

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ID 1008- Basic fracture management in family medicine

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Context: Patients' expectations and efficient management of waiting time in outpatient departments are crucial for better service delivery. Turnaround time encompassing waiting and consultation periods, serves as a benchmark for workforce efficiency. Time-motion studies systematically observe, measure, and analyze time spent on tasks, improving workflow and productivity.

Objectives: To assess patient satisfaction in relation to waiting time until discharge at the outpatient department of a government tertiary hospital.

Methods: An institution-based, cross-sectional, observational study was conducted at the outpatient department in a tertiary hospital for one month. A combined chart and video surveillance reviews were used to track time motion. A pretested semi-structured questionnaire was used for the satisfaction survey. Sociodemographic data, time spent per service station (triaging, registration, printing of records, consultation, and discharge), and patient satisfaction were collected. Descriptive statistics summarized turnaround times, and one-sample t-tests compared observed times with recommended standards. Patient satisfaction was measured on a 4-point Likert scale, and Spearman's rho correlated waiting times with satisfaction.

Results: Among 339 respondents, most were middle-aged, 40–59 years, female, and unemployed. The longest delays occurred in registration to printing of records (mean = 66 ± 34.68 min) and printing of records to being called for consultation (mean = 72 ± 53.55 min). Observed processing times significantly exceeded recommended standards ($p < 0.001$). Spearman's correlation demonstrated negative associations between waiting time and patient satisfaction across all stations ($\rho = -0.26$ to -0.42, $p < 0.001$), with the strongest effects at triaging and pre-consultation steps. Nursing and physician care were rated highly (very good to very satisfied).

Discussion: Findings demonstrate an inverse relationship between waiting time and patient satisfaction in outpatient settings. This suggests pre-consultation delays are primary determinants of patient satisfaction, even when nursing and physician care were rated positively.

Conclusion: Longer waiting times in triaging and clinics before consultations negatively impacted patient satisfaction. Despite delays, nursing and physician care were highly rated, indicating dissatisfaction from system inefficiencies rather than clinical interactions. Improving workflow efficiency while maintaining high-quality care is crucial for enhancing OPD patient experience and adherence to service standards. Keywords: Outpatient, patient satisfaction, time-motion study

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ID 607- Behavioural Science in Action: Finding Solutions to AMS Challenges in Primary Care

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Context: Caustic chemical ingestion is a significant public health concern. Household bleach (3–6% sodium hypochlorite) is commonly involved in intentional or accidental poisonings. In adults, ingestion is often deliberate and associated with psychosocial stressors, family dysfunction, or mental health

challenges, leading to substantial morbidity. This case presents a 35-year-old female who ingested bleach following a family conflict, illustrating the interplay of biomedical, psychosocial, and family factors in self-poisoning.

Methods: A family case study approach was used, integrating patient-centered assessment, family-focused evaluation, and community-oriented interventions. Data collection included patient interview, physical examination, review of medical history, and psychosocial assessment using PHQ-9, Family APGAR, SCREEM, FICA Spirituality Tool, and genogram mapping. Acute management included supportive care with intravenous fluids, oxygen, hydrocortisone, and vitamin supplementation. Family-centered interventions involved CEA (Catharsis, Education, Action) counseling, coordination with the Rural Health Unit and Municipal Health Office, psychiatric referral, and monitoring of at-risk family members.

Originality: This case emphasizes a holistic approach to intentional chemical ingestion in a rural setting, combining biomedical care with psychosocial, family, and community interventions—an approach not commonly documented in local literature.

Lessons learned and future implications: Early recognition of emotional distress, open family communication, and integration of community resources are critical. Preventive education on poison safety, mental health awareness, and adherence to RA #11036 can reduce recurrence.

Discussion: Intentional bleach ingestion reflects deeper family and psychosocial stressors. Management requires stabilization of the patient, psychosocial evaluation, family counseling, and coordination with community health resources. This case demonstrates that addressing family dynamics, adolescent behaviors, and marital challenges alongside clinical care enhances coping and resilience. Furthermore, community-level health education and preventive strategies are essential in rural settings to minimize the risk of similar events.

Conclusion: A multidisciplinary, holistic approach that integrates patient-centered care, family-focused interventions, and community-oriented strategies is essential in managing intentional chemical ingestion. Beyond acute medical stabilization, attention to family cohesion, mental health support, and preventive education ensures long-term wellbeing and reduces recurrence risk.

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ID 492- Behind the White Coat: Gender, Work–Life Balance, and Career Progression Among Family Physicians in Türkiye

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Context: Depression is a common psychiatric disorder characterized by depressive mood, anhedonia (loss of pleasure), decreased energy, and impaired daily functioning. In primary care, patients often present with nonspecific somatic complaints such as fatigue or malaise rather than overt psychological symptoms. The continuity of care and comprehensive approach in family medicine enables early recognition of psychiatric disorders and severe psychopathology, such as psychotic features.

Methods: A 28-year-old woman presented to a family medicine clinic with complaints of fatigue, malaise, and hair loss. She reported no chronic illness, regular medication use, or history of surgery. Initial laboratory tests, including thyroid function tests, were normal. On examination, the patient appeared tired and inattentive. The Patient Health Questionnaire-9 (PHQ-9) was administered, yielding a score of 20, consistent with severe depressive symptoms. She denied active suicidal thoughts, and a psychiatric referral was planned. Three days later, the patient returned and reported canceling her psychiatry appointment, stating, “I believe God sent me to you.” She explained that a psychologist she spoke to by phone opposed psychiatric

evaluation and suggested alternative approaches. During the consultation, she exhibited disorganized thought processes, frequently changed topics, and expressed beliefs that she was being punished by God and that her family was trying to take her property through forced marriage. These delusional beliefs indicated disturbances in thought content. A preliminary diagnosis of psychotic depression was considered, and an urgent psychiatric referral was reinstated.

Originality: This case demonstrates that severe depression with psychotic features can initially present with vague somatic complaints, highlighting the importance of diagnostic responsibility in primary care that goes beyond symptom-focused evaluation.

Lessons learned and future implications: Screening tools such as the PHQ-9 are valuable for patients presenting with nonspecific complaints.

Discussion: Primary care physicians can recognize early signs by paying attention to behavioral changes and unusual thought patterns.

Conclusion: Primary care plays a central role in the early recognition of complex depressive disorders. Careful assessment can reduce delays in the treatment of depression. Keywords (MeSH): Depressive Disorder, Psychotic Depression, Primary Health Care, Patient Health Questionnaire, Somatic Symptoms, Delusions, Referral and Consultation

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ID 2045- Between Patient, Planet and System: Rethinking the Bedrock of Family Medicine

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Context: Infertility is a complex, multifactorial condition influenced by endocrine, psychological, familial, and social factors. The coexistence of hyperthyroidism and polycystic ovary syndrome (PCOS) significantly disrupts reproductive function through compounded hormonal dysregulation, anovulation, and metabolic disturbances. Social pressures, cultural expectations, and emotional stress further exacerbate the psychosocial impact of infertility, highlighting the need for holistic care in family medicine practice.

Methods: We present a case of M.T., a 35-year-old woman with PCOS and recurrent hyperthyroidism, married for seven years and childless. Family assessment tools including Family APGAR and SCREEM indicated highly functional family dynamics and adequate resources. The CEA (Catharsis, Education, Action) framework guided family-oriented counseling, addressing emotional distress, misconceptions, and coping strategies. Clinical management included pharmacologic interventions, lifestyle modifications and referral coordination with endocrinology and reproductive specialists. Spiritual assessment using FICA addressed faith-based coping.

Originality: This case highlights the intersection of endocrine pathology, psychosocial stressors, and family dynamics in infertility management, emphasizing a patient-centered, family-focused, and community-oriented approach. Integrating medical, emotional, social, and spiritual dimensions provides a comprehensive model for chronic infertility care in resource-limited settings.

Lessons learned and future implications: Family support, open communication, and holistic counseling significantly enhance coping and adherence to medical treatment. Attention to the emotional burden of infertility, social stigma, and faith-based resilience is essential in guiding patients and families through long-term reproductive challenges. Future strategies should incorporate multidisciplinary collaboration, community awareness, and structured fertility support programs to optimize outcomes.

Discussion: Hyperthyroidism and PCOS synergistically impair ovulation and fertility, requiring careful endocrine management and reproductive planning. Addressing psychological stress, marital strain, and social expectations is equally critical. The integration

of family-focused counseling, lifestyle optimization, and spiritual support underscores the importance of holistic care beyond pharmacologic interventions.

Conclusion: Effective infertility management in patients with coexisting hyperthyroidism and PCOS necessitates a multidimensional approach. Combining endocrine treatment with psychosocial, familial, and spiritual support promotes resilience, strengthens family functioning, and improves the overall well-being of patients navigating chronic infertility.

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ID 1930- Beware of the "purple crocodile": workshop on absurd certificates that reduce GPs' medical time in Europe

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Context: Postpartum fatigue and nonspecific symptoms are common complaints in family medicine and are often normalized as part of recovery. However, rare endocrine disorders such as Sheehan syndrome can present subtly and remain undiagnosed, potentially leading to prolonged morbidity. This case highlights the importance of considering endocrine causes in postpartum women with persistent symptoms.

Methods: A 30-year-old woman presented to her family physician six months after delivery with persistent fatigue and generalized weakness that interfered with daily activities. Her delivery had been complicated by severe postpartum hemorrhage, requiring urgent management. Since childbirth, she reported inability to lactate, secondary amenorrhea and dizziness on standing. She denied symptoms suggestive of postpartum depression. Physical examination revealed low-normal blood pressure and mild bradycardia, with no neurological deficits or other remarkable findings. Based on her obstetric history and persistent multisystem symptoms, hypopituitarism was suspected, and further laboratory evaluation was performed. The results confirmed a diagnosis of Sheehan syndrome. Hormone replacement therapy was initiated, resulting in gradual improvement in fatigue, orthostatic symptoms, and overall functional capacity over subsequent months, allowing her to resume normal daily activities.

Originality: Sheehan syndrome is rare in high-resource settings and often presents acutely. This case is notable for its subtle presentation with nonspecific postpartum symptoms. Literature on mild or insidious cases in primary care is limited. The case demonstrates the value of primary care in early recognition of rare conditions through careful assessment of postpartum women.

Lessons learned and future implications: Persistent postpartum fatigue, failure to lactate, and amenorrhea should prompt evaluation for Sheehan syndrome. Early recognition and management enable improved outcomes. Family physicians should maintain vigilance for rare endocrine disorders and consider structured postpartum assessment protocols.

Discussion: Sheehan syndrome results from ischemic pituitary necrosis following severe postpartum hemorrhage. Symptoms may include fatigue, hypotension, amenorrhea, lactation failure, and cold intolerance. Because these symptoms often overlap with normal postpartum changes, diagnosis can be delayed. Family physicians, through holistic assessment and longitudinal care, are well-positioned to detect early signs and initiate treatment.

Conclusion: Sheehan syndrome can present subtly with nonspecific postpartum symptoms. Awareness in primary care, combined with obstetric history and systematic postpartum assessment, allows timely recognition, appropriate treatment, and improved patient recovery.

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ID 1823- Beyond a “familiar dysmenorrhea”: Acute appendicitis identified in primary care - A case-based reflection

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Context: POSTER OR ePOSTER PHILIP 57y workaolic and multiple CVRFs(smoking - untreated HBP - Dyslipidemia - OSA - Familiar Hystory ok CAD) CLINIC: very stress peryod full time. At 4:35 am: allarm of device watch: "abnormal rythm like atrial fibrillation". SMS to GP: "what should I do?" DIAGNOSTIC: urgent cardiologic cosultation : ECG : AF of undetermined duration whit normal responce US examination mild atrial dilatation good LVEF CH-VASC: 1 HAS - BLEED 1 THERAPY : Avoid DOAC starting Clopidogrel 1cp day - follow up for electrical CV (eventuali cateter ablation)

Methods: HOW CAN GP IDENTIFY PATIENTS WITH ATRIAL FIBRILLATION TO ENSURE EFFECTIVE PREVENTION OF EMBOLIC STROKE? THE AUTORS were interested into reducing ok CV complicantions of unrecognized AF cases

Originality: The use of smart watches increaces the diagnostic possibility in the fild of GP

Lessons learned and future implications: Implementation of this devices to arytmogenic pathients

Discussion: Future implicatiions are infinite adn decrease the number of CV events

Conclusion: Based on these new diagnostic systems, we propose a model for the management of atrial fibrillation, leading to a Diagnostic, Therapeutic and Care Pathway (PDTA) of these patients with the aim of preventing major cardiovascular events. The use of such devices and US examination (AUE) in the clinical practice proves to be crucial.

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ID 699- Beyond borders: A cross-cultural collaboration to enhance mutual learning for allied health professionals in community palliative care

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Context: Long COVID is a multisystemic condition that complicates diagnosis due to the nonspecific and heterogeneous nature of its symptoms. The most frequently reported symptoms are fatigue, brain fog, cognitive impairment, insomnia, dizziness, and vertigo. Some symptoms may persist for years, and it is unclear whether they will become permanent. Long COVID substantially impacts affected individuals by impairing their work performance, psychosocial well-being, and overall quality of life.

Objectives: The objective of this study was to evaluate cognition, balance, and retinal fundus findings in individuals with Long COVID compared with healthy controls.

Methods: A cross-sectional study was conducted in the public healthcare network of the Northern Metropolitan Area of Barcelona, including 268 participants (201 with Long COVID and 67 healthy controls). Sociodemographic characteristics, substance use, comorbidities, and COVID-19–related clinical data were collected. Cognition was evaluated using a neuropsychological battery, while balance was assessed through posturography and retinal vascular involvement by retinography.

Results: Most participants were women (80.97%), with a mean age of 48.6 ± 9.5 years. Groups differed significantly in the clinical spectrum of the initial SARS-CoV-2 infection, BMI, and years of education. Long COVID patients showed greater cognitive impairment, with significant differences in the number of affected domains and in most cognitive domain scores ($p \leq 0.001$), except for visuospatial and

visuoconstructive functions. Balance dysfunction was more frequent in the Long COVID group than in controls (45.5% vs. 21.0%; p = 0.001). No significant differences in retinal findings were observed between groups.

Discussion: This study suggests that patients with Long COVID experience significant cognitive impairment. Language, visuospatial, and visuoconstructive abilities appear relatively preserved, whereas executive functions, attention, and memory are the most affected domains. Posturographic findings indicate that balance impairment is not attributable to dysfunction of a single system but rather reflects a generalized involvement of multiple systems contributing to postural control. Long COVID does not appear to cause detectable retinal alterations.

Conclusion: These findings highlight the importance of a comprehensive understanding of the effects of Long COVID and underscore the need for targeted, multidisciplinary interventions.

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ID 386- Beyond Borders: Learning Through the XXX General Practice Exchange Programmes

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Context: Family physicians have assumed a prominent role in the care of professional and elite athletes. These patients are in search of doctors who can balance high level performance while also protecting their long term health, which requires knowledge beyond injury care. Primary caregivers are able to provide multidisciplinary care through nutrition and metabolizm screening as well as mental health supporting. Developments in sports medicine offers GPs new approaches to safely optimize performance and minimize post retirement complications.

Objectives: To synthesize clinically relevant sports medicine research published between 2023-2025 and highlight practical strategies applicable to routine primary care practice.

Methods: A narrative review sourced from peer-reviewed literature between 2023–2025 was performed, through a search using sports medicine journals. We prioritized systematic reviews, randomized controlled trials and expert consensus statements. We focused on 6 domains essential to comprehensive athlete care: injury prevention, training load management, recovery strategies, nutritional optimization, mental health support, and cardiovascular screening.

Results: Research suggests that a preventive and personalised attitude in the care of athletes is justified. Innovated wearable technology detects overtraining and subclinical exhaustion, before materializing into injury. NMT programs, in low musculoskeletal sports, achieved a decrease in injury rates. Nutritional strategies focusing on optimal protein intake, periodized carbohydrate availability, and targeting of common deficiencies (especially iron, vitamin D) assist in recovery and enhance performance. Literature has identified that sleep and mental health screening are equally important to injury risk and performance. Cardiovascular screening remains essential for identifying asymptomatic pathology in athletes.

Discussion: Family physicians are essential for the management of professional athletes being able to deliver ongoing care, long-term follow-up, also understanding medical and psychosocial backgrounds. Incorporating modern sports medicine knowledge into common practice enables GPs to facilitate performance enhancement while adding assessment of mental health, lifestyle issues and potential future concerns. This methodology validates the necessity of primary care as the cornerstone and a responsible approach to provide care for athletes.

Conclusion: Family doctors offer sports medicine care by maintaining long-term health, also achieving short-term performance goals. Implementing modern approaches into standard practice, are a reliable ally during an athlete's competitive life and provide ongoing support, solidifying its position as the corner stone of sustainable performance and long term wellness.

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ID 1486- Beyond Candidiasis: The Hidden Face of Cytolytic Vaginosis

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Context: In daily practice, GPs are faced with countless procedures. 250/1500 times a year they must complete the Non-Competitive Sports Eligibility check. Following the Law, one ECG by age 40, or one ECG year for sports with a significant cardiovascular impact and for sports performed at CONI-affiliated or comparable facilities. At this point: a) perform only a resting ECG; b) perform a resting ECG at the GP's facility; c) perform an ECG with telemedicine. For patients with comorbidities or on multiple medications, a dilemma arises: when should a specialist be referred? ... and when should a sports physician be referred?

Objectives: It's a new way to use for PC

Methods: 1) Jhoanna 91-year-old World Gymnastics Champion :"non plus fit..." ...(red light: the CV risk is actually very high!) 2) Lisa, 51: from a known age, low CV risk profile, "wants to swim" (green light: she also underwent negative follow-up tests) 3)Fede, 63 years old – DM and mild hypertension,(NYHA 2/3), wants to exercise (Pilates with friends), ABNORMAL ECG (red light:Holter, ultrasound, echocardiogram and PT: NAO bb...) 4) Luigi, 59: cyclist on Sundays. High CV risk EO negative - BP 140/90 ECG: RBBB + EASin (yellow light: cardiological and sports medicine re-evaluation is required)

Results: PASS WITH GREEN: • asymptomatic EO: negative • BP: normal • NORMAL ECG - Baseline ECG: non-pathological: • Sinus arrhythmia • Isolated right bundle branch block • Sokolow index (S in V1 + R in V5/6 > 35) "isolated" • Slight R wave enhancement ("female pattern") • "S. "Early repolarization" RED LIGHT: • History: previous CV event (NYHA and CCS class) • Sinus VENTRICULAR DYSFUNCTION (echocardiogram) • High CV risk profile (? Stress test) • Abnormal ECG STOPPED WITH YELLOW: • History: "equivocal" symptoms, functional capacity not assessable • Objective Examination: not negative • BP: controlled (on polytherapy) or uncontrolled • Abnormal ECG: • Non-sinus rhythm - "low" atrial atrial fib/paroxysmal atrial flutter • Frequent and symptomatic supraventricular extrasystoles • Non-specific ventricular repolarization abnormalities

Conclusion: In all patients, the following is mandatory: CORRECT CARDIOVASCULAR RISK STRATIFICATION Special warnings: taking types of medications: bb -NOAC - Oral type 2 diabetes at risk...

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ID 2094- Beyond Knowledge: Addressing Cognitive Bias in Clinical Supervision

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Context: Individuals with severe mental disorders often present with multiple somatic comorbidities that require close monitoring and an increasing level of physical healthcare as their mental health conditions worsen. Paradoxically, these patients experience insufficient monitoring for chronic physical diseases and reduced access to general medical care. Although several studies have highlighted the barriers these patients face in accessing healthcare, few have focused on their personal experiences in this area.

Objectives: The aim of this study was to explore these patients' experiences of accessing care provided by general practitioners (GP).

Methods: Exploratory qualitative study conducted from November 2023 to June 2024. Involved a purposive, homogenous sample of ten patients with severe psychiatric disorders who were receiving day care at a hospital. Integrative analysis performed, inspired by an interpretative phenomenological approach.

Results: Access to GP care was experienced differently, like a labyrinth with multiple entrances centred around the GP. Their experiences fluctuated in phases, with changes

in direction reflecting the ups and downs of their approach. Several paths were described: the labyrinthine path of carrying one's burden, the rebellious path of turning away from care, the carefree path of passively going along, the secret path of adhering to care, and the privileged path of participating in care.

Discussion: Patients responded to the difficulty of accessing care, exacerbated by their mental disorder, with a reflexivity that gave rise to a projection of their care. Access to care was an opportunity to seek balance and access to oneself. Their experiences highlight the need to consider them for comprehensive care by helping and promoting their empowerment for their ability to act within the framework of shared care decisions.

Conclusion: GP, with their patient-centred approach, should be strongly involved in the care pathway for people with severe psychiatric disorders, in order to break down barriers between different types of care and facilitate collaboration with psychiatrists. Keywords: general practice; mental disorders; access to care, health; continuity of patient care

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ID 994- Beyond lumbar pain: identifying a case of Forestier syndrome

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Context: Conventional workshop structures frequently face challenges in sustaining attendee interest and ensuring information retention. Gamification, which involves incorporating game mechanics into educational environments, offers an effective alternative for transforming training sessions into more dynamic and productive learning experiences. Despite growing enthusiasm for this strategy, numerous instructors lack specific guidance for applying gamification techniques in their training sessions.

Objectives: - Choose fitting game features for different workshop settings - Create appealing reward systems and progress markers - Apply team-based challenge methods that strengthen knowledge acquisition - Measure how well gaming strategies work in their own teaching practice

Teaching method and workshop: This session will follow a three-step process: (1) introducing core gaming concepts that work in learning settings, (2) active exploration of specific techniques like reward systems, progress tracking, and group challenges, and (3) practical work time whe

Expected outcomes: Participants will leave with ready-to-implement gamification tools customized for their specific teaching contexts. Each attendee will develop a concrete action plan containing at least three gaming elements they can immediately integrate into upcoming wo

Conclusion: Gamification represents a practical, evidence-based approach to addressing common engagement challenges in medical education. By systematically applying game mechanics to workshop design, educators can create learning experiences that improve both participation and knowledge retention. This session bridges the gap between gamification theory and clinical teaching practice, providing family medicine educators with actionable strategies that enhance learner engagement without requiring extensive resources or technological infrastructure.

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ID 1719- Beyond Self-Reported Health: High Rates of Incidental Glycaemic Abnormalities Identified through Community Screening in a Public Rental Housing Population

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Context: Mild traumatic brain injury (mTBI) represents a public health challenge in terms of number of patients, of which 15–20% suffer persistent long-term symptoms, affecting resumption of daily activities. Authorized under Article 51 of the 2018 Social Security Financing Act, the pilot program “Mild traumatic brain injury: overlooked rehabilitation care pathways” began in March 2023.

Objectives: Very early patient identification from records of emergency department visit for mTBI, and organisation of appropriate follow-up and management, in order to promote rapid recovery and optimal return to family, social, and professional/school activities.

Methods: Four units (three adult, one paediatric) have been deployed in XXX region, each comprising a coordinating nurse, an emergency department, and a Physical and Rehabilitation Medicine department. A network of private practitioners strengthens the links between hospital and community care. Coordinators identify patients through emergency department records or referral by a general practitioner. They contact patients 15 days post-mTBI (D15) for a telephone assessment and provide advice, reassurance, and psychoeducation regarding symptom management and activity regulation. Patients symptomatic at D15 are contacted again at D30. If difficulties persist, they are referred to a multidisciplinary clinic, which leads, if needed, to an 11-hour psychoeducation program delivered by mTBI expert healthcare professionals.

Results: Between March 2023 and October 2025, 4,429 patients were included; 3,461 (78%) were contacted at D15 and 737 (17%) at D30. A total of 168 patients were referred for multidisciplinary clinic, of whom 136 (3%) entered the psychoeducation program.

Discussion: This pilot program confirmed the high incidence of mTBI and the need for early evaluation and reassurance. It enables rapid, specific, and graded intervention. The number of psychoeducation programs delivered, far lower than expected based on data from the literature (485; 8%), suggests that very early support and reassurance may reduce persistence and impact of post-concussion symptoms.

Conclusion: Results suggest that this intervention reduces anxiety, symptom persistence, and medical wandering. General practitioners can refer patients directly to this program, making them key stakeholders in this care pathway. An program evaluation in 2026 will determine if and how it could be implemented nationwide.

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ID 2148- Beyond the acute abdomen: A primary care case of ovarian torsion revealing familial cystic kidney disease

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Context: Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition that is often under-recognized and misdiagnosed in primary care, particularly in low- and middle-income countries. Adult presentations of ASD remain uncommon in family medicine literature, despite their significant clinical, psychosocial, and caregiver implications. The challenges are magnified in resource-limited rural settings where access to specialist services is constrained. This case highlights the role of family physicians in identifying ASD in adulthood and addressing the complex needs of both patient and caregiver through a holistic, community-oriented approach.

Methods: This paper presents a descriptive family case of adult twins diagnosed with ASD managed in a rural primary care setting. Clinical evaluation included comprehensive history-taking, physical examination, and functional assessment using the Mini Mental Status Examination (MMSE) and Adaptive Behavior Assessment System (ABAS). Family dynamics, resources, and caregiver burden were assessed using Family APGAR, SCREEM-RES, family lifeline, ecomap, and Modified Caregiver Strain Index (MCSI). Management followed the Patient-Centered, Family-Focused and Community-Oriented Care, emphasizing interdisciplinary collaboration and linkage with local government and community resources.

Originality: Case is distinctive in presenting late-diagnosed adult ASD complicated by chronic medical comorbidities and severe caregiver strain within a single-parent household. It demonstrates the pivotal role of family physicians in correcting misdiagnosis, coordinating long-term care, and addressing caregiver well-being in the absence of readily accessible specialist services.

Lessons learned and future implications: Routine developmental surveillance and functional assessment should be integrated into primary care across the life course. Family physicians must proactively assess caregiver strain and mobilize community-based resources. Strengthening primary care capacity for ASD recognition and caregiver support can reduce health inequities in underserved communities.

Discussion: Delayed diagnosis of ASD in adulthood contributes to fragmented care, inappropriate labeling, and psychosocial distress for families. This case illustrates that structured family assessment, continuity of care, and community engagement can improve disease understanding, treatment adherence, and caregiver coping despite persistent functional limitations.

Conclusion: Family medicine is uniquely positioned to provide comprehensive, continuous, and compassionate care for individuals with ASD and their families. Integrating clinical, family, and community perspectives enables primary care to address complex neurodevelopmental conditions and caregiver burden, reinforcing the central role of family physicians in holistic health care delivery.

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ID 2139- Beyond the acute abdomen: A primary care case of ovarian torsion revealing familial cystic kidney disease

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Context: Arterial hypertension (AH) and atrial fibrillation (AF) are highly prevalent cardiovascular disorders that frequently coexist and represent major public health challenges. AH substantially increases the risk of AF and plays a pivotal role in atrial remodeling; however, the underlying pathophysiological mechanisms remain only partially understood.

Objectives: To evaluate the association between arterial stiffness (AS) and selected inflammatory and fibrotic biomarkers involved in AF development in patients with AH.

Methods: The study enrolled 89 patients with AH and non-valvular paroxysmal or persistent AF (mean age 62.6 ± 7.4 years) after successful cardioversion and 74 hypertensive patients without AF as controls, they underwent echocardiography, inflammatory and fibrotic biomarkers including hsCRP, IL-6, and transforming growth factor-β1 (TGF-β1), were measured, AS was assessed using the cardio-ankle vascular index (CAVI). Statistical analysis was performed using SPSS 13.0 with logistic regression and results expressed as odds ratios (ORs).

Results: Patients with AH and AF showed significantly increased odds of atrial and ventricular electrical and structural remodeling, diastolic dysfunction, higher AS, and elevated inflammatory biomarkers. In

paroxysmal AF, significant predictors included diastolic blood pressure (DBP; OR 1.09, p = 0.017), P-wave maximum duration (Pmax; OR 3.74, p = 0.001), P-wave dispersion (Pdis; OR 3.97, p = 0.001), CAVI (OR 1.83, p = 0.02), left atrial volume (LAV; OR 1.76, p = 0.013), hsCRP(OR 5.57, p = 0.017).In persistent AF, predictors included DBP (OR 1.29, p = 0.001), Pmax (OR 4.73, p = 0.001), Pdis (OR 4.66, p = 0.001), CAVI (OR 2.22, p = 0.01), LAV (OR 3.69, p = 0.001), interventricular septal thickness (OR 1.79, p = 0.042), IVRT (OR 3.94, p = 0.016), and elevated hsCRP (OR 6.37, p = 0.001), IL-6 (OR 5.78, p < 0.001), and TGF-β1 (OR 3.84, p < 0.05).

Discussion: Increased AS, inflammation, fibrotic activity appear to be key mechanisms linking AH to AF. Elevated hsCRP, IL-6, and TGF-β1 likely reflect progressive atrial remodeling, highlighting AS as an integrative marker for risk stratification and prevention.

Conclusion: Multivariate analysis revealed that atrial and ventricular dysfunction, inflammation, and arterial stiffness independently increase AF risk in hypertensive patients, emphasizing the need for early detection and targeted preventive strategies.

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ID 1783- Beyond the basics: exploring practical anthropological qualitative methods for everyday general practice.

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Context: Chronic Kidney Disease (CKD) represents one of the most significant global health challenges, with high prevalence in the adult population and with strong clinical, economic, and social impact. CKD is characterized by a progressive decline in renal function to end-stage kidney disease requiring renal replacement therapy, and is associated with reduced quality of life, increased cardiovascular risk, and a rise in healthcare expenditure.

Objectives: This study examines the integrated management of CKD between general practitioners and hospital nephrologists in the XXX, with particular reference to the Regional Diagnostic, Therapeutic and Care Pathway introduced in 2019 and the most recent K-DOQI guidelines published in 2024.

Methods: The recent definition and classification of CKD, including the emerging role of cystatin C clearance as a diagnostic and prognostic tool, highlight the importance for continuous updating and strengthening of integration between general pratictioners and hospital specialists.

Results: The study underlines the impact of innovative therapies, such as SGLT2 inhibitors, the new medication used to treat high blood potassium, biologic drugs for primary and secondary glomerulopathies, as well as new treatments for anemia and hyperparathyroidism. The analysis of regional epidemiological data demonstrates a significant potential for the implementation of these therapies, with clear benefits in terms of reducing disease progression and improving quality of life.

Discussion: I propose operational strategies to enhance collaboration between hospital and primary care, improve access to innovative treatments, adopt integrated care models based on the latest scientific evidence to improve the disease progression and patients' quality of life, and optimize the use of healthcare resources at the regional level and develop integrated digital monitoring systems, with the aim of optimizing CKD management.

Conclusion: The treatment of CKD requires a multidisciplinary and flexible approach. Collaboration between general practitioners and nephrologists, supported by digital tools and continuous medical education, represents the key to the success of an effective and sustainable care network.

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ID 256- Beyond the label: the hidden world of endocrine disruptors in everyday products and their effects on personal and public health

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Context: This project had risen as a necessity of adapted medical education to specific target population and develops evidence based medical issues concerning medical providers and the population—personalized medicine.

Objectives: The main objective of the project is to promote equitable access to primary health care by establishing a cross-border partnership between local authorities, medical institutions, and universities in Iași and Ungheni.

Methods: Key actions include raising awareness and knowledge among medical professionals and the public through common educational materials, improving the quality of care through joint training on clinical procedures and preventive screenings (e.g. maternal and child health, cancer, cardiovascular and chronic diseases), and analyzing costs and social consequences. Research sessions, analysis of the existing situation, and substantiation of materials on the proposed topic: Mother and child (prophylaxis); Cancer screening (with emphasis on "silent" cancers: breast cancer, colon cancer, cervical cancer); Cardiovascular screening, metabolic syndrome, chronic respiratory diseases; Costs and consequences in the primary health care system (health economics) and the social impact of diseases. Common guidelines on the topic: Mother and child (prophylaxis); Cancer screening (with emphasis on "silent" cancers: breast cancer, colon cancer, cervical cancer); Cardiovascular screening, metabolic syndrome, chronic respiratory diseases.

Results: An impact event focused on primary medicine and the topic of prevention was organized in Iași. A campaign was launched to disseminate informative materials, such as brochures for patients and guides for family doctors, to promote prevention and prophylaxis behavior. Scientific research and surveys on prevention and prophylaxis behavior were conducted among residents of the Iași and Ungheni districts, as well as family doctors in these areas. The research aims to support public health policy regarding "primary medicine focused on prevention."

Discussion: Cross - border communities have common and different points of interest and targets of prevention. The key of our survey is to adapt the educational programs to specific regional issues and social hazard as tools in primary care prevention.

Conclusion: Structured and collaborative education can improve healthcare in primary medicine.

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ID 1030- Biopsychosocial Impacts of Humanized Care in Chronic Disease Management in Primary Health Care: A Literature Review

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Context: Older adults are at increased risk of adverse drug reactions due to multimorbidity, polypharmacy, and age-related changes in pharmacokinetics and pharmacodynamics. Medications with a narrow therapeutic index, such as digoxin, pose a particular challenge in primary care. Reduced renal clearance, dehydration, incorrect dosing, and drug–drug interactions may precipitate digoxin toxicity, which often presents with nonspecific or subtle symptoms. Early recognition in primary care is critical to prevent severe cardiac complications and mortality.

Methods: A 75-year-old woman presented to a family medicine clinic with complaints of dysuria and dark-colored urine persisting for approximately one month. She had difficulty expressing herself and was unable to provide a detailed medical history. Review of electronic medical records revealed a history of heart failure, atrial fibrillation, mechanical heart valve replacement, and type 2 diabetes mellitus. Medication review identified current use of warfarin, digoxin, metoprolol, and metformin. On examination, the patient appeared drowsy and poorly oriented but cooperative. Vital signs revealed severe bradycardia (pulse: 35 bpm) and unmeasurable blood pressure. Emergency medical services

were activated and the patient was transferred urgently with a preliminary diagnosis of digoxin toxicity.

Originality: This case illustrates how nonspecific complaints may mask life-threatening drug toxicity in older adults and highlights the pivotal role of primary care in early recognition.

Lessons learned and future implications: Careful medication reconciliation, attention to vital signs, and involvement of family members are essential safety strategies in elderly patients with polypharmacy.

Discussion: Digoxin toxicity commonly manifests with bradyarrhythmias and hemodynamic instability, particularly when combined with AV node–blocking agents. Dehydration and intercurrent illness may further elevate serum digoxin levels.

Conclusion: Elderly patients using digoxin require vigilant monitoring in primary care. Early suspicion, prompt referral, and emergency intervention are crucial to prevent fatal outcomes. Keywords (MeSH): Digoxin, Polypharmacy, Aged, Primary Health Care, Drug-Related Side Effects and Adverse Reactions, Bradycardia, Heart Failure, Atrial Fibrillation

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ID 285- Blended auriculotherapy course for primary health care professionals in Brazil

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Context: Hurler Syndrome is a rare lysosomal storage disorder with progressive multisystem involvement. Respiratory complications, particularly recurrent pneumonia, are a major cause of morbidity in affected children. These complications are often magnified in low socioeconomic settings where access to healthcare resources, preventive services, and continuity of care are limited. This family case highlights the interaction of biomedical illness, family dynamics, and social determinants of health in the care of a chronically ill child.

Methods: This case involves JN, a 3-year-old Filipino female with recurrent pneumonia and probable Hurler Syndrome from a low socioeconomic nuclear family with adolescents and young children. A comprehensive family medicine approach was applied, integrating biomedical and developmental assessment with family-focused tools including Family APGAR, SCREEM, FICA Spirituality Tool, Health Belief Model, genogram, family lifeline, and ecomap. Counseling was conducted using the Catharsis–Education–Action (CEA) framework to address caregiver emotional distress, knowledge gaps, and coping strategies. Management combined pharmacologic treatment of pneumonia with non-pharmacologic interventions such as nutritional support, environmental modification, psychosocial counseling, health education, and coordination with government and community resources.

Originality: This case uniquely integrates clinical management of recurrent pediatric pneumonia secondary to probable Hurler Syndrome with in-depth family systems and psychosocial assessment. It underscores the pivotal role of the family physician in coordinating care, mobilizing resources, and addressing caregiver mental health amid moderately inadequate family resources and major therapeutic efforts.

Lessons learned and future implications: Chronic pediatric conditions require holistic, family-centered care beyond disease-focused treatment. Early family assessment, caregiver mental health support, strong primary care involvement, and community resource mobilization are essential to improve resilience and outcomes in resource-limited settings.

Discussion: JN's recurrent pneumonia is explained by Hurler Syndrome pathophysiology, including airway obstruction, impaired mucociliary clearance, cardiopulmonary compromise, immunologic vulnerability, and undernutrition. These risks are compounded by poor housing ventilation, shared sanitation, financial constraints, limited

parental education, and social stigma. Family assessment revealed a moderately dysfunctional family with caregiver strain, mild maternal depression, and limited social and spiritual support. Targeted counseling, education, and resource linkage improved family engagement in care.

Conclusion: Integrating biomedical management with family assessment and psychosocial support enables more sustainable and compassionate long-term care for children with Hurler Syndrome and recurrent pneumonia.

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ID 2247- Blind and Ultrasound-Guided Injection Therapy in Contemporary General Practice

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Context: Lithospermum erythrorhizon (gromwell) root contains shikonin derivatives with anti-inflammatory and antioxidant properties, and preclinical studies have suggested protective effects on muscle tissue. However, clinical evidence in humans remains limited. Given that age-related loss of muscle strength contributes significantly to functional decline in older adults, effective and safe nutritional interventions are needed.

Objectives: This study aimed to evaluate the effects of gromwell root extract supplementation on muscle strength and physical function in adults aged 50 years or older with low skeletal muscle mass.

Methods: In this 12-week, randomized, double-blind, placebo-controlled trial, 87 participants were assigned to receive either gromwell root extract (1000 mg/day) or placebo, in combination with supervised resistance exercise. The primary outcomes were peak torque of knee extension and flexion at 60°/s measured using isokinetic dynamometry. Secondary outcomes included lower-limb muscle power, body composition assessed by bioelectrical impedance analysis, handgrip strength, the Short Physical Performance Battery (SPPB), and the EuroQol-5 Dimension (EQ-5D). Safety was evaluated through adverse event monitoring and routine laboratory tests.

Results: Compared with the placebo group, participants receiving gromwell root extract showed significant improvements in right knee extension peak torque (+4.32 vs −0.90 Nm; p = 0.040) and right knee flexion peak torque (+2.92 vs −0.70 Nm; p = 0.041). Muscle power increased significantly in left knee extension (+3.66 W; p = 0.039), right knee extension (+4.63 W; p = 0.046), and right knee flexion (+2.78 W; p = 0.046). No significant between-group differences were observed in muscle mass, handgrip strength, SPPB scores, or EQ-5D scores. The supplement was well tolerated, with no reported adverse events.

Discussion: These findings indicate that gromwell root extract may enhance muscle function (strength and power) rather than muscle quantity, suggesting a possible neuromuscular or performance-related benefit when combined with resistance training. The lack of changes in muscle mass and global functional indices (SPPB, EQ-5D) may reflect the relatively short intervention duration and/or limited sensitivity of these outcomes in this population.

Conclusion: Gromwell root extract improved lower-limb muscle strength and power when combined with resistance exercise and was well tolerated, supporting its potential as a safe nutritional adjunct for older adults with low muscle mass.

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ID 784- BMI gain following smoking cessation is associated with reduced risk of Alzheimer's dementia

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Context: Iron deficiency anemia is one of the most common nutritional deficiencies. Chronic

blood loss due to heavy menstrual bleeding is among the leading causes. When diagnosis and treatment are delayed, severe anemia may develop, resulting in functional impairment and the need for urgent interventions such as blood transfusion. In primary care, especially mothers often present for their children's health needs while neglecting their own symptoms. This case highlights the importance of careful observation and opportunistic assessment in family medicine for identifying severe, potentially life-threatening anemia.

Methods: 37-year-old woman with no known chronic disease and no regular medication use frequently attended a family medicine clinic for her children's illnesses and vaccinations. During one of these visits, the physician observed that the patient appeared markedly fatigued, pale, and had slowed speech, prompting an assessment of her own health. She reported fatigue persisting for approximately one year and increasing difficulty climbing stairs over the previous month. Review of her electronic medical records revealed iron deficiency identified two years earlier, but non-adherence to the recommended iron therapy. A detailed menstrual history disclosed irregular and prolonged menstrual bleeding with excessive blood loss, requiring the use of baby diapers during menstruation. Laboratory evaluation showed a hemoglobin level of 5 g/dL, and the patient was urgently referred to the emergency department via emergency medical services. At follow-up two days later, hospital records indicated that she had received red blood cell transfusion, undergone gynecological evaluation, had a hormonal intrauterine device inserted, and received intravenous iron therapy.

Originality: This case emphasizes the diagnostic importance of opportunistic assessment in primary care and demonstrates how severe anemia may remain unrecognized when individuals prioritize caregiving responsibilities over their own health.

Lessons learned and future implications: Clinicians should pay attention to nonverbal cues such as pallor and fatigue, especially during visits made for family members.

Discussion: Although heavy menstrual bleeding is a well-known cause of iron deficiency anemia, it is often normalized or overlooked by patients.

Conclusion: Untreated iron deficiency may progress to severe anemia requiring emergency intervention. Keywords (MeSH): Iron-Deficiency Anemia, Menorrhagia, Women, Primary Health Care, Blood Transfusion, Mothers

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ID 1013- Body Mass Index and Pancreatic Cancer Risk in Individuals with Impaired Fasting Glucose and Diabetes: A Nationwide Cohort Study

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Context: Family physicians increasingly encounter large language models (LLMs) and other AI tools embedded in clinical, private, and patient-facing systems. These tools can support guideline-concordant, evidence-based communication and continuity of care for the experienced and trained physicians. They may also widen inequities and create confusion with misinformed usage or if outputs are not adapted for language, culture, literacy, disability, or digital access. This workshop presents a replicable, vendor and tool-neutral framework for using AI in clinical workflows that strengthen relational and equitable care in time-pressured practice.

Objectives: Participants in this workshop will be able to: Map a high-impact clinical scenario into an AI-supported consultation workflow. Design prompts and scripts that promote clinical ownership, transparency, and shared decision making. Apply a SAFE-AI framework (Scope, Accountability, Fairness, Explainability) to identify risk, bias, and communication gaps. Adapt AI-generated content for multilingual and multicultural populations. Use safe prompt-design ("prompt engineering") templates transferable across different AI tools/modalities.

Teaching method and workshop: Short interactive plenary plus a live demonstration of an AI-supported consultation, followed by a guided small-group design sprint, using participants cases (e.g., multimorbidity, mental health, chronic disease management). Facilitators provide a structu

Expected outcomes: Clinical AI-assisted workflow tailored to their needs SAFE-AI checklist and draft practice protocol Take-home prompt and workflow templates adaptable across clinical settings

Conclusion: Generative AI is increasingly shaping how patients receive information and how clinicians manage cognitive and administrative load. This presentes a unique opportunity for family physicians to harness language models to deliver multicultural, multilingual, and equitable primary care while keeping, safe AI methods and clinical expertise central. By intentionally designing AI-augmented workflows and developing transferable skills in prompt design, participants can enhance relationship-based, evidence-informed care, improving patient understanding, engagement, and shared decision-making.

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ID 1386- Bonds that only rural medicine allows: a reflection on continuity, connection and loss in a small village

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Context: The waiting time for public orthopaedic assessment and management is always long. Prolong waiting time may impose risks to patients, induce patient anxiety and affect social and family life. Family Medicine (FM) Orthopaedic Triage Clinic [FMTC]was set up to meet the above needs.

Methods: The FMTC was set up in 2022. It is a new initiative with the collaboration between Department of FM&PHC and Department of Orthopaedic in view to solve the long waiting time and provide timely assessment and management for patients. Referral letters mentioned back pain, neck pain, knee pain, heel pain, trigger finger, elbow or shoulder pain were either screened by Orthopaedic specialist or direct referral from public general out-patient clinic[GOPC] channeled to FMTC based on Service Framework and with patient agreement. Instead of the routine Orthopaedic appointment, these patients will be given an appointment (within 1-4 weeks) at the FMTC. They will be seen by family doctors with the support from Orthopaedic specialist via the regular inter-departmental meeting focus on case management and knowledge transfer. Outcome review from 4/2022-9/2024 done.

Originality: 1/ To provide timely assessment and management for patient with orthopaedic problems. 2/ To reduce the workload and relieve orthopaedic specialist clinic waiting time 3/ To provide a training platform for Family Medicine doctor in managing common orthopaedic conditions.

Lessons learned and future implications: Around 4/5 patients [77.7%] were able to return back to community follow up after appropriate assessment, investigation and management and only around 1/5 patients [22.3%] needed further orthopaedic specialist clinic management. It also provides timely assessment and management for the patient with 77% patient attended limit to or less than 3 visits.

Discussion: The FMTC is a successful collaborative service. It helps to relieve the workload of Orthopaedic specialist clinic. It provides an opportunity for skill transfer and enhanced the knowledge and practice among FM doctors under the support of Orthopaedic specialist.

Conclusion: The program provides a triple win solution for patients, family doctors, Orthopaedic specialist & hospital administrator.

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ID 1620- Brain Dynamic Audio Stimulation to Improve Sleep and Well-being among Healthcare Workers

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Context: Cervical cancer is largely preventable through organized screening programs; however, adherence to screening recommendations remains suboptimal. Despite Israel having one of the lowest incidence and mortality rates among OECD countries, only about half of eligible women adhere to recommended cervical cancer screening guidelines. Previous studies have identified demographic and clinical factors associated with reduced screening uptake. Emerging evidence suggests that mental health conditions may influence preventive healthcare engagement, yet findings regarding the association between depression, anxiety, and cervical cancer screening remain inconsistent. To date, no population-based studies in Israel have examined this association.

Objectives: To evaluate the association between depression and anxiety and adherence to cervical cancer screening

Methods: This retrospective cohort study will use data from the Maccabi Healthcare Services Database between January 2018-December 2024. The study population is expected to include approximately 300,000–350,000 women eligible for routine cervical cancer screening during the study period. Participants will be classified into two groups: women with documented pharmacological treatment for depression and/or anxiety for at least three consecutive months, and a control group without psychiatric diagnoses or related medication use. Secondary analyses will stratify women according to formal diagnoses of depression or generalized anxiety disorder, and mental illness severity will be assessed using proxy measures including antipsychotic medication use and psychiatric healthcare utilization. Women with prior abnormal cervical pathology, immunodeficiency, hysterectomy, or initiation of psychiatric diagnosis or treatment after January 1, 2018 will be excluded. The primary outcome is adherence to cervical cancer screening according to national guidelines. Secondary outcomes include screening frequency and healthcare utilization patterns. Analyses will adjust for relevant demographic and clinical covariates.

Results: This is a study in progress, and data analysis is ongoing. The study aims to explore associations between depression, anxiety, and adherence to routine cervical cancer screening

Discussion: The anticipated findings may enhance understanding of how common mental health conditions influence preventive health behaviors and help identify women at increased risk for non-adherence within primary care settings

Conclusion: This study in progress aims to inform family medicine practice by clarifying the relationship between depression, anxiety, and cervical cancer screening adherence, supporting more integrated and patient-centered preventive care strategies

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ID 1326- Breaking barriers, gaining rights, achieving dreams: doctors' accessibility inside and outside of the working place

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Context: Communication between inpatient teams and patients' nominated next-of-kin (NOK)/proxies in community hospital wards often relies on synchronous phone calls. This workflow is vulnerable to schedule mismatch, repeated call attempts, fragmented documentation, and misaligned expectations—factors that can reduce patient/caregiver experience and increase staff workload.

Objectives: To illustrate DISCUSS (DynamIc Secure Credentials-verified commUnicationS Software) as a solution to current communication issues and its evaluation protocol. In addition, to report baseline perceptions of current phone-based

communication and acceptability to messaging as an alternative to selective medical updates.

Methods: DISCUSS is a national identity software-authenticated, Electronic Health Records(EHR)-integrated secure messaging channel with one-admission–one-thread architecture, role-based routing to ward pools, structured templates, read-status indicators, and auto-documentation. A convergent mixed-methods evaluation is planned: a 4-week proof-of-concept (POC) in one ward followed by a 4–8-week proof-of-value (POV) in matched intervention/control wards. Quantitative outcomes will be derived from EHR or DISCUSS logs (adoption rate, missed communication, estimated time saved per update, calls avoided, early discharge rates and matched average length of stay. Qualitative interviews will explore usability, workflow fit, perceived safety, and trust. Baseline perceptions were assessed using a pre-implementation survey.

Results: A baseline survey was conducted among 58 respondents (44 proxies, 14 patients): Satisfaction with the ease of communication and frequency of updates was modest (40% and 29% reporting satisfied/very satisfied, respectively). An update-cadence mismatch was prominent: 69% reported currently receiving updates ≤ once weekly, whereas 90% preferred ≥ twice weekly. Office-hours phone update timing was variably compatible with caregiver schedules (33% convenient vs 31% inconvenient). Acceptability of an asynchronous secure-messaging alternative was high: 79% rated it useful, 81% rated it more convenient than phone calls, and 81% were willing to download/login a communication application; proxies showed lower baseline satisfaction than patients but similarly high acceptability.

Discussion: Baseline findings suggest that current phone-based processes do not meet desired update cadence for many patients and proxies, while readiness for secure asynchronous messaging is high.

Conclusion: The DISCUSS protocol provides a pragmatic blueprint for evaluating feasibility, workflow impact, and communication reliability in community hospital settings relevant to family medicine and transitional care. POC findings are expected to be available by June 2026.

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ID 40- Breastfeeding counseling in primary care: empowering woman as a general practitioner and certified breastfeeding consultant

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Context: Physical fitness is an important determinant of work ability and is closely associated with work quality, productivity, and overall job satisfaction. In hospital settings, where employees are exposed to sustained physical and psychological demands, impaired physical fitness compromise occupational performance and long-term health. However, the relative contributions of physical, mental, and subjective health factors to physical fitness risk among hospital employees remain unclear.

Objectives: This study aimed to examine independent factors associated with a high risk of physical fitness impairment among hospital employees, with a particular focus on whether these associations differ according to work tenure.

Methods: This cross-sectional study stratified participants by work tenure into those with less than 10 years and those with ≥10 years of employment. Binary logistic regression analyses were performed to identify independent predictors of high risk of physical fitness impairment, adjusting for potential confounders including age, sex, BMI, Waist-to-Hip Ratio (WHR), Skeletal muscle mass, and health-related quality of life domains derived from the SF-36 questionnaire (Physical

Component Summary [PCS], Mental Component Summary [MCS], and General Health [GH]). Tenure-stratified models were further conducted.

Results: A total of 365 hospital employees were enrolled. In tenure-stratified analyses, subjective GH was independently associated with a high risk of physical fitness impairment among employees with ≥10 years of tenure (OR 0.27, 95% CI 0.12–0.62; p = 0.002), whereas PCS and MCS were not significantly associated with physical fitness risk. In this group, higher BMI and WHR were positively associated with physical fitness impairment, while greater skeletal muscle mass and female sex were inversely associated with physical fitness risk. In contrast, no significant independent predictors were identified among employees with less than 10 years of tenure.

Discussion: Among long-tenured hospital employees, subjective general health emerged as a key predictor of physical fitness impairment, outperforming conventional physical and mental health scores. These findings suggest that subjective health perception may capture cumulative occupational and metabolic burdens that are not reflected by traditional health metrics.

Conclusion: Our results indicate that tenure-specific strategies incorporating subjective health assessment may enhance the effectiveness of workplace physical fitness and health promotion programs. Keyword: Physical fitness, health status, occupational health, employment, personnel, hospital

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ID 458- Bridging Policy and Reality: Narrative Storytelling as a Cultural Driver of Gender Equity in STEMM

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Context: Sudden cardiac death (SCD) is a catastrophic event that can occur in apparently healthy athletes, often during training or competition. Despite advances in diagnostics, SCD remains a major public health concern, underscoring the critical role of primary care in prevention, risk stratification, and early detection. Primary care clinicians are frequently responsible for pre-participation evaluations, yet face challenges in balancing effective screening with resource limitations and ethical considerations.

Methods: A 19-year-old competitive runner attended a routine pre-participation check-up in primary care. The consultation raised questions about the adequacy of standard screening protocols, which typically rely on history and physical examination alone. Should electrocardiography (ECG) be added? What are the implications of false positives, cost, and psychological impact? This reflection integrates clinical experience with current evidence and international guidelines, comparing approaches that include ECG versus those that do not. Key risk factors considered were inherited cardiomyopathies, arrhythmias, and family history of premature cardiac events. Practical barriers such as access to investigations, cost-effectiveness, and downstream consequences were critically examined.

Originality: This case-based reflection highlights the complexity of screening athletes for SCD in primary care, where decisions must balance preventive benefit with feasibility and equity. It emphasizes ethical and psychological dimensions often overlooked in discussions focused solely on diagnostic accuracy.

Lessons learned and future implications: Primary care clinicians can adopt a tiered approach: comprehensive history and physical examination for all athletes, with ECG reserved for those with red flags such as family history or abnormal findings. Shared decision-making and psychological support are essential. Digital tools and telemedicine can enhance feasibility and reduce unnecessary referrals.

Discussion: Primary care plays a pivotal role in preventing SCD among athletes, yet screening programmes face limitations in predictive value and implementation. Collaborative guidelines, clinician education, and integration of emerging technologies may improve effectiveness while reducing harm.

Conclusion: Preventing SCD in athletes requires a balanced, evidence-based approach that combines clinical vigilance, ethical safeguards, and practical implementation. Primary care clinicians are central to delivering accessible and equitable strategies that support informed decision-making and early intervention.

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ID 2039- Bridging the Distance: Rural POCUS-Based Diagnosis and Co-Management of Non-Immune Fetal Hydrops

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Context: Fatigue is highly prevalent among healthcare workers and is associated with impaired health, reduced productivity, and increased occupational risk. Fatigue assessment using standardized scales may provide a practical approach for identifying workers at risk of functional decline and guiding workplace health promotion strategies. However, its association with objectively measured physical fitness remains unclear in occupational healthcare settings.

Objectives: This study aimed to examine whether moderate-to-severe personal or work-related fatigue, assessed using validated fatigue scales, is independently associated with physical fitness performance, such as muscle strength, muscle endurance, flexibility, cardiorespiratory fitness, and grip strength among hospital employees.

Methods: In this multicenter, cross-sectional study, personal and work-related fatigue were assessed using validated scales, and participants were categorized into mild or moderate-to-severe fatigue groups. Independent t-tests were conducted to compare demographic characteristics and physical fitness parameters between fatigue groups. Multivariate linear regression analyses were performed to examine associations between fatigue severity and physical fitness outcomes, particularly muscle strength and muscle endurance, adjusting for potential confounders.

Results: A total of 365 hospital employees were enrolled, with a mean age of approximately 45 years. Compared with employees reporting mild fatigue, those in the moderate-to-severe fatigue group were significantly younger (43.2 vs. 46.1 years, $p < 0.05$), exhibited poorer muscle strength and endurance as measured by sit-up normative scores (3.54 vs. 3.94, $p < 0.05$), and had lower overall physical fitness scores (11.8 vs. 12.7, $p < 0.05$). After multivariable adjustment, moderate-to-severe fatigue remained independently associated with lower muscle strength and endurance ($\beta = -0.10$; 95% CI: −0.19 to −0.01; $p = 0.026$). Compared with employees reporting mild fatigue, those with moderate-to-severe fatigue demonstrated an approximately 0.1-point reduction in muscle strength and endurance performance.

Discussion: Fatigue severity, assessed using standardized scales, was independently associated with poorer muscle strength and endurance, suggesting that fatigue may capture aspects of functional health status not fully reflected by traditional cardiometabolic or anthropometric indicators.

Conclusion: Fatigue assessment may serve as a scalable and actionable tool for healthcare employers to identify workers at risk of functional decline and to guide targeted workplace health promotion and fatigue management strategies. Keywords (MeSH Terms) Fatigue; Physical Fitness; Workplace Health Promotion

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ID 777- Bright beginnings: protecting mothers from postpartum depression

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Context: Family medicine residents work under high clinical workload, emotional demands, and continuous accessibility requirements, which may adversely affect their professional

quality of life. With the integration of smartphones into clinical practice, physicians are increasingly exposed to work-related digital demands beyond working hours. Excessive and problematic smartphone use has been associated with burnout and psychological distress in healthcare professionals; however, evidence focusing on family medicine residents and professional quality of life subdimensions remains limited. Exploring this relationship is essential to support physician well-being in primary care settings.

Objectives: This study aimed to investigate the association between smartphone addiction and professional quality of life among family medicine residents, with a specific focus on compassion satisfaction, burnout, and compassion fatigue.

Methods: This cross-sectional descriptive study was conducted among family medicine residents. Data were collected using an online self-administered questionnaire including sociodemographic characteristics, the Smartphone Addiction Scale–Short Version, and the Professional Quality of Life Scale. Associations between smartphone addiction and professional quality of life and its subdimensions were analyzed using appropriate statistical methods.

Results: A total of 305 family medicine residents were included in the study. Higher levels of smartphone addiction were associated with lower compassion satisfaction and higher levels of burnout and compassion fatigue. Smartphone addiction showed a negative association with compassion satisfaction and positive associations with burnout and compassion fatigue. In multivariate analyses, problematic smartphone use remained independently associated with increased burnout and compassion fatigue.

Discussion: This study contributes to the literature on digital behaviors and physician well-being by demonstrating that smartphone addiction is associated with professional quality of life among family medicine residents. Multivariate analyses suggest that problematic smartphone use may play a role in burnout and compassion fatigue beyond sociodemographic characteristics. These findings are consistent with previous research in healthcare professionals and highlight the relevance of digital exposure in the residency context, where workload and constant connectivity are prominent features of training.

Conclusion: Smartphone addiction was associated with professional quality of life among family medicine residents, particularly with increased burnout and compassion fatigue. These findings underscore the importance of problematic smartphone use in understanding professional well-being during residency

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ID 1796- Broadening the Differential: An Atypical Presentation of Graves Disease

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Context: Narrative Medicine and the field of Medical Humanities highlight the role of literature and writing in understanding the experiences of patients and physicians, fostering reflection, and shaping professional identity. These dimensions are increasingly recognized as essential in medical education, as they contribute to resilience, empathy, and a sustained sense of meaning throughout a medical career. This workshop presents literature as a structured educational tool in family medicine training and professional development.

Objectives: By the end of the workshop, participants will be able to: 1. Practice reflective reading skills using literary texts related to medicine and healthcare. 2. Generate ideas for integrating literature into family medicine education, supervision, and professional development. 3. Explore different literary genres relevant to medical practice. 4. Contribute to the creation of a shared repository of literary resources for family medicine training.

Teaching method and workshop: The workshop will combine guided reading of selected literary texts in small groups with facilitated discussion and collective reflection. Participants will actively contribute to creating a shared repository of literary resources, discussing their releva

Expected outcomes: Participants will gain practical experience in reflective reading, develop concrete ideas for using literature as an educational tool, and deepen their understanding of diverse literary approaches to medicine. The workshop will provide an opportunity to d

Conclusion: Literature is a powerful yet underutilized resource in medical education. By offering a structured and pedagogically grounded approach to integrating literary texts into family medicine training, this workshop aims to enrich educational practice, support professional identity formation, and strengthen reflective and empathic capacities among family physicians.

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ID 1882- Building a European Trainer-of-Trainees Network for Point-of-Care Ultrasound in Rural Family Medicine

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Context: Preventive services reduce disease burden, yet uptake remains suboptimal among public rental housing residents. Continuous contact with a regular primary care physician may influence preventive services engagement, but this association remains under-characterised in Singapore's rental-flat communities.

Objectives: To examine associations between having a regular primary care physician and uptake of preventive services, including colorectal screening, mammogram, general health screenings, and glucose and lipid screening.

Methods: In 2025, the NUS conducted a community screening among Toa Payoh rental housing residents. Data included self-reported regular primary care physician status and preventive services uptake. Descriptive statistics summarised uptake. Logistic regression assessed associations with colorectal screening or glucose and lipid screening, adjusting for age, gender, and number of chronic conditions.

Results: Among 116 participants (50.9% female; mean age 64.0±10.8), 47.4% reported having a regular primary care physician. 35.6% of 59 eligible females reported mammogram uptake in the past 2 years, 23.3% of all residents reported general health screenings in the past year, 18.1% reported colorectal screening uptake in the past year, and 10.3% reported glucose and lipid screening. Colorectal screening (30.9% versus 6.6%, p=0.0013) and glucose and lipid screening (18.2% versus 3.3%, p=0.0125) were significantly higher among people with a regular physician as compared to those without. There were no associations found for mammogram and general health screenings. Logistic regression showed a regular physician remained strongly associated with colorectal screening (aOR 16.0, 95% CI 3.36-76.46) and glucose and lipid screening (aOR 6.78, 95% CI 1.32-34.71). Older age increased colorectal screening odds (adjusted OR 1.06 per year, 95% CI 1.002-1.12). Female gender was associated with glucose and lipid screening, while chronic conditions were not associated with either outcome.

Discussion: Regular contact with a primary care physician can reinforce health-seeking behaviours, explaining higher colorectal screening and glucose and lipid screening. Weaker mammogram and general health screening associations may reflect accessibility, gender norms, or perceived relevance.

Conclusion: Among public rental housing residents attending a community screening in Singapore, having a regular primary care physician was associated with higher uptake of preventive care.

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ID 1229- Building capacity to assess scalability of innovations in primary healthcare for equitable and humanistic impact: Workshop proposal

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Context: Sepsis is a life-threatening condition with significant public health implications. Despite its severity, public awareness remains low. This project aimed to increase community awareness about sepsis while promoting overall health literacy using an innovative active music methodology. The initiative aligns with broader health promotion goals, emphasizing preventive measures and early intervention strategies in primary care settings.

Methods: A community program with primary care clinics used active music to educate about sepsis and health. Weekly workshops over six months had participants create songs guided by healthcare providers and music educators. Surveys measured knowledge and behavior changes.

Originality: The application of active music creation as a tool for comprehensive health promotion in primary care settings, including sepsis awareness, is innovative. This approach differs by actively engaging patients and community members in content creation, potentially increasing retention and fostering a sense of ownership over health information.

Lessons learned and future implications: Key lessons included the effectiveness of integrating specific health topics with broader primary care messages, the importance of culturally adaptive approaches, and the power of peer-to-peer education through music. The project demonstrated the potential of creative arts in enhancing health literacy and patient engagement in primary care. Future iterations could explore integration with electronic health records for personalized follow-ups and assess impact on primary care utilization patterns.

Discussion: The active music methodology proved effective in increasing sepsis awareness and overall health literacy in the primary care context. Post-intervention surveys showed a 40% improvement in sepsis knowledge and a 30% increase in reported preventive health behaviors. Primary care providers reported increased patient engagement and more informed discussions during consultations. The program also led to a 25% increase in timely primary care visits for early signs of infection, potentially reducing late-stage sepsis presentations.

Conclusion: This approach demonstrates the potential of integrating creative arts with primary care initiatives. By making health education more engaging, the project contributes to community empowerment, improved health literacy, and enhanced patient-provider communication in primary care settings. It underscores the importance of holistic, engaging approaches to health education that can lead to more health-conscious communities and more effective primary care interventions.

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ID 1108- Building Resilience in Primary Care: A Practical Toolkit for Crisis Preparedness in XXXXX General Practices

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Context: Intrauterine devices (IUD) are a widely used and reliable long-acting contraceptive method, favored for their convenience and cost-effectiveness, and commonly inserted by family physicians in Portugal. Although uterine perforation is one of the most serious complications associated with IUD use, it remains rare and may be clinically silent. Following perforation, the device may migrate and be found in adjacent structures, with ectopic locations reported in the omentum, mesentery, pouch of Douglas, colon, and bladder.

Methods: We report the case of a 39-year-old Portuguese woman (G2P2) who underwent successful placement of a 52-mg

levonorgestrel-releasing IUD on August 9, 2024, during a consultation with her family physician, without complications. Following the procedure, she experienced two days of colicky suprapubic pain accompanied by light vaginal spotting, which resolved spontaneously, and she subsequently remained asymptomatic. Eleven months after insertion, she presented again to her family physician with complaints of menorrhagia. On physical examination, she reported no abdominal pain, and the IUD strings were not visualized. A subsequent transvaginal ultrasound revealed an empty uterus with no trace of the IUD. This prompted further investigation. Plain abdominal X-ray: IUD in an indeterminate location, projecting over the right pelvis. Given this result, a computed tomography (CT) scan of the pelvis was requested for clarification. The CT scan revealed the displaced IUD located in the right iliac fossa. After that, she was referred to hospital. The hospital gynecology team opted for laparoscopic removal of the IUD after imaging confirmed its intra-abdominal position and suggested favorable conditions for minimally invasive retrieval.

Originality: This case highlights the importance of vigilance for mildly symptomatic uterine perforations, which are less commonly reported in the literature.

Lessons learned and future implications: Clinicians should maintain a high index of suspicion for IUD displacement or uterine perforation in women presenting with menorrhagia and no lower abdominal pain.

Discussion: IUD migration is an uncommon complication, immediate or delayed. Diagnosis requires imaging: ultrasound first-line but may miss extrauterine devices; abdominal X-ray helps, while CT provides superior localization and visualization accuracy.

Conclusion: Clinicians should be aware of the possibility of a paucisymptomatic presentation and should consider this diagnosis in IUD users, particularly when new compatible symptoms arise.

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ID 424- Bullous Pemphigoid induced by gliptins: Successful management with Dupilumab

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Context: Cardiovascular diseases are a leading cause of mortality globally, including in Brazil, necessitating rapid and effective interventions such as cardiopulmonary resuscitation (CPR). Basic life support (BLS) is crucial for increasing survival rates in cardiorespiratory arrest cases, especially when applied early. Given Primary Health Care's (PHC) role as the health system's gateway, understanding PHC professionals' BLS preparedness is critical.

Methods: This integrative literature review utilized the Virtual Health Library (BVS), EBSCO, Google Scholar, and PubMed platforms, considering publications from 2014 to 2024. The review included 15 relevant studies.

Originality: This review uniquely focuses on PHC professionals' knowledge and performance in BLS, an area not extensively explored in previous literature reviews.

Lessons learned and future implications: The review revealed significant gaps in PHC professionals' BLS preparation. Findings include: 13.33% of studies dealt with BLS simulation scenarios for PHC professionals; 53.33% assessed these professionals' knowledge levels; 13.33% highlighted training and qualification needs; 13.33% discussed lack of organization and adequate materials at PHC units; and 6.66% pointed out professionals' insecurity as a limiting factor. These findings underscore the need for regular training and practical updates to improve healthcare quality and reduce complications from late or inadequate interventions.

Discussion: Results indicate a clear need for improvement in PHC professionals' BLS knowledge and skills. The high percentage of studies assessing knowledge levels suggests recognition of this issue in the field. The identified lack of organization, adequate

materials, and professional insecurity further compounds the problem.

Conclusion: This review highlights significant gaps in PHC professionals' BLS preparation. To address these shortcomings, it is essential to offer regular training and practical updates. Such initiatives would enhance healthcare quality and contribute to reducing complications from delayed or inadequate interventions in emergency situations. Investing in continuous education is crucial to ensure more effective and safe care in cardiovascular emergencies within primary health care settings.

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ID 924- Can we reduce microbial burden in frail patient care by dry fog disinfection?

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Context: 1 - Difficultés lors de l'abord de la stratégie diagnostique2 - Difficultés de prise en charge.

Objectives: 1.Améliorer l'approche pratique du praticien, devant une adénopathie d'origine tuberculeuse. 2.Améliorer l'éducation thérapeutique du patient en discutant lors de l'annonce du Dc, des effets secondaires des thérapies spécifiques. 3.Repérer les situations cliniques de la pathologie ganglionnaire (tbc, processus infectieux, lymphome…).

Teaching method and workshop: Présentation interactive des adénopathies en générale et de la tuberculeuse en particulier: * Introduction. * Démarcheétiologique pratique (Dc Différentiel) - ACRONYME MIAMI * Démarche diagnostic (Dc Différentiel) * Pathgogénie * Les milieux à risques. *

Expected outcomes: 1°) - Amélioration de la prise en charge d'une TEP dans sa forme ganglionnaire. 2°) - Education thérapeutique du patient. 3°) - IDRt Vs IGRA, quand prescrire? avantages et inconvénients

Conclusion: •Penser à la tbc GGL, chez les patients migrants, immunodéprimés, et les patients âgés en raison d'une réactivation possible de la tuberculose. •L'échographie cervicale avec cytoponction couplée à la coloration de ZN et à la PCR permet une identification rapide de mycobacterium tuberculosis. •La tuberculose ganglionnaire peut répondre lentement au traitement avec le risque de développement de réaction paradoxale chez un grand nombre de patients (20%). L'exérèse chirurgicale initiale a une sensibilité diagnostique optimale et constitue un complément du traitement médical.

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ID 1041- Cancer Risk Reduction Associated with Ezetimibe–Statin Combination Therapy in Primary Care

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Context: Throughout the course of chronic diseases such as ankylosing spondylitis, many factors affect disease activity and quality of life. Diet and exercise in these patients have been investigated in various studies. In addition, treatment adherence plays a critical role in improving clinical outcomes and quality of life in the management of chronic diseases.

Objectives: This study aimed to evaluate the effects of adherence to the Mediterranean diet(MEDAS), physical activity level, and treatment adherence on disease activity and quality of life in patients diagnosed with ankylosing spondylitis.

Methods: A total of 175 patients followed up with an ankylosing spondylitis diagnosis in the rheumatology outpatient clinic of the hospital participated in the study. Mediterranean Diet Adherence Scale, the International Physical Activity Questionnaire–Short Form, the Compliance Questionnaire for Rheumatology,and the Bath Ankylosing Spondylitis Disease Activity Index were utilized and sociodemographic data and disease history were gathered through face-to-face interviews.

Results: The study group consisted of 40.6% women. The mean age of participants was 44.6 ± 10.7 years, and a positive and significant correlation was found between age and

adherence to MEDAS (r =0.246, p = 0.001). Individuals with higher physical activity levels had significantly lower MEDAS scores (p = 0.027). A positive and significant correlation was found between treatment adherence and adherence to the MEDAS (r = 0.203, p = 0.012). Women had significantly higher disease activity than men(p<0.001).Among socioeconomic variables, active employment status (p= 0.038) and monthly income level (p = 0.045) were significantly associated with disease activity. Quality of life scores were higher in the low-income group (p < 0.001) and in those with chronic comorbidities (p = 0.020).

Discussion: Overall, this study revealed that disease activity in patients with ankylosing spondylitis is influenced by sociodemographic factors such as sex, income level, employment status, and presence of chronic disease. Older individuals and those who were adherent to treatment showed better Mediterranean diet adherence.

Conclusion: The findings of thi study emphasize that in the management of the disease, attention should be paid not only to medical treatment but also to patients' sociodemographic characteristics, lifestyle factors, and treatment adherence.

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ID 1404- Cardiac alterations following an electric shock

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Context: Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system. Malnutrition is one of the complications of HIV infection and may lead to the development of opportunistic infections and death. Evaluation and enhancement of patients' nutritional status may help correct deficiencies and help in the treatment of HIV. Keywords: HIV, Malnutrition, Antiretroviral Drug

Objectives: This study assessed the nutritional status of newly diagnosed HIV patients prior to antiretroviral drug treatment at a tertiary hospital from March 2024 to December 2024.

Methods: This is a prospective descriptive study which included newly diagnosed HIV patients without prior antiretroviral drug therapy enrolled in the outpatient department, males and females aged 19 to 59 years old with no known comorbidities. Anthropometric data were collected using Body Mass Index (BMI), Mid-upper-arm Muscle Area (MAMA) and Skinfold Thickness (SFT). Nutritional risk was determined using Nutritional Risk Screening 2002 (NRS-2002), and dietary intake was assessed using 24-hour Food Recall with the Food Exchange List as guide. Purposive sampling method was used. Sample size was computed using Raosoft sample size calculator with 95% confidence interval and margin of error of 5%. A z-test was performed to determine if the sample population (N=80, using a population size of 100) is meeting the energy requirements and if it meets the national reference standards.

Results: The highest mean score was observed in the 24-hour Food Intake, indicating that energy intake was relatively higher than the other metrics. In contrast, the lowest mean was found in Nutritional Risk Screening 2002 suggesting that most respondents were not at immediate risk of malnutrition according to clinical criteria.

Discussion: Assessment of nutritional status through standardized tools showed majority of patients were classified as low risk according to Nutritional Risk Screening 2002. A considerable proportion exhibited undernutrition based on BMI and Triceps Skinfold measurements.

Conclusion: There is an urgent need for early nutritional assessment and intervention among HIV patients, even before ART initiation, as undernutrition could compromise immune function and treatment outcomes. Future programs should consider targeted nutritional support alongside antiretroviral therapy to improve patient prognosis and quality of life.

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ID 1325- Cardiac alterations following an electric shock

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Context: Craniosynostosis is one of the most common head and facial malformations. Craniosynostosis is the premature ossification of one or more of the sutures of the skull, which can result in an abnormal shape of the skull or its slower development. Early diagnosis of craniosynostosis is crucial, as delayed diagnosis may lead to increased intracranial pressure, potentially resulting in severe complications such as brain injury and vision loss.

Methods: A male baby was delivered at full term (40+6) via a planned caesarean section with APGAR scores of 9/9, birth weight 4010 g, and head circumference 38 cm. The mother first noticed a visible 1 cm long prominence along the sagittal suture at 10 days of age, which increased progressively over time. The mother requested a referral to a specialist at the 1-month checkup. The patient was seen at 2 months of age – a bony ridge was palpable along the entire sagittal suture, accompanied by scaphocephaly. At 4 months, the diagnosis was confirmed radiographically. The patient underwent cranioplasty at 4.5 months of age. There was no family history of skeletal deformities. At 6 months of age, the infant's psychomotor development was within normal limits.

Originality: Cases in XXX are rare, with approximately 12 diagnoses made in a year. Optimal timing is also complicated by the narrow age gap (ideally 6–12 months) best for treatment. This case illustrates how timely action can prevent more serious complications.

Lessons learned and future implications: Mothers of newborns seek more and more advice during health checkups for various (often minor) concerns. This decreases a physicians' ability to distinguish what is important. In this case, it is worth bearing in mind that a mother's instinct can still be trusted.

Discussion: Would a parent without a medical degree have been able to react as quickly? How should family physicians cope with the ever-increasing number and prevalence of rare diseases? Which rare pediatric conditions should be prioritized in medical education to improve early recognition and management?

Conclusion: In XXX, the main challenges for children with craniosynostosis include delayed diagnosis, low awareness among family doctors, and a shortage of specialists in this field (only one surgeon available).

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ID 2032- Caring Without Collapse: Karoshi in General Practice

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Context: Although healthcare systems promote equality and universal access to care, women's care pathways remain permeated by sexist violence rooted in gender stereotypes. These biases can infiltrate everyday clinical encounters and lead to discrimination, loss of trust and, in some cases, medical violence. While research on obstetric and gynecological violence has expanded in recent years, medical violence experienced by women across healthcare settings remains insufficiently explored, particularly from the perspective of primary care.

Objectives: To describe and analyse forms of medical violence linked to gender stereotypes as experienced by women throughout their care pathways.

Methods: A qualitative study was conducted in 2020-2021 using twenty semi-structured interviews with adult French-speaking women. Participants were recruited via social media and snowball sampling. Interviews explored experiences of care across different medical settings. Data were analysed using a phenomenological thematic approach, with double coding and triangulation to enhance analytical rigor.

Results: Analysis led to the development of a "pyramid of medical violence," ranging from the trivialization of sexism to explicit forms of violence embedded in rape culture. Intermediate levels included derogatory remarks, sexist discrimination in research and clinical practice, reification of patients and deprivation of autonomy. Participants frequently reported a sense of dispossession of their identity, body and healthcare decisions. These experiences were linked to societal injunctions surrounding "femininity," internalized sexist norms and normative control over reproductive health. Consequences included resignation, avoidance of male healthcare providers and, in some cases, renouncement of medical care. Conversely, some women developed coping strategies based on solidarity, peer support and empowerment.

Discussion: Findings are consistent with existing literature and highlight medical violence as a systemic phenomenon rather than the result of isolated individual behaviors. Limitations include potential selection bias related to voluntary participation, as well as recall and social desirability biases. However, the qualitative design allowed for in-depth exploration of lived experiences that remain largely invisible in clinical practice.

Conclusion: Gender stereotypes significantly shape women's care pathways and can generate forms of medical violence. Raising awareness among healthcare professionals, particularly in general practice, is essential. Integrating training on gender bias, intersectionality and patient participation into healthcare education appears necessary to foster compassionate, trust-based care environments.

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ID 1479- Case report – beyond the numbers: a family medicine approach

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Context: General practitioners face increasing administrative demands, some of which have little medical value ("absurd certificates"). These administrative demands reduce the time available for medical care, while population needs continue to rise. Requests originate from private insurers, employers, schools, sports clubs, public institutions, etc. These requests vary from country to country, but share several mechanisms: transfer of responsibility to doctors ("controllers" rather than caregivers), lack of legal basis, and erosion of access to care. In response, Belgian and French Colleges of general practitioners have launched the websites certificats-absurdes(.be and .fr) combining several initiatives to identify, document, challenge abusive certificate requests and, where relevant, advocate for legislative change.

Objectives: The workshop aims to share concrete experiences from France and Belgium in identifying and reducing excessive requests for medical certificates; present practical tools and strategies; encourage discussion on the transferability of these initiatives to European primary care systems; and build a European network aimed at reducing low-value-added administrative tasks.

Teaching method and workshop: The teaching method will involve active participation, peer exchanges and practical examples. The workshop will be co-facilitated by Belgian and French experts on these topics, with the following schedule: 10min: Interactive introduction: participants sha

Expected outcomes: Participants will acquire practical skills to identify abusive certificate requests, respond to them with sound legal arguments, and take action at local or national level. The workshop will establish common principles and a preliminary roadmap for po

Conclusion: This workshop draws on real-life experiences to address a common issue in European primary care, responsible for a massive loss of medical time. By sharing our tools, results and lessons learned from French and Belgian experiences, we aim to promote evidence-based strategies to reduce

administrative overload and give back medical time to general practitioners across Europe.

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ID 1259- Case report: Persistent hematuria

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Context: In the current Brazilian public health scenario, medical qualification is one of the pillars for strengthening the Unified Health System (SUS). In this landscape, the lato sensu public specialization program in Family and Community Medicine (FCM) stands out as a large-scale initiative covering the vast and heterogeneous national territory. The complexity of this proposal requires a pedagogical structure that combines academic robustness with the flexibility necessary to adapt to regional singularities and the local demands of Primary Health Care (PHC).

Methods: Structured as an online distance learning program, the methodology relies on the medical tutor to bridge theoretical knowledge and professional practice. Continuous monitoring ensures that participants develop essential FCM competencies integrated into their specific healthcare contexts.

Originality: The report's originality lies in redefining the tutor as an active agent of transformation rather than mere technical support. This shift uses technology to ensure pedagogical capillarity, extending high-quality specialization to remote areas and democratizing medical knowledge through empathetic, human mediation.

Lessons learned and future implications: Experience shows that online tutoring enhances accessibility and knowledge exchange across diverse Brazilian realities, enriching clinical practice. However, student isolation and low engagement remain persistent challenges, often worsened by technological barriers. This underscores the need for a tutorial presence that is not only instructive but also motivating and welcoming.

Discussion: Reflecting on teaching practice reveals that tutoring in FCM requires a professional in a constant state of "construction." The discussion involves the need to overcome the traditional teaching paradigm and adopt a dialogic posture, where the tutor uses digital tools to mitigate physical distance and create bonds of pedagogical trust. The quality of primary care is directly linked to this tutor's ability to transform technology into a tool for humanization and technical qualification.

Conclusion: In conclusion, the medical tutor is indispensable to the success of large-scale programs. Future efforts must prioritize continuous professional development for tutors, focusing on engagement strategies and new educational technologies. The goal remains to maximize digital resources to ensure medical training translates into higher quality health care for the Brazilian population.

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ID 2293- Cases of bites and scratches with a risk of rabies reported to the infectious disease emergency department

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Context: There are many situations in which family doctors need to expand their medical activity: buying either a new diagnostic tool, or a new building, or hiring more staff, or others. In these situations, even having a good financial reserve, it may be smart to use credit. The use of credit is nearly unavoidable among doctors who are self-employed or who are partners in a medical society. A smart use of credit may boost incomes and may allow to achieve the goals. An erroneous use of credit may lead to a disaster. No use of credit may be a loss of opportunities.

Objectives: To provide an overview of the essential financial concepts adapted to family

doctors To explain different types of financial credit instruments (mortage, loan, pledge...) To show the best way of using credit in different situations To analise essential financial indicators To increase the financial knowledge of the participants applied to family medicine

Teaching method and workshop: 1- Theoretical introduction: 15 minutes We will explain the essentials of finance for doctors. We will introduce the exercise to be done by the attendants in groups. 2- Practical exercise to be done in small groups of 5 people: 20 minutes The exercise w

Expected outcomes: To increase the financial knowledge of the participants To provide practical skills related to the use of credit To show how to avoid common mistakes To identify real day-to-day situations in which credit may be used To manage basic financial indicato

Conclusion: Credit may be used in a significant number of situations in our daily life. Family doctors should have a good knowledge of credit management. A smart use of credit leads to a successful medical activity.

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ID 1442- Cat Scratch Disease: A Primary Care Case of Acute Lymphadenopathy

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Context: A process of defining the Core Values of General Practice/Family Medicine (GP/FM) has been going on for a few years. It started in some European countries, later on at a WONCA Europe level and now on a WONCA World level. The project now enters its second phase which will integrate the core values into training of the discipline of GP/FM. The authors of this workshop have been and are still part of this global project.

Objectives: Our values and the principles of GP/FM are the cornerstones of our discipline. Teaching of these values are essential for medical students, for doctors in training for GP/FM and the values should also be an integrated part of professional development for family doctors. We will explore how well values and principles are integrated in teaching at all 3 levels across Europe. Practices and standards wary across European countries due to different contexts (local needs, public expectations and demands versus available resources), but still the cornerstones are part of the same foundation. Exchanging teaching and training methods of these core values in different settings will inspire participants in implementing new methods in their own settings.

Teaching method and workshop: Teaching methods: Short lecture, small group discussion and plenary discussion. Workshop schedule: Introduction with an overview of WONCA Core Values project (10 minutes) Group discussion which aims to share experiences and strategies for change Plenary w

Expected outcomes: Participants will get a broader knowledge about the WONCA Core Values project – and how to implement the values and principles of our discipline into medical teaching and training.

Conclusion: Defining the core values of GP/FM was first step – second step is to secure teaching and training of these defined values of our discipline.

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ID 1333- Catching Our Breath: A Simple Plan to Improve Pneumococcal Vaccination in COPD

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Context: Primary healthcare is the biggest healthcare activity globally, with pervasive evolving issues that require ethics support and education. And for a number of reasons it is a poorly served speciality in terms of ethics support and education, which often resides in institutions disconnected from the primary healthcare environment. The WONCA Working Party on Ethics and Professionalism, in collaboration with the Working Parties on Education, Policy and Advocacy, Family Violence, Emergency medicine and Quality and Safety, has been awarded seed funding to develop an ethics support and education model for primary healthcare globally. We have identified a list of pilot countries: Australia, Chile, Portugal, South Africa, and the UK. We aim for a mutally informative roundtable discussion with WONCA Europe delegates who by default represent a key stakeholder group.

Objectives: The WONCA Working Party on Ethics and Professionalism will use the workshop to showcase the clinical ethics support project so far, and illustrate this using our pilot countries: Australia, Chile, Portugal, South Africa, and the UK. Delegates will learn about ethics support and education as it currently exists in these countries for primary healthcare. We also aim to discuss: the literature, modes of support and education, training for ethics facilitators, what institutions might take on ethics support, and how we might reach appropriate policymakers, policy workers and publics to ensure that we offer effective supportive and sustainable structures. We will discuss costs of such activities, risks, governance and other practical aspects of ethics support around the world. We expect that the discussion will be useful to all primary healthcare leaders and educators, as well as clinicians considering where they might access support in their own institutions.

Teaching method and workshop: Brief discussion of the WONCA clinical ethics support project. Round-table discussion with delegates

Expected outcomes: We will report on what we know so far from pilot countries as a knowledge exchange opportunity The discussion will also inform the WONCA clinical ethics support project

Conclusion: We expect that the discussion will be useful to all primary healthcare leaders and educators, as well as clinicians considering where they might access ethics support and education in their own institutions.

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ID 1055- CBT in primary care: empowering physicians to drive mental and behavioral health change

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No, Madrid, Espagne

Context: A 29 years female patient pressented to her family physician with a big unilateral cervical lymphadenopathy of two weeks of evolution. She refers fever at the begining of the episode after catching a cold with a maximum body temperature of 38º with sore throat, in treatment with antipyretics with resolution of the fever but pain in lymph node. On the first examination, the patient had no fever, and had multiple and painful lymphadenopathies in the right side of the neck. No adhesion to the surrounding tissue. No hepatomegaly or splenomegal. No weight loss, no travels, no family illness.

Methods: The ultrasound in primary care evidence: multiple enlarged lymph nodes in the right cervical upper jugular measuring the largest 45x15mm. Blood examination laboratory tests showed a white blood cell count of 2,5x109 L, C reactive protein 9,43 mg/dl Lymph noce escisional biobsy showed numerous lymphohistiocytic cells, multiple necrotic areas with marked karyorrhexis and prolifetation of histiocytes, The diagnosis was: Kikuchi-Fujimoto disease

Originality: Kikuchi-Fujimoto disease is a rare, bening, self-limited disorder characterized by

subacute or acute cervical lymphadenopathy, often accompained by fever, predominantly in young adults of Asian descent bit reported worldwide The etiology ramains unclear, bt current evidence implicates an aberrant immune response, possibly triggered by viral infection or autoimmune mechanisms, with a predominance of CD 8 T cells and plasmacytoid dentritic cells in affected lymph nodes. Diagnosis is established by escisional lymph node biopsy, which reveals characteristic paracortical necrosis with abundant karyrrhectic debris, proliferation of histiocytes, and absence of neutrophils and eosinophils.

Lessons learned and future implications: The clinical and histopathologyfical features can mimic lymphoma and systemic lupus erythematosus, making accurate disgnosis essential to avoid unnecessary or inappropriate therapy.

Discussion: Treatment is primarily supportive, as the disease typically resolves spontaneously within 1-4 months. Nonsteroidal anti-inflammatory drugs and analgesics are first-line for symptom control. Corticosteroids may be considered in severe or persistent cases. Long-term follow up is recommended due to small but subnotable risk of subsequent development of lupus erythematosus.

Conclusion: Accurate clinicopathologic recognition is crucial, particulary because it can be mistaken for malignant lymphoma

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ID 1756- CC-USC: An Innovative Model to Improve Access to Unplanned Care Within Coordinated Primary Care Structures

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Context: A 31-year-old male patient, with no relevant personal medical history, who comes to his primary care physician reporting having noticed a lump in his left testicle for the past 3 weeks. No local pain, no urinary symptoms, no prostatic syndrome, no fever, no weight loss. His family physician discover after on physical examination, a large, hard mass is palpable in the left testicle. No inguinal lymph nodes are palpable. An ultrasound performed in primary care detected a large homogeneous and hypoechoic mass that occupies almost the total left testicle. A body CT scan was performed, which did not show distant metastatic disease A left orchiectomy was performed, and the anatomopathological study revealed a testicular seminoma. ..

Originality: Seminoma is a malignant germ cell tumor of the testis, accounting for approximately half of all testicuLar germ cell tumors. It typically presents as a unilateral testicular mass in men aged 30-40 years, and its high sensity to radiotherapy and chemotherapy, with an excellent long-term survival rate.

Lessons learned and future implications: Diagnosis is established by physical examination of the testes and scrotal ultrasonography showing an homogeneously hypoechoic intratesticular mass, and confirmed by histopathology following radical inguinal orchiectomy. Pure seminoma does not elevate Alpha fetoprotein. B-human chorionic gonadotropin may be midly elevated in up to 30% of cases. Scrotal ultrasound has a sensitive and specificity > 90% for distinguishing malignant from benign masses

Discussion: Staging with computed tomography of the chest, abdomen and pelvis is recommended to assess for metastatic diseasee. Radical inguinal orchiectomy is both diagnostic and therapeutic. Histopathological assessment of the orchiectomy specimen confirms seminoma. Percutaneous biopsy is contraindicated due to risk of tumor seeding.

Conclusion: A seminoma should be suspected in any male, typically aged 30-40 years, , presenting with a painless, unilateral testicular mass, or with extratesticular symptoms such as abdominal mass, gynecomastia, or supraclevicular lymphadenopathy, especially if

risk factors like cryptorchidism or family history of testicular cancer are present.

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ID 1845- Cerebral venous thrombosis complicated by refractory status epilepticus and malignant cardiac arrhythmia: a case report

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Context: Pancreatic cancer is a highly deadly malignant neoplasm and a major public health problem due to its high mortality rate. It is the fourth leading cause of cancer death in developed countries, and its incidence is gradually increasing, potentially becoming one of the top three causes of cancer death. The only curative treatment is surgery, but only 15% of patients are candidates because the disease is usually diagnosed at an advanced stage. Rarely occurs in young patients. The median age is between 65 and 69 years for men and between 75 and 79 years for women.

Methods: A 72-year-old female patient with a history of hypothyroidism, fibrosing alopecia, and hypertension presented with a three-week history of changes in bowel habits (loose stools) without abdominal pain or weight loss. After normal blood work and stool culture, persistent symptoms prompted a positive fecal occult blood test. During the evaluation, and while awaiting gastroscopy and colonoscopy, the patient developed sudden, painless jaundice of 48 hours' duration

Results: Urgent blood work revealed an obstructive cholestatic pattern (bilirubin 7 mg/dL, GGT 1035 U/L, transaminases >500 U/L). An abdominal ultrasound identified a solid mass in the head of the pancreas, a diagnosis confirmed by PET-CT and ERCP biopsy, with histopathological results showing pancreatic adenocarcinoma.

Discussion: This clinical case demonstrates that diagnosis is often delayed due to the presentation of nonspecific symptoms, such as the change in bowel habits initially observed in this case. The current diagnostic standard is multidetector computed tomography with a pancreatic protocol to define resectability based on involvement of the mesenteric vessels and the celiac trunk. ERCP not only allows for biopsy sampling but is also essential for biliary palliation through stent placement. The approach can be summarized as systemic medical treatment: modified FOLFIRINOX neo/adjuvant Gemcitabina/Nab-placitaxel, and curative surgery: pancreaticoduodenectomy (Whipple). The prognosis is good, with a 5-year survival rate of 12-13%, and R0 resection being the most significant prognostic factor.

Conclusion: Given the short survival rate, rapid resistance to treatments, and high mortality, further research is needed at various levels to achieve: earlier diagnoses, more specific and effective follow-up, and improved disease prognosis.

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ID 2228- Cervical cancer screening in primary care: adherence and barriers identified during a mass screening initiative

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Context: In primary care, patients frequently attribute weight loss and palpitations to stress or anxiety, especially during psychosocially demanding periods. While psychological explanations are common, premature attribution may delay recognition of underlying organic disease. This case illustrates how hyperthyroidism was uncovered after reassessing symptoms initially framed as anxiety-related.

Methods: A 34-year-old woman presented to a family medicine clinic requesting help for “stress-related weight loss and anxiety.” She reported fatigue, sleep disturbance, intermittent palpitations, and a 7-kg unintentional weight loss over three months. She had no prior chronic illness or regular

medication use. The patient initially linked her symptoms to work-related stress and caregiving responsibilities. On focused review, she also described heat intolerance and discomfort in warm environments. Physical examination revealed resting tachycardia (102 bpm) and fine tremor, without palpable goiter. Given the discordance between psychosocial attribution and physical findings, targeted laboratory tests were ordered. Results showed suppressed TSH (<0.01 mIU/L) and elevated free T4 (3.1 ng/dL), consistent with hyperthyroidism. The patient was promptly referred to endocrinology for definitive management.

Originality: This case reframes hyperthyroidism as a condition masked by patient-led psychosocial interpretation rather than physician oversight, highlighting a subtle diagnostic trap in primary care.

Lessons learned and future implications: Non-specific symptoms attributed to anxiety warrant structured reassessment. Simple examination findings and basic laboratory tests can prevent diagnostic delay.

Discussion: Hyperthyroidism and anxiety share overlapping features. Anchoring on psychosocial explanations may obscure endocrine pathology unless actively challenged.

Conclusion: Primary care physicians play a key role in re-evaluating symptom narratives. Unintentional weight loss accompanied by tachycardia should prompt thyroid testing, regardless of apparent psychosocial context.

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ID 2036- Chagas disease: using a non-invasive biomarker to identify diagnosis

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Context: In XXX, contraception, legalized in 1967, was rapidly medicalized and predominantly assigned to women. Initially perceived as an emancipatory advancement, contraception became embedded in a "contraceptive norm" assigning near-exclusive responsibility to women.

Objectives: This study aims to explore and model men's perceptions of the contraceptive burden and their involvement within heterosexual couples, in order to improve physician–patient communication in primary care.

Methods: This qualitative study was informed by grounded theory methodology. Adult male participants were recruited from primary care practices in north XXX. Interviews were semi-structured guided by an iterative interview guide, and continued until data saturation. Interviews were recorded, fully transcribed, and analyzed using Excel software. A total of 12 adult men were interviewed, with a mean age of 39 years and a mean interview duration of 25 minutes. Seventy percent of the data were triangulated.

Results: Men acknowledged the existence of costs, constraints, and tasks, defining the concept of "contraceptive burden." Four interrelated dimensions were identified: cognitive or mental (anticipation, information seeking), bodily (physical and psychological side effects), organizational or logistical (scheduling appointments, allocating time), and financial (out-of-pocket expenses for consultations and contraceptive methods, or indirect costs).Four male profiles emerged: distant men (low involvement), fluctuating men (involvement varying across relationships), relational men (long-term engagement), and individualistic men (seeking personal control).

Discussion: This study addresses a rarely explored gender inequality in medicine using an appropriate qualitative methodology. Its limitations include self-reporting bias and the absence of users of innovative male contraceptive methods.

Conclusion: The findings highlight the central role of the general practitioner in promoting male responsibility and supporting couple balance regarding the contraceptive burden, particularly through dedicated consultations.

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ID 604- Challenges in diagnosing myasthenia gravis: a case report

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Context: Tinea corporis is a common dermatophyte infection, frequently transmitted through contact with infected animals. When treated inappropriately with corticosteroids, its classical features may be masked, resulting in tinea corporis incognito. In primary care, distinguishing steroid-modified infections from chronic inflammatory dermatoses is essential to avoid diagnostic delay.

Methods: A 27-year-old female pharmacist with a known history of psoriasis presented with widespread annular plaques on the trunk and extremities. Notably, she reported no pruritus. She had self-administered oral methylprednisolone (16 mg/day) for presumed psoriasis flare. One week before symptom onset, she had adopted a stray cat. Physical examination revealed erythematous plaques with atypical morphology. Given treatment failure and exposure history, fungal infection was suspected. Mycological assessment supported tinea corporis incognito. Systemic corticosteroids were discontinued, and oral terbinafine (250 mg/day for 28 days) with topical luliconazole was initiated, resulting in complete clinical resolution.

Originality: This case highlights the “healthcare professional–patient paradox,” where self-diagnosis and inappropriate steroid use masked a zoonotic infection, delaying correct diagnosis.

Lessons learned and future implications: Family physicians should maintain diagnostic vigilance when chronic skin diseases present atypically or fail to respond to immunosuppressive therapy. Detailed environmental and exposure history is crucial.

Discussion: Systemic corticosteroids suppress inflammatory responses, eliminating hallmark symptoms such as pruritus and altering lesion morphology. In patients with known dermatologic disease, new or changing patterns should prompt reconsideration of the diagnosis. Primary care continuity enables critical reassessment beyond prior labels.

Conclusion: Tinea corporis incognito should be considered when presumed inflammatory dermatoses worsen under corticosteroid therapy. Family physicians play a key role in recognizing masked infections through holistic assessment and continuity of care.

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ID 534- Challenges of informing and raising awareness among general practitioners on end-of-life issues

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Context: A 30-year-old male with no relevant medical history presented with a 24-hour onset of dyspnea. He reported recent alcohol and cocaine use over the weekend. He denied fever or previous trauma.

Objectives: To determine the etiology of sudden dyspnea in a young patient without classic risk factors, emphasizing the relevance of substance use history in the diagnostic process.

Methods: The evaluation began in Primary Care (93% oxygen saturation, pathological lung sounds). A point-of-care lung ultrasound revealed an image compatible with a pulmonary infarction. To confirm the findings, the patient was referred to the hospital for D-dimer testing and a CT pulmonary angiogram (CTPA).

Results: The CTPA confirmed a bilateral pulmonary embolism (PE), and laboratory tests showed elevated D-dimer levels. After ruling out differential diagnoses such as pneumonia, pneumothorax, or myocarditis, the thrombotic origin was confirmed.

Discussion: Cocaine exerts a direct vasoconstrictive effect on the pulmonary

endothelium, facilitating thrombus formation even in the absence of comorbidities. In young patients, isolated dyspnea following substance use should raise suspicion of vascular events, as cocaine acts as a potent thrombotic trigger.

Conclusion: This case highlights the critical role of Primary Care in the early detection of life-threatening conditions. Cocaine use is an independent risk factor for PE. The patient was stabilized with anticoagulant therapy and outpatient follow-up.

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ID 1299- Changes in Clinical Supervision During Emergency Shifts After National Resident Advocacy Efforts: Preliminary Results from the 2026 Spanish Follow-Up Survey

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Context: In 2019, a global appeal was launched by WONCA, inviting general practitioners to take action for planetary health (PH). Four years after this call, what are GPs doing to promote PH?

Objectives: To describe the opinions of GPs about this subject and the prevalence of pro-PH actions in general practice and to evaluate their knowledge of PH.

Methods: According to the STROBE guidelines, we conducted a quantitative cross-sectional study by distributing an online questionnaire. This questionnaire was distributed by email to general practice networks. Responses were analyzed according to role and demographic data using descriptive statistics.

Results: The 974 participants placed significant importance on ecology in their personal lives (mean = 7.1/10) and were relatively aware of the environmental impact of health care. In their professional lives, the importance placed on ecology was lower (mean = 5.80/10). Only 23.1% (n=225) reported being trained during their medical education. During consultations, among the advice that provided both health and environmental cobenefits, the most frequently given were those with a direct benefit to patients' health. The lack of time (n=676, 69.4%) was the first barrier to integrating PH into practice, and the second barrier was the lack of knowledge (n= 606, 62.2%)

Discussion: Our study highlights a significant gap between general practitioners' strong personal interest in environmental issues and the limited integration of PH principles into clinical practice. PH-related actions remain largely ad hoc, focusing mainly on patient health benefits rather than environmental impact. Major barriers include lack of time, insufficient training, feelings of powerlessness, and the perception of PH as a politicized topic. Nevertheless, GPs express genuine interest and concern about their role in PH. The literature emphasizes their responsibility to lead by example for patients and colleagues, as practice managers and decision-makers. Consistent with previous studies, a discrepancy persists between personal commitment and professional implementation.

Conclusion: GPs are citizens who are sensitive to environmental issues, but they are more detached from these issues in their professional lives. It seems crucial to strengthen prevention efforts and integrate environmental considerations into training programs and health policies to create the conditions necessary for this change in practice.

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ID 52- Characteristics and healthcare utilization of Long COVID patients included in the care trajectory post-Covid-19.

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Context: Ageism has been defined as "the expression of prejudice against older individuals through attitudes and behaviors".

Assessing medical students' attitudes towards elderly is critically important to ensure that elderly receive comprehensive and non-discriminatory care in family medicine practice.

Objectives: The aim of this study is to assess and compare attitudes of medical students towards elderly in Adana, Türkiye.

Methods: The first, third and sixth year medical students in Çukurova University Faculty of Medicine in 2023-2024 academic year were enrolled. Sociodemographic Data Collection Questionnaire and Kogan's Attitudes Toward Old People Scale (KOPS) were used. Data were analyzed using SPSS package program version 23.0.

Results: Of 571 students with a mean age of 21,7±3,1 years, 241 (42,2%) were male, 324 (56,7%) were female. The mean KOPS total score was 98.0±14.3. A significant decrease in KOPS scores was observed as students' ages increased ($p<0.001$). The KOPS scores of students with no experience about elderly were significantly higher than those with experience ($p=0.003$).

Discussion: Our KOPS score findings were similar to those found by Özerdoğan et al. (2022), Kavuran and Caner (2021), Turan et al. (2016), Yazıcı et al. (2016), and Adıbelli et al. (2013) However, scores found by Koca et al. (2020) and Sarı et al. (2019) were higher than ours (more positive attitude) whereas scores reported by Salman et al. (2015) were lower. The discrepancy may be due to sociodemographic and geographical characteristics of the studies (more negative attitude).

Conclusion: Our findings indicate that the awareness of family physicians regarding elderly health and discrimination against the elderly needs to be improved starting from basic medical education.

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ID 1064- Chest pain and fever: It's not always myopericarditis

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Context: Ageing populations and the growing burden of chronic diseases place increasing pressure on primary care services. Older adults often face barriers such as limited health literacy, reduced digital skills, mobility constraints, and fragmented follow-up, which may impair self-management and continuity of care. Innovative, user-friendly digital solutions are needed to support elderly patients while reducing general practitioner (GP) workload and promoting equitable access to care.

Objectives: To describe the development and intended functionality of a Virtual Reality (VR)–assisted artificial intelligence (AI) chatbot designed to support chronic disease self-management among elderly patients in primary care.

Methods: This study presents the conceptual design and technological architecture of a VR-assisted AI chatbot developed for use in primary care settings. The system integrates three core components: (1) an AI chatbot that supports daily symptom reporting, medication reminders, and decision guidance; (2) a VR-based education module that delivers simplified, immersive health education tailored to elderly users; (3) a clinician dashboard that summarizes patient-reported data and flags potential risks. The design process was informed by anticipated needs of elderly patients and primary care clinicians, focusing on accessibility, simplicity, and low cognitive load. The system is intended to collect structured patient input and generate concise summaries for healthcare professionals, rather than replace clinical decision-making.

Results: The resulting platform enables daily remote monitoring, reinforces treatment adherence, and provides interactive education aimed at improving patient engagement and self-efficacy. From the clinician perspective, the system is designed to reduce administrative burden by filtering routine data and highlighting patients who may require active follow-up.

Discussion: Unlike conventional digital health tools, the integration of VR aims to overcome educational and motivational barriers commonly observed in older adults. The combination of AI-supported interaction and immersive education represents a novel approach within primary care–based chronic disease management.

Conclusion: This VR-assisted AI chatbot represents a promising technological innovation to support elderly patients in primary care. By enhancing self-management and streamlining clinician workflows, the system has the potential to improve continuity, efficiency, and equity of care. Future studies will evaluate user experiences, clinical integration, and real-world impact.

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ID 1755- Chronic brucellosis and obstacles in diagnosis

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Context: The widespread use of smartphones has become an integral part of daily life among medical students, raising concerns about problematic use and its potential impact on health-related behaviours, including eating patterns. Intuitive eating, which emphasizes awareness of internal hunger and satiety cues rather than external influences, has gained attention as a positive approach to eating behaviour and overall well-being.

Objectives: The aim of this cross-sectional study is to assess smartphone addiction risk and intuitive eating behaviours among medical students and to investigate their association with sociodemographic characteristics.

Methods: 524 participants from Istanbul University - Cerrahpaşa Faculty of Medicine 1st, 2nd and 3rd year students were included in our study. Sociodemographic Data Form, Intuitive Eating Scale - 2 and Smartphone Addiction Scale - Short Form scales were applied to the participants face-to-face.

Results: Among all participants, 51,7% were found to be at risk of smartphone addiction. There was a negative correlation between Smartphone Addiction Scale score and Intuitive Eating Scale score. Participants with a chronic disease had a significantly higher risk of having smartphone addiction.

Discussion: In the present study, smartphone addiction was negatively correlated with intuitive eating behaviours, indicating that higher levels of problematic smartphone use are associated with lower intuitive eating scores among medical students. This finding is consistent with previous research demonstrating similar patterns in related contexts, suggesting that behavioural addictions can interfere with adaptive eating attitudes and behaviours.

Conclusion: In conclusion, this study highlights a significant negative association between smartphone addiction and intuitive eating behaviours among medical students, emphasizing the potential impact of problematic smartphone use on healthy eating practices.

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ID 988- Chronic Diarrhea as a Paraneoplastic Manifestation of Papillary Renal Cell Carcinoma in a Patient with Type 1 Diabetes

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Context: • Smoking is classified as a modifiable risk factor that increases the risk of developing type 2 diabetes mellitus (T2DM). • Pathophysiological mechanisms by which components of tobacco smoke cause glucose intolerance and worsen clinical outcomes in patients with T2DM include: increased insulin resistance, impaired β-cell function and insulin secretion, chronic low-grade inflammation, endothelial dysfunction, indirect interaction with other factors that worsen diabetes.

Methods: Control of risk factors in people with diabetes mellitus: blood pressure, glycemia,

lipid profile, smoking, physical activity, body weight control, dietary habits.

Originality: • Epidemiological studies on the association between cigarette smoking and the development of type 2 diabetes have shown, in a study of 50,000 Chinese individuals followed for 5.4 years, that participants who smoked ≥20 cigarettes per day had an increased hazard ratio for developing T2D of 1.25 (95% CI: 1.00–1.56), while men with a smoking history of ≥40 cigarettes had an increased risk of T2D of 1.28 (95% CI: 1.04–1.57).

Lessons learned and future implications: • In the European Prospective Investigation into Cancer (EPIC-Norfolk) study of 2,704 men and 3,385 women, smoking was shown to be associated with an increase in HbA1c. Smokers of both sexes showed similar changes in HbA1c values—[an increase of 0.12% per 20 pack-years].

Discussion: • Healthy diet, regular physical activity, smoking cessation, and regular blood glucose monitoring are the main recommendations for diabetes control. • If you are not a smoker, do not start smoking; if you are, the best choice is to quit.

Conclusion: • Is there an alternative for those who choose an unhealthy lifestyle despite negative health consequences?

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ID 1990- Chronic Kidney Disease: a proposal for inteìgrated management between Primary Care and Hospital Nephrology

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Context: In a dual context of dwindling resources in psychiatry and a significant increase in mental health disorders, our system was created by the 6 Professional Communities Territories of Health and the Territorial Hospital Group of our department in 2021, to strengthen the outpatient mental health service. - Psychiatric telexpertise for general practitioners (720 in 5 years) and multidisciplinary team meetings for primary care teams. - Cognitive Behavioral Therapy groups (depression, insomnia, burnout): 955 patients referred, 525 patients treated in 5 years. Clinical improvement comparable to individual therapy. - Development of a shared culture among all mental health stakeholders in a given area, across the health, social, and medico-social sectors : webinars, monthly newsletters.

Methods: Initially deployed in one department, our program has benefited from ongoing state funding since 2023, allowing for expansion to other regions. We are currently deploying in three departments within the region, as well as in other departments across the country. To facilitate this, a deployment guide has been written, outlining the precise implementation process. We propose videoconference meetings with teams from other regions. Quantitative and qualitative monitoring of the deployments in the various regions is planned, including data collection and regional and national meetings with stakeholders in the departmental programs.

Originality: Our pragmatic approach relies on efficient and readily accessible resources for general practitioners to improve the management of specialist resources. It was designed from the outset to be replicable and adaptable to local resources.

Lessons learned and future implications: The success of this implementation depends on rigorous coordination, strong local ties, and a shared commitment to strengthening the links between general practitioners and psychiatrists.

Discussion: Monitoring the indicators will allow us to quickly identify the necessary adjustments and guide future developments of the system to better meet the expectations of healthcare professionals and patients in the area.

Conclusion: Our system ensures earlier detection and more appropriate treatment of mental health disorders as a whole. Deploying it in other regions means choosing an innovative and pragmatic strategy, based on

concrete and successful experience, to achieve a lasting improvement in the mental health of our citizens.

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ID 1412- Chronic Pain, Social Vulnerability and Opioid Dependence in Primary Care

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Context: As Family Medicine continues to evolve in response to changing healthcare needs, early professional interaction and knowledge exchange platforms play a crucial role. European Young Family Doctors' Movement (EYFDM) preconference exchange programs offer young family doctors unique opportunities for cross-cultural learning and capacity building. The city of XXX has hosted such an initiative aimed at strengthening family medicine through collaboration, education, and community interaction.

Methods: The EYFDM XXX preconference exchange involved participants from multiple countries engaging in clinical observations, an interactive workshop, and community-based activities. Qualitative feedback was collected via structured questionnaire to assess participant experiences and perceived learning outcomes.

Originality: To present the outcomes and impact of the preconference exchange program held in XXX, highlighting its role in shaping future leaders in family medicine, enhancing intercultural competence, and fostering professional networks.

Lessons learned and future implications: Participants reported significant gains in clinical insight, especially in the context of primary care delivery in resource-variable settings. From a future perspective, such programs add the value of international collaboration in strengthening primary healthcare systems and preparing young family doctors for leadership roles. The XXX experience suggests that preconference exchanges can serve as catalysts for sustained professional partnerships, joint educational initiatives, and collaborative research projects and contributing to the long-term success of family medicine at both local and international levels.

Discussion: The exchange fostered mutual understanding of diverse healthcare systems and inspired collaborative project ideas.

Conclusion: The XXX preconference exchange demonstrated the potential of short-term immersive programs to positively influence professional development and contribute to the global vision of family medicine. Such initiatives are instrumental in shaping a well-connected, culturally competent, and patient-centered generation of family physicians.

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ID 1158- Classical Phased Evolution of EGPA: Importance of Early Recognition in Primary Care

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Context: Acne vulgaris is one of the most common chronic inflammatory conditions managed in primary care. In the UK, acne accounts for approximately 3 million GP consultations annually, predominantly among adolescents and younger adults. Global prevalence continues to rise, particularly in those aged 15–19 years. As most acne is managed in general practice, adherence to evidence-based guidance is essential to optimise outcomes and minimise unnecessary antibiotic exposure. NICE NG198 provides clear standards for topical therapy, antibiotic prescribing, follow-up, and referral, supporting antimicrobial stewardship in primary care.

Objectives: To assess adherence in a UK general practice to NICE NG198 guidance for acne vulgaris, focusing on first-line topical management, systemic antibiotic use, follow-up practices, and referral of severe or refractory disease.

Methods: A retrospective, single-centre audit was conducted between April 2024 and April 2025. Patients with a coded diagnosis of acne vulgaris were included if sufficient clinical data was available. Data collected included demographics, acne severity, treatment initiated, systemic antibiotic use, follow-up within 12 weeks, and referrals to dermatology. Performance was descriptively assessed against NICE standards.

Results: First-line management: Most patients were initiated on guideline-recommended topical therapy. Antibiotic prescribing: Systemic antibiotics were largely prescribed in line with guidance and were predominantly tetracycline-based; however, a small but clinically relevant proportion commenced oral antibiotics as first-line therapy. Follow-up: Most patients were reviewed within the recommended 8–12 weeks, though documentation was inconsistent. Referral: Nearly all patients with severe acne were appropriately referred to dermatology.

Discussion: This audit demonstrated strong overall adherence to NICE guidelines, particularly for topical first-line therapy and referral practices. However, even infrequent initiation of systemic antibiotics first-line has antimicrobial stewardship implications when scaled across the high volume of acne consultations. Inconsistent follow-up documentation may increase the risk of prolonged or unnecessary antibiotic exposure. Targeted interventions, including improved documentation templates and prescribing prompts, could strengthen guideline adherence.

Conclusion: With millions of acne consultations managed annually in UK general practice, small deviations from guideline-based care can have substantial population-level consequences. Clear communication and reinforcement of evidence-based acne management are essential to support antimicrobial stewardship, optimise patient outcomes, and strengthen the role of primary care in delivering high-quality dermatological care.

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ID 1340- Cleared for Space? Medico-Legal Risk in Recreational Spaceflight

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Context: This is the case of a male patient who had a road traffic accident at age 9 years. At age 14, he presented with idiopathic limb pain syndrome and lumbar spine pain. He was also having neck and knee pain. Clinical examination at that time revealed pain in the lumbar spine on lightly pressing head (sign) and limited Straight leg rise. Ten fibromyalgia points were tender, and he was generally hypermobile (Beighton's score 6). Lumboscaral spine x ray showed pars defect. MRI scan was requested and showed congenital absence of inferior vena cava (IVC). A further MRI lumbar spine was arranged due to persistent back pain. MRI showed other vascular abnormalities. In addition to absent IVC there was increased size of hemiazygos and paravertebral veins and prominent veins at neuro foramina. This was possibly causing compression of co-existing structures contributing to lower back pain.

Methods: Case study of a real patient, review of MRI and CT images. For atypical presentation, a literature search was done.

Originality: Case study of a practice patient.

Lessons learned and future implications: Congenital absence of inferior vena cava usually presents with deep vein thrombosis. The patient was treated with high dose of painkillers for back pain. In this case there was delay in correlating back pain with congenital absence of inferior vena cava.

Discussion: Congenital anomaly like total absence or atresia of inferior vena cava is a rare condition. The incidence of absence inferior vena cava is 0.2-0.6% in healthy individual. As the collateral circulation through azygous and portal vein maintains sufficient venous return so patients are often asymptomatic. The condition may predispose to venous stasis leading to varicose veins and deep vein thrombosis.

Conclusion: In this case the patient developed lower limb pain and back pain from an early age. He was found not to have DVT and his thrombophilia screen was negative. It is possible that his symptom of leg pain was due to increased demand on venous system and stasis and the back pain due to increased endoneurial pressure.

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ID 1525- Climate change and emergence of Dengue-COVID-19 co-infection in temperate region of XXX: Insights from a low and middle-income country

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Context: Point-of-care ultrasound (POCUS) enhances diagnostic accuracy, patient safety, and clinical autonomy in family medicine and is increasingly regarded as an extension of the clinical examination. Its relevance is particularly high in rural and underserved settings, where access to diagnostic imaging and specialist support is limited. Despite growing interest across Europe, access to structured, competency-based POCUS training remains uneven. Rural family physicians often face limited educational opportunities, insufficient local training capacity, and a lack of harmonized training standards. This heterogeneity raises concerns regarding quality assurance and safe clinical implementation. A coordinated European approach, grounded in competency-based medical education, is therefore required to support the effective, scalable, and sustainable integration of POCUS into routine family medicine practice.

Objectives: By the end of this workshop, participants will be able to: Describe key elements of a standardized European competency framework for POCUS in family medicine, with specific relevance to rural practice. Identify and compare scalable trainer-of-trainees (ToT) models to expand POCUS training capacity across countries and rural regions. Discuss governance, collaboration, and quality assurance mechanisms necessary to establish and sustain a European POCUS ToT network.

Teaching method and workshop: This 75-minute interactive workshop employs a blended educational design informed by adult learning theory and competency-based training principles, as outlined in EFSUMB and Wonca Europe position papers. Short plenary inputs introduce a European pilot in

Expected outcomes: Participants will gain practical and transferable insights into the development and implementation of a European POCUS ToT network. Outcomes include enhanced understanding of competency-based curriculum design, collaborative capacity building across count

Conclusion: This workshop promotes a collaborative, competency-driven, and evidence-informed approach to POCUS education, contributing to capacity building and supporting high-quality, sustainable integration of POCUS in family medicine across Europe.

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ID 190- Clinical Assessment of Schisandra chinensis Extract for Knee Discomfort: An Exploratory Double-Blind, Randomized, Placebo-Controlled Trial

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Context: Clinical simulation is a necessary technique for medical professionals to acquire skills. Until now, mannequins representing human anatomy have been used, but recently, the development of virtual reality has become another tool for the training of future doctors.

Objectives: The aim of this study is the validation by medical professionals of a virtual reality tool developed in collaboration between the University of Jaime I of Castellon and the Vega Baja Hospital of Orihuela. The tool was developed taking into account the recommendations of primary care and emergency physicians in our department regarding orotracheal intubation.

Methods: A randomized group of physicians was selected to test an orotracheal intubation tool using virtual reality. The selected group consisted of physicians with the relevant speciality and clinical experience. Surveys were administered before and after using the tool to asses their level of satisfaction.

Results: Primary care and emergency medicine physicians rated the virtual reality tool favorably. Emergency medicine physicians identified more elements or details that could be developed or improved than primary care physicians.

Discussion: The mannequins currently used for orotracheal intubation require a monitor to supervise each step of the intubation process, and also require all the necessary intubation equipment. Virtual reality provides all the elements for intubation and for learning how to perform it, without the need for a monitor to supervise the process.

Conclusion: Virtual reality and its role in simulation processes for acquiring technical skills will gradually become the norm. It saves time, allows for repeated practice, and reduces the need for teaching staff. Currently, haptic gloves are too expensive, but with technological advancements, their availability will become more accessible in a few years.

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ID 647- Clinical Efficacy of Codeine in Arthritic Pain: A Systematic Review

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Context: A 54-year-old gentleman presented to the surgery with intermittent abdominal pain, changes in bowel habits and lower urinary tract symptoms recurring over the last few years. All necessary investigations were performed but the diagnosis was unclear. Later in the course he presented with abdominal pain and change in bowel habits. Because of his age and change in bowel habits, investigations were arranged including blood tests, stool for microscopy and culture, faecal calprotectin and a faecal immunochemical test (FIT) to rule out lower bowel pathology (i.e. inflammatory bowel disease or bowel cancer). Blood tests and stool culture were normal. The faecal calprotectin was high (310 micrograms/g) and positive FIT (106.9 micrograms/g). He was referred on suspected cancer care pathway and was reviewed in lower GI clinic. A colonoscopy was performed but was incomplete as the colonoscope could not be passed beyond the splenic flexure due to looping. A CT colonography at the time showed malrotation of the midgut. The stool test for faecal calprotectin and faecal immunochemical test

led to urgent referral which threw light on the diagnosis.

Methods: Original case study from presentation to GP, investigation like colonoscopy and subsequent CT colonogram.

Originality: Original case study from practice.

Lessons learned and future implications: Presentation in subacute malrotation may be atypical and difficult to diagnose. The case was discussed in practice clinical meeting for shared learning.

Discussion: Malrotation occurs in approximately 1 in 500 births and usually presents during childhood. In rare cases, such as the one presented here, the patient may live well into adulthood without the diagnosis being made. In these cases, the patient tends to have subacute presentation of symptoms. This patient had several gastro-intestinal investigations in the past but none of them resulted in the diagnosis. This is likely due to intermittent malrotation, with investigations done during periods where the rotation was normal.

Conclusion: This is an interesting and novel case where malrotation was found to be associated with possible inflammation and microvascular changes, resulting in raised faecal calprotectin and positive FIT test.

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ID 1778- Clinical Ethics Support and Education for General Practice Project: A view from pilot countries and global stakeholder discussion

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Context: Family physicians work under high workload, time constraints, limited consultation duration, and sometimes language barriers, alongside extensive documentation requirements. These factors may impair clinical reasoning, patient–physician communication, and adherence to evidence-based care. Artificial intelligence (AI) tools, including speech recognition and clinical decision support systems, are increasingly integrated into primary health care to support physicians without replacing their professional role.

Objectives: Rather than viewing AI as an autonomous diagnostic system, this experience highlights its role as a clinical assistant. AI reduces administrative burden and frees cognitive resources, enhancing clinical reflection and empathic patient interaction.

Methods: This practice-oriented reflective analysis describes the implementation of AI tools in daily family medicine practice. Audio recording of consultations enables automatic transcription, real-time translation, structured organization of complaints and medical history, and data entry into electronic records. AI also assists in generating a preliminary diagnostic plan, differential diagnosis, and guideline-based treatment and follow-up recommendations. Final clinical decisions remain the physician's responsibility.

Results: The use of AI optimized consultation time and reduced routine documentation, allowing physicians to reallocate resources toward clinical analysis and patient-centered communication, including empathic dialogue and shared decision-making. Improved information structuring and collaborative decision-making enhance patients' understanding of their condition and treatment adherence. AI did not replace the family physician but reinforced the human dimension of medicine—empathy, trust, and individualized care. Further implementation requires ethical oversight, data quality assurance, data protection, and continuous physician supervision.

Discussion: AI may become an effective support tool for family physicians by systematizing data, assisting diagnostic reasoning, and facilitating adherence to clinical guidelines. However, at present, the underlying algorithms used by different AI providers are not fully transparent. Therefore, it is essential to avoid excessive reliance on technology and to preserve physicians' professional autonomy, as AI does not replace clinical judgment.

Conclusion: AI should be viewed not as a replacement for the family physician, but as a clinical assistant. By optimizing time and human resources, AI creates conditions for deeper analysis of patient health and more empathic interactions, ultimately improving the quality of primary health care and patient adherence—primarily through the preservation of the humanistic values of primary care.

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ID 916- Clinical monitoring workload and use of technology for General practitioners due to private usage for GLP1 analogue injections for obesity

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Context: Respiratory polygraphy (RP) is widely used in primary care to investigate suspected obstructive sleep apnea (OSA), particularly when access to polysomnography (PSG) is limited. However, RP may underestimate disease severity by failing to detect non-desaturating obstructive events associated with cortical micro-arousals, leading to discordance between respiratory indices and clinical symptoms.

Objectives: To assess whether integrating non-cortical physiological indicators into RP interpretation improves detection of obstructive respiratory events associated with micro-arousals, and to evaluate agreement between enriched RP and PSG-derived respiratory indices in a primary care context.

Methods: We conducted a retrospective single-center observational study including seven adult ambulatory PSG recordings. Each recording underwent two independent analyses: standard PSG scoring according to American Academy of Sleep Medicine criteria, and an RP-based analysis simulating a primary care setting enriched with two additional obstructive event categories. EOSD type 1 corresponded to non-desaturating hypopnea-like events, and EOSD type 2 to respiratory effort–related events. A suspected micro-arousal was identified in RP when at least three non-cortical indicators were present (ventilatory recovery, airflow normalization, respiratory effort changes, pulse wave attenuation, heart rate acceleration). Event-level diagnostic performance was assessed using sensitivity and positive predictive value (PPV) with exact 95% confidence intervals. Index-level agreement was evaluated using intraclass correlation coefficients (ICC) and Bland–Altman analysis.

Results: Enriched RP identified 1,064 PSG-confirmed respiratory micro-arousals, with an overall PPV of 91.1% (95% CI 89.3–92.7) and a sensitivity of 91.5% (95% CI 89.8–93.0). EOSD type 2 showed the highest predictive performance (PPV 93.6%, 95% CI 91.5–95.3). Agreement between RP-derived and PSG-derived indices was excellent, with ICC values of 0.982 for EOSD 1 versus non-desaturating hypopneas and 0.987 for EOSD 2 versus respiratory effort–related micro-arousals. Bland–Altman analyses showed minimal bias and narrow limits of agreement.

Discussion: Integrating non-cortical indicators substantially improves RP interpretation by reducing under-detection of clinically relevant obstructive events and improving concordance with PSG.

Conclusion: Enriched respiratory polygraphy provides reliable and clinically meaningful estimates of obstructive respiratory event burden. This pragmatic approach supports more accurate OSA assessment in primary care, particularly in isolated settings where polysomnography is not accessible. MeSH : Sleep apnea syndromes; Primary health care; Polysomnography

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ID 892- Clinical Nutrition Management for 50-Year-Old Female Undernourished with Giant Neurofibroma Right Lower Limb: A Biomedical and Psychosocial Multidisciplinary Approach

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Context: Breast cancer is the most frequently diagnosed cancer and the leading cause of cancer-related mortality among women worldwide. In 2022, there were 2,296,840 new cases (age-standardised rate (ASR) 46.8/100,000) and 666,103 deaths (ASR 12.7/100,000). This disease constitutes a significant global public health burden, affecting countries irrespective of their economic development status. In Poland, 21,079 new cases were reported in 2021, representing 24.2% of all malignant neoplasms diagnosed in women.

Objectives: There are limited studies on the Polish population that simultaneously analyze knowledge, attitudes, and psychological and behavioral components affecting women's participation in breast cancer prophylactic examinations using standardized questionnaires, such as MHLC, HBI, and Mini-COPE. This gap is further underscored by international literature, where existing research often relies on proprietary questionnaires or singular standardized tools, resulting in fragmented insights. The study aimed to identify the key determinants influencing the willingness of Polish women to participate in breast cancer prophylactic examinations.

Methods: The study surveyed 407 women aged 45 to 69 between 2021 and 2022 and reported using the STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) checklist. The research tool included an author-delivered questionnaire, the Multidimensional Health Locus of Control (MHLC) scale, the Health Behavior Inventory (HBI), and the Mini-Coping Orientation to Problems Experienced (Mini-COPE) inventory.

Results: Women were more likely to participate in screening if they were older, married, had children, used oral contraception, had received education on breast cancer prevention, had higher average intensity in the Health Behavior Inventory and scored significantly higher on the author's scale, and demonstrated an external health locus of control. Additionally, women who reported attending prophylactic examinations were significantly more likely to express a need for emotional support.

Discussion: Understanding the complex interplay of psychological, behavioral, and social factors that influence women's participation in breast cancer screening is vital to improving preventive healthcare outcomes.

Conclusion: Further research is necessary to gain a deeper understanding of the factors that motivate women to engage in health-promoting behaviors and to develop targeted interventions. The findings suggest that women who are well-informed about breast cancer prevention and feel comfortable accessing preventive services are more likely to undergo regular screening.

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ID 936- Clinical simulation in the management of suicidal crisis in a bipolar patient in primary care

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Context: In Spain, the incidence of HIV in adolescence is low, representing 11.5% of cases. We present the case of a 15-year-old teenager from Cuba, highlighting the aspects in which Primary Care is fundamental.

Methods: Introduction: In Spain, the incidence of HIV in adolescence is low, representing 11.5% of cases. We present the case of a 15-year-old teenager from Cuba, highlighting the various aspects in which Primary Care is fundamental. Case Clinic: 14-year-old teenager , with a primary infection of syphilis, who moved from Cuba to Marbella . He came to the Family Doctor consult to continue medical follow-up. In Cuba, he presented an inguinal lesion suspected of syphilis that was confirmed

with serology and treated with a single dose of benzatinic Penicillin G (2.4 million units im). After the window period of STIs , he did a new serology test: HSV-1, HSV-2, Syphilis and VIH. The tests showed a positive Ig M for HSV-2 , AC against HIV, and Ig G against syphilis. As a under-age , the results were communicated to his mother and later to him. He was referred to the Internal Medicine Infectious Group of the Costa del Sol Hospital, the reference University Hospital in the area, where he was treated with Antiretroviral Therapy (HAART)

Originality: This case is unusual, given that the incidence of HIV in Spain is low, and even more so, a case in adolescence

Lessons learned and future implications: In this clinical case, we can show why Primary Care is fundamental: Care for the immigrant patient; health education, specifically , STIs , including VIH prevention, sexual education, and mental health. Professionals as family doctors, nurses are responsible for carrying out these tasks.

Discussion: Health education activities include workshops (nutrition, stress management, first aid), talks (addiction prevention, sexual health, mental health,), and others such as seminars, support groups, focusing on promotion, prevention, and healthy lifestyles for teenagers with the program Forma Joven.

Conclusion: We must learn that STI prevention activities and social support must be thorough and constant to educate the population and prevent new infections as much as possible.

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ID 833- Clinical skills of general practitioners in XXX: a cross-sectional study

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Context: Family doctors (FDs) act as the safety net of the healthcare system. This report illustrates how an FD's advocacy, based on their in-depth knowledge of a patient's medical history, led to the diagnosis of a rare ankle fracture that had initially been missed by secondary care.

Methods: A 35-year-old man applied the ER following a football injury. Initial X-rays were negative and he was diagnosed with a sprain. However, persistent pain led him to his FD on day-2 and the orthopedic specialist on day-7. Repeat physical examinations on these occasions showed decreased range of motion with no additional recommendations. On day-10, he returned to the FD, reporting constant pain, which worsened with effort. Physical examination again revealed generalized oedema and diffuse tenderness, with significant pain when bearing weight. The patient with no history of chronic pain was unresponsive to treatment. Suspecting an occult pathology, the FD wrote a detailed referral letter explicitly urging advanced imaging. An MRI scan revealed an isolated posterior malleolus fracture, which led to appropriate immobilization and recovery.

Originality: Isolated posterior malleolus fractures are rare and difficult to detect. This case is unique because the diagnosis was not driven by technology, but by the FD's core competency of providing holistic care. This proves that getting to know the patient is an effective diagnostic tool.

Lessons learned and future implications: A change in a patient's behaviour, such as an uncharacteristic complaint from someone who usually remains calm, should lead to a change in management. The threshold for advanced imaging (CT/MRI) should be lowered when the clinical course worsened after one week. FDs must move beyond passive gatekeeping to active advocacy.

Discussion: The literature suggests that plain radiographs may miss up to 50% of posterior malleolus fractures. This case highlights the limitations of relying solely on negative X-rays in cases of high-energy trauma and demonstrates how longitudinal care acts as a safeguard against false reassurance from technology.

Conclusion: Family doctors play a critical role in reducing diagnostic errors. By combining longitudinal knowledge with clinical advocacy, family doctors can recognise abnormal patterns in clinical recovery and ensure timely intervention for conditions that are not detected by standard screening.

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ID 1747- Clinical ultrasound in primary care as a decisive tool in the management of superficial venous thrombosis

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Context: Introduction Until 2009 general practitioners in Slovakia performed ECG examinations only occasionally, because this service was not covered beyond the capitation payment. When Slovak general practitioners were given the opportunity to perform ECG as a procedure covered by health insurance, interest in performing it increased and there was a need to train general practitioners in the evaluation of ECG recordings.

Methods: Since 2015, due to the great interest of general practitioners the interactive ECG workshops and seminars have been held annually at the Slovak Society of General Practice (SkSGP) conference under my coordination and under the expert guidance of cardiologist Assoc. Prof. Slavomira Filipova ,M.D., PhD. , FESC .

Originality: After years of presenting case reports from my rural general practice annually , my own interactive ECG workshop, which actively engages the audience in the discussion from start to finish, was created. A case report of Brugada syndrome is briefly presented in the form of the ePoster.

Lessons learned and future implications: Regular ECG workshops and presentations contribute to the education of general practitioners in the evaluation of ECG findings and motivate them to use this examination method in daily practice.

Discussion: Is the memorable imprint of directly presented information the same as the value of information presented through brainstorming and quizzes?

Conclusion: An emotional case report from practice which needs to be actively resolved leaves a more memorable imprint than directly presented information.

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ID 1140- Clinical Use of Cannabidiol (CBD) in Urban Primary Care: Practical Experience and Regulatory Challenges in an Evolving Healthcare Environment

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Context: In today's world, social media is one of the main arenas where health information spreads – often faster than evidence-based knowledge can keep up. Doctors can play a key role in providing trustworthy medical content, yet many hesitate to engage. In this workshop, we want to encourage healthcare professionals to find their voice online and share practical tools for impactful communication. In the interactive part of the workshop, participants will work in small groups to brainstorm and create their own social media posts.

Objectives: Explain how trust is formed in online health communication. Apply communication principles to the creation of health-related social media content. Engage collaboratively in brainstorming and developing social media posts in a supportive peer-learning environment.

Teaching method and workshop: The workshop combines interactive lecture, facilitated group discussion, small-group collaborative work, peer feedback and collective reflection. First half: - begins with a short interactive lecture introducing the international research project Trust a

Expected outcomes: Demonstrate a stronger understanding of trust-building mechanisms in digital health communication. Report increased

confidence to engage in online health communication as healthcare professionals. Feel more empowered to contribute actively to health misin

Conclusion: As health conversations increasingly unfold in digital spaces, the absence of credible medical voices creates room for oversimplification, polarization, and misinformation. This workshop positions healthcare professionals as necessary participants in shaping how health knowledge is understood, trusted, and shared online. By emphasizing experimentation over perfection, the session offers a practical starting point rather than a finished formula.

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ID 895- Clinical, Polygraphic, and Nutritional Differences Between Moderate and Morbid Obesity in OSAHS

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Context: Continuing professional development (CPD) is a core component of quality and safety in general practice, enabling general practitioners (GPs) to maintain clinical competence and respond to evolving healthcare systems. Across Europe, the integration of artificial intelligence (AI) into healthcare and CPD is advancing, yet remains limited, fragmented, and uneven between countries and medical specialties. This situation generates uncertainty regarding the educational value, ethical implications, and practical relevance of AI for lifelong learning in general practice. GPs express strong interest in CPD programmes that are clinically relevant, accessible, and adapted to their professional context. There is therefore a clear need for a structured, critical, and practice-oriented discussion on how AI can support impactful CPD in general practice.

Objectives: - Outline the current level of integration of artificial intelligence into continuing professional development for general practitioners across different European countries. - Recognize core ethical principles relevant to AI-supported education in general practice. - Apply a critical framework to assess the relevance and limitations of AI-based CPD tools. - Define at least one actionable strategy to improve AI literacy or responsible use of AI in CPD.

Teaching method and workshop: The workshop will combine brief evidence-informed inputs with interactive methods, including small-group work and facilitated plenary exchanges. Participants will share experiences from different European contexts, fostering peer learning and collective r

Expected outcomes: Participants will develop a clearer understanding of the AI-related CPD landscape in Europe, improve their ability to critically evaluate AI-supported educational tools, and identify transferable strategies to support equitable and ethically responsible C

Conclusion: This workshop addresses a timely challenge for European general practice by combining evidence, practical experience, and interactive learning. It aims to equip GPs with critical perspectives and actionable strategies to engage responsibly with artificial intelligence in continuing professional development.

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ID 1136- Co-creation of proposals to improve prevention and treatment of anxiety and depression in Spain

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Context: Family physicians provide comprehensive, continuous care that involves prevention, chronic disease management, and end-of-life support. Family medicine practice integrates medical management with assessment of family dynamics and cultural values. By supporting patient autonomy and guiding families through complex decisions, family physicians address clinical and psychosocial needs.

Methods: The patient is a middle-aged woman with advanced spinal metastases and required coordination of care and symptom management. As her condition progressed, her daughter and sibling assumed primary caregiving and decision-making roles, resulting in significant shifts in family responsibilities. Family assessment tools were employed to understand family dynamics, address caregiver strain, and clarify goals of care. Strengths of this case included thorough family assessment and proactive caregiver guidance, while limitations included limited time to fully address complex family dynamics due to the terminal nature of the patient's disease.

Originality: By using a patient-centered, family-focused, and community-oriented matrix to explore the patient and family's dynamics, the physician was able to identify caregiver strain, family enmeshment and social needs. Not only was symptom management done but emotional and practical needs of the patient and her family members were addressed.

Lessons learned and future implications: Early assessment of family structure and dynamics strengthens the ability to manage illness transitions, reduce caregiver strain, and support resilience. Future practice could benefit from structured multidisciplinary approaches to coordinate care across specialties, while addressing family and social factors.

Discussion: Complex care decisions can be guided using a structured, family-centered approach that balances patient preferences with family capacities. Analyzing family dynamics and leveraging community and system resources can improve care planning and support.

Conclusion: Family medicine extends beyond individual patient care to encompass family-centered, holistic support.

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ID 2020- Cognition, balance, and retina manifestations in Long COVID: A case–control study

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Context: Chest pain is a common reason for emergency department visits, where the primary clinical priority is the exclusion of acute coronary syndrome. Although this approach is appropriate and lifesaving, non-cardiac causes—particularly dermatological and neurological conditions—may be overlooked during rapid, protocol-driven assessments. In contrast, primary care settings allow more comprehensive physical examination and diagnostic integration. This case illustrates how careful inspection in family medicine led to the correct diagnosis after repeated negative cardiac evaluations.

Methods: A 58-year-old woman presented repeatedly to the emergency department with left-sided thoracic pain radiating from the back toward the chest wall. Serial high-sensitivity troponin measurements and repeated electrocardiograms showed no evidence of acute coronary syndrome. Despite reassurance, her pain persisted. The patient subsequently consulted a family medicine clinic. After detailed history-taking, a full physical examination was performed, including complete inspection of the upper body after removal of clothing. A clustered vesicular rash on an erythematous base, approximately 5 cm in diameter, was observed on the left lateral thorax at the level of the seventh rib, extending toward the posterior axillary line. The distribution of pain corresponded to the same dermatome. Based on these findings, a diagnosis of herpes zoster was established, and antiviral treatment was initiated.

Originality: This case highlights the diagnostic value of simple inspection in patients presenting with chest and back pain. It demonstrates how non-cardiac causes may be missed when physical examination is incomplete, despite extensive cardiac investigations.

Lessons learned and future implications: Time pressure and task-focused workflows in emergency settings may limit thorough inspection, particularly of posterior body regions. In primary care, continuity and adequate consultation time enable complete examination and broader differential diagnosis. Emphasizing inspection in patients with unexplained chest or back pain may reduce unnecessary investigations and diagnostic delays.

Discussion: Patients with herpes zoster may present with back or chest pain, which can mimic cardiac pain. Posterior localization of lesions may hinder detection during rapid emergency assessments. This case illustrates the difference between emergency and primary care approaches.

Conclusion: Careful physical inspection remains a cornerstone of clinical diagnosis. A comprehensive primary care approach can reveal conditions overlooked in acute care settings, ensuring timely treatment and avoiding unnecessary diagnostic procedures.

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ID 1230- Collaborative Evaluation of Primary Care Research Projects: A Winning Approach?

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Context: According to the World Health Organization (2019), suicide was the fourth leading cause of death among persons aged 15-29 years worldwide.“YUWA JOSH” (Youth Upliftment & Wellness through Awareness: A journey towards optimism, Strength and Harmony) is evidenced based copyrighted model ,skill based, multicomponent behavioral model Physical, mental, social and spiritual and financial wellbeing to prevent key Suicidal risk factor among University Youth. This Concept of Model has been derived from the (CDC) Social-Ecological Suicide Prevention Model (SESPM)

Objectives: By the end of this workshop, participants will be able to: Objective 1: Screen, Identify, and Risk-Stratify Youth at Suicide Risk 2: Develop Competency in Multidimensional Intervention Delivery 3. Understand Suicide Through a Syndromic Approach Using Multidimensional Framework

Teaching method and workshop: Time Duration 3 Hour Topic,Teaching Method ,Outcomes 15 min Welcome, Agenda, Learning Objectives, Didactic + Polling , Engagement, expectations set 25 min Global & Indian Youth Suicide Crisis; YUWA JOSH Solution ,Presentation + VideoUnderstanding problem

Expected outcomes: Short term ≥80% of participants can correctly screen using YUWA JOSH questionnaire ≥75% understand the syndromic, multidimensional framework ≥70% demonstrate competency in crisis response and safety planning (via simulation) ≥85% report high satisfaction

Conclusion: The syndromic, multidimensional framework is novel and differentiates YUWA JOSH from traditional "mental health treatment" approaches—appealing to public health managers seeking comprehensive prevention strategies.

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ID 510- Collaborative innovation driven by core values in XXX general practice: the process of formulating a long-term vision

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Context: We present a case of a patient who has suffered a work disability as a result of persistent chronic pain in the cervical area radiating to the right arm.

Methods: We are treating a patient suffering from chronic shoulder pain that radiates down the right arm. The patient has experienced persistent, debilitating pain for the past 5 years. She has even undergone surgery for cervical disc herniations. Ultimately, the patient is not

physically fit to continue working in her usual job as a cashier in a supermarket.

Originality: In this case we can observe that there is a loss of quality of care for the patient, since for many years and in multiple consultations with different specialists, he has not been diagnosed with an obvious injury to the spinal nerve that innervates the right trapezius muscle.

Lessons learned and future implications: The lesson we learn is that we must conduct a thorough medical history and a good physical examination, which involves undressing the patient for observation. Multiple complementary tests were performed, with the associated costs, but a simple visual examination failed to reveal that the patient´s right shoulder was lower than the left, despite the abscence of scoliosis.

Discussion: Overcrowded waiting rooms are not a problem for doctors to solve. If doctors want to provide high quality care, they must dedicate the time each patient deserves, based on their condition or reason for consultation. Therefore, flexibility in patient care must be established. We cannot be subject to political decisions made eithout considering the quality of care.

Conclusion: The quality of medical care in Spain is declining due to the inaction of the ruling political class, whic is neglecting its duties. This has led to an exodus of doctors to other jobs, private practice, or other countries due to deteriorating working conditions.

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ID 365- Collapsed mid-laugh: a curious reflex

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Context: Many family doctors and residents in primary care are expected to participate in research but they have limited time. At the same time, generative artificial intelligence (AI) tools are rapidly entering clinical and academic settings, often without clear guidance on how to use them critically and safely. This workshop addresses the gap between research training needs in primary care and the unstructured use of generative AI by offering a structured, practice-based approach to protocol development that integrates methodological rigor, ethical reflection and equity considerations.

Objectives: By the end of the workshop, participants will be able to: a) Formulate relevant primary care research questions and objectives with structured support from generative AI. b) Use AI tools to draft and refine key sections of a research protocol (background, methods, variables and analysis plan). c) Design effective prompts, verify AI outputs and detect common errors and biases. d) Recognise ethical, confidentiality and equity issues linked to the use of AI in health research.

Teaching method and workshop: The workshop combines a brief introductory talk, live demonstrations of generative AI tools, small-group work based on real primary care problems, and structured group discussion. Participants will work on their own or shared project ideas, using AI to ge

Expected outcomes: Participants will leave with a structured outline of a research protocol relevant to their own context and a small, reusable "prompt bank" to support future projects. They will also gain practical skills in critical, safe and equity-aware use of generativ

Conclusion: This workshop offers a novel combination of hands-on protocol development, critical AI literacy and an explicit focus on ethics and inequalities, supporting primary care professionals to strengthen their research capacity without relinquishing professional judgement or methodological quality.

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ID 287- Combined Effects of Osteoporosis and Obesity on All-Cause and Cardiovascular Mortality: Evidence from a Nationally Representative Cohort

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Context: Chronic obstructive pulmonary disease (COPD) is a common chronic respiratory condition. Bronchiectasis frequently coexists with COPD and defines a distinct overlap syndrome associated with worse clinical outcomes.

Methods: Clinical, biological, radiological, and arterial blood gas data were retrospectively analyzed from hospital records to describe disease progression and outcomes.

Originality: This case illustrates the severe clinical course of COPD–bronchiectasis overlap syndrome and highlights its prognostic implications.

Lessons learned and future implications: Early identification of bronchiectasis in COPD patients, particularly in primary care, may allow preventive strategies to reduce severe exacerbations and infectious complications.

Discussion: A 50-year-old man with known COPD and radiologically documented bronchiectasis presented with acute dyspnea, purulent sputum, and respiratory failure. Non-invasive ventilation was initiated. Despite treatment, the patient deteriorated rapidly, requiring invasive mechanical ventilation. He developed septic shock of pulmonary origin with refractory hypotension and hyperlactatemia. Broad-spectrum antibiotics and vasopressor support were administered, but the outcome was unfavorable.This case highlights the severity of the COPD–bronchiectasis overlap syndrome and its poor prognosis. The coexistence of bronchiectasis may promote chronic bacterial colonization, persistent airway inflammation, and recurrent infectious exacerbations, leading to rapid clinical deterioration. In this overlap phenotype, acute exacerbations tend to be more severe, less responsive to standard therapies, and associated with higher rates of respiratory failure and septic complications. The presence of bronchiectasis in COPD patients is therefore not a simple radiological finding but a marker of disease severity. Systematic evaluation for bronchiectasis in patients with frequent exacerbations could allow earlier intervention and tailored therapeutic strategies.

Conclusion: COPD–bronchiectasis overlap represents a severe and under-recognized phenotype. Improved detection and targeted therapeutic strategies are needed to improve prognosis in this high-risk population.

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ID 1281- Communication of safety-netting advice for acutely unwell children in urgent primary care: a scoping review

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Context: Primary care must quickly identify patients with obstructive or central sleep apnoea and organise a secure, guideline-aligned referral pathway. A chest-worn, smartphone-based screening device (class IIa medical device) coupled with a fully digital prescriber web-platform returns validated AHI metrics (overall and by type), positional analysis, event timeline and signal-quality flags, together with integrated onboarding questionnaires. This 60-minute workshop trains GPs to prescribe the system, teach correct phone placement, interpret AHI reports, and prepare and send a complete, secure referral to a sleep physician.

Objectives: By the end of the workshop participants will be able to: Prescribe and use the prescriber web-platform. Teach patients correct phone placement and onboarding to ensure valid recordings. Interpret the device

outputs (overall AHI, obstructive vs central, positional data, quality flags) and triage urgency. Prepare and transmit a concise, secure referral pack to a sleep physician following regulatory and data-protection requirements.

Teaching method and workshop: Brief clinical framing, live platform demonstration, hands-on role-play (GP as prescriber, peer as patient), decision flowchart exercise and real-time preparation and sending of a referral. Session ends after confirmed transmission to the sleep physician.

Expected outcomes: GPs leave with a one-page protocol and flowchart, a referral template, and practical skills to run the screening workflow and safely refer patients.

Conclusion: By the end of this workshop, participants are able to screen suspected sleep apnoea efficiently in primary care, using a chest-worn, smartphone-based medical device and a secure digital platform. They can ensure valid recordings, interpret AHI-based results, triage urgency, and identify red flags, and send a complete, secure referral to a sleep specialist. This workflow strengthens the GP's gatekeeping role, reduces delays to diagnosis, and improves coordination between primary and specialist care.

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ID 1079- Community-Acquired Pneumonia in departement of ibn jazzar kairouin

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Context: Cerebral venous thrombosis (CVT) is a rare cause of stroke that can lead to cerebral edema, intracranial hemorrhage, and severe neurological complications. Autonomic nervous system dysfunction following acute brain injury may trigger life-threatening cardiac arrhythmias.

Methods: This case report is based on retrospective analysis of clinical data, imaging studies, laboratory findings, electrocardiographic monitoring, and neurological investigations collected during hospitalization.

Originality: This case highlights the association between CVT, refractory status epilepticus, and malignant cardiac arrhythmias in the absence of primary cardiac pathology.

Lessons learned and future implications: Severe neurological conditions may disrupt cardiac rhythm regulation. Early recognition of atypical neurological presentations and close cardiac monitoring are essential, including in patients without known heart disease.

Discussion: A 54-year-old man was admitted after a fall following a generalized tonic–clonic seizure. He rapidly developed refractory status epilepticus requiring mechanical ventilation. During hospitalization, he experienced ventricular fibrillation successfully treated with defibrillation. Etiological investigations were initially inconclusive. Cerebral CT angiography later revealed thrombosis of the left sigmoid sinus extending to the ipsilateral internal jugular vein.This case illustrates the diagnostic and prognostic challenges of cerebral venous thrombosis presenting with refractory status epilepticus. CVT may initially mimic other neurological emergencies, leading to delayed diagnosis when early neuroimaging is inconclusive. The occurrence of malignant ventricular arrhythmia in this patient highlights the impact of severe neurological injury on autonomic nervous system regulation. Intense sympathetic activation during refractory seizures and cerebral edema may precipitate life-threatening cardiac rhythm disturbances, even in the absence of structural heart disease. This neurocardiac interaction remains under-recognized and may contribute to unexpected mortality.

Conclusion: CVT may present with refractory seizures and severe autonomic dysfunction leading to malignant arrhythmia. Continuous cardiac monitoring should be systematically considered in patients with severe neurological involvement.

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ID 196- Comparative analysis of end-of-life medical costs across care settings: home hospice, hospice ward, and general ward

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Context: Uneven access to primary care can widen health inequities and shift demand towards emergency medical services, particularly outside office hours and in rural areas. Quantifying these patterns can support equity-focused planning in family medicine. The study setting includes dispersed rural communities and a culturally and linguistically diverse population.

Objectives: To assess whether family medicine service availability is associated with ambulance service utilisation across administrative areas, focusing on out-of-hours demand and urban-rural differences, and to identify areas with persistently high out-of-hours demand.

Methods: This study uses linked routinely collected administrative data in an area-by-year framework over 13 years. Ambulance dispatch records (place of request and timestamp) are linked to health insurance indicators at area level, including total resident population, insured and uninsured counts, contracted family medicine practice points, and contextual vulnerability indicators (disability and social care-related counts, such as sickness disability pension, institutionalised persons and placement centres). Outcomes are annual ambulance request rates per 1,000 residents and out-of-hours request rates. Primary care capacity is measured as contracted family medicine practice points per 10,000 residents. Temporal trends and area-level differences are examined, and count regression models with population offsets adjust for vulnerability indicators, the proportion uninsured, and urban-rural classification.

Results: Administrative indicators confirm feasibility for rate estimation and show a decline in contracted family medicine practice points over time. Area-level utilisation metrics are derived from ambulance dispatch data and combined with administrative indicators. The analysis quantifies geographic and temporal variation in ambulance demand and estimates adjusted associations between primary care capacity and overall and out-of-hours ambulance utilisation.

Discussion: Linked administrative data can help distinguish structural access gaps from expected demand, and out-of-hours utilisation may act as a marker of unmet access to timely primary care.

Conclusion: This approach can identify inequities in access to primary care and prioritise areas for targeted workforce planning and access interventions in underserved communities.

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ID 1774- Comparing Ageism Among Physicians in Primary Care, Internal Medicine, and Geriatrics: A Cross-Sectional Study

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Context: An intersectional approach highlights that adolescent females are at risk not solely due to their gender, but also due to the combination of gender, race, class, and territory. The overlapping of these factors increases exposure to lethal violence, particularly in peripheral neighborhoods controlled by criminal factions, where state protective presence is limited. Rather than analyzing inequality through race or class alone, this approach seeks to understand it through the interactions of multiple power categories that mutually reinforce each other.

Objectives: To understand the vulnerability of adolescent females to homicide from the perspective of virtual violence and intersectionality.

Methods: The study employed a qualitative research framework and was conducted in two peripheral neighborhoods with high social vulnerability. Adolescent females aged 15 to 18 were included. Participants were selected using a snowball sampling technique. Semi-structured interviews were conducted and analyzed using discourse analysis.

Results: Findings indicate that violence extends to social media platforms and messaging apps, which are used by criminal factions for control, monitoring, and intimidation. In this context, such threats as exercises of power over bodies, regulating territories' influence on social relationships. Participants' accounts revealed everyday experiences shaped by multiple forms of oppression, including physical, psychological, symbolic, and virtual violence.

Discussion: The narratives reflect the constant fear experienced by peripheral adolescent females and illustrate the complexity of vulnerabilities across various territories, genders, races, and age groups. From an intersectional perspective, these layers demonstrate that Black and Brown girls experience violence not in isolation but as part of a historical process of exclusion, marginalization, and racialized poverty.

Conclusion: The study points to the need for research that gives a voice to vulnerable populations from an intersectional perspective.

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ID 1396- Comparing communication priorities between patients and primary care physicians.

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Context: Point of Care Ultrasound (POCUS) is expanding in primary care. In June 2023, WONCA Europe issued a position statement on POCUS, emphasizing its utility in diagnosing or ruling out medical emergencies, managing low-to-moderate complexity conditions, and monitoring acute and chronic diseases, regardless of hospital infrastructure. In many European countries, ultrasound is already integrated into initial training and daily practice in general medicine. WONCA Europe recommends tailored training during the General Practice residency, followed by continuous professional development. Several Residency General Practice Departments (RGPDs) are introducing POCUS teaching within their programs.

Objectives: By the end of this workshop, participants will be able to: Understand the context and importance of integrating POCUS into General Practice residency programs. Identify key elements for designing a POCUS teaching program. Develop a roadmap for implementing POCUS teaching in their own residency programs.

Teaching method and workshop: Teaching methods: The workshop will use active learning methods, combining individual and small-group work, plenary discussions, and short presentations by facilitators. Participants' expectations and prior knowledge will be explored. The facilitation

Expected outcomes: Participants will leave with a roadmap to implement POCUS teaching program in their residency curriculum.

Conclusion: This workshop will provide participants with practical tools and a collaborative framework to integrate POCUS teaching into General Practice residency programs, fostering the dissemination of this essential skill in primary care.

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ID 308- Comparison of healthcare in Ukraine and Poland: Selected issues regarding the social situation of Ukrainian refugees in Olsztyn and surroundings

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Context: Depression is highly prevalent among medical students and residents and poses a significant threat to well-being, learning, and the future quality of primary care. While traditional approaches emphasize risk factors and lifestyle behaviors, humanistic and holistic models of care highlight the importance of cognitive–emotional resources that enable individuals to cope with sustained stress. Positive Mental Attitude (PMA), reflecting optimism, emotional regulation, and constructive coping, may represent a key dimension of mental health promotion in medical training.

Objectives: To assess the association between health behaviors—particularly Positive Mental Attitude—and depressive symptoms among medical trainees, and to explore the relevance of these findings for holistic care, health promotion, and medical education.

Methods: A cross-sectional study was conducted in 2025 among 700 medical trainees (393 undergraduate students and 307 postgraduate residents) at a university in Ecuador. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9), with scores ≥10 indicating clinically significant symptoms. Health behaviors were measured using the Health Behavior Inventory, encompassing Healthy Eating Habits, Preventive Behaviors, Health Practices, and Positive Mental Attitude. Multivariable logistic regression models examined associations between health behavior domains and depressive symptoms, adjusting for sociodemographic, academic, and clinical variables.

Results: Overall, 47.7% of participants screened positive for depressive symptoms. Higher overall health behavior scores were associated with lower odds of depression (OR per point = 0.94; 95% CI: 0.93–0.95; p <0.001). When all behavioral domains were analyzed simultaneously, only Positive Mental Attitude remained independently associated with lower odds of depression (OR = 0.79; 95% CI: 0.74–0.84; p < 0.001). Female gender, younger age, and the presence of chronic comorbidities were associated with higher odds of depressive symptoms.

Discussion: These findings suggest that cognitive–emotional orientations may play a more central role in mental health than traditional lifestyle behaviors alone. PMA appears to function as a key protective factor, aligning with holistic and humanistic perspectives that emphasize resilience and emotional well-being in healthcare professionals.

Conclusion: Cultivating Positive Mental Attitude may represent a feasible strategy to protect against depression in medical trainees. Integrating health-promoting, humanistic, and strengths-based approaches into medical education and primary care training could support trainee well-being and foster more resilient and holistic future practitioners.

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ID 1426- Compassion in the Clinical Interview: The Key to Meaningful Care

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Context: Language barriers substantially complicate clinical assessment in emergency settings, particularly when patients present with acute neurological symptoms. Limited communication may result in diagnostic uncertainty, unnecessary investigations, and delayed treatment. Migrant patients are especially vulnerable in this regard. This case illustrates how acute neurological findings in a non–Turkish-speaking patient initially suggested stroke but were ultimately attributable to hypoglycemia, emphasizing the importance of effective communication and accurate history-taking.

Methods: A 48-year-old Syrian woman who did not speak Turkish was brought to the emergency department by ambulance in

September 2023 with acute disorientation, impaired eye coordination, inability to follow simple commands, and speech disturbance. She had no known chronic disease and was not using regular medication. An acute cerebrovascular event was initially suspected. Neurological examination and monitoring were limited due to patient restlessness, and the language barrier significantly restricted direct history-taking. Collateral history was obtained from her 25-year-old son, who had limited proficiency in Turkish. He reported similar previous episodes that had initially been evaluated as suspected stroke but were later diagnosed as hypoglycemia, with rapid recovery following intravenous glucose administration. Capillary blood glucose was measured and found to be 48 mg/dL. Intravenous dextrose was administered, resulting in complete resolution of neurological symptoms within approximately 10 minutes. After brief observation, the patient was discharged and left the emergency department independently.

Originality: This case demonstrates how language barriers can obscure straightforward diagnoses and lead to hypoglycemia being misinterpreted as an acute neurological emergency. It also highlights Whipple's triad identified through collateral history rather than direct patient communication.

Lessons learned and future implications: Language barriers may significantly delay diagnosis and increase unnecessary investigations. Early use of interpreters or reliable family members should be prioritized. Bedside glucose testing must remain a first-line assessment in unexplained neurological presentations.

Discussion: Hypoglycemia can mimic acute stroke with focal neurological signs. In the absence of effective communication, reliance on basic bedside assessments and collateral history becomes crucial.

Conclusion: Effective communication and systematic bedside evaluation are essential for diagnostic accuracy. Addressing language barriers can prevent misdiagnosis, reduce unnecessary interventions, and ensure timely, appropriate treatment.

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ID 1961- Compassionate AI in the consultation: designing safe, equitable and practical workflows for family physicians

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Context: Depression is a frequent comorbidity in patients with type 2 diabetes mellitus (T2DM) and affects disease control, self-management and clinical outcomes. While depressive symptoms in T2DM are widely reported, less is known about differences in depression severity between urban and rural primary care settings, where access to healthcare resources and mental health services may differ substantially.

Objectives: To compare the severity of depressive symptoms and associated clinical characteristics among patients with T2DM receiving primary care in urban and rural settings, and to explore implications for early detection and management of depression in primary care.

Methods: To compare the severity of depressive symptoms and associated clinical characteristics among patients with T2DM receiving primary care in urban and rural settings, and to explore implications for early detection and management of depression in primary care.

Results: Among 380 patients included, depressive symptoms were identified in 57.7%. Mild depression predominated overall; however, marked urban–rural differences in severity were observed. Patients in rural primary care settings demonstrated a substantially higher proportion of moderate-to-severe and severe depression compared to urban patients, among whom mild forms were more common. Poor glycaemic control (HbA1c >7.5%) and diabetes-related complications were more frequent in the rural group and were strongly associated with higher

depression severity. All patients with poorly controlled diabetes exhibited depressive symptoms, with severe forms clustering predominantly in rural settings.

Discussion: Although overall prevalence was comparable, rural patients with T2DM experienced more severe depressive symptoms. These findings suggest delayed recognition of depression, limited access to mental health services, and a higher clinical and psychosocial burden in rural primary care settings

Conclusion: Patients with T2DM in rural primary care are at increased risk of moderate-to-severe depression compared to urban populations. Integrating routine depression screening into diabetes care, strengthening mental health competencies of primary care physicians, and prioritising rural settings may reduce inequities, improve outcomes, and support patient-centred chronic disease management.

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ID 1329- Complicated pneumococcal pneumonia case review

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Context: Long working hours in health professionals have been linked to sleep deprivation, dietary changes and burnout, with potential variation by sex and migration-related background. Evidence from large professional samples in Spain describing these patterns by sex and birthplace is limited.

Objectives: To assess the association between long working hours (>40 hours/week) and sociodemographic and health-related behaviours, exploring patterns by sex and birthplace (born in Spain vs outside Spain).

Methods: Cross-sectional survey (2021) administered to professionals affiliated with the Medical Association of the Province of Barcelona. Data included sociodemographics (sex, age group, birthplace), health behaviours (physical activity; sleep duration <6 vs ≥6 hours; appetite changes; diet), burnout and substance use. We estimated the prevalence of long working hours and compared proportions by sex and birthplace using chi-square tests. We fitted binary logistic regression models to identify asociations with long working hours, including analyses stratified by sex and birthplace.

Results: Among 2,261 respondents, 38.5% reported working >40 hours/week. Long working hours were more common in men than women (43.2% vs 37.1%; p=0.0139) and did not differ by birthplace (40.0% born outside Spain vs 38.4% born in Spain; p=0.6739). Moderate-to-severe client-related burnout was higher among those born outside Spain (28.9% vs 19.5%; p=0.00094). In regression models, long working hours were associated with sleeping <6 hours, reporting a less healthy diet than usual and higher coffee consumption; older age showed a protective association. Some associations differed in magnitude across sex and birthplace strata.

Discussion: In this sample, long working hours affected over one third and were more prevalent among men. The co-occurrence of long working weeks with sleep and dietary disruption supports plausible pathways linking workload to health risk. Higher burnout among respondents born outside Spain highlights potential structural vulnerabilities warranting focused analyses.

Conclusion: Long working hours were frequent among Barcelona health professionals and were linked to potentially modifiable behaviours, particularly sleep and diet. Occupational-health strategies addressing work-time demands should integrate sex- and birthplace-sensitive approaches.

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ID 1519- Comprehensive postpartum care in Primary Care: a home-visit experience report emphasizing clinical assessment, maternal recovery, newborn evaluation, and family context.

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Context: The liver plays a central role in cholesterol metabolism. Several studies report an inverse association between low-density lipoprotein cholesterol (LDL-C) and total cholesterol levels with the risk of hepatocellular carcinoma, and reduced LDL-C may reflect underlying liver pathology. Conversely, hypercholesterolaemia is rarely observed in hepatic malignancy, except in uncommon subtypes such as clear cell hepatocellular carcinoma.

Methods: We report a 58-year-old man with metastatic rectal adenocarcinoma and extensive hepatic involvement who presented with a marked and unexpected rise in LDL-C. During routine follow-up for hyperlipidaemia, his LDL-C increased from 3.23 mmol/L to 8.64 mmol/L over one year. Following complaints of intermittent abdominal bloating and hepatomegaly on physical examination, imaging revealed multiple hypo-enhancing hepatic masses suspicious for hepatic metastases. Alternative secondary causes of hypercholesterolaemia, including hypothyroidism, nephrotic syndrome, and chronic kidney disease, were considered and excluded.

Originality: While advanced liver disease and malignancy typically reduce cholesterol levels due to impaired hepatic lipid metabolism, hypercholesterolaemia can occur in cholestatic states through accumulation of lipoprotein X (LpX), an abnormal phospholipid-rich, apolipoprotein B (ApoB)-negative lipoprotein. Standard lipid assays may not distinguish LDL from LpX without specialised techniques. In this case, the reported LDL-C, calculated using the Friedewald equation, may be inaccurate if there is significant LpX accumulation, as total cholesterol measurements include LpX.

Lessons learned and future implications: Abrupt or unexpected increases in LDL-C may indicate underlying hepatic pathology, particularly cholestasis. When falsely elevated LDL-C is suspected, additional testing can be considered. ApoB measurement may help to differentiate true LDL-C elevation from LpX-related pseudo-hypercholesterolaemia, as LpX lacks ApoB. A normal ApoB level despite markedly elevated LDL-C strongly supports this diagnosis. Lipid electrophoresis can confirm the presence of LpX, though it may not be routinely available.

Discussion: Our patient's liver biochemistry demonstrated a cholestatic pattern with elevated alkaline phosphatase (194 U/L) and gamma-glutamyl transferase (334 U/L). We suspect that the abrupt rise in calculated LDL-C reflects LpX accumulation rather than a true increase in LDL-C.

Conclusion: There is a growing number of case reports highlighting LpX as a cause of pseudo-hypercholesterolaemia. Recognition of atypical lipid profiles should prompt consideration of secondary causes, and appropriate confirmatory testing can support timely evaluation and accurate diagnosis.

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ID 980- Congestive heard failure assessed by inferior vena cava ultrasonography in primary care. Cross-sectional study

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Context: Attention deficit hyperactivity disorder (ADHD) is characterized by symptoms such as inattention, hyperactivity, and impulsivity, with a significant impact on a person's overall health and well-being. The impact of ADHD on healthcare costs is limited.

Objectives: The aim of this study is to examine the extent to which a diagnosis of ADHD affects health expenditure.

Methods: The study group contained all Maccabi HMO patients aged 18 and over who have a diagnosis of ADHD. The control group

included patients aged 18 and over without ADHD in a ratio of 1:3 matched by propensity score . We compared ADHD vs non-ADHD medical costs for each calendar year between 2018–2023. Group comparisons of medians are reported using the non-parametric Mann–Whitney U test in unadjusted analyses. Annual healthcare costs were analysed using a generalized linear model with a Tweedie distribution and a log link function, appropriate for right-skewed cost data with non-negative values.

Results: The study included 32,159 individuals diagnosed with ADHD and 96,632 non-ADHD controls. Between 2018 and 2023, individuals with ADHD demonstrated persistently higher annual healthcare costs compared with non-ADHD controls, with significant differences observed across all calendar years and cost categories. Category-specific analyses showed that physicians cost as well as hospitalization cost, contributed most to this difference, while medications cost showed smaller but increasing differences over time. Generalized linear model showed that male gender was associated with lower expected costs compared with females; smokers had 20% higher expected costs than non-smokers and age was positively associated with cost. Socioeconomic status was inversely related to cost.

Discussion: For our research we used a relevant data rich source. Nevertheless, other factors like ADHD heterogenicity, treatment complexity, and nonmedical treatment can affect the results. ADHD profiles and treatment adherence pattern can also affect cost data.

Conclusion: Our finding show that healthcare costs of patients diagnosed with ADHD is higher than patients not diagnosed with ADHD in many categories of healthcare costs. There is more research needed to identify what are the main cost amplifiers.

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ID 1417- Congestive heard failure assessed by inferior vena cava ultrasonography in primary care. cross-sectional study.

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Icepi, Vila Velha, Brésil

Context: Healthcare professionals in the Brazilian Unified Health System (SUS) face high levels of stress, anxiety, and musculoskeletal pain due to demanding environments, leading to significant absenteeism. This project was developed at the São Cristóvão Basic Health Unit in Vitória, Brazil, to address the wellbeing of the unit's own workforce through Integrative and Complementary Practices (PICS)

Methods: The intervention targeted the "caregiver" rather than the patient. The process included: 1) Initial diagnosis using validated Visual Analog Scales for stress and pain; 2) A structured protocol conducted by a physician and a pharmacist in a private setting; 3) Systematic sessions of auriculopressure targeting neurophysiological points for pain and anxiety; and 4) Pre- and post-intervention monitoring to measure impact on health status and potential reduction in sick leave.

Originality: While Auriculotherapy is a common PICS offered to the community, this project is innovative by institutionalizing it as a clinical occupational health intervention within the primary care setting. It treats worker health not just as an administrative requirement, but as a clinical priority, promoting a healthier environment from the inside out

Lessons learned and future implications: The implementation highlighted that health professionals frequently neglect their own self-care. Auriculotherapy proved to be a low-cost, non-invasive, and highly accepted technology. The intervention effectively reduced acute symptoms of anxiety and pain, which are primary drivers of professional burnout. Future implications include the institutionalization of "Self-Care Intervals" for staff to improve workforce retention and mental health resilience.

Discussion: The project demonstrated that integrating complementary therapies into the workplace increases team cohesion and individual productivity. It challenges the "absenteeism-illness" cycle by providing practical tools for emotional and physical management within the work routine.

Conclusion: This practice reinforces the "National Humanization Policy" by valuing workers. A healthy team is essential for high-quality community care. Auriculotherapy is a viable, holistic, and effective strategy to strengthen the primary care workforce.

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ID 1314- Continuing education for interprofessional teams in primary health care to improve the quality of care in hypertension and type 2 diabetes mellitus

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Context: Access to primary care in the Gard Department, as in much of France, has deteriorated, causing delayed consultations and high use of emergency departments (ED). Many patients postpone care due to long waits, while avoidable emergency visits remain frequent. Rising demand for unscheduled care (USC) has led to non-coordinated USC centres, which provide unplanned care but may disrupt primary care by diverting clinicians from longitudinal care. To address these challenges, three Coordinated Center for Unscheduled Care same-day care (CC-USC) structures were established to expand access without extending physician hours, reduce inequalities, and integrate USC into primary care.

Methods: CC-USCs are located in Pont-Saint-Esprit, Bessèges, and Vergèze, staffed by stable multidisciplinary teams of general practitioners, nurses, and medical assistants. Each morning, a three-person team provides walk-in access using two to three consultation rooms. Patients are triaged by a medical assistants and seen if they belong to the primary care team or live in the territory without a family doctor. Others are asked to call the on-duty Gard regulatory physician and are redirected to CC-USC if needed. Only unscheduled care is addressed; routine or administrative requests are excluded. Nurses manage prioritisation, initiate consultations, and handle simple cases using validated protocols, while physicians manage most consultations. Strengths include structured triage, continuity within primary care, and population-based care. Limitations involve constrained infrastructure, practice-funded staffing, and limited nurse autonomy.

Originality: Unlike non-coordinated USC centres, CC-USCs are integrated within primary care teams, and adopt a population-based approach to unscheduled care. No comparable structures currently exist in France.

Lessons learned and future implications: Future evaluations will assess whether CC-USCs increase access, reduce physician time spent on unscheduled care, and decrease ED use. The model could be scaled to other multidisciplinary practices, preventing the disorganisation caused by non-coordinated USC centres.

Discussion: International evidence suggests that coordinated same-day care models improve continuity and reduce avoidable emergency visits, supporting the innovation of CC-USCs. While limitations remain, the model offers a replicable framework in other places in France.

Conclusion: CC-USCs represent a scalable innovation to strengthen community-based primary care, improve access and quality of unscheduled care, reduce ED use, and provide a blueprint for broader implementation in primary care settings.

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ID 1027- Continuing education strategy for primary health care physicians on the pharmacological management of people living with chronic conditions

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Context: Chronic liver disease (CLD) is highly prevalent in XXX and commonly managed in primary care and shared-care settings. Esophageal variceal bleeding (EVB) is a severe and potentially fatal complication of advanced CLD that often presents unpredictably and substantially affects quality of life and end-of-life care. For family physicians, early identification of patients at high risk of EVB is essential to enable timely referral, preventive interventions, and informed discussions with patients and families.

Objectives: This study aimed to develop an interpretable machine learning model to support EVB risk stratification in non-cancer CLD patients within routine clinical practice.

Methods: We conducted a retrospective cohort study using data from the XXX Medical Research Database between 2010 and 2017. Patients with liver cancer, uncomplicated CLD, or incomplete data were excluded. Several machine learning models were developed to predict EVB risk in non-cancer CLD patients, and their predictive performances were compared. Model interpretability was assessed using SHapley Additive exPlanations (SHAP) to enhance clinical applicability in primary care settings.

Results: A total of 4,080 patients were included, of whom 1,004 experienced EVB. Among the evaluated models, the extreme gradient boosting (XGBoost) model achieved the best predictive performance. The most influential predictors were clinical parameters, including C-reactive protein, hemoglobin, platelet count, and serum albumin.

Discussion: An interpretable XGBoost-based model using commonly available laboratory data can effectively stratify EVB risk in non-cancer CLD patients.

Conclusion: This approach has potential value in primary care to support early risk recognition, guide referral decisions, and facilitate shared decision-making regarding prevention, monitoring, and palliative care planning.

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ID 84- Continuing Medical Education of General Practitioners in XXX - An Observational Study Conducted in XXX in 2025

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Context: Dysmenorrhea is a common reason for consultation in primary care among women of reproductive age. This case highlights the importance of combining history-taking and physical examination to detect an underlying surgical pathology in pain perceived as “habitual” by the patient.

Methods: A 25-year-old woman presented to a family medicine clinic with a complaint of dysmenorrhea. She reported regular menstrual cycles, typically associated with pain during the first two days. In the current cycle, menstruation had started on the expected date, and the patient was on the second day of bleeding at the time of presentation. She stated that she usually experienced relief with NSAID analgesics; however, she had taken her last available dose the previous evening and attended the clinic to request a prescription. It was clarified that she was virginal and that there was no suspicion of pregnancy. The patient described the current pain as similar in character to the pain experienced during previous menstrual periods. Physical examination revealed tenderness in the right lower quadrant and suprapubic area, with rebound tenderness and mild guarding of unclear voluntary origin. Based on these findings, the patient was referred to the emergency department with a preliminary diagnosis of acute appendicitis. Follow-up revealed that the patient underwent surgery with a confirmed diagnosis of acute appendicitis and benefited from timely diagnosis and treatment due to early referral.

Originality: This case highlights that patients may, without malicious intent, present their symptoms within a familiar framework to facilitate fulfillment of their perceived needs, which can mislead clinical evaluation. It also demonstrates how physical examination findings can fundamentally alter clinical decision-making.

Lessons learned and future implications: Patient narratives and clinical findings must always be assessed together and critically. Exclusive reliance on a "familiar pain" description could have resulted in a missed diagnosis of acute appendicitis.

Discussion: This case emphasizes the risk of prematurely concluding diagnostic assessment in primary care when patients associate their symptoms with previously experienced benign conditions.

Conclusion: Physical examination is an indispensable component of the art of medicine. Holistic clinical assessment is essential for timely identification of serious conditions.

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ID 2229- Contributions of the university degree "meditation and therapeutic relationship"

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Context: Urinary tract infections (UTIs) are among the most common bacterial infections in pediatric patients and a frequent reason for primary care consultation. While isolated episodes are usually managed empirically, recurrent UTIs may indicate underlying anatomical or functional disturbances. Functional bowel–bladder dysfunction, particularly constipation, is increasingly recognized as a reversible risk factor, especially in female pediatric patients. Early recognition in primary care is essential to prevent recurrence and reduce unnecessary antibiotic exposure.

Methods: A 7-year-old female pediatric patient presented after a third UTI episode within eight months. Symptoms included dysuria, urinary frequency, and low-grade fever. Previous episodes had been treated empirically without microbiological confirmation or imaging. Urinalysis showed leukocyturia, and urine culture grew Escherichia coli sensitive to first-line antibiotics. History-taking revealed chronic constipation. Renal and bladder ultrasonography showed no structural abnormalities but incomplete bladder emptying, consistent with functional bowel–bladder dysfunction. Management included culture-guided antibiotics, a bowel regimen, and counseling on hydration, regular voiding, and toileting. No further UTIs occurred during six months of follow-up.

Originality: This case highlights constipation as a modifiable functional contributor to recurrent UTIs identified in primary care. Unlike reports focused on anatomical anomalies or specialist-led evaluations, it demonstrates how comprehensive history-taking and non-invasive assessment can guide effective management.

Lessons learned and future implications: Constipation may increase bladder pressure, impair emptying, and promote urinary stasis, facilitating infection. Assessing bowel habits in children with recurrent UTIs may reduce recurrence and support antibiotic stewardship. Integrating bowel–bladder evaluation into primary care can improve long-term outcomes.

Discussion: Functional bowel–bladder dysfunction is a well-documented but often underrecognized contributor to recurrent UTIs. Fecal retention can mechanically and functionally interfere with bladder emptying, increasing post-void residual urine and infection risk. Studies demonstrate a significant association between constipation and recurrent UTIs, with improvement after bowel management. Pediatric guidelines emphasize assessing bowel habits as part of the evaluation for recurrent UTIs, particularly in female patients.

Conclusion: Recurrent UTIs in pediatric patients warrant further diagnostic evaluation in primary care. Early recognition and

management of constipation and bowel–bladder dysfunction can prevent recurrence, limit unnecessary antibiotic use, and enhance quality of care.

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ID 26- Convergence des entrepôts de données de santé issus des soins primaires et de l'hôpital : perceptions professionnelles – une étude qualitative exploratoire

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Context: Rheumatic Heart Disease (RHD) remains a significant yet underrecognized cause of cardioembolic stroke in low- and middle-income countries. Subtle neurological symptoms such as dysarthria may represent early warning signs of acute ischemic stroke, particularly in patients with longstanding valvular disease and atrial fibrillation. Early recognition is crucial, especially in primary-level hospitals where diagnostic and specialist resources are limited.

Methods: This report describes a 38-year-old Filipino male with a long-standing history of RHD and poor treatment adherence who presented to a primary-level district hospital with acute-onset dysarthria and right-sided weakness. Clinical evaluation, focused neurological examination, laboratory tests, electrocardiography, and delayed neuroimaging and echocardiography were utilized to establish a working diagnosis of acute ischemic stroke, likely cardioembolic in origin. Management was guided by national stroke guidelines and resource availability, emphasizing stabilization, anticoagulation, neuroprotection, and coordinated referral.

Originality: This case highlights dysarthria as the primary presenting symptom of stroke in an RHD patient managed in a resource-limited primary hospital. It underscores the continued burden of RHD-related stroke and illustrates real-world challenges in diagnosis and management where advanced imaging and subspecialty care are not immediately accessible.

Lessons learned and future implications: The case reinforces the importance of maintaining high clinical suspicion for stroke in high-risk cardiac patients presenting with isolated speech disturbances. It emphasizes the value of thorough history-taking and neurological examination in guiding timely management. Strengthening community-based RHD and stroke screening, improving health literacy, and enhancing referral systems are essential to reduce preventable morbidity.

Discussion: RHD-associated valvular pathology and atrial fibrillation substantially increase the risk of cardioembolic stroke. In this patient, delayed follow-up and nonadherence contributed to recurrent cerebrovascular events. Despite infrastructural constraints, early clinical recognition and adherence to basic stroke protocols facilitated stabilization and recovery. This case reflects the realities faced by primary hospitals in developing regions and highlights the need for system-level improvements.

Conclusion: Dysarthria may serve as an early harbinger of stroke in patients with Rheumatic Heart Disease. Prompt clinical recognition, even in the absence of advanced diagnostics, can lead to timely intervention and favorable outcomes. Strengthening primary care capacity and preventive strategies is critical in reducing RHD-related stroke burden.

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ID 1846- COPD–bronchiectasis overlap syndrome: a distinct clinical phenotype – a case report

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Context: Individuals who have suffered a cardiovascular event face an elevated risk of experiencing another such event. Secondary

prevention strategies also involve medications aimed at reducing low-density lipoprotein cholesterol (LDL-C) levels, which play a key role in cardiovascular disease management. However, despite therapy, a significant portion of patients do not achieve the LDL-C targets recommended by guidelines and may need further interventions. To enhance hyperlipidemia treatment for its members, clinical pharmacists provided targeted consultations to primary care physicians (PCPs). These consultations focused on patients who had a history of cardiovascular events and remained above the LDL-C goal of 55 mg/dL despite receiving high-intensity statin therapy.

Objectives: This study evaluated the relationship between clinical pharmacist consultations and improvements in LDL-C control. The program received support from Novartis Israel Ltd.

Methods: From March 2023 to May 2025, an observational cohort study was conducted using data from a large HMOs electronic medical record, including patients whose PCPs received consultations. The main objective was to determine the proportion of patients who did and did not apply their given recommendation, that reached target LDL-C levels over time. T-tests were conducted to evaluate change in LDL-C levels at 6 month time points compared to the baseline measurement.

Results: Consultations were given to PCPs of 1289 patients, 78% males with a median age of 67 (IQR 60-74), 626 (49%) of who applied their given recommendation. The proportion of patients who achieved target levels increased over time with higher proportions observed among the applied sub-group of patients. LDL-C levels were statistically significantly reduced from baseline to follow-up periods among the applied population with average percentage decrease of 20-26%.

Discussion: These findings suggest that targeted clinical pharmacist consultations may assist in LDL-C reduction among high-risk patients who remain above guideline-recommended targets. Patients whose physicians applied the recommendations demonstrated greater improvements, highlighting the value of pharmacist–physician collaboration in secondary prevention. Future research should explore long-term cardiovascular outcomes and identify barriers to implementing recommendations.

Conclusion: LDL-C levels continuously reduced following clinical pharmacists' consultations regarding treatment among patients who had not reached recommended levels of LDL-C, with higher reductions observed among patients who applied the recommendation more broadly.

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ID 44- Coronavirus Disease 2019 and Influenza Vaccination Compliance Among Healthcare Workers at the Primary Health Care Corporation,Qatar, 2020–2024: A Retrospective Study

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Context: Restless Legs Syndrome (RLS) is a common neurological condition impairing sleep and quality of life. In primary care, prevalence estimates often rely on standardized questionnaires, yet less is known about symptom identification during routine consultations without systematic screening.

Objectives: To assess the frequency of spontaneously reported restless legs symptoms during routine health check-ups in a primary care setting, and to explore associated demographic, sleep-related, biological and clinical factors.

Methods: We conducted a retrospective observational study based on 239,876 adult health check-ups performed between 2004 and 2022 in a French primary care prevention centre. Restless legs symptoms were identified solely through spontaneous patient complaints recorded during the clinical interview and coded as present or absent. Analyses were stratified by age and sex. Associations were examined with poor sleep complaints, Epworth

Sleepiness Scale (ESS; categories <7, 7–13, ≥14), haemoglobin level and cervical pain. A multivariable logistic regression model included sex, age, poor sleep, haemoglobin, cervical pain and ESS category.

Results: Out of 239,876 exams, only 581 patients reported symptoms (frequency: 0.24%). The "typical" case was a woman (68% of cases, ratio 2.1:1) between 35 and 65 years old. Key findings: Risk factors: Female sex (OR=3.0), aging (OR=2.0), and poor sleep (OR=1.6). The "Spine" connection: We found a clear cranio-caudal gradient. The risk was high for cervical pain (OR=2.1) but disappeared for low back pain (OR=1.3, NS). Sleepiness: Higher ESS scores were directly linked to more complaints.

Discussion: The observed frequency (0.24%) is markedly lower than the 2–10% usually reported in the literature, indicating substantial under-recognition of RLS in routine primary care when relying solely on spontaneous symptom reporting. Despite this, associated factors align with known clinical characteristics of RLS. Improved recognition is clinically relevant, particularly in light of emerging evidence suggesting a possible association between RLS and increased cardiovascular risk.

Conclusion: Restless legs symptoms are rarely identified during routine primary care assessments based on spontaneous complaints alone. Simple and systematic screening in patients presenting with sleep complaints or chronic pain may improve earlier recognition of RLS and facilitate appropriate management of associated comorbidities.

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ID 1031- Correlates of Low Baseline CD4 Count Among New HIV Presenters in Bintulu.

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Context: Healthier XX is a national primary care reform introduced in 2023 to strengthen preventive care through patient enrolment, continuity, and personalised care with a regular primary care provider. Evidence on its early impact on preventive service uptake remains limited.

Objectives: To evaluate whether enrolment in Healthier XX is associated with changes in preventive care uptake following COVID-19–related disruptions.

Methods: We conducted a retrospective cohort study using routinely collected electronic medical records from a major public primary care clinics cluster. The study included 395,156 patients aged 40 years and above with longitudinal engagement between January 2018 and September 2024. Preventive services examined were cervical cancer screening, cardiovascular risk screening, influenza vaccination, and pneumococcal vaccination. Quarterly uptake rates were analysed across four periods: pre-COVID-19, COVID-19, post-COVID-19 recovery, and post-Healthier XX implementation. Segmented time-series regression was used to evaluate changes in trends associated with programme implementation. Subgroup analyses compared patients with prior preventive care utilisation to non-utilisers.

Results: Enrolment was more likely among older adults, women, married individuals, and patients with chronic conditions, and less likely among ethnic minority groups, smokers, and residents of lower-income housing. Cervical cancer screening declined during COVID-19 and partially recovered thereafter, with significant post–Healthier XX acceleration among enrolees, while uptake among non-enrolees declined. Cardiovascular risk screening showed high baseline uptake with gradual deceleration and minimal post–Healthier XX acceleration, consistent with a ceiling effect. Influenza and pneumococcal vaccination uptake increased among enrolees but stagnated or declined among non-enrolees. Among prior utilisers, cervical cancer screening recovered stronger among enrolees. Cardiovascular risk screening in non-enrolees experienced a sustained decline post COVID-19. Among prior non-

utilisers, cervical cancer screening improved gradually with greater gains after enrolment, while cardiovascular risk screening increased modestly, with declining trends among non-enrolees.

Discussion: Patient enrolment within a structured primary care reform was associated with improved recovery and divergence in preventive care uptake after the pandemic. However, benefits varied across services and reflected persistent sociodemographic inequities.

Conclusion: Healthier XX enrolment was associated with improved recovery of selected preventive services in public primary care post pandemic. Complementary strategies targeting under-represented groups are needed to maximise equitable population-level impact.

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ID 1379- Could be diabetes mellitus a risk factor for leukemia?

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Context: Physical fitness is an important determinant of work ability and is closely associated with work quality, productivity, and overall job satisfaction. In hospital settings, where employees are exposed to sustained physical and psychological demands, impaired physical fitness compromise occupational performance and long-term health. However, the relative contributions of physical, mental, and subjective health factors to physical fitness risk among hospital employees remain unclear.

Objectives: This study aimed to examine independent factors associated with a high risk of physical fitness impairment among hospital employees, with a particular focus on whether these associations differ according to work tenure.

Methods: This cross-sectional study stratified participants by work tenure into those with less than 10 years and those with ≥10 years of employment. Binary logistic regression analyses were performed to identify independent predictors of high risk of physical fitness impairment, adjusting for potential confounders including age, sex, BMI, Waist-to-Hip Ratio (WHR), skeletal muscle mass, and health-related quality of life domains derived from the SF-36 questionnaire (Physical Component Summary [PCS], Mental Component Summary [MCS], and General Health [GH]). Tenure-stratified models were further conducted.

Results: A total of 365 hospital employees were enrolled. In tenure-stratified analyses, subjective general health (GH) was independently associated with a high risk of physical fitness impairment among employees with ≥10 years of tenure (OR 0.27, 95% CI 0.12–0.62; p = 0.002), whereas PCS and MCS were not significantly associated with physical fitness risk. In this group, higher BMI and WHR were positively associated with physical fitness impairment, while greater skeletal muscle mass and sex were inversely associated with physical fitness risk. In contrast, no significant independent predictors were identified among employees with less than 10 years of tenure.

Discussion: Among long-tenured hospital employees, subjective general health emerged as a key predictor of physical fitness impairment, outperforming conventional physical and mental health scores. These findings suggest that subjective health perception may capture cumulative occupational and metabolic burdens that are not reflected by traditional health metrics.

Conclusion: Our results indicate that tenure-specific strategies incorporating subjective health assessment may enhance the effectiveness of workplace physical fitness and health promotion programs.

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ID 772- Could it have been different

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Context: Vaccination is recognized as one of the most effective public health tools. While

European confidence remains high (82%–90%), the post-COVID-19 scenario in Italy has introduced complexity. The pandemic exposed regional heterogeneity and a decline in adherence, particularly in Southern Italy, reflecting the complex issue of Vaccine Hesitancy. Understanding the cultural, social, and communication factors influencing this hesitancy is essential for effective vaccination programs.

Objectives: This survey aimed to analyze the attitudes and opinions of the Apulian population regarding vaccine prevention, compliance, adherence, hesitancy, and the perceived quality of the Vaccination Service. We will identify factors that impede or favor adherence, improve the regional healthcare system's listening capacity, and develop a more dynamic and culturally sensitive communication model for an optimal vaccination program.

Methods: The survey involved an adult population using an anonymous 17-question questionnaire. The first phase (June–September 2025) was conducted online. A second phase will enhance proximity medicine by setting up stands in supermarkets, churches, and cinemas.

Results: Of the 250 completed questionnaires: 94% expressed confidence in vaccines, and 95% view vaccination as an effective tool.93% are aware of the free adult vaccine offer (influenza, pneumococcal, Herpes zoster).The General Practitioner (GP) is the primary information source for 70%.Hesitancy persists: 55% would not take the influenza vaccine, and 33% avoid all vaccines proposed by their GP due to fear of interactions.96.8% consider it essential to combat online misinformation, while 92.4% believe health policy should promote vaccination through media.70.4% believe incentivization and engagement tools, especially through proximity medicine, can boost trust.

Discussion: The results reveal a paradox: high awareness of efficacy (95%) and trust (94%) coexist with specific fears. The GP is a therapeutic pillar (70%), but the digital sphere presents an ambivalent challenge—a source of misinformation yet also a channel citizens want institutions to use more actively.

Conclusion: The findings confirm that to ensure complete protection, a simple active offer is insufficient. The key to overcoming hesitancy is proximity medicine and a bidirectional communication strategy based on listening. The Apulian health system's challenge is to combine scientific rigor with dynamic communication to counteract online misinformation and transform hesitancy into conscious adherence.

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ID 1942- Craniosynostosis: challenges in the early diagnosis and treatment pathway of a rare disease in XXX based on a case report

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Context: Intermittent drowsiness in elder people is a frequent clinical picture caused by chronic medical illnesses, polypharmacy, dehydration, or physiological alterations connected to aging. Recurrent or unexplained hyponatremia should be thoroughly investigated, as it might suggest an underlying endocrine disorder. This case presents a rare but clinically important reason for recurrent hyponatremia stemming from hypopituitarism caused by a non-functioning pituitary macroadenoma.

Methods: We report the case of a 67-year-old retired police officer who visited the general practice with a few days of lethargy, somnolence, and intermittent drowsiness. His medical history included type 2 diabetes mellitus, hypothyroidism, coronary heart disease, and previous episodes of hyponatremia. He was hospitalized with a referral letter for further assessment. The first tests ruled out hematological, metabolic, renal, hepatic, cardiac, and medication-related issues. An extensive endocrine evaluation was performed, including serum cortisol, adrenocorticotropic hormone (ACTH),

gonadotropins, and magnetic resonance imaging of the pituitary gland.

Originality: This case is important because it brings out hypopituitarism as an uncommon and often neglected cause of recurrent hyponatremia in the elderly, especially when the patients have multiple comorbidities that may hide the original diagnosis.

Lessons learned and future implications: Recurrent hyponatraemia must never be classified as idiopathic. The workup must include endocrine causes, especially secondary adrenal insufficiency, when the common aetiologies are ruled out. The timely diagnosis and adequate hormone replacement therapy may contribute to the fast clinical improvement and the prevention of the occurrence of possibly life-threatening complications.

Discussion: In the case of this patient, hyponatremia in the aged population was likely multifactorial and probably wrongly thought to be caused by the chronic disease or medications. Secondary adrenal insufficiency as a result of impaired pituitary function led to decreased cortisol-induced free water excretion that caused repeated hyponatremia and neurocognitive symptoms. The thorough evaluation and constant care of the patient were crucial in uncovering the hidden cause.

Conclusion: The case presented here illustrates the necessity of detailed assessment of recurrent hyponatremia in the elderly and draws attention to hypopituitarism resulting from a non-functioning pituitary macroadenoma as an infrequent but curable cause. Timely identification through a holistic approach can dramatically enhance patients' outcomes.

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ID 533- Cross border learning for sustainable Out-of-hours care by general practitioners in Europe

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Context: Trigeminal neuropathy (TNO) presents diagnostic challenges in primary care, often requiring multidisciplinary work-ups to rule out serious etiologies. This case of a 57-year-old female with progressive facial numbness explores Fraternity by integrating traditional family medicine with integrative medicine to enhance outcomes when conventional treatments are limited.

Methods: A 57-year-old female presented with a one-year history of progressive right-sided facial numbness. A comprehensive work-up, including neurological exams, hypertensive screening, cranial CT, syphilis screening, and inflammatory markers (CRP/ESR), ruled out malignancy, vascular compression, infection, and inflammatory causes. While findings of dyslipidemia and peripheral lipomatosis were noted, they were deemed unrelated. The patient was referred for integrative medicine and received three 15-minute acupuncture sessions (1–2 week intervals) utilizing acupoints ST6, ST7, GB14, GB26, LI20, Yin Tang, and Tae Yang.

Originality: This case demonstrates an innovative "Fraternity of Care" by utilizing acupuncture not as a secondary alternative, but as a coordinated first-line non-pharmacological intervention within a tertiary hospital's Family Medicine department. It highlights the Family Physician's role in bridge-building between high-tech diagnostics (CT imaging) and traditional needle-based therapies.

Lessons learned and future implications: The key lesson is that integrative medicine safely alleviates TNO symptoms. Formalizing interprofessional referral networks is vital to ensure equitable access to diagnostics and non-pharmacological symptom management.

Discussion: The management of this case highlights the clinical challenge of trigeminal neuropathy, where standard pharmacological treatments often carry side-effect profiles that patients may find unacceptable. By utilizing the Numbness Numerical Rating Scale, we were able to quantify the success of a non-pharmacological intervention. The reduction in symptoms from moderate to low suggests that

medical acupuncture can effectively modulate sensory deficits. Furthermore, the psychological relief expressed by the patient after ruling out malignancy underscores the importance of the Family Physician's role in providing reassurance alongside physical treatment

Conclusion: In conclusion, trigeminal neuropathy requires a dual approach: rigorous diagnostic work-up to rule out poor-prognosis etiologies and an open-minded therapeutic strategy. This case demonstrates that medical acupuncture is a safe and viable adjunct in primary care. This illustrates Fraternity by showing how diverse practices coexist to provide holistic care.

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ID 1988- Cross-border project on primary prevention – PREVENT. Issues for improvement in primary healthcare

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Context: Around the world there is a decline in graduates choosing a career in general practice(GP). This is despite data showing strengthening GP and GP continuity of care leads to improved health, lower mortality, and reduced healthcare-system costs. Many countries rely on importing GPs from other countries, who provide great value. Ideally capturing home grown doctors We have data showing our medical program has the highest percentage ot graduates choosing to work in metropolitan general practice in the country. This presentation will reflect on the national statistics and the elements of our medical education that are associated with inspiring graduates to choose the specialty of general practice.

Methods: The national analysis on GP trainees is based on data of graduates from all medical schools in our country. This data will be shared along with specific characteristics of university medical school education programs that appear to cause a higher percentage of graduates to choose general practice as their training pathway. Insights about rural GP training pathways will be included in this data.

Originality: This national data of all medical graduates in our country was generated for the first time in 2025. The results were not intuitive nor anticipated, as they were different to expected. Many previous papers have looked at characteristics that are associated with working in rural GP, or career intentions of new graduates; this reveals genuine GP training intent. This is why it is important to reach better understanding of what the drivers are in a medical graduate's education to make them more likely to want to be a GP.

Lessons learned and future implications: The percentage of medical graduates choosing general practice varied from 52% down to 16%. The insights gained from comparing different approaches used in medical education and clinical placements between the universities with greater success in producing GPs will help improve graduate career choice in GP.

Discussion: The national data combined with information about university GP training (in clinic or classroom) highlights the essential design ingredients of medical training to enhance graduate choice of GP.

Conclusion: Graduates have a higher interest in GP than thought and the medical schools producing GPs can be a surprise.

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ID 1838- Cultivating positive mental attitude to protect against depression in medical trainees: implications for holistic care and education

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Context: Nausea and vomiting are common presentations in family medicine and are often attributed to acute infection, migraine, or self-limiting gastrointestinal illness. When symptoms persist or recur, especially in the presence of competing diagnoses, underlying systemic causes such as hyperthyroidism may be overlooked.

Methods: We present a descriptive case report of a 39-year-old woman whose diagnosis emerged through serial reassessment during an acute admission and integration of longitudinal clinical history across multiple healthcare encounters.

Originality: This case illustrates a gastrointestinal-predominant presentation of Graves disease complicated by concurrent bacterial tonsillitis and a history of migraine, highlighting the diagnostic challenge of symptom overlap in primary care.

Lessons learned and future implications: Persistent symptoms despite appropriate treatment should prompt clinicians to revisit the differential diagnosis. Recurrent tachycardia and menstrual irregularities may be important clues to an underlying endocrine disorder. A longitudinal, whole-person approach may reduce diagnostic delay and repeated healthcare utilisation.

Discussion: A 39-year-old woman with well-controlled asthma and episodic migraines presented with fever, cough, sore throat, and one week of recurrent vomiting, escalating to approximately 20 episodes on the day of admission and associated with epigastric pain. Examination revealed tachycardia (heart rate 110 bpm), bilateral tonsillar exudates, epigastric tenderness, and possible neck fullness that was difficult to assess due to body habitus. Initial investigations showed leukocytosis with neutrophilia and mild hypokalaemia, with otherwise unremarkable renal and liver function tests. She was treated for bilateral bacterial tonsillitis with oral amoxicillin-clavulanate and symptomatic therapy for presumed post-tussive and migraine-related vomiting. While respiratory symptoms and headaches improved, vomiting persisted. Further history revealed recurrent gastrointestinal disturbances, intermittent unexplained tachycardia documented during prior clinic and emergency visits, and irregular menstrual cycles over the preceding year. Thyroid function testing demonstrated suppressed TSH, markedly elevated free T4, and positive thyroid antibodies, confirming Graves disease. Carbimazole was initiated with subsequent clinical and biochemical improvement.

Conclusion: Hyperthyroidism should be considered in patients with persistent or recurrent nausea and vomiting, particularly when accompanied by systemic features such as tachycardia or menstrual irregularities. This case highlights the value of continuity of care and reflective reassessment in family medicine to prevent diagnostic delay.

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ID 272- Current knowledge on the management of ankle sprains in primary care: a systematic review of the literature

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Context: Ikairos Culture du Soin is a non-profit organization created in 2023 by Doctors Cloé Brami and Solène Blanchin in response to the deteriorating mental health of healthcare students. Since January 2025, it offers multi-monthly videoconference workshops in mind-body practices. These workshops are led by healthcare professionals and are reserved for health students. Despite regular communication on social media and contact with 37 french universities, very few students participate in the workshops. This contrasts with the catastrophic state of mental health among french medical students: according to a 2024 survey(1): 21% of students experience suicidal thoughts, 52% experience anxiety symptoms, 66% suffer from burnout, 24% have eating disorders. The need for solutions is urgent. The main hypothesis is that our communication strategy is inadequate. How can we be attractive for students? What tools exist in other European countries? 1. Anemf , Isnar -IMG, Isni +. Survey on the mental health of medical students from the second year to the end of their residency [Press kit]. 2024

Methods: We do the presentation with a PowerPoint, questioning participants about their knowledge of the state of mental health and existing support in France, the post-it note

method to explore communication barriers and participants' expectations.

Originality: This presentation is intended to be interactive.

Lessons learned and future implications: This presentation aims to present the association, to raise awareness among workshop participants about the mental health challenges faced by healthcare students; to provide an overview of existing resources and the role of the association's services.

Discussion: We want to gather the experiences of the different participants, their expectations, and to leave with concrete actions to implement.

Conclusion: This presentation has a triple objective: to highlight the alarming state of mental health among health students; to raise awareness of Ikairos Culture du soin; to reflect together on how to improve the availability of the association's workshops to students.

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ID 197- Current Status and Challenges of Policies to Strengthen Regional, Essential, and Public Healthcare in Korea: Health Equity-Oriented Health Policy Analysis

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Context: The World Health Organization recognizes aging as an important factor in the development of dementia. Statistical data show that the risk of dementia increases with age. More than 65% of dementia cases occur in individuals older than 65 years, while in the age group over 85 years this figure exceeds 30%. Aging is associated with other risk factors that contribute to the development of dementia (hypertension, diabetes, cardiovascular diseases, lack of physical activity, level of education, depression, etc.).

Objectives: The aim of this study was to assess the cognitive status of patients with comorbidities and apparently preserved cognition in our medical records. The objective was to determine the prevalence of mild cognitive impairment (MCI) and to analyze the association between cognitive decline and predictors of dementia among patients in our practice.

Methods: Anamnestic data and laboratory analyses from available medical documentation were used. Cognitive abilities were assessed using the Montreal Cognitive Assessment (MoCA) test. A total of 200 patients from two medical practices were tested: 89 men and 111 women, aged 50 years and older.

Results: Thirty-one percent of the participants had MoCA test results consistent with MCI. In the group aged 85 and older, 83% (5/6) had findings indicative of MCI. In the group aged 50–64 years, 14% showed results suggesting MCI. The prevalence of MCI was significantly higher among participants with up to 12 years of formal education (45% vs. 20%). Most tested participants had elevated LDL cholesterol and blood glucose levels. Hypertension, cardiovascular disease, and type 2 diabetes mellitus were equally represented in both groups. Only mood disorders were significantly more prevalent in the group with MCI (31% vs. 7%).

Discussion: Previous research highlights the importance of lifestyle modification at the earliest possible stage. According to a recent report by the nonprofit research organization RAND, cognitive abilities, functional limitations, and physical health may be strong predictors of dementia risk up to 20 years before its onset. Certain lifestyle choices made at the age of 60 may indicate an increased risk of dementia later in life.

Conclusion: Risk factors, as significant predictors, influence the prevalence of MCI regardless of age group and comorbidities.

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ID 593- Cutaneous leishmaniasis in a non-endemic area in Tunisia

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Context: In Algeria, general practice extends beyond its traditional clinical scope to engage with the judicial domain. Owing to their close relationship with patients and communities, general practitioners provide distinctive credibility and relevance in medico-legal expertise.

Objectives: This work aims to present and critically analyze nineteen years of professional experience in judicial expertise, highlighting the specific challenges encountered, the contributions made, and the strategic role of general practitioners within both the healthcare and judicial systems.

Teaching method and workshop: A retrospective and descriptive approach was employed, based on the systematic review of cases handled and the classification of disputes across civil and criminal contexts.

Expected outcomes: - A broad spectrum of cases was addressed, encompassing civil and criminal litigation. - Ongoing professional development in medical law and expert methodology proved indispensable. - The general practitioner emerged as a trusted intermediary, combining

Conclusion: General practice can play a pivotal role in judicial expertise. This experience underscores the importance of integrating medico-legal expertise into the training of general practitioners and of fostering stronger dialogue between medicine and justice, both in Algeria and on the international stage.

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ID 177- Dapagliflozin Eligibility and Renal Testing Gaps in Chronic Kidney Disease: A Retrospective Cross-Sectional Analysis in Primary Care

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Context: General practitioners routinely work with clinical situations shaped by social conditions, cultural meanings, chronic illness and ethical tensions. A workshop delivered at WONCA 2025 introduced medical anthropology as a conceptual lens, enabling participants to make explicit forms of reasoning already used implicitly in everyday consultations. Feedback from this workshop raised a recurring question: how can anthropological perspectives be translated into practical methods that both enrich clinical work and support engagement in qualitative research grounded in general practice?

Objectives: This workshop aims to help participants recognise observation and attention as skills that can be developed in general practice. Participants will practice a simple anthropological observation exercise applicable to everyday consultations, understand how careful observation generates relevant clinical and research questions and identify how these skills can support reflective practice and the early stages of qualitative inquiry.

Teaching method and workshop: The workshop is built around a single practical observation exercise inspired by the work of Nicolas Nova, a renowned anthropologist, who conceptualises observation as a cognitive capacity that requires training. The session opens with a brief summary of

Expected outcomes: Participants will gain a concrete, low-threshold tool to strengthen observational and reflexive capacities already present in everyday general practice. By making these practices explicit, the workshop supports more attentive, patient-centred consultation

Conclusion: By building on skills that general practitioners already use in routine practice, this workshop shows that engaging in qualitative research does not require complex methods and separation from clinical work. Medical anthropology is presented as a practical and accessible resource that supports clinical reflection while opening realistic pathways into qualitative research within everyday general practice.

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ID 1238- Debureaucratization in Primary Care Consultations

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Context: Actinomycosis is a chronic, suppurative, and granulomatous bacterial infection, primarily caused by filamentous, Gram-positive, anaerobic bacilli of the genus Actinomyces. These bacteria, which are commensal flora of the oropharyngeal, digestive, and genital mucous membranes, become pathogenic when the integrity of the barriers is breached. They then cause abscesses, fistulas, and pseudo-tumoral lesions often mistaken for neoplasia or tuberculosis.

Objectives: To identify the epidemiological, clinical, and paraclinical characteristics of actinomycosis. To analyze the therapeutic approaches for patients managed for actinomycosis.

Methods: A descriptive retrospective study focusing on 22 cases of actinomycosis diagnosed between January 1998 and June 2025. Demographic, clinical, paraclinical, therapeutic, and outcome data were analyzed using SPSS software (version 26). Student's t-test was used to analyze the predisposing factors for actinomycosis infection.

Results: The mean age at diagnosis was 49 years, with a female predominance (male/female sex ratio = 0.83). Predisposing factors were identified in 63% of patients, mainly the use of an intrauterine device (IUD) with a statistically significant difference (p = 0.005) and poor oral hygiene. Abdominopelvic localization (41%) was the most frequent, followed by cervicofacial, cerebral, and cutaneous forms. Diagnosis was confirmed by anatomopathological examination in 91% of cases and by bacteriology in 9%. All patients received prolonged antibiotic therapy, primarily based on penicillin G or amoxicillin, for an average duration of 10 months. Surgical management was necessary in 68% of patients. The outcome was favorable in 68% of cases, with two relapses and one death.

Discussion: Actinomycosis is a rare, chronic bacterial infection with slow progression. It is characterized by the formation of multiple abscesses, fistulous tracts, and the presence of so-called “sulfur granules.” Diagnosis relies on bacteriological identification and histopathological examination. Management is based on prolonged antibiotic therapy, mainly penicillin, sometimes combined with targeted surgical intervention. The incidence has decreased due to improved oral hygiene and better access to antibiotics.

Conclusion: Actinomycosis remains a rare and often unrecognized condition, whose polymorphic clinical presentation can simulate a malignant tumor. Early diagnosis and appropriate, prolonged antibiotic therapy, associated with surgery if necessary, allow for an excellent prognosis. Prevention relies on better oral hygiene and the monitoring of women with IUDs.

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ID 920- Debureaucratization in Primary Care Consultations

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Context: The COVID-19 pandemic accelerated moves towards the virtual delivery of primary care in Canada. As this occurred, debates over how virtual primary care (VPC) ought to be encouraged or discouraged, governed and paid for have intensified. Within these high-level debates there has been little attention paid to the details of which technologies are being

deployed to deliver VPC and how those technologies interact with non-technical factors to ensure efficiency and effectiveness.

Objectives: With a policy-making audience in mind, the research sought to: 1) identify the various constellations of VPC technology that are being deployed; 2) characterize how key informants see them working and to what purpose; and 3) describe how those technologies are interacting with non-technical factors to shape success to care.

Methods: 29 qualitative interviews with mid-level VPC experts from the provinces of Alberta, Nova Scotia, and Ontario. Data were coded and analyzed using an Interpretive Description approach.

Results: From basic phone calls to advanced multi-platform multi-disciplinary case conferences, participants saw VPC technologies as improving access to primary care by increasing efficiency and coordination. Specifically VPC was deployed to improve the accessibility, availability, and accommodativeness of care. VPC technologies interacted with and relied on: human efforts, funding models, and the institutional contexts in which they were deployed.

Discussion: From a policy-making perspective, the effectiveness and sustainability of VPC technologies were strongly influenced by human rather than purely technical factors. Finding ways to support and icentivize the social networks that underpin effective VPC interventions will be important to ensuring their sustainability. Policy makers may want to consider adjustments to funding models, and supports for cultural change within the institutions of primary care.

Conclusion: Policy-makers seeking to optimize VPC will want to consider ways to support not just purchases of technology, but: the human effort required to choose and manage technology; the funding mechanisms that incentivize the efficient use technology; and the institutional contexts and cultures that underpin access improvements through technology.

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ID 744- Decision support tools for lung cancer screening

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Context: Europe has the highest proprotion of drinkers worldwide and experiences the largest burden of alcohol harms. Sometimes this is obvious, but often its subtle and disproportionately affects deprived populations. It's up to us to bring the topic of alcohol into the consultation and how we do this is a nuanced part of our craft. Some GPs will have a natural ability, but the rest of us can improve.

Objectives: Outline the alcohol harms that present in GP - the obvious and hidden. Explore what effective conversations about alcohol could look like Explain some physiology and psychology of addiction Introduce concept of relational injury Highlight importance of signposting with conviction to recovery resources Discuss how to hold the hope when patients feel helpless Exposure to recovery

Teaching method and workshop: Introduction from our context - GP in Scotland, the alcohol harms we see in daily practice. Structured technique to draw out from participants: -- the alcohol-related harms in their own practice (obvious and hidden) -- positive and negative experiences of

Expected outcomes: Highlight hidden harms that alcohol causes in our patients and ourselves. Explore what a GP can realistically offer - our role in identifiying alcohol harm, linking alcohol to presenting complaints, skillfil conversation, reducing healthcare stigma, commu

Conclusion: How we talk to patients matters. It influences their agency to recognise and change unhealthy drinking behaviour and their perception of healthcare stigma. In Scotland, one in five patients we see every day drink harmful levels of alcohol. But we are not alone as Europe bears the highest worlwide burden of alcohol related harm. We hope prompt

insights that could make a difference to participants' next clinic.

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ID 894- Delayed Diagnosis Case: The Importance of HbA1c and Fasting Plasma Glucose Measurement

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Context: Arterial hypertension remains one of the leading modifiable risk factors for cardiovascular morbidity and mortality worldwide. Although effective antihypertensive treatments are widely available, a considerable proportion of patients fail to achieve recommended blood pressure targets when treated with monotherapy. Both international and Greek guidelines emphasize the early initiation of combination therapy, preferably in the form of single-pill combinations (SPCs), in order to improve adherence and clinical outcomes.

Objectives: The objective of this study was to review the available evidence regarding the use of single-pill combinations in Greece and internationally, and to identify discrepancies between guideline recommendations and real-world clinical practice.

Methods: A narrative review of the Greek and international literature was conducted using the PubMed, Scopus, and Google Scholar databases. In addition, current guidelines from the European Society of Cardiology/European Society of Hypertension (ESC/ESH) and the Hellenic Society of Hypertension were reviewed. Data on national and international SPC utilization rates, as well as factors influencing their implementation, were analyzed.

Results: In Greece, no published national or regional data are available regarding SPC utilization. Relevant prescribing data are theoretically accessible through the national e-prescription system (IDIKA), but have not been publicly released. In high-income countries, the mean SPC utilization rate is approximately 24%, with reported rates of 10.9% in Germany (2020) and a range of 10–30% across Europe. In contrast, SPC use reaches approximately 45% in low- and middle-income countries, largely due to public health policies and interventions supported by the World Health Organization. Available evidence consistently demonstrates that SPCs are associated with improved treatment adherence and higher rates of blood pressure control compared with free-drug combinations or monotherapy.

Discussion: Despite strong guideline recommendations, SPC adoption remains suboptimal, particularly in high-income countries such as Greece. Limited access to national prescribing data, clinical inertia, and insufficient dissemination of evidence-based combination strategies appear to contribute to this gap.

Conclusion: A significant discrepancy exists between hypertension management guidelines and real-world SPC use in Greece and internationally. Systematic recording and public disclosure of national prescribing data, along with the promotion of evidence-based SPCs, are essential to improve blood pressure control and reduce cardiovascular risk.

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ID 1355- Delayed Diagnosis of Basal Cell Carcinoma Following Post-Traumatic Skin Lesion: A Case Report

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Context: Diabetes mellitus (DM) has a significant impact on women's health, increasing susceptibility to both infectious and non-infectious vulvovaginal disorders. Alterations in glucose metabolism may disrupt the normal vaginal environment and predispose to recurrent infections.

Objectives: To investigate the association between poor glycemic control in diabetes mellitus and the increased incidence of vulvovaginal infections.

Methods: Vaginal discharge examination results collected over a one-year period from a clinical microbiology laboratory in the Piraeus area were retrospectively analyzed. Microscopic examination was initially performed, followed by amine testing, cultures for aerobic and anaerobic bacteria, Mycoplasma and Ureaplasma species, and monoclonal antibody testing for the detection of Chlamydia trachomatis.

Results: A total of 120 positive cases were identified. Of these, 72 cases involved diabetic patients with fasting blood glucose levels exceeding 140 mg/dL, while 48 cases involved non-diabetic patients. Among diabetic patients, 49 were positive for Candida albicans, 2 for Trichomonas vaginalis, 16 for Gardnerella vaginalis, 1 for Chlamydia trachomatis, and 4 for Mycoplasma hominis. Among non-diabetic patients, 20 were positive for Candida albicans, 5 for Trichomonas vaginalis, 6 for Gardnerella vaginalis, 6 for Chlamydia trachomatis, and 11 for Mycoplasma hominis.

Discussion: The findings demonstrate a higher prevalence of vulvovaginal infections among women with poorly controlled diabetes, particularly fungal infections caused by Candida albicans. Hyperglycemia may alter vaginal pH and impair local immune defenses, thereby facilitating the growth of pathogenic microorganisms.

Conclusion: Poor glycemic control is strongly associated with frequent and recurrent vulvovaginal infections. Effective regulation of blood glucose levels may play a crucial role in preventing vulvovaginal infections and improving gynecological health in women with diabetes mellitus.

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ID 1402- Delivering Culturally Sensitive, Holistic Care in Rural and Urban Settings: Twenty Years of Family Medicine Practice

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Context: Digital health is rapidly changing how people interact with primary care. Information, decision-support and navigation tools are moving closer to citizens, who increasingly expect accessible, personalised and timely support. At the same time, primary care systems face growing pressure due to ageing populations, increasing multimorbidity and workforce shortages. Person-centred digital solutions offer opportunities to support self-management, preventive behaviours and shared decision-making, while helping to use limited resources more effectively. One emerging approach is the Digital Frontdoor: a digital entry point that supports citizens at their first contact with the health system. Typical user-facing functions include symptom checkers, structured intake and consent tools, appointment planning, self-care guidance and links to primary care, community and social services. Increasingly, these tools are supported by generative artificial intelligence (GenAI), enabling more personalised guidance, effective triage and appropriate referrals. When well designed and embedded in care pathways, Digital Frontdoors can improve citizen experiences while supporting sustainable primary care workflows. To realise this potential, digital innovations must be usable, trustworthy, inclusive and aligned with clinical and community-based care. International exchange of experiences and lessons learned is therefore essential. The Amsterdam Digital Frontdoor provides one practical example, alongside other emerging person-centred digital health models relevant across diverse contexts.

Objectives: - Explore how person-centred design strengthens digital primary care - Present the Amsterdam Digital Frontdoor as a

best-practice case - Identify benefits, challenges and contextual factors influencing implementation - Exchange international examples and lessons learned in person-centred digital primary care

Teaching method and workshop: After a short introduction, facilitators will present the Digital Frontdoor concept and case example. Participants will discuss benefits, challenges and comparable initiatives in small groups, followed by a plenary synthesis.

Expected outcomes: Participants will gain practical insights into how person-centred digital tools can strengthen primary care and improve system responsiveness. Key themes will be synthesised into actionable recommendations, and hopefully potential publication.

Conclusion: This workshop will support shared learning on how person-centred tools like Digital Frontdoors and related innovations can contribute to more equitable, effective primary health care.

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ID 1891- Deployment of a territorial innovation

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Context: Subjective age has been linked to health outcomes, including functional decline and increased mortality risk. However, its utility in primary care settings remains underexplored.

Objectives: This study aimed to evaluate whether the question "How old do you feel?" could enhance physician-patient communication.

Methods: In this observational study, thirteen primary care physicians (PCPs) asked 194 patients aged 50 and older the question "How old do you feel?" during clinical encounters. Following each encounter, PCPs completed a questionnaire to assess the impact of the question on the consultation. Data were analyzed using descriptive statistics, and univariate analysis was performed with a mixed-effects logistic regression model to identify factors influencing physicians' perceptions of the question's utility. We also evaluated their free-text responses to understand their perceptions of this question.

Results: PCPs reported positive experiences, with 74% of consultations leading to further discussions, and 80% of PCPs felt the question improved their understanding of the patient. Sixty-two percent believed the question benefited the patient. Factors such as physician age, experience, and patient multimorbidity were significantly associated with positive perceptions of the question's utility.

Discussion: This study suggests that asking "How old do you feel?" can enhance communication between PCPs and patients, providing valuable insights into patients' overall well-being. This question may help identify vulnerable patients and improve care.

Conclusion: Future studies should explore its broader applicability and long-term effects in diverse primary care settings to assess its potential as a standard tool in clinical practice.

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ID 524- Deprescribing Tendencies within Primary Health Care

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Context: Ageism in healthcare may negatively impact the care provided to older adults.

Objectives: This study aimed to examine whether ageist attitudes exist among family physicians, internists, and geriatricians using the Kogan's Attitudes Toward Older People questionnaire.

Methods: This cross-sectional survey was conducted between July and December 2024. The Kogan questionnaire includes 34 items scored on a continuous scale, with higher scores indicating more positive attitudes toward older individuals. A total of 121 physicians (family medicine, internal medicine, and geriatrics) participated. Data were analyzed using ANOVA, Kruskal-Wallis, and Chi-square tests. Internal consistency of the questionnaire was assessed using Cronbach's alpha. Correlations between self-perceived ageism and questionnaire scores were evaluated using Pearson's correlation coefficient.

Results: There were no statistically significant differences in overall ageism scores between family physicians, internists, and geriatricians (mean scores: 93.3, 94.1, and 91.7 respectively; $p = 0.867$). Importantly, the scores of all physician groups were below the questionnaire's theoretical median, indicating a generally more negative attitude toward older individuals. A weak to moderate correlation was found between self-perceived ageism and the total score of the questionnaire ($r = 0.246$, $p < 0.01$). A stronger correlation was noted between self-perception and the Prejudice Index ($r = 0.328$, $p < 0.001$). Among geriatricians specifically, a strong correlation was observed between self-perception and the total score ($r = 0.622$, $p < 0.01$). However, in most cases, self-perception did not align with the attitudes objectively measured.

Discussion: This study found no significant differences in ageist attitudes among physician specialties. Overall scores were below the theoretical median, suggesting generally negative attitudes toward older adults. The discrepancy between self-perceived and measured attitudes highlights the need for targeted education and reflective training.

Conclusion: Raising awareness of ageism in clinical practice is essential to fostering respectful, equitable care for the aging population.

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ID 1272- Deprivation index of Patients Seen by Medical Students During Primary Care Placements

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Context: The World Health Organization defines mass gatherings (MGs) as planned or spontaneous events where the number of attendees could strain the community or country's resources for planning and response. MGs may pertain to sports, religion, politics, art, or various other activities. In recent decades, the frequency of MGs and the number of participants has increased due to greater population mobility. These gatherings can pose various health hazards that elevate the risk of morbidity and mortality for both the local population and attendees.

Methods: practice based observations base on preparation and participation of several mass gatherings events

Originality: It is parctice base study is observational in nature. practice base orientaion

Lessons learned and future implications: . This study aims to delineate the role of General Practitioners (GPs) in ensuring the safety of MGs through activities implemented before, during, and after the event.

Discussion: Before the event, GPs can conduct risk assessments to identify potential health threats, including communicable and non-communicable diseases, injuries, and environmental risks. They can promote a culture of preparedness by contributing to the development of emergency preparedness and response plans, tailored to the event's demographics and context. These can include developing protocols, healthcare access routes, vaccination activities, implementing health education programs, ensuring adequate medical resources are available, and training event staff in basic first aid and emergency response. During the event, GPs can collaborate with local health authorities to enhance event-based and disease-based surveillance of potential health risks and to

ensure a prompt response to prevent outbreaks, reduce morbidity and mortality, and mitigate the burden on the health system. After the event, GPs must remain vigilant for potential outbreaks of communicable diseases with long incubation periods (that exceed the MG duration) that may emerge in the local community or among visitors returning home. GPs can participate in post-event evaluations to identify strengths and gaps and inform strategies for future MGs.

Conclusion: The involvement of GPs is vital for comprehensive planning to minimize health risks, ensure a swift response to medical emergencies, and foster a safe environment during MGs. They also provide invaluable guidance to travelers attending these events, helping protect both individual health and community well-being.

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ID 1042- Derma Trivia Paris: Skincare edition

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Context: Digital health technologies such as wearables shape the everyday lives and health awareness of patients - also in primary care settings. These tools offer opportunities for individual patient-centred care, yet there is a need for practical and evaluated methods to use these technologies meaningfully in clinical practice - as part of a holistic treatment approach. This study explores a wearable-informed physician consultation on basis of the biopsychosocial model that could be translated into primary care settings.

Objectives: Our goal was to investigate if a physician consultation based on a 24-hour heart rate variability (HRV) spectrograph combined with a diary increased the notice of interactions between thoughts, feelings and bodily reactions compared to controls.

Methods: A randomized controlled trial was conducted with one hundred managers from a manufacturing and engineering company, randomized into an intervention (IG) or control group (CG). The IG underwent a 24-hour ECG (Electrocardiogram) measurement, documented daily events and completed questionnaires. These data informed a 50-minute consultation, focusing on the connection between emotions, thoughts, recorded situations, and HRV. Questionnaires were repeated after three months. Changes in the primary outcome - awareness of biopsychosocial interactions - were analysed using repeated-measures ANOVA.

Results: Data from 81 participants with complete HRV and questionnaire data were included in the final analysis. Participants (94% male, mean ±SD age 48±8.6 years) in the IG reported significantly increased awareness of mind-body interactions ($p=0.032$, $\eta^2=0.057$) and were more likely to respond to their body's needs ($p=0.008$, $\eta^2=0.085$). Perceived stress was significantly reduced only in the IG ($p=0.017$, $\eta^2=0.071$).

Discussion: This approach, integrating HRV visualization with diary-based reflection, proved to be a feasible and effective method for enhancing awareness of biopsychosocial processes, supporting self-regulation, promoting behavioural change and reducing perceived stress. The occupational setting with the study population of predominantly male managers may limit generalizability.

Conclusion: This study serves as a gateway for personalized preventive strategies and can complement traditional medical consultations based on wearable data. Further exploration in diverse settings, such as primary care, is recommended to fully assess its broader applicability and benefits. Keywords: primary prevention; Stress, Psychological; Heart Rate / physiology; Patient-Centered Care

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ID 1040- Description of adults' perceptions of Health and behavioural correlations in a Low-Income XXX Community

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Context: Patients receiving opioid substitution treatment (OST) experience social vulnerability, stigma, and barriers to healthcare access. Although organized cancer screening programmes are free and widely available in France, little is known about participation rates and barriers among patients treated with OST in primary care settings.

Objectives: To assess participation in organized cancer screening programmes (breast, cervical, and colorectal cancers) among patients receiving OST in Eastern France, and to identify barriers and factors associated with non-participation.

Methods: We conducted a multicentre cross-sectional quantitative study between July 2024 and June 2025 in the Bas-Rhin and Haut-Rhin regions. Adult patients receiving methadone or buprenorphine were recruited in addiction treatment centres, general practices, hospitals, and a prison setting. Data were collected using two structured questionnaires assessing socio-demographic characteristics, screening participation, and perceived barriers. Descriptive analyses were performed, followed by univariate and multivariate logistic regression to identify factors associated with non-participation.

Results: Seventy-seven patients were included (45.5% women; mean age 49.8 years). Overall, 67.5% were not up to date with at least one recommended cancer screening. Among eligible participants, participation rates were 62.9% for cervical cancer, 40.0% for breast cancer, and 21.2% for colorectal cancer. The main barriers reported were low prioritisation of screening (35.7%), fear of cancer diagnosis (14.3%), misunderstanding of invitation letters (11.9%), perceived procedural burden (10.7%), and negative healthcare experiences (8.3%). In multivariate analysis, lower educational level and age between 45 and 55 years were independently associated with non-participation.

Discussion: Despite universal access to organized screening, patients receiving OST showed markedly lower participation than the general population, particularly for colorectal and breast cancer. Barriers were predominantly psychosocial and organisational rather than financial, highlighting the central role of health literacy and care coordination. The higher uptake of cervical screening may reflect more frequent contact with healthcare professionals. Selection and recall biases may have led to overestimation of participation, reinforcing the robustness of the observed inequalities.

Conclusion: This study highlights persistent cancer screening inequalities among patients receiving OST in primary care. Integrating proactive counselling, adapted information, and outreach or on-site screening within addiction and general practice settings could improve participation and promote equity in preventive care.

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ID 2102- Designing Community-Based Women's Health Hubs: Transferable Principles for Improving Access and Equity

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Context: Chronic kidney disease (CKD) is a common complication among individuals with diabetes, affecting approximately 30% of patients. Diabetes and CKD often co-exist with

cardiovascular disease and with additional morbidities leading to increased healthcare needs.

Objectives: To characterize the population of Israeli adults with type 2 diabetes and describe the prevalence of CKD across its different disease stages, as well as to assess additional comorbidity. We further aimed to describe the pharmacological treatment and healthcare utilization patterns at each stage.

Methods: A cross-sectional study based on medical records from one of Israel's national health maintenance organizations and including all current member aged 18 and above diagnosed with type 2 diabetes. CKD prevalence was determined based on estimated glomerular filtration rate (eGFR) and urinary albumin-to-creatinine ratio (uACR). We extracted demographic and clinical data, presence of comorbidities, information about medication use, specialist care and hospital visits.

Results: The study population included 65,349 adults with diabetes, of whom 29.7% had CKD; 18.9%, 6.2%, and 4.5% were at progressively more severe CKD stages. There was a positive association between CKD stage and various cardiovascular diseases, both before and after adjustments, the strongest of which was with heart failure reaching an adjusted relative risk of 2.5 (95% CI 2.3, 2.6) for the most severe stage compared to no CKD. Diabetic retinopathy and neuropathy were also positively associated with CKD stage reaching an adjusted relative risk of 2.1 (95% CI 2.0, 2.3) and 1.5 (95% CI 1.4, 1.5) respectively. Visits to Ophthalmologists were prevalent among more than half the population. Visits to Nephrologists, Endocrinologists, Cardiologists and Vascular surgeons were more common at more progressed CKD stages. Emergency room visits and hospitalization rates were also higher the more severe the CKD stage.

Discussion: CKD is prevalent among adults with diabetes type 2 in Israel and is associated with an increased burden of cardiovascular and other comorbidity. Healthcare utilization is higher at more severe CKD stages.

Conclusion: The global rise in diabetes calls for improved prevention and care strategies as well as healthcare resource planning and allocation of services for the substantial subgroup of patients with comorbid CKD.

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ID 921- Detection of occupational respiratory disease in primary health care - a case report

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Context: The growing societal demand for general practitioner certification has led to a shift in training, focusing on competencies. To support the monitoring of competency acquisition, the University of XXX developed a criterion-referenced evaluation table referred to here as 'Exceler'.

Objectives: We aim to evaluate opinions of General practice interns in XXX about the acceptability and feasibility of using the Exceler evaluation tool to monitor competency acquisition during internships.

Methods: A qualitative approach involving game-based focus group interviews inspired by the Dixit® board game was employed. Dreamlike illustration cards facilitated group dynamics, promoted balanced participation and stimulated discussion among participants. Verbatim transcripts of the interviews were analysed using a grounded theory-inspired approach, leading to the development of a mind map.

Results: The interns expressed good acceptance of the Exceler table. Their analysis highlighted several issues with existing evaluations : the quality of the content and process was sometimes insufficient ; the lack of progression benchmarks could generate anxiety ; and adapting evaluations to individual profiles and training pathways appeared necessary. Exceler emerged as a convincing response thanks to the validity of its content,

flexibility of use, and accessibility. Reservations about its use led to suggestions for modifying the tool, which can be seen as further evidence of its acceptability.

Discussion: To our knowledge, this is the first study to report on interns' views of their evaluations using focus group interviews. The originality of the data collection method helped to minimise data loss relating to differences in participants' verbal expression and the investigator's limited experience. The completeness of the data, adherence to COREQ criteria, and triangulation of the analysis support the internal validity of the findings. The central role of supervision and the criticisms of the table raised by the participants are also consistent with the literature.

Conclusion: Exceler appears likely to improve the quality of evaluations, enrich the existing educational toolkit, and facilitate the adoption of the competency-based learning model. Analysing opinions of tutors, supervisors and other practice centers could help identify potential barriers and reveal solutions to facilitate its implementation and use.

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ID 582- Determinants and consequences of geographic inequalities in the UK GP workforce

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Context: Telemedicine has become an increasingly important component of modern healthcare systems, offering numerous benefits for patient access, continuity of care, and system efficiency. While research on patient outcomes and satisfaction in telemedicine is expanding rapidly, far less is known about how telemedicine affects physicians themselves—particularly regarding work-life balance, professional satisfaction, and mental health. Understanding these associations is essential as telemedicine becomes a more established mode of clinical practice.

Objectives: The primary objective of this study was to evaluate physician well-being within a telemedical practice environment.

Methods: This study presents findings from a cross-sectional survey conducted among physicians working in a telemedical center in Switzerland. The survey included 42 validated questions assessing work-life balance, professional satisfaction, emotional exhaustion, and symptoms of depression. Data were collected between June and August 2023. Participation was voluntary, anonymous, and open to all physicians practicing telemedicine at the center.

Results: A total of 49 physicians completed the questionnaire. The majority were female (73.5%), and most had children (71.4%). More than 90% of respondents reported experiencing a good work-life balance while working in telemedicine. High emotional exhaustion was identified in 12.5% of participants, while 16.32% screened positive for possible depression.

Discussion: These results suggest that practicing telemedicine may support a favorable work-life balance for many physicians and could potentially mitigate some aspects of burnout. However, the presence of emotional exhaustion and depressive symptoms in a subset of participants highlights the need for continued attention to physician well-being in digital care settings. As telemedicine continues to expand, further research—particularly longitudinal studies—is needed to better understand its long-term impact on physicians' mental health and to identify organizational factors that promote sustainable and healthy telemedicine practice.

Conclusion: Telemedicine appears to support a favorable work-life balance for many physicians and may help reduce aspects of burnout.

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ID 1872- Determinants of willingness to undergo breast cancer prophylactic examinations in Polish women

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Context: 在中国，2型糖尿病（T2DM）的患病率持续上升。社区糖尿病服务与T2DM患者的需求之间仍然存在差距。了解服务利用的多层次决定因素对于改善社区慢性病管理至关重要。T2DM在中国的患病率持续上升，使其成为一项重要的公共卫生慢性疾病。尽管中国基层医疗卫生体系不断扩展，但社区糖尿病服务与T2DM患者的需求之间仍然存在差距。了解服务利用的多层次决定因素对于改善社区慢性病管理至关重要。

Objectives: 本研究探讨了影响社区 T2DM 管理的患者、家庭和系统层面的因素，并运用安德森健康服务利用行为模型（安德森行为模型）来检验易感因素、促成因素和需求决定因素。

Methods:本研究在XXX的三个社区卫生服务中心开展了一项定性研究。研究人员对25名社区管理的2型糖尿病患者和11名全科医生进行了半结构式访谈。数据分析采用Colaizzi的七步法，并将主题映射到Andersen的行为模型上。

Results: 研究结果归纳出三大主题类别。易感因素包括自我管理信念薄弱、糖尿病知识有限以及家庭在情感和信息方面的支持不足。促成因素包括已建立但利用不均衡的社区服务，例如签约管理、三级预防和专科诊所，以及主动服务提供、家庭参与、全科医生培训和医护人员支持方面的不足。需求因素反映出患者对疾病相关知识的强烈需求，但同时对并发症筛查的认知度较低，且对个性化、持续性和可及性的医疗服务的期望未能得到满足。

Discussion: 总体而言，这项研究揭示了患者需求与社区糖尿病服务能力之间持续存在的不匹配。应对这些挑战需要采取协调一致、以患者为中心的策略，加强健康素养、家庭参与和全科医生的能力，以提高社区2型糖尿病管理的连续性和有效性。

Conclusion: 患者需求与现有社区糖尿病服务能力之间仍存在显著差距。加强健康素养、家庭参与、全科医生能力以及系统层面的支持，对于提高社区2型糖尿病管理的连续性和有效性至关重要。这些发现为以患者为中心、以系统为导向的基层医疗改革提供了实证依据

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ID 2232- Determining the Risk of Atherosclerotic Heart Disease Based on Multiple Clinical Variables in Men Aged 40-65 Years Using Machine Learning Methods

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Context: Saarland-University coordinates a project bringing together 15 universities across Germany. Students in their final year choosing general practice (GP) rotation are disadvantaged due to missing affiliation to university onsite teaching. Resources in teaching small numbers of students are limited, due to resource constraints. We developed PJ-Teaching, an inter-university online seminar series. This supplements local teaching, ensures longitudinal learning regardless of location, and enables universities to share high-quality sessions—reducing workload while enriching the curriculum. With our workshop we want to extrapolate to a greater context. Due to a comparable structure of medical education, time and geographical difference, we intend to develop the project within Europe to facilitate undergraduate engagement.

Objectives: We want to connect teachers and learners, who face similar limitations and hereby pool expertise in practical year teaching. There are many other innovative projects in collaborative teaching which can share their experience, chances and limitations. Main objective is to create a space where international teaching projects can be designed and implemented, alongside with the YDM movement.

Teaching method and workshop: We will introduce a structured, decentralized, online collaborative model that connects institutions and students. Open brainstorming will initiate an international branch of final year undergraduate collaborative online education. 0010min: Introduction 1

Expected outcomes: Develop a student-centred cross-border teaching project: We aim a total of 5-10 online seminaries for 2027 held by different countries (English). Seminars will align in structure; however, we want to ensure an individual site/country-specific approach to

Conclusion: The ongoing struggle to encourage young students to choose general practise ought to start in medical education, by bringing them closer to FM during the final year of undergraduate training. Sharing practical insight among educators is important. Through collaboration in joint teaching events, a network emerges that can also be utilized to improve teaching sustainably.

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ID 995- Developing a practical primary health care handbook for managing medication adherence

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Context: Chronic brucellosis is a zoonosis where symptoms (fever, sweating, myalgia, arthralgia) can persist for months or years

Methods: A 66-year-old woman employed as healthcare assistant in the local GP Practice, but also working part time in a family meat processing business, presented with severe bone pain, localized mostly in the sacroiliac area and lumbar spine, greatly restricting her mobility. She was previously seen by an orthopedic surgeon who prescribed treatment with NSAIDs, which however did not improve her symptoms. She was reviewed by the duty general practitioner, who in light of the occupational hazard from the meat processing business and the raised inflammatory markers recommended screening for chronic brucellosis, as well.

Originality: The Brucella IGG & IGM antibodies were negative, however, her son, who was working in the local veterinarian laboratory took a blood sample from his mother, and run a Rose Bengal test which returned s strong positive result.

Lessons learned and future implications: The patient was hospitalized and received treatment for 3 months for chronic brucellosis. She improved significantly and regained her mobility

Discussion: The prozone phenomenon where too many antibodies overwhelm the bacteria,

preventing them from effectively agglomerating, leading to a negative result is the most likely explanation for the false positive result of the test. To avoid this, it is recommended to dilute the serum to high dilutions (1/640) or to perform an indirect Coombs test or Brucellacapt test (specific for patients with chronic disease) or PCR.

Conclusion: The family physician should be aware of this possibility when examining patients with an increased probability of Brucellosis.

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ID 1264- Development of a care guide for people with hypertension and type 2 diabetes for interprofessional primary health care teams

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Context: Dans le cadre rigide des Soins de Santé Primaires (SSP), Elena, veuve de 65 ans atteinte de diabète de type 2 et de dépression réactionnelle, fait l'expérience d'un échec thérapeutique. Le conflit émerge entre un protocole « algorithmique » de 10 minutes et une patiente qui se sent réduite à une valeur glycémique, ce qui conduit à l'abandon du traitement et à une perte de confiance.

Methods: L'intervention se déplace de l'imposition technique vers la dissidence professionnelle. Les méthodes ont inclus : Autonomie clinique : allongement du temps de consultation afin d'aborder le deuil. Prise en charge avec une approche d'équité : coordination d'un soutien social communautaire plutôt que des conseils diététiques génériques. Alliance horizontale : remplacement du paternalisme par une vulnérabilité partagée et une écoute « fraternelle ».

Originality: Alors que la « non-observance » est largement documentée, ce cas est original dans sa formulation de la « Désobéissance Thérapeutique » comme un devoir éthique professionnel. Il existe peu de rapports qui qualifient explicitement la résistance aux indicateurs administratifs de « force » clinique plutôt que d'infraction

Lessons learned and future implications: Le cas enseigne que le succès clinique (contrôle de l'HbA1c) est souvent un sous-produit de la validation émotionnelle. Toutefois, il met en garde : les professionnels doivent équilibrer la « désobéissance » avec la sécurité médico-légale et administrative afin d'éviter des sanctions institutionnelles tout en protégeant le patient.

Discussion: Forces : Ce cas montre que la relation médecin-patient constitue un outil thérapeutique puissant. Il aborde les déterminants sociaux (deuil, solitude) comme la racine des marqueurs biologiques. Limites : Ce modèle est difficilement généralisable dans des systèmes de santé obsédés par la productivité. Il existe un risque d'épuisement professionnel lié à une « éthique de la résistance » face aux pressions administratives

Conclusion: Le rétablissement d'Elena démontre que la médecine est la « science du sujet ». La véritable maîtrise en soins de santé primaires réside dans la capacité à traduire les recommandations scientifiques dans le langage de la justice sociale et de la dignité humaine.

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ID 20- Development of alcoholic liver cirrhosis under alcoholic abstinence:CHILD C 13 points -under alcohol abstinence of 16 Months CHILD A5 points

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Context: Celiac disease (CD) is a frequent immune-mediated disorder, yet its diagnosis in adults remains challenging due to heterogeneous and often extra-intestinal presentations. In primary care, patients may present with non-specific symptoms, leading to diagnostic delay and prolonged morbidity.

Methods: We report three adult female patients (aged 31, 27 and 38 years) presenting to primary care over a two-year period with atypical manifestations ultimately diagnosed as CD. The first patient presented with purpuric lesions of the lower limbs and intermittent polyarthralgia, without gastrointestinal symptoms. Laboratory evaluation revealed normocytic anemia and iron deficiency. Skin biopsy showed neutrophilic dermatosis. Positive celiac serology (anti-tTG IgA, anti-endomysial and anti-gliadin antibodies) led to upper endoscopy, which confirmed villous atrophy. The second patient complained of chronic asthenia and diffuse myalgia. Biological assessment identified persistent vitamin D deficiency despite prolonged supplementation, with otherwise normal findings. Anti-tTG IgA and anti-endomysial IgA antibodies were positive, and duodenal biopsy confirmed villous atrophy. The third patient presented with progressive fatigue, mucocutaneous pallor, headaches, bloating and occasional epigastric pain, significantly affecting daily functioning. Laboratory tests showed moderate hypochromic microcytic anemia with severe iron deficiency. Celiac serology was strongly positive for multiple antibodies, and histology confirmed villous atrophy. In all cases, diagnostic pathways were initiated in primary care and coordinated with gastroenterology. A limitation was the absence of standardized screening criteria for atypical presentations.

Originality: These cases illustrate uncommon adult presentations of CD, including dermatological, rheumatological and isolated nutritional deficiency manifestations. While such presentations are individually reported, their identification in primary care highlights the need for increased diagnostic vigilance beyond classical gastrointestinal symptoms.

Lessons learned and future implications: CD should be considered in patients with unexplained anemia, persistent vitamin deficiencies or systemic symptoms. Lower thresholds for serological testing in primary care may reduce diagnostic delays.

Discussion: The variability of adult celiac disease challenges traditional symptom-based diagnostic approaches. Primary care plays a crucial role in early recognition, particularly when presentations are subtle or extra-intestinal.

Conclusion: A high index of suspicion for celiac disease in primary care, even in the absence of gastrointestinal symptoms, can lead to timely diagnosis and improved patient outcomes. These cases support a more proactive diagnostic approach to atypical presentations.

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ID 1659- Development of an Educational Booklet Focused on the Prevention of Sexual Abuse in Early Childhood

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Context: Spontaneous pharyngeal perforation is a rare condition with nonspecific symptoms that can mimic more common airway or esophageal disorders. Limited clinical awareness may delay diagnosis, increasing the risk of complications. This case describes an unusual pharyngeal rupture triggered by suppressed sneezing.

Methods: A 41-year-old man presented to the Emergency Department with hoarseness, odynophagia and dyspnea following multiple episodes of suppressed sneezing. Several hours later, the patient developed anterior neck pain and bilateral cervical swelling, following forced body position leaning forward, because of dyspnea. There was no history of trauma or predisposing factors. Physical examination revealed bilateral neck swelling with subcutaneous emphysema. Fiberoptic examination showed mild larynx edema and hemorrhage of the right vocal fold. Laboratory tests were unremarkable. Computed tomography of the neck and chest, along with esophageal fluoroscopy, showed subcutaneous emphysema involving the neck, face and pneumomediastinum and a suspected defect above the left margin of the epiglottis.The patient was admitted to thoracic surgery department for observation and managed conservatively with analgesia, intravenous

amoxicillin/clavulanate, fluid therapy, and stress ulcer prophylaxis. Follow-up chest radiography showed no progression of emphysema, with well-aerated lungs. Symptoms resolved progressively, and the patient was discharged after four days. Strengths of management included early imaging and multidisciplinary involvement. Limitations were the inability to directly visualize the perforation and the absence of long-term follow-up data.

Originality: Pharyngeal perforation is more commonly associated with trauma, instrumentation, or severe vomiting. Cases related to suppressed sneezing are rare, with only limited reports in the literature. This case highlights a low-energy, self-induced mechanism leading to clinically significant injury.

Lessons learned and future implications: This experience underscores the need for clinical vigilance when evaluating acute cervical emphysema without trauma. Early imaging and interdisciplinary communication are critical. Conservative management may be sufficient in stable patients, but careful monitoring is essential.

Discussion: The case illustrates how subtle symptoms can conceal rare but potentially serious pathology. Coordinated care among primary care physicians, ENT doctors, radiologists and thoracic surgeons enabled timely diagnosis and safe management.

Conclusion: This case broadens awareness of spontaneous pharyngeal perforation as a possible consequence of suppressed sneezing and highlights the importance of multidisciplinary collaboration to ensure prompt diagnosis and favorable outcomes.

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ID 330- Development of machine learning-based mortality prediction models in older adults using routine primary care data: Comparing overall performance with a dementia subgroup

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Context: Superficial venous thrombosis (SVT) is a frequent condition in primary care and is often considered benign. However, certain clinical and anatomical characteristics may increase the risk of progression or extension to the deep venous system, influencing therapeutic management. The integration of clinical ultrasound into the daily practice of family physicians enhances clinical autonomy, decision-making capacity, and patient safety.

Objectives: A 62-year-old woman with no relevant past medical history presented to primary care with one month of left calf pain associated with swelling, episodic erythema, and local warmth, with recent worsening and functional limitation for walking. Physical examination revealed multiple varicose veins and painful palpable cords along the superficial venous trajectory, without systemic symptoms.

Methods: Given the persistence and progression of symptoms, a venous clinical ultrasound was performed in the primary care consultation. The examination showed a non-compressible superficial vein with absent Doppler flow, consistent with superficial venous thrombosis of the great saphenous vein, with an estimated extension of 7–10 cm and no involvement of the saphenofemoral junction. Deep vein thrombosis was excluded. Based on these findings, the family physician decided immediate referral to the emergency department for diagnostic confirmation and management. In the emergency setting, a markedly elevated D-dimer level (>3000 ng/mL) was detected, and Doppler ultrasound confirmed the diagnosis. Anticoagulant treatment with fondaparinux was initiated.

Results: This case illustrates the active diagnostic and decision-making role of the family physician using clinical ultrasound. Rather than serving as a purely descriptive tool, ultrasound directly influenced risk stratification, therapeutic decisions, and referral timing, reinforcing the central role of family medicine in vascular care.

Discussion: Superficial venous thrombosis should not be systematically considered a benign condition. Clinical ultrasound in primary

care enables early identification of higher-risk SVT, supports evidence-based management, and reduces diagnostic delays. Its routine use strengthens continuity of care and improves patient safety.

Conclusion: Clinical ultrasound empowers family physicians to play a leading role in the diagnosis and management of superficial venous thrombosis, confirming its value as an essential tool in modern primary care practice.

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ID 2241- Diabetes control and mortality in Community-Dwelling frail older adults

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Context: In an era of rising physician burnout, this workshop addresses the critical need for family physicians to cultivate professional resilience and personal well-being. It reframes "personal branding" from a marketing concept into a transformative tool for achieving professional authenticity. By guiding physicians to consciously define and project their genuine identity, the workshop provides a method to align their careers with their core values, fostering greater leadership, satisfaction, and a powerful antidote to burnout.

Objectives: 1. Define an authentic personal brand that aligns professional goals with personal well-being. 2. Articulate this brand through a compelling mission statement and elevator pitch. 3. Apply branding strategies to build a professional network and enhance their digital presence.

Teaching method and workshop: 0-10 min: Introduction to the concept and purpose of personal branding for physician authenticity and wellness. 10-30 min: Interactive exercises in pairs and small groups to guide participants in defining their brand, crafting a mission statement, and

Expected outcomes: Participants will leave the workshop equipped with a clear framework for articulating their authentic professional narrative and a set of actionable strategies. Tangible outcomes include a drafted personal mission statement, a tailored elevator pitch, and

Conclusion: "The Authentic Physician" empowers family physicians by bridging the gap between professional identity and personal well-being. It provides the practical tools needed to build a brand that not only enhances career opportunities and leadership presence but also serves as a foundational element of authenticity and resilience. This workshop equips physicians to navigate the complexities of modern healthcare with a renewed sense of purpose and control over their professional journey.

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ID 1767- Diabetes Mellitus and Vulvovaginal Disorders

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Context: Acute pain represents a challenge for the emergency physician, due to its prevalence and clinical implications. Paracetamol, widely used for moderate pain, is often administered parenterally, long considered more effective. However, recent studies have shown that it is not superior to the oral route, in terms of efficacy and rapidity of action.

Objectives: Our aim was to compare the two routes of paracetamol administration in the management of moderate acute pain in emergency setting.

Methods: This was a prospective, interventional, randomized, single-center study conducted over a six-month period,enrolling patients aged 18 and over, consulting for moderate acute pain in the emergency department of Taher Maamouri Hospital of Nabeul.After consent, participants were randomized into two groups: IV (1 g paracetamol infusion) and PO (1 gparacetamol effervescent). The primary endpoint was a VAS

≤ 3 at 30 minutes in each group. Secondary endpoints were safety and use of rescue analgesia.

Results: One hundred and fifty patients were included (IV: n=75; PO: n =75) with a gender ratio of 1.3 and a mean age of 50±19 years. Mean VAS at T0 was 4.71±0.6 cm with no significant difference (p=0.591). A VAS ≤3 at T30 was obtained in 45 patients in the IV group and 44 patients in the PO group, with p=0.868. There was no significant difference between the two groups in the difference in mean VAS, and in the significant decrease of 10 mm at T30. Sixty-one patients required rescue analgesia at T30, with no difference between the 2 groups (p=0.868). No major adverse events were noted. Minor adverse events were comparable between the two groups at T30 and T60. Six patients in the IV group had an injection-site complication.

Discussion: Clinical and hemodynamic parameters, pain reduction, and need for rescue analgesia were comparable between oral and IV paracetamol. Oral administration avoids injection-related discomfort, with similar safety and efficacy, supporting its use as a practical alternative for moderate acute pain in emergency settings.

Conclusion: Our study showed that oral paracetamol was non-inferior to injectable paracetamol in the treatment of moderate acute pain in emergency departments. Further randomized, double-blind studies are needed to validate our results.

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ID 180- Diagnosis and Management of Classic Trigeminal Neuralgia in a Primary Care Setting: Importance of Clinical Reasoning and Interprofessional Collaboration

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Context: Throughout history, numerous conflicts and wars have resulted in the forced migration of populations. Refugees require special attention regarding their health, as their condition is often characterized by physical and emotional hardships stemming from traumatic experiences, family separation, challenges during displacement, language barriers, and the need for cultural sensitivity, among other factors. For medical education to effectively address the care of women and the challenges they face in refugee situations, it is essential to understand the social contexts in which they are embedded. These women may be living in a new country without a partner, facing economic hardship, and belonging to an ethnic minority. Such conditions often overlap with the demands of motherhood, resulting in a situation of multiple vulnerabilities.

Objectives: To describe the maternal characteristics of refugee women who gave birth in the city of São Paulo, Brazil, based on data from the Birth Information System (2011–2024).

Methods: This was a descriptive cross-sectional study based on data from the Live Birth Information System (SINASC) of the city of São Paulo, Brazil, covering the period from January 2011 to December 2024.

Results: Preliminary findings indicated that births to immigrant women in the city of São Paulo accounted for 3.1% of all registered births. Regarding race/skin color, 46.6% were Black or Brown women, primarily from African countries, followed by those from Latin American nations. Among the women who gave birth, 8.0% were adolescents (≤19 years), and 4.4% had high-risk pregnancies (≥40 years). Additionally, 26.5% had an insufficient number of prenatal visits (≤7 consultations), 36.8% delivered by cesarean section, and 34.3% reported having no partner.

Discussion: It is essential to promote continuing education in health for professionals, including physicians, that addresses refugee health and prepares them to work within a model of cultural competence. Such training should foster a set of attitudes

and communication skills that enable professionals to interact effectively within the cultural contexts of their patients.

Conclusion: This study highlights opportunities for improving prenatal care so that, in addition to obstetric evaluation, women receive guidance on gestational changes, self-care, newborn care, and their rights throughout the childbirth process.

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ID 1152- Diagnostic accuracy of oscillometry to detect airway obstruction in ambulatory care

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Context: In Brazil, the expansion of higher education in recent decades has occurred within a context of significant privatization, particularly in medical programs, which have historically been accessed mainly by students from privileged social backgrounds. Integrating medical students into the Unified Health System (SUS) promotes training aligned with humanization and comprehensive care, fostering closer connections between medical practice and community needs. Violence driven by gender inequality, racism, xenophobia, and other forms of intolerance has profound health impacts and reveals important gaps in medical education, especially regarding the preparation of future physicians to address situations of social vulnerability.

Objectives: To describe reported cases of violence motivated by gender, racism, xenophobia, and other minority-related issues in the city of São Paulo in 2022, and to discuss their implications for undergraduate medical education.

Methods: This cross-sectional, descriptive, and retrospective study analyzed data from the Information System for Violence and Accident Surveillance (SIVVA) of the São Paulo Municipal Health Department. A total of 11,643 reported cases of violence involving city residents were included. Cases were categorized according to the motivation for violence, victim life stage and sex, characteristics of the violent act, relationship to the perpetrator, and perpetrator sex.

Results: Among reported motivations, sexism accounted for 51% of cases, followed by homophobia/lesbophobia/transphobia (3.3%), racism (0.7%), and xenophobia (0.3%). Most victims were adults (59.2%), followed by adolescents (22%) and children (11.9%). Violence was predominantly perpetrated by third parties (88.9%), with male aggressors responsible for most cases (75.2%). Recurrent episodes of violence were identified in 44.5% of reports.

Discussion: The findings highlight the need for medical education to incorporate a critical approach to social determinants of health, cultural diversity, and vulnerability. Exposure to real-world contexts of violence, particularly within primary health care settings, supports the development of reflective and socially responsive physicians capable of addressing complex care demands beyond a strictly biomedical perspective.

Conclusion: The analysis of violence motivated by gender, racism, and xenophobia reinforces the importance of integrating discussions on social inequalities and vulnerability into medical training. This approach promotes cultural competence, humanized care, and greater preparedness to manage violence-related situations in clinical practice.

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ID 1354- Diagnostic Challenges and Comprehensive Management of Pulmonary Disease Caused by Mycobacterium avium Complex in an Immunocompetent Patient

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Context: Traditional precepting models in medical education face challenges in providing flexible supervision and expanding learning opportunities, particularly in resource-constrained environments like student-run free clinics (SRFCs). This quality improvement project evaluated a novel hybrid precepting model within an SRFC in Queens, NY, where medical students delivered in-person patient care while attending physicians alternated between in-person and telehealth supervision. The aim was to enhance both student learning and community health service access.

Methods: Utilizing a qualitative approach, data was gathered through surveys and focus groups involving medical students and preceptor physicians. The study explored perceived benefits and challenges associated with combining in-person clinical experience for students with flexible, hybrid physician supervision.

Originality: This study offers unique insights into the implementation and evaluation of a hybrid precepting model, specifically in an SRFC setting. It addresses the growing need for adaptable educational strategies in undergraduate medical education that leverage telehealth technologies, simultaneously contributing to effective student supervision and expanding community health service provision within the evolving digital healthcare landscape.

Lessons learned and future implications: Findings revealed high student satisfaction with both in-person and virtual precepting, noting comparable learning outcomes. Critically, virtual precepting fostered unexpected benefits, including enhanced peer learning, development of skills crucial for residency (e.g., adaptability, resourcefulness), and increased student leadership and accountability. These insights highlight latent but significant considerations for contemporary student supervision models. The hybrid approach demonstrates potential to increase preceptor volunteer hours without compromising care integrity or educational quality.

Discussion: The hybrid model delivered comparable learning outcomes and high student satisfaction. Virtual precepting uniquely fostered enhanced peer learning, crucial residency skill development, and greater student leadership. This effective approach grants preceptor flexibility, enriches education, and maintains patient care quality within SRFCs.

Conclusion: This hybrid precepting model, successfully combining in-person and virtual supervision, demonstrates its capability to deliver robust learning outcomes and maintain high student satisfaction. It offers a flexible and effective solution for medical education, particularly in SRFCs, fostering novel skill development and potentially increasing preceptor engagement. This innovative approach warrants further investigation and broader consideration for implementation within undergraduate medical education to adapt to and leverage the evolving digital healthcare landscape.

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ID 91- Diagnostic challenges in post-traumatic epilepsy with olfactory auras: correlation between MRI and clinical findings

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Context: Primary care teams across Europe are adapting to increasing complexity and workforce shortages. This evolution calls for new roles for non-physician professionals, such as nurses, to strengthen continuity and patient-centered care. Implementing these roles requires evidence-based strategies and practical tools. This workshop brings together insights from three research projects that explore how role transformation can be successfully achieved in general practice.

Objectives: Understand diverse approaches to introducing new roles for non-physicians in primary care teams. Identify barriers and

enablers for sustainable role integration. Apply a practical tool to assess readiness for change in participants' own context.

Teaching method and workshop: The session combines concise presentations with interactive exercises. Each presenter will share findings from their project, followed by group work using a validated tool to reflect on applicability in different settings. Introduction (5 min): Overview

Expected outcomes: Participants will gain evidence-based insights and practical tools to guide role transformation in primary care, leaving with actionable strategies tailored to their own practice environment.

Conclusion: Redefining roles for non-physician professionals is essential for sustainable primary care. By combining research findings with hands-on exercises, this workshop empowers teams to embrace change effectively.

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ID 1580- Difficulties encountered by general practitioners in the management of chronic pain: a multicentric qualitative study

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Context: Both air pollution and genetic factors independently influence the development of COPD. However, few studies focus on gene and air pollution synergic interaction in COPD.

Objectives: We assessed the independent and synergic effects between susceptibility genes, PM2.5 and other air pollutants and COPD.

Methods: We assessed the independent and synergic effects between susceptibility genes, Particulate Matter 2.5(PM2.5) and other air pollutants and COPD. We collected 21,255 participants from Taiwan Biobank with health, lifestyle, and gene data. Air pollution exposure was estimated aerosol optical(AOD-PM2.5) prediction method for PM2.5 concentration prediction and inverse distance weighting (IDW) method to evaluate other pollutants (O3, NO2, CO, SO2). Genome-wide single nucleotide polymorphism(SNP) genotyping related to COPD with pint<1 × 10−6 and gene—environment interaction was test by "adaptive combination of Bayes factors method" (ADABF) method.

Results: In our study, the participants exposure to PM2.5 concentration more than 22.45μg/m3 was significantly associated with COPD (OR=1.599 (95% CI=1.181- 2.165)) after multivariate adjustments. There were 87 SNPs reach significant level. Eleven SNPs of 87 revealed the relationship between NO2 and COPD interaction. SCMH1 (Scm Polycomb Group Protein Homolog 1) on chromosome 1, WDPCP (WD Repeat Containing Planar Cell Polarity Effector) on on chromosome 1, TESC-AS1 (TESC antisense RNA 1) on Chromosome 12, five SNPs on chromosome 5, two SNPs on Chromosome 9 and one SNPs on chromosome 20 showed the gene-environment interaction in COPD cases.

Discussion: Our study identified a positive association between PM2.5 exposure and COPD risk, with eleven SNPs showing interactions with NO_2. Prior Asian studies reported TP63 rs4488809 interacting with non-small cell lung cancer (NSCLC) and positive association of PM2.5 and COPD. Variations in pollutant composition and exposure levels may influence results. As a cross-sectional study, causal relationships between PM2.5, genetic susceptibility, and COPD could not be definitively established.

Conclusion: Long-term PM2.5 exposure was associated with increased COPD risk, and synergistic effects between genetic factors and NO_2 were observed. Further prospective cohort studies are warranted to validate these findings

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ID 350- Digital health and hypertension management: primary care professionals' perceptions of institutional digital tools

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Context: Primary-care clinicians frequently use structured assessments across multiple domains, including mental health, pain, frailty, and medication reviews, as well as core Lifestyle Medicine domains such as physical activity, nutrition, sleep, stress management, and health behavior change. Many patients experience difficulty understanding technical wording or expressing concerns directly, especially when linguistic or cultural differences shape communication. These barriers may reduce diagnostic precision and limit the effectiveness of routine assessments. Recent advances in open-source large language models (LLMs) allow clinicians to design their own personalized chatbots that support clearer real-time communication, simplify complex phrasing, and adapt questions to patient needs. Importantly, such tools can be developed for any clinical topic chosen by the clinician, while fully preserving clinical judgment and professional autonomy. This workshop offers a practical and safe framework for building a functional chatbot tailored to clinical practice.

Objectives: The workshop will enable participants to: -Learn the core principles for designing clinician-directed LLM chatbots for diverse clinical purposes. -Convert structured clinical tools into patient-oriented conversational flows. -Build a working chatbot prototype for a self-selected clinical domain. -Apply safety, transparency, and ethical guidelines to ensure responsible AI use during consultations. - Adapt chatbot behavior for multilingual and multicultural patient populations.

Teaching method and workshop: The workshop includes live demonstrations, guided hands-on chatbot building, and small group design exercises. The session will provide templates, safety guidance, and examples illustrating chatbot-driven communication. Sessions will also highlight common

Expected outcomes: Participants will leave with a customizable chatbot prototype and a replicable framework for developing additional tools in their clinical setting.

Conclusion: Clinician-designed chatbots built on open-source LLMs can improve diagnostic clarity, bridge communication gaps, and enhance patient engagement across a wide range of primary-care domains. This workshop equips clinicians with practical skills to create safe, personalized AI tools that support real-time communication and informed decision-making.

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ID 2046- Digital Twins in Primary Care: From Concept to Clinic

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Context: Digital information-seeking behavior has emerged as a potential proxy for awareness and engagement with health services. Google Trends provides anonymized, real-time data that may reflect public interest in diseases and preventive services. However, how these digital signals relate to cancer burden across different socioeconomic contexts remains insufficiently explored.

Objectives: To assess the ecological association between online search interest for selected cancers and screening tests and corresponding cancer incidence and mortality across Human Development Index (HDI) groups.

Methods: An ecological study was conducted including 185 countries, classified into four HDI groups (low, medium, high, very high). Google Trends relative search volumes (RSV) were retrieved for terms related to breast, prostate, colorectal, and cervical cancers, and associated screening tests (mammography, prostate-specific antigen, colonoscopy, Pap smear, and human papillomavirus). Additional analyses included stomach, pancreatic, lung, and liver

cancers, for which no established population screening programs exist. Spearman correlation coefficients were calculated to examine relationships between RSV values and cancer incidence and mortality rates.

Results: Screening-related searches demonstrated stronger positive correlations with incidence and mortality in higher HDI countries. Cervical cancer–related searches showed positive correlations with disease burden in high and medium HDI groups, while significant associations persisted for cervical cancer in low HDI countries. Cancers without established screening programs generally showed no correlations with epidemiological indicators, except for modest associations in very high HDI countries and moderate correlations for liver cancer in low HDI settings. Increasing HDI was associated with higher burdens of colorectal, breast, pancreatic, and lung cancers, whereas inverse patterns were observed for cervical and liver cancers.

Discussion: Online information-seeking behavior shows context-dependent associations with cancer epidemiology. However the findings suggest that digital search behavior reflects not only disease burden but also screening availability, health literacy, and access to care. Stronger correlations in high HDI settings likely reflect institutionalized screening programs, while persistent cervical cancer correlations in lower HDI countries may indicate unmet preventive needs, particularly among socioeconomically disadvantaged women.

Conclusion: Google Trends may serve as a complementary digital indicator to inform public health surveillance and primary care–oriented cancer prevention strategies when interpreted within socioeconomic frameworks.

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ID 1969- DISCUSS – A Secure HER-integrated Inpatient Proxy Messaging: Baseline Perceptions and Ongoing Mixed-Method Evaluation

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Context: CBD is experiencing massive growth in current consumption. It is used during pregnancy to manage pain, anxiety, and sleep disorders. It is estimated that 20% of women in certain populations consume it at least once. Sometimes it replaces THC, which is known to have effects on pregnancy and fetal development. CBD may contain significant levels of THC, which could already have an impact.

Objectives: Does CBD have the same effects as THC on pregnancy and fetal development?

Methods: Systematic review of the literature in accordance with PRISMA criteria. Declaration made to Prospero in 2023. Blind collection by two investigators using RAYYAN software. Search of PubMed, Lissa, Psychinfo, Embase, Cochrane, and Google Scholar databases for gray literature.

Results: 112 references analyzed, 6 studies selected with 7 additional in vitro studies for further analysis. Four ex vivo case-control studies and two descriptive epidemiological studies The studies show that CBD consumption during pregnancy has an impact on the fetus, with an increased risk to fetal development, particularly through an increase in congenital and hormonal abnormalities during life in utero, as well as an increased risk of gonadal and tumor abnormalities in the long term. CBD has been shown to alter the placental barrier, increasing the fetus's exposure to harmful substances.

Discussion: There is a risk of fetal pathology associated with CBD use. Complications during pregnancy are also reported in the studies reviewed. These risks are significant, especially given the increase in consumption. Women are rarely asked about their consumption habits. Conducting research to better understand the concerns of pregnant women and their needs would be a first step toward improving care and reducing consumption. Systematizing our questions would also allow us to better understand consumption and conduct more robust studies on the effects on pregnancy and fetal development. Strength: first systematic review of the literature on the subject, exhaustive, conducted blind by two reviewers

Weakness: low quality of studies, low recruitment

Conclusion: The general practitioner plays a central role in preventing this risk to pregnancy and the fetus, and we must take advantage of this to avoid the consequences.

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ID 1005- Discussion of clinical cases as a methodological tool to enhance practice: a report of teaching experience

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Context: Diabetes and prediabetes are prevalent chronic conditions that remain substantially underdiagnosed, particularly among populations with limited preventive healthcare engagement. Reliance on self-reported health status and previously known diagnoses therefore underestimates the true burden of glycaemic abnormalities within communities. Socioeconomically-vulnerable groups, including residents of public rental-housing, are at higher risk of missed screening and delayed linkage to primary care services.

Objectives: Community-based health-screening programmes provide a valuable platform to identify incidental glycaemic abnormalities and reveal gaps in primary care engagement. This study aimed to quantify the burden of incidentally detected glycaemic abnormalities in a socioeconomically-vulnerable population and to examine associations with primary care engagement.

Methods: This cross-sectional study included 68 adult patients ≥40 years who participated in a health-screening programme conducted in a rental-housing estate with socioeconomically vulnerable residents. HbA1c testing was performed. Glycaemic status was classified using standard HbA1C criteria. Logistic regression was used to explore associations between incidental glycaemic abnormalities, prior screening history, and enrolment with GP clinics under HealthierSG, a national healthcare initiative.

Results: Mean age of participants was 62.3 years [±10.4], with equal sex distribution. Participants were predominantly Chinese[55.9%], followed by Malay[23.5%], Indian[11.8%], and other ethnicities[8.8%]. 38.2% of participants reported having at least one chronic condition [hypertension, diabetes, or hyperlipidaemia]. Most participants were not enrolled in HealthierSG [67.6%], and 47.1% had not received any health-screening in the last year. Mean HbA1c was 5.92% [±0.96]. 35.3% [24/68] had prediabetes, 19.1% [13/68] had diabetes, and 45.6% [31/68] were normoglycaemic. 84.6% of diabetes cases occurred in participants without prior diabetes diagnosis. Screening within the past year was not significantly associated with incidental glycaemic abnormalities [prediabetes, diabetes] compared with screening more than one year ago [OR=1.05;95%CI:0.32-3.42]. HealthierSG enrolment was not significantly associated with incidental dysglycaemia [OR=0.92;95%CI:0.33-2.55].

Discussion: Community-based screenings in rental-housing populations revealed a substantial burden of previously unrecognised glycaemic abnormalities, even among individuals with recent screening or primary-care enrolment. This suggests access alone may be insufficient for effective disease detection, likely influenced by competing social priorities, health literacy and follow-up challenges in socioeconomically vulnerable populations.

Conclusion: Targeted community screening programmes may help address these gaps by enabling earlier diagnosis and improved linkage to primary care.

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ID 998- Discussion of clinical cases as a methodological tool to nnhance practice: a report of teaching experience

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Context: Planetary Health focuses on the links between human activities that alter the environment and their consequences on the health of living organisms and ecosystems. Its goal is to develop solutions for a fair, sustainable and healthy world. Aware of the urgent need for action and the necessary transformation of healthcare practices, the XXX created a group dedicated to planetary health in XXX. The group, composed of around twenty general practitioners, is working on the creation of a planetary health toolkit for use by general practitioners. It is within this framework that the group is working to develop tools to support doctors in prescribing dietary advice tailored to the challenges of planetary health.

Methods: Based on the latest scientific research in global health, a summary was compiled to extract the most relevant data. Practical tools were then created for and by general practitioners. These tools, which incorporate prevention and co-benefits, can then be distributed to other doctors and passed on to patients. A poster for the waiting room and a practical information sheet have been produced and will be presented.

Originality: Combating food myths and beliefs to raise awareness of the planetary health vision by providing general practitioners with a practical tool to facilitate dietary advice. It helps to limit the burden of non-communicable diseases such as diabetes, obesity and cardiovascular disease while preserving global resources, through the prism of co-benefits.

Lessons learned and future implications: The growing interest of general practitioners in issues related to planetary health, combined with the climate emergency, highlights the need to provide support and disseminate information.

Discussion: Planetary health accompanies the transformation of general practice with a more global vision. It contributes to patient well-being and empowerment, and to the consistency of practice with global issues. Dietary advice plays an important role in planetary health, given its impact on health and the environment.

Conclusion: The dietary advice given to patients is a relevant and powerful gateway to integrating planetary health into the daily practice of general medicine, thereby enabling a form of medicine that addresses all the issues that concern it.

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ID 414- Do patients experience an improvement in their quality of life after and some time following an adapted physical activity program?

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Context: Metabolic dysfunction-associated steatotic liver disease (MASLD) has become a major global health concern, with metabolic dysfunction recognized as a key driver of hepatic steatosis. Menopause is accompanied by unfavorable metabolic changes; however, population-based evidence examining the relationship between menopausal status and steatotic liver disease (SLD) remains limited.

Objectives: To evaluate the association between menopausal status and the prevalence of SLD in middle-aged women.

Methods: Data from 15,106 women aged 40–59 years were analyzed using a nationally representative health survey (XXX). Women with a history of hysterectomy, hormone therapy use, or missing key data were excluded. SLD was defined as a hepatic steatosis index ≥36 in the presence of at least one metabolic abnormality. Menopausal status was determined by self-report. Weighted multivariable logistic regression analyses were conducted to assess the association between menopausal status and SLD, adjusting for age, body mass index, waist circumference, and major metabolic risk factors. Subgroup analyses were performed to examine potential effect modification.

Results: Overall, 31.5% of participants were postmenopausal and 22.1% had SLD. Postmenopausal women exhibited a higher prevalence of metabolic risk factors and SLD

compared with premenopausal women. After multivariable adjustment, menopause remained independently associated with SLD. The association was strongest among women aged 40–49 years.

Discussion: These findings suggest that menopausal status contributes to SLD risk beyond traditional metabolic risk factors. The stronger association observed in younger middle-aged women may reflect the metabolic impact of early estrogen deficiency during the menopausal transition.

Conclusion: Menopause is associated with an increased likelihood of steatotic liver disease in middle-aged women. Early metabolic screening and preventive interventions during the menopausal transition may be important for reducing the burden of SLD.

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ID 635- Doctor, I can't measure my blood pressure in my left arm. Should I replace my device or could something else explain this?

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Context: Acute coronary syndrome (ACS) most commonly presents with chest pain; however, in elderly patients with comorbidities such as hypertension, diabetes mellitus, and hyperlipidemia, ACS may present with atypical symptoms including dizziness, fatigue, and headache. These presentations may result in delayed diagnosis and increased mortality.

Methods: A 67-year-old male presented to a family medicine clinic for prescription refills. His medical history included hypertension, diabetes mellitus, hyperlipidemia, benign prostatic hyperplasia, and generalized anxiety disorder. He reported irregular use of antihypertensive medications. The patient complained of mild dizziness, fatigue, and frontal headache lasting three days and denied chest pain, nausea, vomiting, weakness, or sensory disturbances. On examination, blood pressure was 189/96 mmHg and pulse rate was 62 beats per minute. Capillary blood glucose was 190 mg/dL, and glycated hemoglobin (HbA1c) was 7.0%. Electrocardiography showed normal sinus rhythm, and neurological examination was unremarkable. The patient was referred to the emergency department.

Originality: NSTEMI was identified in primary care despite absence of chest pain.

Lessons learned and future implications: Atypical ACS presentations are common in elderly patients and individuals with diabetes mellitus. Absence of chest pain may lead to underestimation of cardiac risk in primary care. Early recognition of atypical symptoms and timely referral are essential to prevent adverse outcomes.

Discussion: NSTEMI may present solely with mild dizziness and uncontrolled hypertension. Family physicians should maintain a high index of suspicion for ACS in high-risk patients.

Conclusion: Family physicians should recognize atypical NSTEMI presentations.

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ID 222- Doctor, my neck looks dirty – a case report

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Context: Obesity is a significant global health concern with widespread implications for overall health.The UAE has a high obesity prevalence, with 43.0% of the population overweight and 32.3% obese, posing challenges to military fitness. Several studied showed high-intensity weight-loss interventions, incorporating structured dietary management and physical training have shown moderate efficacy in improving BMI in military populations. Mandatory national service military training for male UAE nationals provides a military training including intensive weight reduction program for obese recruits.

Objectives: This study examines the impact of a structured dietary and exercise intervention on BMI in obese UAE national service recruits.

Methods: A retrospective cohort study done on obese male recruits (BMI ≥30)undergoing a specific diet and intense military exercise at National services Military Camp from September 2023 to December 2023.Data of 320 recruits were collected from medical records after ethical approval.The BMI was measured in recruitment clinics before starting the intensive diet and exercise program and follow up after 4 months was done to measure the changes of BMI at the end of the course.

Results: Results indicated a statistically significant reduction in weight, decreasing from a mean of 112.22 ± 16.92 kg to 95.82 ± 13.50 kg. This amounted to an average weight loss of 16.40 kg (95% CI: 15.73–17.06, p = 0.0001, t = 48.21). Correspondingly, BMI dropped from 37.82 ± 4.99 to 32.30 ± 3.96, reflecting a mean decrease of 5.52 (95% CI: 5.30–5.74, p = 0.0001, t = 49.53).The high t-values and very low p-values indicate strong evidence that the structured diet and military training substantially improved body composition among participants. In contrast, no significant difference was observed for either systolic or diastolic blood pressure between the two time points.

Discussion: The results were encouraging, with participants losing an average of 16.4 kg and showing a clear improvement in BMI.Compared with earlier UAE studies, this program involved more participants and achieved greater results.

Conclusion: A four-month structured diet and intense military training intervention for obese UAE national service recruits significantly reduced both weight and BMI.Ongoing research should examine long-term impacts, adherence rates, and additional health outcomes to optimize these programs' benefits for recruits.

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ID 1867- Doctors in Social Media – From Misinformation to Meaningful Messages

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Context: Rabies is a fatal but preventable disease and remains endemic in Türkiye. According to the Turkish Ministry of Health, 470,918 cases of rabies-risk exposures were reported in 2024, with one confirmed case. Despite the relatively low number of cases, exposure notifications have increased annually.

Objectives: The primary objective of this study was to assess the knowledge level of family medicine residents regarding rabies and its prophylaxis. The secondary objective was to identify knowledge gaps and to highlight these areas through educational programmes aimed at improving rabies control in endemic regions.

Methods: This descriptive cross-sectional survey was conducted in September 2025 at Ankara Bilkent City Hospital. A total of 118 family medicine residents participated, including 64 contracted residents and 54 full-time residents. After obtaining informed consent, 39-item questionnaire comprising seven sections was administered through face-to-face interviews. The data were analysed using descriptive statistics. Ethical approval was obtained from the Institutional Review Board(TABED) (Approval No:2-25-1688).

Results: The overall success rate was 76.97%. Full-time residents demonstrated higher success rate (79.85%) compared to contracted residents(74.65%). The correct identification of pre-exposure vaccination schedule(days 0 and 7) was observed in 50.8% of participants, and 59.3% correctly identified that interrupted vaccination should be resumed. In fully vaccinated individuals, 75.4% correctly identified the two-dose schedule following re-exposure. Regarding adverse effects, injection-site pain and swelling were correctly identified by 92.3% of participants, whereas only 50% were aware of possible hypersensitivity reactions after repeated doses. The awareness of rabies transmission was high for dogs and cats but low for livestock and wild animals. The most common inaccurate response(68.7%)

concerned vaccination and immunoglobulin utilisation after symptom onset.

Discussion: Although fundamental rabies-risk exposure management was generally well understood, important deficiencies were identified in vaccination schedules and management after symptom onset. Limited awareness regarding transmission from rural animals may be attributable to the urban setting of the study population.

Conclusion: Despite adequate recognition of fundamental rabies exposure management, significant knowledge gaps remain regarding vaccination schedules and repeated exposure protocols. Physicians' knowledge is crucial for appropriate rabies prophylaxis and prevention of superfluous interventions. Enhancement of residency education on rabies prophylaxis may support improvement of rabies control in endemic regions.

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ID 1587- Does vitamin D influence fall risk in the elderly?

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Context: Brazil is currently facing a smoking paradox, which some authors attributed to a decrease in the consumption of traditional cigarettes and an increase in the use of electronic cigarettes.

Objectives: Using data collected by COVITEL in 2022, describe the prevalence of smoking indicators and the use of electronic smoking devices among individuals residing in the Southeast region of Brazil.

Methods: Covitel is a nationwide survey representative of Brazil and the five major regions of the country: the Midwest, Northeast, North, Southeast, and South. The conclusions provide an illustration of how significant the main risk factors for Non-Transmissible Chronic Diseases (NTCDs) are in the adult population aged 18 or older

Results: Smoking was more prevalent among men and individuals aged 25 to 34 years. In terms of skin color, black or brown individuals reported a higher frequency of tobacco use. Between different education levels, those with less education (0 to 8 years) had a significantly higher frequency of tobacco use, which was three times higher than those with more education prior to the pandemic. Men, young people (18 to 24 years old), black and brown individuals, and those with higher education had a more elevated prevalence of hookah and electronic cigarette use.

Discussion: This study highlights the importance of implementing public policies that focus on improving and broadening healthcare services. It emphasizes the importance of conducting research to review tobacco control policies and initiate discussions on the regulation of electronic cigarettes.

Conclusion: Men, young people (18 to 24 years old), black and brown individuals, and those with higher education had a more elevated prevalence of hookah and electronic cigarette use.

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ID 1531- Dose-Dependent Association Between Hypertension and Proton Pump Inhibitors: A Disproportionality Analysis Using the WHO Pharmacovigilance Database

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Context: Patients with type 2 diabetes (T2D) frequently use herbal remedies, yet general practitioners' (GPs) views on such practices remain divided. Several spices and foods, such as ginger, Aloe vera, psyllium fibre, and fenugreek seeds, possess hypoglycaemic properties. Some have demonstrated effects comparable to oral hypoglycaemic drugs, but

their use for such purpose is uncommon in high income countries.

Objectives: This study aimed to explore the perspectives of GPs in a European country, regarding the use of evidence-based hypoglycaemic spices and foods in the management of patients with T2D. Specifically, it sought to describe the acceptability of recommending such products and to examine associations between GP experience and prior knowledge and acceptability.

Methods: In 2023, an anonymous 22-item questionnaire, including eight items based on the Theoretical Framework of Acceptability, was sent to all GPs in our region to explore their opinions on hypoglycaemic spices and foods and their views on recommending such dietary options to patients. Questionnaires were provided either in electronic or paper formats. Descriptive statistics were used to summarise GP responses, and logistic regression analyses were performed to examine the association between GPs' professional experience and prior knowledge of these foods, and general acceptability, adjusting for gender.

Results: A total of 207 of 570 GPs participated. While 53.1% of GPs were unfamiliar with hypoglycaemic spices and foods, most (84.3%) found their use generally acceptable, despite concerns about their efficacy (41.3%) and mechanisms of action (31.7%). Being more junior and having prior knowledge of hypoglycaemic foods was associated with higher acceptability.

Discussion: Although most GPs had no prior knowledge about the use of hypoglycaemic foods in T2D management, and some expressed concerns about their efficacy, most were willing to discuss the use of such foods with their patients, indicating a favourable attitude toward engaging with these approaches in primary care.

Conclusion: These results provide useful insights into GPs' perspectives and support the development of approaches using spices and hypoglycaemic foods in the management of T2D in European primary care, reflecting a favourable level of acceptability among GPs. Strengthening GP understanding of these interventions and confidence in their use may support their adoption in practice.

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ID 1801- Drowsiness not due to Old Age or not Always Benign Hyponatremia Case of Hypopituitarism Due to a Non-Functioning Pituitary Macroadenoma

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Context: Primary care increasingly depends on a mobile and diverse workforce, including trainees and internationally recruited clinicians. Inconsistent onboarding and limited familiarity with local clinical workflows and digital systems can increase cognitive burden, contribute to clinician stress, and introduce patient safety risks in a new or different post. Scalable, practice-based approaches that support equitable and safe workforce integration remain limited.

Methods: We implemented an AI-enabled digital ecosystem within a UK general practice training scheme to support clinicians transitioning into new roles. The platform provided a personalised workspace integrating role-specific induction content, orientation to local digital clinical workflows, access to curated learning resources, and practical community information relevant to the clinician's location. The system functioned as an on-demand reference and orientation tool during early clinical practice and was used alongside existing induction processes. No patient data were collected or processed.

Originality: This initiative reframes onboarding as a continuous support process rather than a one-time event. By improving access to workflow-specific information and reference materials at the point of need, the model aims to reduce reliance on informal knowledge transfer and may help mitigate risks associated with unfamiliar systems, while promoting equity of experience and clinician wellbeing.

Lessons learned and future implications: Early implementation demonstrated high engagement and positive qualitative feedback,

with clinicians reporting improved readiness and confidence during transition. Key lessons included the importance of local contextualisation, role-specific design, and minimising cognitive overload. The model appears transferable to other primary care settings and healthcare systems characterised by workforce mobility

Discussion: This experience supports evidence that early-stage clinician performance and safety are influenced by system familiarity and cognitive workload. Embedding workflow orientation and reference support within a single digital environment may reduce information fragmentation and variability in induction experiences. While formal outcome data are not yet available, the approach aligns with human factors principles and workforce strategies focused on wellbeing and risk reduction.

Conclusion: An integrated, AI-enabled digital ecosystem may support safer, equitable onboarding in primary care by improving familiarity with clinical workflows and providing accessible reference support. Further evaluation is warranted to assess its impact on clinician wellbeing, patient safety, and workforce retention.

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ID 829- Drugs, Chemical Vulnerability, Women & Prostitution: What We're Not Supposed to Know

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Context: Keywords: Data-driven healthcare innovation, AI, primary care Primary care is under increasing pressure due to rising workload in an ageing society, workforce shortages, and substitution of care from secondary to primary settings. Data-driven and AI tools offer strong potential to support general practitioners in administrative tasks, operational processes, and clinical decision making. However, successful implementation in daily practice remains challenging and fragmented. The Global PBRN Initiative promotes using AI in primary care data. In this workshop, we will explore the full learning healthcare systems cycle from identifying practical clinical questions, to suitable data, to validated tools and their integration back into primary care. We present and discuss five steps in a possible implementation pathway, illustrated with examples from ongoing initiatives and research experience, such as e.g. the identification of frail elderly patients in routine healthcare data. (1) Prioritize and formulate questions relevant for daily practice; (2) Collect and annotate data; (3) Develop insights and tools; (4) Iterate with end users; (5) Deliver tools via dashboards, EHR integration or software.

Objectives: 1. Identify key steps for truly engaging with as well as implementing data-driven and AI tools in general practice. 2. Recognize organizational, technical, and clinical barriers and facilitators. Participants will discuss these topics and share learnings on practical frameworks for developing, validating, and integrating tools into their own country- and contextual specific workflows.

Teaching method and workshop: We will organize an interactive workshop based on real life cases using expert inputs, consisting of presentations and discussions. Participants are invited to actively share experiences and implementation strategies. - 20 min Real-world case presentation

Expected outcomes: Through the discussions and shared learning, participants will gain a clear understanding of the key requirements for successful implementation of data-driven and AI tools in primary care, as well as their

own role within this process and practical do's a

Conclusion: Many data-driven and AI tools are rapidly emerging, but only with proper implementation, addressed in this workshop, can they provide the necessary support to daily general practice.

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ID 2265- Early Detection of Malignant Diseases – Preventive Activities of the Doboj Health Care Center

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Context: Retroperitoneal masses are uncommon and clinically silent, often found incidentally. Primary Care, through physical examination and point-of-care ultrasound (POCUS), plays a crucial role in their early detection and diagnostic orientation.

Methods: A 67-year-old woman with postmenopausal bleeding was followed for a large uterine fibroid. In a Primary Care consultation, a globular, asymmetric abdomen was noted. A POCUS exam revealed the absence of normal structures (bowel, kidney) in the right hemiabdomen. An urgent abdominal X-ray confirmed massive displacement of bowel loops to the left. This prompted a rapid referral. A CT scan identified a giant (28x24x12 cm) fatty retroperitoneal mass. A CT-guided biopsy confirmed a benign lipomatous neoplasm, with negative MDM2 amplification ruling out liposarcoma. Staging showed no metastasis.

Originality: While giant retroperitoneal tumors are typically described in hospital settings, this case highlights the diagnostic sequence initiated in Primary Care. The use of POCUS and a plain X-ray to identify indirect signs of displacement and guide the need for advanced imaging distinguishes this pathway from standard practice.

Lessons learned and future implications: The non-visualization of normal anatomical structures on POCUS is a critical indirect sign of a space-occupying lesion, even in paucisymptomatic patients. The combination of physical exam, POCUS, and basic radiology provides key information for clinical decision-making and efficient referral.

Discussion: Increased use of POCUS in Primary Care enhances detection capability. Lipomatous masses can grow extensively before causing symptoms. Differentiation between benign and malignant lesions requires clinico-radiological and histological correlation, with MDM2 status being a key molecular determinant.

Conclusion: Giant retroperitoneal masses can be suspected from indirect findings using basic Primary Care tools. POCUS, combined with plain radiography and clinical interpretation, is decisive for early orientation and optimizing referral. This case reinforces the essential role of Primary Care in early detection and care coordination, underscoring the value of clinical ultrasound training.

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ID 2079- Early exclusion of acute pancreatitis in a first-contact emergency department: Diagnostic uncertainty and laboratory limitations

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Context: Parenting is often described as the ultimate test of resilience, adaptability, and empathy. For clinicians and leaders, the unpredictability of family life mirrors the challenges of general practice and healthcare systems under pressure. Sleepless nights, competing demands, and the constant need to

improvise provide a rich metaphor for the realities of modern clinical practice and leadership. This workshop draws on lived experience to highlight how humour, reflection, and storytelling can transform personal milestones into practical leadership insights.

Objectives: • To explore parenting as a crucible for leadership development. • To foster reflection on wellbeing, psychological safety, and inclusive team culture. • To equip participants with practical strategies for flourishing in uncertain environments.

Teaching method and workshop: This workshop will use storytelling, humour, and interactive reflection to connect parenting experiences with clinical leadership. The format is designed to balance discussion, reflection, and practical application. Workshop Schedule (60 minutes)

Expected outcomes: Participants will leave with: • Practical leadership tools grounded in lived experience. • Enhanced awareness of wellbeing and team culture. • Shared strategies for resilience and adaptability in general practice.

Conclusion: By reframing the unpredictability of parenting as a source of wisdom, this workshop invites clinicians to embrace humour, vulnerability, and reflection as pathways to stronger leadership. In doing so, it embodies WONCA's themes of liberty through self-care and resilience, and fraternity through interprofessional collaboration and shared learning. Participants will leave with practical strategies that connect the personal to the professional, strengthening both individual wellbeing and collective team culture.

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ID 1298- Early Lyme Disease Presenting as Atypical Erythema Migrans: The Importance of Clinical Judgement in Family Medicine

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Context: In France, about 500,000 people are affected by profound deafness. For those who cannot, or choose not to, use hearing aids, accessing primary care is often challenging due to the language barrier between French Sign Language (FSL) and spoken French. Yet, primary care should be accessible to everyone. The availability of on-site interpreters is limited, making remote video interpreting a potential alternative.

Objectives: This study set out to explore its relevance by gathering the perspectives of deaf patients and healthcare providers after using the platform.

Methods: We conducted a qualitative study based on semi-structured interviews with five deaf patients and five healthcare providers. Data were analyzed using interpretative phenomenological analysis with the software Sonal. The consultations relied on the Tadeo-Acceo platform.

Results: Both patients and providers viewed remote interpreting positively, as it facilitated clearer and more comfortable communication. While it was seen as a valuable alternative to in-person interpretation, the latter remained the preferred option. Remote interpreting was considered less essential for patients who could lip-read or speak orally.

Discussion: : This innovative and unprecedented study in Europe nevertheless has several limitations. The data are based on a small sample size, and only one video remote interpreting platform was tested. The findings are therefore not generalisable. However, several limitations to the widespread implementation of this system across the territory were identified, notably the need for a reliable internet connection and suitable audiovisual equipment, as well as its cost, which emerged as a major barrier.

Conclusion: Remote interpreting in FSL offers a promising way to improve access to primary care for deaf patients. However, its implementation requires careful consideration of funding and organizational aspects of consultations. Looking ahead, advances in artificial intelligence may provide new solutions, but at present, video interpreting

stands out as a reliable and viable option. Keywords: French Sign Language, primary care, remote interpreting, deafness, deaf patients

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ID 1345- Early Recognition of Behçet's Disease Through Multisystem Assessment in Primary Care: A Case Report

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Context: Prostate cancer is the most common malignant tumor among men in Brazil, excluding non-melanoma skin cancer. National estimates project 82,630 new cases annually for 2023–2025, with higher incidence in the Southeast and South regions. Early detection relies on prostate-specific antigen (PSA) testing and digital rectal examination (DRE); however, universal screening is not recommended. In Brazil, adherence to preventive measures is low and uneven, influenced by cultural resistance, limited health literacy, and insufficient professional guidance.

Objectives: To assess adherence to preventive measures for prostate cancer in Brazil, focusing on PSA testing and digital rectal examination.

Methods: A narrative literature review was conducted using PubMed, LILACS, SciELO, and the Virtual Health Library, applying MeSH/DeCS terms related to prostate cancer screening. We included Brazilian studies (2010–2025) reporting PSA and/or DRE adherence in adults.

Results: PSA adherence in Brazil ranges widely, with studies reporting 55.2% to 80.1% lifetime testing, while older adults show 75.5% prevalence. DRE adherence is consistently lower, around 61%, and a 68.3% combined PSA/DRE prevalence reflects access but not specific acceptance of DRE. Sociocultural barriers—shame, discomfort, and masculinity norms—reduce DRE uptake, whereas physician recommendation strongly supports PSA adherence and may also increase DRE acceptance. Overall, PSA adherence is moderate to high, while DRE remains moderate, and combined screening improves accuracy but faces cultural and system-level challenges.

Discussion: Preventive adherence in Brazil shows a clear contrast between PSA and DRE. PSA uptake is high (75.5% in older adults; 80.1% lifetime), while DRE remains lower (61.0%). Sociocultural barriers—shame, discomfort, and masculinity norms—strongly influence refusal. Physician guidance increases PSA testing and may improve DRE acceptance. The 68.3% combined prevalence reported by Meneghini et al. reflects screening access but a clear preference for PSA. Structural issues in the Brazilian Unified Health System, including limited specialist access and inconsistent referral pathways, also hinder adherence. Continuous education, shared decision-making, and organized care pathways are essential to improve screening outcomes.

Conclusion: PSA adherence in Brazil is moderate to high, while DRE adherence remains comparatively low. Improving screening adherence requires enhanced health education, effective communication, and strengthened care pathways within primary care.

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ID 883- Early recognition of visceral leishmaniasis in a rural primary care setting

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Context: Complex situations are increasing in a GP Practice. But the application of clinical practice guidelines faces specific challenges in complex or multi-morbid situa-tions. In Belgium, several primary care practices experienced the Goal Oriented care to face these situations. It's about shifting form a problem-solving based practice ("What is the matter with the patient?") to an objective-oriented plan of care ("What matters to the patient?"). This approach seems to be an opportunity for the practice and the system.

Positive feedback, lessons learned, and points of attention can be shared.

Objectives: The participants will have the opportunity to discover the Goal oriented care as an approach and a methodology of work, his forces and points of attention. Place will be let to share questions and reflexion on this paradigma shift.

Teaching method and workshop: ● Teaching method 20 minutes Presentation: GOC, practice-based examples, points of attention. 20 min Work in subgroups : practice-based exercises based on cases and tools 20 min Common debate on the challenges of the approach ● Workshop schedule 3 min : w

Expected outcomes: At the end of the workshop, the participants know a bit about Goal oriented Care. Some are interested in knowing better and trying in their practice or in the professional's education.

Conclusion: Goal oriented care shows opportunities for a better alliance with the patient and his relatives, particularly in complex situations. This approach aims to give care oriented to what is important to each person in their life taking into account their resources and weaknesses.

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ID 1344- Early-onset dementia and its social impact: the family doctor role

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Context: During 2023, the Government will promote the increase in in-person visits in primary care consultations, with the idea of recovering pre-pandemic levels.

Objectives: To analyze how the family doctor's schedule has evolved from 2017 to 2025.

Methods: A multicenter cross-sectional descriptive study with the participation of 130 family doctors from 35 primary care centers serving a population of approximately 500,000 inhabitants. Each doctor recorded the visit types of a full working day as well as the reasons for consultation in 2017, in 2019, in 2021, one week in May 2022, one week in May 2023, and one week in May 2025.

Results: 2,009 medical workdays were recorded, and 60,848 visits were analyzed. The average total visits per day between 2017 and 2025 is 30.5, with a minimum of 27.8 visits in 2019 and a maximum of 32.6 in 2025. The average number of reasons for consultation per day remained between 39.8 in 2021 and 44.8 in 2022. Face-to-face visits represented 75.23% in 2017, 67.3% in 2019, 27.78% in 2021, 47.36% in 2022, 49.3% in 2023, and 50.7% in 2025. Telephone visits accounted for 15.44% in 2017, 8.56% in 2019, 35.19% in 2021, 20.50% in 2022, and 17.3% in 2023 and 2025. Telematic visits or eConsultation practically did not exist in 2017 or 2019, appearing in 2021 representing 11.26%, 9.74% in 2022, 6.17% in 2023, and 6.68% in 2025.

Discussion: In these latest years post-pandemic we have appropriated the assistance documents of any 2017 regarding the name of visits and the reasons for consultation.

Conclusion: Despite the pandemic, the average number of visits and reasons for consultation per day has not suffered major oscillations in these 8 years of study. However, face-to-face visits suffered a drastic reduction, and it does not seem that we will recover the percentages of a decade ago. eConsultation and telephone visits have remained stable since 2023.

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ID 794- Early-Onset Hypersensitivity to Intravenous Iron Isomaltoside: A Case Report of Real- Time Management in Primary Care

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Context: Healthcare professions are particularly susceptible to suffering from burnout. The prevalence of this pathology is higher than in the general population. There is bibliography regarding medicine and nursing, but very little regarding the rest of the staff working in Primary Care teams.

Objectives: To determine how burnout has evolved since the pandemic across all professional groups working in primary care.

Methods: A multicenter cross-sectional descriptive study carried out at the end of the state of alarm in the months of May 2021, 2022, 2023, and 2025 using convenience sampling on a total of 1,400 workers from 30 primary care teams. Sociodemographic data were collected. We defined burnout when scores in the three subscales simultaneously exceeded the following scores: Emotional Exhaustion (EE) equal to or greater than 27 points, Depersonalization (DP) > 10 points, and Personal Accomplishment (PA) < 33 points.

Results: The response rate ranged between 33.8% in 2021 (n=406) and 20% in 2025 (n=283). Global burnout, considering all professional groups, was 25.1% in 2021, 18.1% in 2022, 11.2% in 2023, and 15.8% in 2025. By professional category, those presenting the most burnout in 2021 were the medical group, with 28.7%; in 2022, it was the administrative staff with 21.7%, who have remained the most affected group, reaching 40% in 2023 and 33% in 2025. No social worker presented severe burnout levels throughout the entire study.

Discussion: Administrative staff are the gateway to the health center. Their role is fundamental in providing care to the public. If their work is disrupted, patients may receive inadequate care.

Conclusion: In the post-pandemic era, the prevalence of global burnout in the different primary care professional groups has been reducing to a greater or lesser extent, except for administrative staff, who show exaggeratedly high values with no sign of improvement. These data compel specific corporate/governmental action directed specifically at reversing this situation.

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ID 1933- ECG and "non-competitive" sport fitness: when to refer to a Sports Physician

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Context: Metabolic syndrome (MetS), commonly associated with type 2 diabetes, is a major cardiovascular risk factor. However, its prevalence is increasingly recognized among patients with type 1 diabetes (T1D). The coexistence of MetS and T1D may worsen cardiovascular outcomes and complicate therapeutic management, highlighting the need for better characterization of this association.

Methods: This was a descriptive cross-sectional study including 60 patients with type 1 diabetes followed at the National Institute of Nutrition in Tunis. Metabolic syndrome was defined according to the International Diabetes Federation (IDF) criteria. Clinical, anthropometric, and biological data were collected. Associations between MetS, glycemic control, and diabetes duration were analyzed.

Originality: This study provides local data on the prevalence of metabolic syndrome in patients with type 1 diabetes, a population traditionally considered at lower

cardiometabolic risk. It highlights the emerging burden of MetS in T1D patients and emphasizes the importance of glycemic control in its occurrence.

Lessons learned and future implications: Regular screening for metabolic syndrome should be integrated into the routine follow-up of patients with type 1 diabetes, particularly in those with suboptimal glycemic control. Early lifestyle and therapeutic interventions targeting weight, blood pressure, and lipid profile may reduce cardiovascular risk. Future prospective studies with larger sample sizes are needed to better clarify causal relationships and long-term outcomes.

Discussion: The results showed a significant association between metabolic syndrome and poor glycemic control, suggesting that chronic hyperglycemia may contribute to the development of cardiometabolic abnormalities in patients with T1D. In contrast, no significant association was found between MetS and diabetes duration, indicating that factors other than disease chronicity may play a more important role. The higher prevalence observed among women is consistent with data reported in other studies and may be related to hormonal, behavioral, or lifestyle factors.

Conclusion: Metabolic syndrome is increasingly prevalent among patients with type 1 diabetes, especially in women. Poor glycemic control appears to be a key contributing factor, whereas diabetes duration does not seem to play a significant role. Strict glycemic management and comprehensive cardiometabolic monitoring are essential to improve patient outcomes.

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ID 1772- Educational Level as a Determinant of Sarcopenia in Patients Aged Over 65 Years

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São Leopoldo Mandic, Araras, Brésil

Context: Schistosomiasis remains a severe public health issue in Brazil, reflecting an epidemiological gap sustained by social inequality. Classified as a neglected tropical disease, its persistence burdens the health system, being intrinsically linked to precarious basic sanitation and disordered urbanization.

Objectives: To analyze the spatiotemporal distribution of schistosomiasis and correlate its prevalence, morbidity, and mortality with sanitation coverage in the Brazilian macro-regions between 2013 and 2023.

Methods: An ecological time-series study was conducted in the five Brazilian macro-regions using secondary data from DATASUS/TABNET (PCE, SINAN, and SIM) for epidemiological indicators and from the Painel Saneamento Brasil for sanitation coverage. Annual rates of infection and morbidity were analyzed, and the association between schistosomiasis morbidity and lack of sewage collection was assessed using Spearman's correlation coefficient.

Results: Population proportions without adequate sewage collection exceeding 50% were associated with higher rates of infection and morbidity. The year 2013 presented the highest percentage of the population without collection (62.4%) and the highest morbidity rate (3.229). The highest positivity rate was recorded in 2014 (2.791). The Southeast region presented the highest burden of cases, followed by the Northeast region. The Spearman calculation between the morbidity rate and population without sewage access, comparing 11 temporal observations, resulted in approximately 0.909, indicating a strong positive correlation: the greater the sanitation deprivation, the higher the disease incidence.

Discussion: The results support the hypothesis that precarious sanitation conditions are key predictive factors for the persistence of schistosomiasis. The strong positive correlation observed highlights the central role of socioeconomic vulnerability in sustaining the parasite's transmission cycle. Higher morbidity and positivity rates were identified in areas with sanitation deficits, while increased notification burdens in the Southeast and Northeast regions suggest that climate,

population density, and social inequality directly influence disease distribution. The continued morbidity and mortality reflect persistent regional disparities driven by structural socioeconomic conditions over time.

Conclusion: The findings highlight sanitation deficits as a key determinant of schistosomiasis persistence in Brazil. Control strategies focused exclusively on treatment are insufficient; intersectoral public policies integrating health surveillance, primary care actions, and investments in basic sanitation are essential to reduce morbidity and mortality and address regional health inequalities.

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ID 1458- Educational pathways of General Practitioners in XXX: typology, temporality and influence on medical practice

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Context: Statins are a cornerstone of cardiovascular disease prevention. Although generally safe, muscle-related adverse effects remain a concern, as statin-associated muscle symptoms may signal severe conditions such as immune-mediated necrotizing myopathy (IMNM). This case highlights the diagnostic challenge faced by family doctors when common symptoms mask rare but serious disease.

Methods: A 60-year-old woman with hypertension, type 2 diabetes mellitus, and long-term statin use attended a routine primary care follow-up to discuss recent blood test results. Given her very high cardiovascular risk, the consultation focused on LDL-cholesterol targets, and intensification of statin therapy was agreed. She also reported several months of fatigue and lower back pain. In the context of age and a sedentary lifestyle, these symptoms were initially attributed to degenerative musculoskeletal changes, and physical activity was encouraged with rescue analgesia prescribed. Over subsequent months, her condition deteriorated, with progressive fatigue, unintentional weight loss, and worsening generalized muscle weakness. She quickly became dependent on others for ambulation, personal hygiene, and other daily activities, prompting hospitalization. Diagnostic evaluation, including muscle biopsy, confirmed anti-HMGCR–positive immune-mediated necrotizing myopathy. Despite immunosuppressive therapy, recovery was slow and required three months of intensive physical rehabilitation to regain partial functional independence.

Originality: While IMNM is described in specialist literature, reports highlighting the primary care perspective remain scarce. This case emphasizes the family doctor's perspective, where early symptoms may be subtle and nonspecific.

Lessons learned and future implications: Persistent or progressive musculoskeletal complaints in patients receiving statins warrant periodic diagnostic reconsideration. Routine functional assessment and early measurement of muscle enzymes may facilitate earlier diagnosis and reduce preventable disability.

Discussion: Statins are widely prescribed in primary care, and musculoskeletal symptoms are common in the general population. This overlap increases the risk of misattributing early manifestations of rare statin-associated conditions such as IMNM. Continuity of care and longitudinal observation are crucial in identifying when common explanations no longer fit the evolving clinical picture.

Conclusion: IMNM is a rare but potentially severe and treatable complication of statin therapy that may initially present in primary care. Early recognition, referral, and access to rehabilitation can significantly impact outcomes, reinforcing the central role of family doctors in person-centred, safe preventive care.

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ID 577- Effect of a Patient Education Brochure on Dietary Adherence in Primary Care: A Prospective Interventional Study

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Context: Around the world, many healthcare systems, organizations, and care teams are adapting to address current and future environmental and health challenges. This leads to recommendations for the organization and logistics of healthcare facilities, for health practionners' practices, to a positive and collective approach to health (health promotion and community health). These transformations may lead to changes in how GPs perceive their own practices. In a globalized world where the causes and consequences of modern human activities do not stop at human-made borders, sharing our perceptions, experiences, and desire for professional change toward an eco-responsible dynamic—aimed at respecting life and ensuring equity—in our practices could be a catalyst for environmental action.

Objectives: To become familiar with the main challenges and priorities for transforming our professional practices towards eco-responsible practices. To share and compare experiences across different healthcare systems and levels of structural commitment. To establish common objectives, based on field experience, for transforming practices aimed at preserving life. To envision changes in a desirable and achievable way.

Teaching method and workshop: First part 10 min :Introduction : the environmental crisis and its links to health system. Brief presentation of the different levels of health system engagement Second part 40 min: "world café" with 4 tables Table 1 : Sharing of experiences in changing p

Expected outcomes: Raising awareness of shared concerns and levers for change, stimulating creativity in support of change. Increased sense of empowerment among participants to initiate a shift in health practices that are integrated and respectful of life.

Conclusion: Sharing and reflecting collectively our practices's evolution in planetary health can be catalysts for successful transformation.

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ID 1708- Effect of Interventional Diet and Exercise Program in Obese Recruits Undergoing National Service Military Training

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No, Madrid, Espagne

Context: Clinical case of daily practice

Methods: A 19-year-old was assessed for pain in the right inguinal region with difficulty in complete flexion of the right leg for 3 weeks of evolution without improvement with rest and analgesia. Associated loss of 20 kg of weight in recent months with night sweating and nonspecific abdominal discomfort. Analysis detects: leukocytosis 91.0000x10E3/mcl, eosinophilia 53,6 10E3/mcl. Large abdominal mass is palpable on the right flank. Abdominal CT: Large right retroperitoneal mass with pelvic extension and right inguinal region suggestive of lymphoma. Biopsy: ALK positive anaplastic large cell lymphoma. Anaplastic large cell lymphoma (ALCL) is a peripheral T-cell lymphoma that consists of characteristic large pleomorphic lymphoid cells with abundant cytoplasm and horseshoe-shaped nuclei, strongly positive CD30 immunohistochemical staining. It is notably more common in the first three decades and shows an overall male predominance. ALCL (ALK-positive) patients can present with variable symptoms. Most cases present with advanced stage (III-IV). Symptoms include peripheral or abdominal lymphadenopathy, extranodal infiltrates, bone marrow involvement, and B symptoms (such as fever and weight loss). In cases of BM infiltration, the patients can present with anemia or pancytopenia, eosinophilia, and high LDH.

Originality: The reason for consultation of a patient does not always provide guidance during an initial assessment, but the

experience of the family physician and knowing the patiente can help in diagnosis orientation.

Lessons learned and future implications: While the patients stated reason for consultation is an important starting point, it is the physicians experience and depth of knowledge about the patient that often guide the diagnostic process in primary care

Discussion: Anaplastic large cell lymphoma ia a rare, clinical and genetically heterogeneous subtype of mature T-Cell non Hodgkin lymphoma , but the incidence rate of Lymphomas among adolescents and young adults. Hodgkin lymphoma represents the most common lymphoma .

Conclusion: Lymphoma should be considered in the differential diagnosis when a young patient presents with constitutional symptoms (fever, night sweats, unintentional weight loss) and lynmphadenopathy. These B symptoms are classic for lymphoid malignances, particulary Hodgkin lymphoma and agressive non-Hodgkin lymphomas, wich are among the most common cancer in adolescents and young adults.

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ID 645- Effect of semaglutide on body composition and proximal muscle strength: The STEP UP trial

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Context: The curricular extension was developed within the framework of the Primary Health Care - Child Health (APS V) module practices, carried out in the 2nd semester of 2025. The established themes were: belonging, bullying, cyberbullying, empathy, and non-violent communication.

Methods: Interventions took place at E.E. "Lions Clube" on Wednesdays, with 5th-semester medical students pre-planning activities aligned with the thematic axes of the Culture of Peace.

Originality: The project engaged approximately 270 students from 1st to 5th grade of Elementary School II, utilizing extra-classroom spaces to facilitate reflection, dialogue, and problematization of the addressed themes. This approach provided a unique opportunity for medical students to directly interact with the sociocultural context of schoolchildren, a key component of the School Health Program.

Lessons learned and future implications: Medical students gained valuable insights into the influence of social determinants on children's development and academic performance, reinforcing the importance of the comprehensive approach of Primary Health Care. This experience enhanced their understanding of the broader context of child health beyond clinical settings.

Discussion: The project successfully integrated medical education with the principles of the School Health Program, promoting the Culture of Peace among schoolchildren. It demonstrated the potential of curricular extension activities to enrich both medical students' learning experiences and contribute to the well-being of local communities. The use of interactive and reflective methodologies proved effective in addressing sensitive topics with young students, aligning with the goals of the School Health Program to foster healthy behaviors and a positive school environment. The direct exposure to the sociocultural context of schoolchildren allowed medical students to better comprehend the impact of social determinants on child development and academic performance, reinforcing the importance of the comprehensive approach of Primary Health Care.

Conclusion: This project bridged medical education and the School Health Program, linked to Primary Care. Engaging students in the Culture of Peace enhanced their child health understanding and positively impacted the community. The success suggests expanding similar programs with more health themes. It underscores early community engagement and interdisciplinary approaches for social and health issues within Primary Care and the School Health Program.

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ID 619- Effect of Six-Month Camellia Oil Consumption on Body Mass Index in Adults: A Self-Controlled Intervention Study

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Context: The use of telemedicine and e-Health applications is increasingly relevant in healthcare, especially among nursing staff working in hospital settings.Understanding how these professionals interact with health informatics tools not only informs clinical practice but also supports the ongoing integration of digital health technologies within the National Health System.

Objectives: To explore the attitudes of nursing staff in Peloponnese hospitals towards telemedicine and health informatics applications in their workplace Methods.

Methods: A quantitative study was conducted among 305 nurses working in hospital centers across the Peloponnese region. Participants voluntarily completed a standardized and validated questionnaire distributed electronically via URL link and QR code.

Results: The sample was predominantly female (84.59%), mostly aged between 35–44 years. Over half (53.12%) showed moderate to negative awareness of telemedicine, and 68.85% reported no prior use of e-Health programs. Limited knowledge of Electronic Health Records was noted in 34.41% of respondents. Nevertheless, 69.18% believed that e-Health programs could enhance their work performance. University graduates had greater familiarity with digital health tools than those from technological institutes (59.34% vs. 31.06%). A majority (211 out of 305) expressed willingness to adopt telemedicine systems at work, although 89.5% reported lack of institutional support for professional development in e-Health.

Discussion: The findings reveal a significant gap in awareness and use of telemedicine and e-Health applications among nursing staff in Peloponnese hospitals, despite the majority recognizing their potential to improve workplace performance. This indicates a need for targeted education and institutional support to enhance digital health literacy and foster telemedicine adoption. The disparity in familiarity between university graduates and technological institute graduates suggests that educational background influences readiness to engage with health informatics. Addressing these gaps through professional development programs could accelerate the integration of telehealth services, improve patient care, and reduce healthcare costs. The current lack of institutional support highlights a critical area for policy intervention and resource allocation.

Conclusion: While past barriers to telehealth exist, hospitals have recently started adopting strategies for implementation. Telenursing programs hold promise to reduce healthcare costs and enhance service delivery. Local healthcare units increasingly utilize internal resources to develop telemedicine initiatives.

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ID 2273- Effective Control of Multifactorial Cancer-Related Nausea with Ondansetron and Corticosteroids in a Palliative-Care Setting

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Context: Child sexual violence is a serious public health issue and a violation of children's rights, with heightened vulnerability in early childhood, particularly within intrafamilial settings. Despite its protective role, sexual education faces resistance in school and family contexts, underscoring the importance of early sexual education in promoting bodily autonomy and preventing child sexual abuse.

Objectives: To develop an educational booklet on sexual education aimed at early childhood (ages 2 to 6), focusing on the prevention of child sexual abuse and violence.

Methods: This methodological study was conducted in two stages: content planning based on a literature review, and development of the educational booklet, including text, illustrations, and graphic layout, guided by pedagogical, psychological, and visual communication principles appropriate for early childhood.

Results: The educational booklet was developed using simple language, short sentences, and examples drawn from children's daily lives, combined with playful, welcoming, and visually accessible illustrations. The content addressed key topics for the prevention of child sexual abuse, such as bodily autonomy, recognition and naming of intimate body parts, differentiation between appropriate and inappropriate touch, the right to say "no," distinction between good and bad secrets, and identification of trusted adults. The material demonstrated pedagogical coherence, suitability for the cognitive and emotional development of young children, and potential to promote communication, self-esteem, and the strengthening of self-protection skills.

Discussion: The organization of the content and the selection of visual resources were aligned with theoretical frameworks of child development, particularly those proposed by Piaget, Vygotsky, and Freire, as well as scientific evidence on the prevention of child sexual violence. The playful and affirmative approach facilitates understanding of the concepts without generating fear or insecurity, while respecting fundamental ethical and psychological principles. The integration of text and images enhances information assimilation and reinforces the booklet's role as a mediator of dialogue between children and adults, strengthening the child protection network.

Conclusion: The booklet demonstrates potential as an educational and preventive tool in school, family, and community settings, contributing to children's bodily autonomy, assertive communication, and protection against sexual violence from an early age.

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ID 1175- Effectiveness of ayurvedic dietary counselling (ahara chikitsa) for managing functional gastrointestinal disorders in young adults

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Context: The use of telemedicine and e-Health applications is increasingly relevant in healthcare, especially among nursing staff working in hospital settings. Understanding how these professionals interact with health informatics tools not only informs clinical practice but also supports the ongoing integration of digital health technologies within the National Health System.

Objectives: To explore the attitudes of nursing staff in Peloponnese hospitals towards telemedicine and health informatics applications in their workplace.

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Results: The sample was predominantly female (84.59%), mostly aged between 35–44 years. Over half (53.12%) showed moderate to negative awareness of telemedicine, and 68.85% reported no prior use of e-Health programs. Limited knowledge of Electronic Health Records was noted in 34.41% of respondents. Nevertheless, 69.18% believed that e-Health programs could enhance their work performance. University graduates had greater familiarity with digital health tools than those from technological institutes (59.34% vs. 31.06%). A majority (211 out of 305) expressed willingness to adopt telemedicine systems at work, although 89.5% reported lack of institutional support for professional development in e-Health.

Discussion: The findings reveal a significant gap in awareness and use of telemedicine and e-Health applications among nursing staff in

Peloponnese hospitals, despite the majority recognizing their potential to improve workplace performance. This indicates a need for targeted education and institutional support to enhance digital health literacy and foster telemedicine adoption. The disparity in familiarity between university graduates and technological institute graduates suggests that educational background influences readiness to engage with health informatics. Addressing these gaps through professional development programs could accelerate the integration of telehealth services, improve patient care, and reduce healthcare costs. The current lack of institutional support highlights a critical area for policy intervention and resource allocation.

Conclusion: While past barriers to telehealth exist, hospitals have recently started adopting strategies for implementation. Telenursing programs hold promise to reduce healthcare costs and enhance service delivery. Local healthcare units increasingly utilize internal resources to develop telemedicine initiatives.

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ID 1351- Effectiveness of the implementation of a new cardiac rehabilitation programme inlcuding primary healthcare in patients after actue coronary syndrome: a population-based analysis

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Context: The co-morbidity of diabetes and hypertension is a major health threat to the elderly population, creating an urgent need for simple assessment of their shared pathophysiological mechanism—insulin resistance. The triglyceride-glucose (TyG) index serves as an effective surrogate marker, but its predictive value for co-morbidity in community-dwelling older adults requires validation with large-scale, real-world data.

Methods: This study is a cross-sectional analysis based on health examination data from 33,254 community-dwelling older adults. The TyG index was calculated and participants were grouped by tertiles. Statistical analysis was performed using SPSS 27.0. Logistic regression models were employed to assess the association between TyG index and co-morbidity risk, sequentially constructing an unadjusted model, a model adjusted for demographics (age, sex), and a fully adjusted model (further incorporating self-care ability, physical activity, smoking, and alcohol consumption) to control for confounders.

Originality: This study is the first to systematically evaluate the association between the TyG index and diabetes-hypertension co-morbidity (rather than a single disease) in a natural community-based elderly population exceeding 30,000 individuals. It also concurrently analyzed a series of TyG-derived indicators, providing more comprehensive evidence.

Lessons learned and future implications: The finding that higher exercise frequency was associated with higher co-morbidity risk suggests possible reverse causality in this cross-sectional design, highlighting the need for prospective studies to confirm causality. The results support the potential use of the TyG index as a preliminary screening tool for co-morbidity risk in primary care, which could streamline the identification of high-risk individuals.

Discussion: The analysis indicates that the TyG index is a strong independent risk factor for co-morbidity, and this association remains robust after multivariable adjustment. This reinforces the hypothesis of the central role of insulin resistance in the development of co-morbidity.

Conclusion: The TyG index is significantly associated with the risk of diabetes-hypertension co-morbidity among community-dwelling adults aged 65 and above. It represents a reliable and simple risk marker with potential public health application value.

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ID 721- Effects of a green tea seed and leaf extract complex on functional dyspepsia: A randomized, double-blind, placebo-controlled trial

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Context: Family medicine is grounded in long-term relationships, continuity of care, and a deep understanding of patients within their family and community contexts. These defining features frequently give rise to ethical dilemmas that are complex, relational, and shaped by uncertainty rather than clear-cut rules. Family doctors are required to balance competing values over time. Recognizing that many of these challenges cannot be resolved through guidelines alone, this workshop offers group-based ethical reflection as a practical and core professional developmental tool in family medicine.

Objectives: The workshop has three main objectives: 1. To strengthen participants' ability to identify and articulate ethical dilemmas arising in everyday family medicine. 2. To provide hands-on training – individually and in small groups – using real clinical cases, fostering both individual ethical reasoning and constructive feedback from peers. 3. To demonstrate how regular engagement with ethical case discussion supports professional development, resilience, and reflective practice for family doctors.

Teaching method and workshop: The workshop uses experiential and peer-based learning methods consistent with family medicine education: 1. Conceptual framing of ethical dilemmas in family medicine (10 minutes) 2. Individual engagement with a real clinical case (10 minutes)

Expected outcomes: Participants will gain a practical understanding of group-based ethical reflection as a tool for ethical competence and professional betterment in family medicine. The workshop will also serve as a refresher in applied medical ethics, emphasizing reflecti

Conclusion: The workshop conceptualizes ethical competence in family medicine as a skill that must be continuously developed through collective practice rather than a static body of knowledge. Engaging with ethical dilemmas through peer reflection supports the development of mature, reflective, and resilient family physicians, capable of navigating uncertainty while maintaining continuity, compassion, and professional integrity.

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ID 2215- Effects of artistic creation involving patients and health care professionals

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Context: Climate change, resulting from greenhouse gas (GHG) emissions, is a major public health threat of the 21st century that the medical community must address. Food is a topic frequently discussed in primary care and is also a significant source of GHG emissions at the national level. Therefore, the combination of actions that are beneficial for both health and the environment has recently been conceptualized through the notion of co-benefits.

Objectives: In this context, our study aims to explore the knowledge, representations, and practices related to health- environment co-benefits of food among general practitioners in Indre-et-Loire.

Methods: A qualitative study conducted between November 2023 and October 2024 through semi-directed individual interviews with eight general practitioners in Indre-et-Loire. The analysis was conducted without data triangulation, using an approach inspired by grounded theory.

Results: The co-benefits appear to be intertwined, offering a gradual and pragmatic pathway to guide patients toward behavior changes. A primary barrier to the use of co-benefits is related to the difficulty of aligning with a patient-centered approach. Nevertheless, some doctors mention numerous clinical situations conducive to the

use of co-benefits and report various strategies aimed at adapting to patients' constraints.

Discussion: The lack of legitimacy among general practitioners emerges as the ultimate barrier to the use of co-benefits, primarily due to the political connotation of environmental issues, a lack of medical knowledge, and a feeling of isolation and helplessness. Coordination among health actors, as well as support from institutions, media, and industry, appear to be key elements in strengthening the legitimacy of general practitioners in utilizing the co-benefit approach.

Conclusion: Co-benefits appear as a concrete tool for changing the care paradigm, which general practitioners can only embrace with strong support from the entire healthcare system.

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ID 110- Effects of probiotic Bacillus coagulans MTCC 5856 on symptoms and fecal microbiome in adults with functional constipation: a randomized double-blinded, placebo-controlled trial

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Context: Geriatrics

Objectives: WHO defines intrinsic capacity (IC) as the combination of the individual's physical and mental, including psychological, capacities; and functional ability (FA) as the combination and interaction of IC with the environment a person inhabits. The basis of healthy aging is the maintenance of intrinsic capacity and functional ability throughout the life cycle.

Methods: Consulting and screening testing of intrinsic (cognitive and physical) capacity using the WHO Integrated Care for Older People (ICOPE) screening tool was conducted 120 elderly residents aged 65 and older in 5 outpatient clinics in Yerevan, of which 55% were aged 65-74, 31.6% were aged 75-84, and 13.4% were aged 85 and older.

Results: As a result of screening, cardiovascular diseases prevail (ischemic heart disease, arterial hypertension 2-3 stages, chronic heart failure 2-3 functional class) - 87%. In second place is chronic ischemia of the brain - 67%. Metabolic disorders (metabolic syndrome, dyslipidemia) - 45%, type 2 diabetes - 20%; osteoarthritis - 35%; anemia (iron and B-12 deficiency) - 22%; hypothyroidism and hiperthyroidism - 22%; mioma, prostate adenoma and other tumor diseases - 18%; gastroduodenal, intestinal ulcer - 10%. Geriatric syndromes (GS) are: memory loss and cognitive impairment - 80%, senile dementia - 73%, senile frailty - 70%, urinary incontinence - 68%, sarcopenia - 64%, age-related constipation - 60%, pain syndrome - 55%, loss of mobility - 50%, problems with chewing food - 47%, unintentional weight loss - 42%, voice changes- 28%.

Discussion: Geriatric syndromes associated with chronic noncommunicable diseases (CND) worsen their course and lead to adverse outcomes. Higher education has 30%, 20% of whom has preserved memory, and 10% has partial loss of short-term memory. 21% workers have relatively preserved cognitive health. The frequency and severity of geriatric syndromes in single elderly people is 2-3 times more common than in adults living families.

Conclusion: Prevention, early diagnosis and treatment of geriatric syndromes improve the prognosis, quality of life and prolong life expectancy of elderly people. Changing the environment, preventing social loneliness and combating ageism will lead to increase adherence to treatment of CND and correction of GS, improved social integration and maintenance of active, healthy and dignified longevity.

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ID 616- Effects of Six-Month Camellia Oil Consumption on Serum Lipid Profile in Adults: A Prospective Self-Controlled Study

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Context: Healthcare workers are vulnerable to sleep disturbances due to shift work, circadian disruption, and high occupational stress. Poor sleep quality negatively impacts alertness, mental well-being, and patient safety. Non-pharmacological sleep interventions suitable for irregular schedules remain limited. Brain Dynamic Audio Stimulation has emerged as a potential auditory method for promoting neural relaxation and improving sleep, but evidence in frontline healthcare personnel is limited.

Objectives: To evaluate the effectiveness of Brain Dynamic Audio Stimulation in reducing insomnia severity among healthcare professionals experiencing subjective sleep disturbances.

Methods: This prospective single-group pretest–posttest study recruited 15 healthcare workers aged 20–65 years with at least one month of subjective sleep disturbance. Exclusion criteria included use of sedative or psychiatric medication, diagnosed sleep disorders, epilepsy, major psychiatric or neurological illness, significant hearing impairment, or pregnancy/breastfeeding. Participants completed a standardized Brain Dynamic Audio Stimulation protocol, which consisted of a 30-minute session delivered through headphones each night before bedtime for two consecutive weeks. Insomnia severity was assessed using the Insomnia Severity Index (ISI) before and after the intervention. Pre–post differences were analyzed using paired-samples t-tests with effect size estimation.

Results: Fifteen participants (14 females, 1 male; mean age 40.8 years) were enrolled. All participants completed the intervention. Mean ISI scores decreased from 10.0 (SD=5.55) to 4.27 (SD=2.69), representing a mean reduction of 5.73 points ($t=5.08$, $p<0.001$) and a large effect size (Cohen's $d=1.31$). Those with higher baseline insomnia severity demonstrated the largest improvements.

Discussion: This pilot study offers preliminary evidence that Brain Dynamic Audio Stimulation may be associated with reductions in insomnia severity among healthcare workers. Its brief, structured format appears compatible with shift-based routines. Nonetheless, findings should be interpreted cautiously given the small sample and single-group design. Larger controlled studies are needed to further assess effectiveness and generalizability.

Conclusion: Brain Dynamic Audio Stimulation may serve as a feasible non-pharmacological approach to support sleep health among healthcare personnel in high-stress clinical settings.

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ID 112- Effects of squat exercise on muscle oxygenation among inactive obese older adults living in geographically disadvantaged areas: A prospective case series study"

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Context: Mindfulness is used for therapeutic purposes through MBSR programs. They might be quite difficult to organize. An alternative has emerged: the practice of mindfulness through digital media.

Objectives: The main objective of this study is describing and analyzing the motivations and expectations of general medicine patients, using any application enabling the practice of mindfulness via audio, podcast and/or video.

Methods: This qualitative study is inspired by the grounded theory method. 14 interviews were conducted in 2025, in person, by phone or videoconference. This study followed the COREQ grid criteria.

Results: This study identified various motivations to start mindfulness practice through digital tools such as an outside opinion, media, psychological or somatic diseases. Learning this practice follows a

complex cycle. There are expectations about these digital tools, concerning personalization and practicality. By exercising, patients relieve their symptoms on their own and manage their daily emotions more easily. The most convinced ones will seek to share this practice with others.

Discussion: The role of general practitioners could be to guide patients in their use, prioritizing free and accessible tools. Eventually, the development of mental health apps supported by the national health insurance could be a reliable alternative.

Conclusion: In conclusion, these digital mindfulness tools are already used by patients for self-medication purposes.

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ID 130- Effects of treatment on extracellular fluid changes in the lower extremities of patients with chronic venous insufficiency using bioelectrical impedance analysis

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Context: Mindfulness is used for therapeutic purposes through MBSR programs. They might be quite difficult to organize. An alternative has emerged: the practice of mindfulness through digital media.

Objectives: The main objective of this study is describing and analyzing the motivations and expectations of general medicine patients, using any application enabling the practice of mindfulness via audio, podcast and/or video.

Methods: This qualitative study is inspired by the grounded theory method. 14 interviews were conducted in 2025, in person, by phone or videoconference. This study followed the COREQ grid criteria.

Results: This study identified various motivations to start mindfulness practice through digital tools such as an outside opinion, media, psychological or somatic diseases. Learning this practice follows a complex cycle. There are expectations about these digital tools, concerning personalization and practicality. By exercising, patients relieve their symptoms on their own and manage their daily emotions more easily. The most convinced ones will seek to share this practice with others.

Discussion: The role of general practitioners could be to guide patients in their use, prioritizing free and accessible tools. Eventually, the development of mental health apps supported by the national health insurance could be a reliable alternative.

Conclusion: In conclusion, these digital mindfulness tools are already used by patients for self-medication purposes.

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ID 990- Elevation of Liver Enzymes in a Patient with Obesity and Dyslipidemia on Statin Therapy: Importance of the Differential Diagnosis Between PBC and Drug-Induced HepatitisJHJ

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Context: LGBTQIAPN+ people in Brazil experience persistent structural vulnerabilities shaped by discrimination, stigma, and gaps in health-system responsiveness. These factors contribute to inequities in access, continuity of care, and protection from violence within the Unified Health System (SUS). Despite regulatory advances, national surveillance systems still present limited and fragmented indicators on gender and sexual minorities, restricting the ability of primary care teams to recognize patterns of vulnerability and plan inclusive actions.

Objectives: To analyze demographic, social, health-related, and human rights indicators of LGBTQIAPN+ populations in Brazil using national datasets, identifying spatial patterns that may inform primary care strategies.

Methods: A descriptive quantitative study was conducted using secondary, anonymized, publicly accessible data from the National Ombudsman for Human Rights (Disque 100) and the Brazilian Institute of Geography and Statistics (IBGE), including the 2022 Census and the National Health Survey. Analyses examined temporal trends, spatial distribution of reports, and demographic and social profiles of affected groups. Indicators included notifications of rights violations, characteristics of victims and suspects, sociodemographic patterns, and health-service utilization. Because all datasets are public, ethics approval was not required under Brazilian Resolution 510/2016.

Results: Across datasets, LGBTQIAPN+ individuals—particularly transgender people, gay men, lesbians, and bisexuals—accounted for thousands of reported violence cases despite demographic minority status. In 2024, 122 murders of trans people were recorded, mainly involving travestis and trans women. Reports frequently listed LGBTQIAPN+ individuals as both victims and suspects. Health indicators showed low reporting and limited follow-up within SUS. Hospitalizations for gender-affirming procedures increased, and marriage data concentrated among younger adults.

Discussion: The findings reveal persistent structural inequality affecting LGBTQIAPN+ populations in Brazil, marked by high violence, weak health-system responses, and insufficient surveillance. Underreporting reflects stigma, limited professional training, and lack of standardized indicators on sexual orientation and gender identity. These gaps hinder care and demand targeted interventions in the SUS.

Conclusion: The study increases visibility of LGBTQIAPN+ health needs and reveals surveillance gaps that hinder equitable, person-centered primary care. Results stress the need for data collection, monitoring of violence, and inclusive care pathways for gender-affirming care, mental health, and violence prevention. Training and policies are key to reducing inequalities in SUS.

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ID 1431- Embedding CAREMELO-Driven Digital Engagement to Transform Long-Term Condition Management and Reduce Rural Health Inequalities in Primary Care Across England

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Context: Wales is a small country with a strong political focus on social justice. The national strategy promotes service integration and community-focussed care but there has been limited progress. Costs are rising and there is a reliance on a medical model that increases dependence on services.

Methods: A community orientated model defines 60 local areas for the development of primary and community care services. Local clinical leadership and community engagement has delivered a variety of local solutions (expanding the roles of primary care nurses, community pharmacists, physiotherapists, mental health teams and allied health professionals). Fraternity is a key enabler - bringing professionals together to share experience and develop common goals. The national policy places a high value on equality, but the system is slow to change. GPs have a growing desire for 'liberty' - to allow more rapid local problem solving and decision making.

Originality: The Wellbeing off Future Generates Act requires public bodies in Wales to improve social, economic, environmental and cultural wellbeing but also to think long-term, ensuring that future generations benefit from actions taken now. This requires cultural change, prioritising informed choice and measuring value for the individual

Lessons learned and future implications: Large healthcare organisations tend to centralise decision making, to gain a sense of 'control', particularly when there are workload and financial pressures. We are working to increase confidence in a more localised approach, negotiating the freedom for primary care teams to fully utilise their unique expertise.

Discussion: A Primary Care Model for Wales has demonstrated the potential of local partnerships, to achieve greater equity and deliver a sustainable approach. With small local budgets teams can explore new approaches that are specifically tailored to their context; however, the full potential of this approach will not be achieved without greater freedom to act locally

Conclusion: Primary care clinicians in Wales have structures that support fraternity, providing time and resources to develop solutions to improve equity. However, without more freedom to act they will be unable to deliver the ambition of our national commitment to future generations.

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ID 394- Embodied Patient-perspective simulations in nursing education: an exploratory qualitative study

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Context: Climate change and environmental degradation pose escalating threats to global health, making sustainability a critical component of medical education. The XXX require new doctors to understand the health-related effects of climate change and promote sustainable healthcare practices. Despite this mandate, many medical educators lack the confidence and knowledge to teach sustainability effectively. Embedding sustainability in the curriculum is essential to prepare future doctors for complex health challenges and to meet the XXX commitment to achieving net-zero carbon emissions.

Methods: This research explored medical educators' knowledge and attitudes toward sustainable healthcare and developed a faculty development programme to support curriculum integration. The programme aimed to equip educators with the knowledge, skills, and values needed to confidently teach sustainability concepts. It incorporated interactive workshops, case-based discussions, and resource toolkits tailored to enhance confidence in integrating sustainability into clinical teaching. Key areas included understanding sustainable healthcare systems, mapping patient journeys through a sustainability lens, and fostering problem-solving skills for complex health challenges. Evaluation was conducted through participant feedback and thematic analysis of responses.

Originality: While sustainability education is increasingly recognized as essential, most initiatives focus on student learning rather than faculty development. This programme is innovative in addressing the educator knowledge and confidence gap as a prerequisite for successful curriculum integration. Literature review revealed limited evidence on similar faculty-focused interventions, highlighting the novelty of this approach.

Lessons learned and future implications: Evaluation demonstrated significant improvements in educators' understanding of sustainable healthcare principles and their confidence in teaching sustainability. Participants valued practical applications such as healthcare systems and patient journey case studies, and interdisciplinary collaboration enriched perspectives on sustainable healthcare delivery.

Discussion: Future work should focus on scaling faculty development initiatives, fostering resource-sharing across institutions, and embedding sustainability as a cross-cutting theme within spiral curricula.

Conclusion: Faculty development is essential for embedding sustainable healthcare education within medical curricula, aligning with XXX guidance and XXX sustainability goals. Empowering educators with knowledge and practical tools enhances the relevance of sustainability teaching and prepares future doctors to become adaptive, environmentally conscious leaders in healthcare.

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ID 959- Empathy and technical competence in dengue management through primary care clinical simulation

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Context: Falls and functional decline are major health concerns in the elderly population, leading to significant morbidity. Vitamin D deficiency is highly prevalent in this group. However, its direct correlation with balance disorders, muscle strength, and fall risk in primary care settings remains a subject of ongoing clinical debate.

Objectives: To evaluate the relationship between serum Vitamin D levels, balance alterations, functional capacity, and the incidence of falls in community-dwelling people over 65 years of age.

Methods: A descriptive, observational study was conducted with participants aged >65 recruited from five primary care centers. We collected sociodemographic, clinical, and functional data. Key assessments included balance tests (unipodal test, posturography), the Short Physical Performance Battery (SPPB), and muscle strength measurements. Serum 25-hydroxyvitamin D levels were analyzed, considering levels ≥20 ng/ml as adequate. A prospective follow-up of falls was performed over a 12-month period to record new events. Statistical analysis included descriptive and comparative methods using the Chi-square test (RStudio 4.3.0).

Results: A total of 922 individuals participated. 60% presented adequate Vitamin D levels, 32% had inadequate levels, and 8% showed deficiency. Statistically significant associations were observed between Vitamin D levels and sex ($p = 0.0047$), performance in the unipodal test ($p = 0.0181$), and habitual physical activity ($p < 0.0001$). However, no significant associations were found with posturography ($p = 0.265$), SPPB score ($p = 0.350$), extensor strength ($p = 0.167$), previous history of falls ($p = 0.477$), or new falls recorded during the 12-month follow-up ($p = 0.110$).

Discussion: Adequate Vitamin D levels correlate significantly with better performance in the unipodal balance test and higher physical activity, suggesting a potential role in preserving specific motor functions. However, contrary to some expectations, Vitamin D levels alone were not predictive of falls or other functional test outcomes in this specific cohort.

Conclusion: While Vitamin D is associated with specific motor function indicators like the unipodal test, it does not appear to directly influence fall risk in this population. These findings highlight the multifactorial complexity of fall prevention and suggest Vitamin D assessment should be part of a broader functional evaluation.

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ID 1286- Empathy in Primary Care: Insights from an Experiential Disability Simulation

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Context: The advent of antiretroviral therapy (ART) has significantly enhanced the prognosis of individuals living with HIV (PLHIV), mitigating morbidity and mortality as well as improving life expectancy.

Objectives: This study aims to assess the impact of ART initiation on the health-related quality of life (HRQoL) of PLHIV attending a national tertiary infectious disease hospital, using a validated multidimensional assessment tool.

Methods: Prospective cohort study among newly diagnosed HIV-positive adults enrolled in San Lazaro Hospital. Participants completed the WHOQOL-HIV BREF questionnaire and evaluates six domains. Data were analyzed using descriptive statistics to summarize socio-

demographic and clinical characteristics and HRQoL scores.

Results: The study enrolled 68 participants, primarily young adults aged 19-29 years (52.9%), male (95.6%), single (98.5%), and employed (60.3%). Most (83.8%) had baseline CD4 counts <200 cells/mm³, indicating advanced immunocompromise. Baseline HRQoL scores showed moderate quality of life, with the highest scores in the level of independence (mean 3.29, SD 0.505) and environment domains (mean 3.28, SD 0.387). The lowest scores were recorded in the social relationships domain (mean 2.77, SD 0.608), suggesting issues with interpersonal support and social integration.

Discussion: The baseline findings show that most participants were young, male, single, and employed, reflecting the typical demographic pattern seen in Philippine HIV cases. Despite being economically active, many were already in a state of advanced immunosuppression at diagnosis. High independence scores indicate that they can still perform daily activities, likely due to their young age and active employment status. The environment domain also scored well, influenced by the study setting in a national tertiary hospital where healthcare access, information, and support services were readily available. Moderate physical and psychological scores suggest common pre-treatment symptoms such as fatigue, anxiety, and emotional distress, emphasizing the need for early medical and mental health interventions. The lowest social relationships score highlights persistent stigma, fear of disclosure, and social isolation experienced by PLHIV in the Philippines.

Conclusion: Baseline findings revealed moderate HRQoL across all domains, highlighting significant social relationship challenges. This underscores the importance of integrating psychosocial and environmental interventions with clinical care during ART initiation. Further assessments at three-month follow-up will evaluate changes and predictors of HRQoL improvements.

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ID 1559- Empowering clinicians to design real-time AI chatbots for enhanced diagnostic communication in primary care

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Context: Drug addiction and helplessness are strongly linked concepts shaping chemical dependence. Family medicine is crucial for understanding the determinants of mental suffering in psychosocial care and inpatient services, coordinating care through teaching and clinical actions.

Methods: This report presents a study of three cases using the INTERMED tool to assess the impact of social determinants of health on the suffering and quality of life of patients with mental disorders in a Psychosocial Care Center. We also examined perceptions of social stigma regarding psychoactive substance use, mental health treatment, previous hospitalizations, and the influence of family and societal prejudice on patient engagement, treatment adherence, and changes in life perspective. All patients had physical, mental, and social multimorbidity and documented problems related to substance misuse. INTERMED was applied at the first consultation, and patients were evaluated three times during their stay in the mental health service. They were interviewed about the role of stigma in their lives, and all reported that societal prejudice created barriers to attempts at behavioral change, such as returning to work or school, improving lifestyle, and reducing chemical dependence. The study was approved by the Research Ethics Committee.

Originality: This is a pioneering use of the INTERMED instrument to visualize the impact of social vulnerabilities and health-related stigma on the functioning of patients with severe mental disorders and substance use in the context of family medicine in Brazil.

Lessons learned and future implications: Mental suffering emerges from life histories marked by social and personal disruptions. The abusive use of drugs is linked to external stressors and the individual's capacity to manage stress and adopt behavioral changes that support quality of life and well-being.

Discussion: The INTERMED score above 20 indicated complexity due to interacting factors like chronic diseases, polypharmacy, and fragmented care. Stigma made patients feel devalued, leading to poor psychopharmacology adherence due to fear of dependence. They noted medication alone would not improve function. Fragile family structures, limited social support, poverty, housing issues, and difficulty accessing primary care contributed to disorganized care.

Conclusion: Integrating mental health services into family medicine training and practice is highly relevant for strengthening health care through a biopsychosocial perspective.

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ID 1590- Empowering Educators for Global Health: Embedding Sustainability in Medical Education

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Context: Chronic pain is a major public health problem, affecting 20% of the French population. The General Practitioner (GP) is the linchpin of its management, but numerous studies suggest that this management is a source of difficulty and frustration for practitioners. A better understanding of these challenges is essential to improve training and the organization of primary care.

Objectives: The main objective of this study was to determine the difficulties encountered by general practitioners in the management of chronic pain. Secondary objectives were to analyze their practices and their emotional experience when facing these complex situations.

Methods: This was a qualitative, exploratory, and multicentric study, conducted with certified and established general practitioners. The data collection method relied on semi-structured Peer Groups (GDP), allowing for a free and in-depth discussion of real clinical cases. The data were analyzed using an inductive thematic approach, with triangulation of analyses by the three authors to ensure the reliability of the results.

Results: The analysis identified and structured the difficulties into three main categories: 1.Patient-related difficulties: Complicated psychosocial context, subjectivity of pain, medical nomadism, unrealistic expectations. 2.Physician-related difficulties: Lack of initial and continuing training, feeling of powerlessness, fear of iatrogenesis. 3.Health system-related difficulties: Insufficient consultation time, difficulty accessing specialized structures (SDC), and lack of interprofessional coordination. The study also highlighted a strong emotional impact on GPs, notably a feeling of loneliness, powerlessness, and discouragement when facing these chronic situations.

Discussion: The results confirm and enrich the existing literature by proposing a clear categorization of the barriers to optimal management. They underline the necessity of a global and multidisciplinary approach, and highlight the urgent need for support and training for GPs. The main difficulty lies in managing the psychosocial context, uncertainty, and chronicity, which requires an adaptation of practices and a recognition of the complexity of the task.

Conclusion: The management of chronic pain in general practice is a major challenge, a source of difficulty for practitioners. The results of this study call for concrete actions on training, the organization of primary care, and support for general practitioners, in order to guarantee a better quality of life for chronic pain patients.

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ID 673- Empowering Family Doctors in COPD Care. Hands-on learning in treatment guidelines, inhaler technique, and patient motivation

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Context: Managing a CaReMeLO patient in primary care can be very challenging. Understanding that obesity is a life-changing chronic condition and not just a simple cosmetic issue is essential. It is a condition that needs to be taken seriously by the patient, their family, and the doctor, and treated correctly and in a timely manner. Furthermore, a CaReMeLO patient usually requires special care and support. Type II diabetes, chronic heart failure, CKD, and other conditions may affect a CaReMeLO patient's physical and mental health, potentially leading to severe social isolation. The problem may, in turn, worsen, placing a greater burden on the patient's relatives and the healthcare system.

Objectives: For a family physician, striking a balance between the disease and respecting the patient as an individual can be challenging, especially in a context where stigmatisation is no longer tolerated. In my workshop, I would like to discuss with the group how we can encourage both the patient and their family to remain active and sustainable in this journey, while enhancing the family physician's role in managing complex medical cases.

Teaching method and workshop: 45-Minute Workshop for 30 Participants The participants will be divided into 3 groups of 10. 1. Each group will present the needs and perspectives of different stakeholders: the patient, their family, the family physician, as each role plays a significant

Expected outcomes: Improved understanding of each group, their needs, and potential barriers, leading to better communication and support.

Conclusion: Enhancing the role of family physicians in managing CaReMeLO patients and in connecting the patient with their family.

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ID 2274- Empowering family physicians in cutting-edge facilitation techniques to foster adult learning principles in counselling and education

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Context: Lower urinary tract symptoms (LUTS) are common among adults and can impair physical, psychological, and social functioning. Despite this, the biopsychosocial aspects of LUTS—especially the role of symptom awareness—remain insufficiently explored. Understanding how symptom perception affects well-being is important for improving care in primary healthcare.

Objectives: The primary objective was to determine whether awareness of LUTS symptoms is associated with poorer psychosocial outcomes and reduced quality of life. Additional objectives were to examine associations between LUTS type and general or social anxiety; assess whether younger adults experience greater social isolation than older adults; and evaluate whether perceived environmental support influences the subjective severity ("bothersome") of LUTS.

Methods: A cross-sectional study was conducted among 191 adults aged 18–90 years in Primorje-Gorski Kotar County, Croatia. LUTS presence and type were assessed using a validated educational screening questionnaire. Participants were categorized into three awareness groups: no LUTS, unaware LUTS, and aware LUTS. General anxiety was measured using GAD-7, social anxiety using the Liebowitz Social Anxiety Scale, and quality of life using WHOQOL-BREF. Statistical analyses included chi-square, Mann–Whitney U, Kruskal–Wallis tests, and Spearman correlations ($p < 0.05$).

Results: LUTS were identified in 93.7% of participants, most commonly storage symptoms. No significant associations were found between LUTS type and general or social anxiety, and social quality-of-life scores did not differ across age groups ($p > 0.05$). The key finding was that participants aware of having LUTS showed significantly poorer physical quality of life compared with those without LUTS and those unaware of their symptoms ($p = 0.003$). Perceived environmental support did not influence symptom severity.

Discussion: These findings suggest that symptom awareness exerts a stronger influence on patient experience than symptom type or demographic factors. Heightened bodily focus and altered perception of discomfort may contribute to reduced physical well-being, independent of anxiety or social functioning.

Conclusion: Symptom awareness emerged as the strongest predictor of reduced physical quality of life. Integrating patient education, supportive communication, and a biopsychosocial approach into routine LUTS management may help mitigate the negative effects of symptom perception on overall well-being.

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ID 847- Empowering Family Physicians: Practical Approaches to Prescribing Physical Activity in Disadvantaged Groups

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Context: Over the past five years, a mandatory uniprofessional Therapeutic Patient Education (TPE) training programme has been implemented for general practice trainees. From 2025 onward, this programme has evolved into an interprofessional training model, bringing together general practice trainees and advanced practice nurses, with planned future inclusion of additional health professions. The 42-hour programme is delivered by an interprofessional teaching team including physicians, nurses and a trained patient-partner, leading to a formal certification.

Objectives: The objectives are to: Compare how TPE training is currently implemented across universities and primary care departments in different countries; Identify barriers and facilitators to the development of interprofessional TPE programmes; Mobilise collective intelligence to co-construct realistic and transferable strategies to overcome these barriers in primary care settings and during residency training

Teaching method and workshop: The workshop will begin with a brief presentation of the current interprofessional TPE training model and key lessons learned from its implementation. Participants will then work in mixed professional groups to map their own local TPE training models (if

Expected outcomes: Participants will: Discover a wide diversity of TPE training models in Europe; Identify priority action for developing or strengthening interprofessional TPE programmes; Leave with a shared implemented support document to facilitate dialogue with academic

Conclusion: This workshop aims to know and optimise TPE teaching practices in primary care and to support the emergence of more structured interprofessional educational pathways across Europe.

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ID 404- Empowering Municipal Health: The Role of Family Doctors in Leading Local Health Departments

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Context: This case highlights a rare instance of Mycoplasma pneumoniae–associated myocarditis and cardiomyopathy leading to a cardioembolic stroke in a young adult, emphasizing the need to consider extrapulmonary infection effects and underlying heart disease when evaluating stroke in young patients.

Methods: A retrospective descriptive review of electronic medical records was performed, extracting clinical, diagnostic data and available media. Documenting al in a standardized case report format.

Originality: This case is original because it presents a rare combination of Mycoplasma pneumoniae–associated myocarditis, newly diagnosed LV non-compaction, and cardioembolic stroke in a young adult—an uncommon intersection that highlights a unique diagnostic challenge and offers important insights for evaluating stroke in young patients.

Lessons learned and future implications: This case emphasizes the importance of broad cardiac evaluation in young stroke patients, as infections like Mycoplasma pneumoniae can trigger severe myocarditis and reveal underlying LV non-compaction. Early cardiac imaging, awareness of infection-related cardiac injury, and coordinated multidisciplinary care are key to preventing recurrent embolic events and sudden cardiac death.

Discussion: This case illustrates a rare presentation of cardioembolic stroke in a young adult caused by severe non-ischemic cardiomyopathy due to left ventricular non-compaction (LVNC), likely unmasked or exacerbated by Mycoplasma pneumoniae and concurrent viral infections. While M. pneumoniae typically causes mild respiratory illness, it can lead to myocarditis and significant cardiac dysfunction. The patient's severely reduced ejection fraction predisposed him to thromboembolism, resulting in stroke. This case highlights the importance of early cardiac evaluation in young stroke patients, considering both structural heart disease and infection-related cardiac injury, and underscores the need for multidisciplinary management, including anticoagulation, heart failure therapy, and arrhythmia prevention, to reduce the risk of recurrent embolic events and sudden cardiac death.

Conclusion: This case illustrates a rare but critical cause of stroke in young adults, left ventricular non-compaction, potentially triggered or unmasked by M. pneumoniae-associated myocarditis. The combination of neurological symptoms, respiratory illness, and cardiac dysfunction underscores the need for early cardiac imaging and infectious workup in young stroke patients. Prompt recognition and multidisciplinary management are key to optimizing outcomes.

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ID 760- Enhancing equity through patient and public involvement in cardiovascular prevention in primary care

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Context: Rheumatoid arthritis (RA) is characterized by chronic inflammation, joint destruction and an increased risk for cardiovascular morbidity. Dietary intakes of omega-3 and omega-6 polyunsaturated fatty acids affects inflammation and cardiovascular risk.

Objectives: To assess the influence of omega 3 and omega 6 fatty acids in patients with rheumatoid arthritis through inflammatory parameters and through oxidative stress.

Methods: 60 patients with RA is divided into the first group (20 patients), to which 5 of gel capsules Omega 3 for 3 months, the second group (20 patients) who have taken after 3 of gel capsules Omega 3 and two gel capsules oil evening primrose oil for 3 months, and the third, control group (20 patients) who were taking no supplements. Analysis of biochemical parameters of endothelial function and parameters associated with acute and chronic effects of oxidative stress: (O2·-, H2O2,NO·, TBARS, SOD, CAT, GSH) was performed in the Laboratory of Cardiovascular Physiology at the Faculty of Medicine in Kragujevac. Measurements were performed on the AnalyticJenaSpecordS 600 spectrophotometer.

Results: Prooxidant and antioxidant actions are parameters in the groups of patients with RA who received supplementation with omega-3 and omega-6 fatty acids showed a decrease in oxidative stress and the increase in activity of

the antioxidant protection system. Supplementation of omega 3 and omega 6 fatty acids in patients with RA affects the reduction in disease activity.

Discussion: .In subjects suffered from rheumatoid arthritis who took concentrated fish oil supplements with omega-3 fatty acids as a dietary supplement, there was an increase in the level of antioxidant protection parameters and a decrease in the level of prooxidants, which was confirmed by group analysis.

Conclusion: It has been observed that in some people the clinical effect is absent. Genetic variations affect the way the body responds to certain nutrients and food components, and materials that can break down and properly utilized. That's why some individuals have it and some don't, which is the subject of further research into genetic variants in the genes that encode enzymes for the metabolism of omega 3 and omega 6 fatty acids.

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ID 945- Enhancing Insulin Injection Timing and Glycemic Outcomes Using a Connected Insulin Cap: A Multicenter Primary Care–Endocrinology Collaboration Study

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Context: Inferior vena cava (IVC) ultrasonography is an increasingly valuable tool for managing patients with chronic heart failure (HF), yet its use in primary care settings is not well described.

Objectives: This study aims to evaluate the prevalence of ultrasound-assessed congestion in HF outpatients seen in primary care.

Methods: A cross-sectional observational study was conducted involving all patients diagnosed with HF in five consultation units at our primary care center in Sant Feliu de Llobregat, a city within the province of Barcelona, who agreed to participate, and they could travel to the centre. A total of 120 patients over 18 years of age were contacted. Collected data comprised sociodemographic factors and cardiovascular clinical characteristics. Ultrasound congestive HF was defined as an IVC diameter ≥21 mm or an inspiratory collapse <50%. Clinical congestion HF was considered present if two or more relevant symptoms worsened (dyspnea, edema, weight gain, jugular vein distention). The IVC ultrasonography was performed by doctors from the center trained in 3 sessions of 2 hours each. A descriptive analysis was performed.

Results: Finally 77 participants were included and 43 excluded due to multimorbidy or mobility problems. Were female 47(61.0%), with a mean age of 80 years. Fifty one (66.2%) patients had more than two cardiovascular comorbidities, 52(67.5%) had HFpEF, and 21(27.2%) had HFrEF, and 53 (68.8%) had polypharmacy (>5 medications). Ultrasound evidence of congestion was found in 17 participants (22.1%), whereas clinical congestion was identified in only 6 (7.8%).

Discussion: Ultrasound-detected congestion appeared more frequently than clinical congestion during HF follow-up visits in primary care. In older populations, where clinical assessment is often challenging, ultrasonography could have a prominent role easy to perform for evaluating congestion status.

Conclusion: The prevalence of ultrasound-assessed congestion in outpatients seen with HF treated in primary care is high. IVC ultrasonography could be a valuable tool for the follow-up of patients with HF, allowing for early identification of patients at high risk of deterioration. These findings highlight the need for further research.

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ID 249- Enhancing Occupational Safety in Medication Preparation: A Randomized Controlled Trial of an Innovative Ampoule-Opening Device

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Context: Precision Public Health (PPH) is reshaping global healthcare by using data to deliver targeted, timely, and population-specific interventions. Since Family physicians serve as the first point of contact for most health concerns; the integration of PPH into primary care is both essential and underdeveloped. Family Medicine is uniquely positioned to operationalize precision strategies, translating population data into individualized care, strengthening prevention, and improving community outcomes. Despite the availability of public health data, primary care teams often lack structured methods to apply it in real practice. This workshop, "Family Medicine in Precision Public Health: Building the Foundation of Better Care," addresses this gap by offering a practical, case-based approach. Participants will learn how family physicians can use local data to design targeted interventions, improve continuity of care, and enhance population health.

Objectives: Understand PPH in family medicine. Recognize the physician's role in data-driven care. Plan targeted prevention and management strategies. Enhance teamwork and community partnerships for better outcomes.

Teaching method and workshop: This workshop uses a blended, interactive format combining (2- hour): Brief concept introduction to establish key principles of Precision Public Health and its link to Family Medicine. Case-based small-group discussions. Collaborative problem-solving wher

Expected outcomes: Participants will: Understand the synergy between family medicine & precision public health. Recognize how data-driven, tailored approaches can be implemented in primary care. Develop action points to integrate precision public health in their own context

Conclusion: This workshop highlights how Family Medicine is central to translating Precision Public Health into meaningful, patient-level impact. By grounding public health data in everyday clinical practice, family physicians can identify high-risk groups, implement targeted interventions, and strengthen continuity of care. Through case discussions, participants reinforced that precision approaches are most effective when operationalized at the primary care level. As health systems evolve, integrating PPH into Family Medicine offers a powerful pathway to more responsive, equitable, and outcomes-driven care.

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ID 1069- Enhancing Primary Care research through AI tools: from literature to publication update

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Context: Les masses surrénaliennes, souvent découvertes fortuitement, peuvent être bénignes ou malignes et sécrétantes ou non ; leur évaluation clinique, hormonale et radiologique est essentielle pour guider la prise en charge, notamment l'indication chirurgicale.

Objectives: Décrire le profil clinique, paraclinique, étiologique, thérapeutique et évolutif des masses surrénaliennes (MS).

Methods: Etude rétrospective, menée sur 101 patients hospitalisés au service de médecine interne du CHU Sahloul, Sousse et qui présentent une masse surrénalienne durant la période entre 2002 et 2025

Results: IL s'agissait de 101 patients, l'âge moyen était de 59,8 ans avec une prédominance féminine. Les circonstances de découverte de la masse surrénalienne étaient : une hypertension artérielle (42,57 %), une altération de l'état général (33,66 %), une douleur abdominale (26,73 %) et une triade de Ménard (21,78 %). La découverte de la masse était fortuite dans 64,36 % des cas. L'examen clinique révélait des palpitations (7,92 %), un faciès cushingoïde (4,95 %) et un excès de poids (47,52 %). Le bilan hormonal montrait un hypercorticisme dans 2,97 % des cas, des métanéphrines élevées (23,76 %), un hyperaldostéronisme (13,86 %) et une élévation du vanylmandélique acide (11,88 %).

Les explorations radiologiques étaient : une échographie surrénalienne (43,56 %), une tomodensitométrie surrénalienne (93,07 %), une imagerie par résonance magnétique surrénalienne (19,80 %) et une scintigraphie à la MIBG (27,72 %). Un traitement chirurgical était indiqué chez 26,73 % des patients. L'examen anatomopathologique concluait à un phéochromocytome (10,89 %), à un adénome de Conn (5,94 %) et à un corticosurrénalome (4,95 %).

Discussion: Nos résultats montrent que la majorité des masses surrénaliennes sont découvertes fortuitement, et que l'évaluation hormonale et radiologique reste déterminante pour orienter la prise en charge chirurgicale.

Conclusion: L'investigation d'une masse surrénalienne doit déterminer si cette dernière est sécrétante, maligne ou bénigne. Les résultats de cette investigation clinique, hormonale et radiologique vont poser l'indication chirurgicale.

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ID 1086- Epidemiological and Clinical Profile of Scorpion Envenomation in the Emergency Department of Ibn Jazzar Kairouan

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Context: Depuis cinq ans, l'Université de La Réunion propose une formation d'Éducation Thérapeutique du Patient (ETP) uniprofessionnelle obligatoire, destinée aux internes de médecine générale. À partir de 2025, cette offre évolue vers un dispositif interprofessionnel « UniTEP », réunissant internes de médecine générale, infirmier·ère·s en pratique avancée (IPA), avec ouverture aux étudiant·e·s de Master en activité physique adaptée (APA) poiur 2026. Le programme de 42 heures, animé par deux médecins généralistes, une infirmière et une patiente partenaire, donne lieu à une attestation de formation.

Objectives: Comparer la mise en œuvre de la formation à l'ETP dans les universités et départements de médecine générale, identifier les freins et leviers au développement de dispositifs interprofessionnels et mobiliser l'intelligence collective pour co-construire des stratégies réalistes de dépassement de ces freins.

Teaching method and workshop: L'atelier débutera par une présentation synthétique du cadre actuel d'UniTEP. Les participants travailleront ensuite en groupes pour cartographier leur propre modèle de formation et repérer les difficultés rencontrées. Des diagrammes d'Ishikawa seront dis

Expected outcomes: Les participants découvriront la diversité des modèles de formation à l'ETP, identifieront des priorités d'action et repartiront avec un support de plaidoyer co-produit pour nourrir le dialogue avec leurs tutelles.

Conclusion: Cet atelier vise à optimiser les enseignements d'ETP portés par les équipes pédagogiques et à favoriser l'émergence de cursus plus structurés et interprofessionnels.

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ID 1043- Epidemiological Profile and Treatment-Seeking Patterns of Snakebite Victims in Tribal Districts of Central India: A community based cross-sectional study

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Context: Le diabète de type 2 constitue un facteur de risque majeur pour les maladies cardiovasculaires. L'hémoglobine glyquée (HbA1c), reflet du contrôle glycémique à long terme, pourrait représenter un marqueur prédictif du risque cardiovasculaire.

Objectives: L'objectif de cette étude est d'évaluer l'association entre les taux d'HbA1c et la survenue de complications cardiovasculaires chez des patients diabétiques de type 2, afin de déterminer si ce biomarqueur peut servir d'indicateur pronostique.

Methods: Il s'agit d'une étude transversale à visée analytique menée sur 31 patients atteints de diabète de type 2, suivis au service de cardiologie du CHU Sahloul entre février et avril 2025. Les données cliniques, biologiques (HbA1c) et cardiovasculaires (HTA, coronaropathies, etc.) ont été recueillies. L'analyse statistique a été réalisée à l'aide des tests de Student et de Chi² pour explorer l'association entre HbA1c et les événements cardiovasculaires.

Results: L'âge moyen était de 67 ans, avec 61,2 % d'hommes. Le taux moyen d'HbA1c était de 8,07 % ± 1,88. Le score Globorisk moyen était de 1,7 % ± 1,29, avec 51,61 % des patients à risque modéré ou élevé. 13 patients (41,9 %) avaient un taux d'HbA1c ≥ 8,8 %. Au total, 35,48 % ont présenté un événement cardiovasculaire, dont 22 % une cardiopathie ischémique. Une association significative a été observée entre HbA1c ≥ 8,8 % et les événements cardiovasculaires (p = 0,011).

Discussion: Un HbA1c ≥ 8,8 % est fortement associé à la survenue d'événements cardiovasculaires dans notre cohorte.

Conclusion: Un taux élevé d'HbA1c est associé à une augmentation du risque cardiovasculaire, soulignant son utilité pronostique.

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ID 1434- Epidemiological profile of pregnant women with pre-eclampsia and implications for primary care in a Brazilian countryside region

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Context: L'hypertension artérielle (HTA) est un facteur de risque majeur des complications cardiovasculaires. La mesure ambulatoire de la pression artérielle (MAPA) est aujourd'hui reconnue comme un outil de référence pour le diagnostic, la stratification du risque cardiovasculaire et le suivi du patient sous traitement.

Objectives: Analyser la prévalence et l'impact des anomalies du dipping tensionnel sur la qualité de vie et le pronostic cardiovasculaire de nos patients.

Methods: une étude rétrospective, descriptive et transversale dans le service de cardiologie de l'hôpital universitaire Sahloul de Sousse, entre mars et Février 2025.

Results: Soixante patients ont été inclus. L'âge moyen était de 65 ans avec 60% étaient des femmes. L'HTA concernait 81,7 % des patients, 51,7 % étaient diabétiques. Une bithérapie antihypertensive ou plus était initialement prescrite dans 63,8 % des cas. Les indications de la MAPA étaient le suivi d'une HTA (50 %), l'évaluation du traitement (21,7 %), l'aide au diagnostic (18,3 %), la recherche de variabilité tensionnelle (8,3 %) et la suspicion d'HTA masquée (1,7 %). Un profil non-dipper ou riser a été retrouvé chez 79,7 % des patients. 51,7 % des patients présentaient une HTA nocturne, 65 % un pic matinal et 50,9 % une pression pulsée élevée (> 60 mmHg). La MAPA a permis d'identifier une HTA résistante et un contrôle tensionnel adéquat dans 11,7 % et 35 % des cas respectivement. Ces résultats ont conduit à une modification du traitement chez 60 % des patients : ajout de molécule (41,7 %), changement de classe (16,7 %) ou augmentation de dose. Sur un suivi moyen de 3 mois, des événements cardiovasculaires sont survenus chez 10 % des patients (principalement des syndromes coronariens aigus). La qualité de vie, évaluée chez 38 patients à l'aide du score SF-12, était altérée dans 92 % des cas. Aucune association statistiquement significative n'a été retrouvée entre les profils circadiens et la survenue à moyen terme d'événements cardiovasculaires ou la qualité de vie.

Discussion: La MAPA permet un affinement diagnostique et une adaptation thérapeutique personnalisée, contribuant potentiellement à l'amélioration de la prise en charge et du pronostic.

Conclusion: l'intégration de la MAPA permet d'assurer un suivi rigoureux des patients hypertendus .

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ID 1765- Epidemiology of chronic kidney disease in type-2 diabetes patients: a descriptive population-based study

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Context: Le syndrome coronarien avec sus décalage de ST (STEMI) est une cause majeure de mortalité nécessitant une prise en charge rapide. En Tunisie, des délais persistants limitent l'efficacité de la revascularisation.

Objectives: Cette revue vise à identifier les complications préhospitalières et les stratégies réduisant les délais afin d'améliorer la survie.

Methods: Pour réaliser cette revue de littérature, nous avons adopté une démarche hybride combinant les approches systématique et narrative afin d'obtenir à la fois une rigueur méthodologique et une interprétation qualitative approfondie. La recherche documentaire s'est étendue sur une période précise (1er–14 juillet 2025), incluant les registres nationaux tunisiens ainsi que la littérature internationale récente.

Results: Le diagnostic du STEMI repose sur un ECG en 12 puis 18 dérivations, idéalement réalisé dans les 10 minutes suivant le premier contact médical, avec une attention particulière aux formes atypiques nécessitant une activation immédiate de la reperfusion. L'évolution peut être rapide vers des complications mécaniques, rythmiques ou hémodynamiques, notamment le choc cardiogénique. L'angioplastie primaire doit être réalisée dans les 90 à 120 minutes : au-delà de 120 minutes, la mortalité atteint 4 %, contre 0 % lorsque le délai est ≤ 120 minutes. Chaque minute supplémentaire entre le premier contact médical et l'admission augmente de 2 % le risque de décès hospitalier. Un délai de reperfusion > 1 h accroît la mortalité à 1 an de 26 %, et > 2 h de 51 %. Les principaux facteurs de décès préhospitalier sont le sexe féminin, les présentations atypiques, le BAV complet, le bloc de branche gauche, l'hypotension et la fibrillation ventriculaire. La mortalité préhospitalière est estimée à 2,1 %, avec un arrêt cardiaque observé chez 5,6 % des patients. Une anticoagulation et une antiagrégation précoces, une prise en charge rapide des complications cardiovasculaires(arythmie , choc)ainsi qu'une coordination en temps réel, améliorent les délais et réduisent la mortalité à 30 jours.

Discussion: Un diagnostic rapide du STEMI ,ECG en ≤ 10 min ,suivi d'une reperfusion mécanique en ≤ 90 min après le premier contact médical réduit la mortalité .

Conclusion: Une coordination des filières de soins est indispensablepour diminuer la mortalité, notamment dans le contexte tunisien.

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ID 200- Equitable Healthcare Behind Bars: Challenges and Responsibilities for General Practitioners

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Context: Exceeding planetary boundaries with climate change and biodiversity destruction poses an existential threat to human health and livelihoods. The concept of planetary health offers a holistic understanding of the complex interrelationships of health and the vitality of planetary systems. Addressing the human impact of global environmental change requires an expansion of the medical ethos and medical practice in the Anthropocene.

Methods: We conducted a non-systematical literature review and argue for the integration of Planetary Health values in considerations of general practitioners's medical ethos and clinical practice.

Originality: The existing frameworks and findings were adapted and applied to primary care and general practitioner's clinical work.

Lessons learned and future implications: The abundance of position papers, reports, and initial measures from professional associations

such as WONCA and EYFDM show a great interest in planetary health values. The challenge will be to develop effective measures and instruments in order to meet the necessary speed in dealing with planetary emergency.

Discussion: In view of the rapidly intensifying planetary crises, swift and courageous action is needed to avert the worst effects of exceeding planetary boundaries and to adapt social structures to the already noticeable and intensifying impacts. The international code of medical ethics by the World Medical Association (WMA) has already included planetary health as a third core value for medical practice, alongside doing no harm and patient autonomy. General practitioners can thus play a key role in communicating and initiating solutions to combat planetary crises. The primary care system can be a driver and beacon in a socio-ecological transformation toward a resilient health care sector and society. More and more actors in the healthcare sector are joining forces to embark on this path.

Conclusion: Further development of general practitioner's self-image and ethos is required with regard to the contribution of the healthcare system to socio-ecological transformation for healthy people on a healthy planet.

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ID 334- Equitable Healthcare for Incarcerated Populations: Lessons for General Practice

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Context: Latent autoimmune diabetes in adults is a form of diabetes recently classified in 2019 by the World Health Organization in 2019 (LADA), frequently underdiagnosed in primary care(PC), with an increasing incidence of 7-14%.

Methods: We describe a 68-year-old male previously diagnosed with type 2 diabetes mellitus (T2DM) three years prior. He presented in PC after two weeks of amnesia, behavioral changes, and sleepiness. Systemic physical examination was unremarkable, leading to referral to the hospital with a differential diagnosis of subacute cerebrovascular disease or frontotemporal disease. During hospitalization, he was diagnosed with autoimmune limbic encephalitis. One month later, follow-up in PC showed marked clinical improvement. Given the possible association with autoimmune processes, LADA was suspected and anti-glutamic acid decarboxylase 65(Anti-GAD65) antibodies, not previously tested at the hospital, were requested. Results revealed HbA1c 6.3%, glucose 140mg/dL, LDL45mg/dL, and Anti-GAD65 45.9 kUI/L (normal ≤4.9), confirming and reclassifying the diagnosis from T2DM to LADA. The patient currently remains active, followed closely in PC, without need for insulin therapy or hospital-based diabetes management.

Originality: We often suspect LADA in our consultations when there is poor T2DM control. However, in this case, in a patient with good metabolic control, the high index of suspicion for coexisting autoimmune syndromes made the diagnosis possible.

Lessons learned and future implications: We also emphasize in this patient the importance of active surveillance from PC. Thus, in an insulin-dependent disease present from its onset in 50-70% of cases3, the early clinical approach in the described case contributed to maintaining good metabolic control from PC and greater pancreatic reserve without the need for insulin therapy. Furthermore, the presence of low levels of GAD autoantibodies, as described in the literature, is associated with a better prognosis for T2DM, as found in the described case.

Discussion: LADA represents a continuum between T1DM and T2DM, and can be diagnosed with an analysis from our consultations, especially when associated autoimmune conditions are present, thereby improving underdiagnosis and prognosis.

Conclusion: LADA is a disease for which a high index of suspicion in PC, especially in the presence of other autoimmune diseases, can improve both underdiagnosis and clinical follow-up for patients.

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ID 1369- Equity and Inequity in WONCA Europe Conferences: A Cross-Sectional Analysis of Scientific Themes, 2008–2024

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Context: Current guidelines encouraging SBIRT in primary care but do not specify how to deal with addictive disorders, even though patients expect them to do so. In addition, a previous study points out that nurses and physical therapists express a lack of training or legitimacy: they believe that patients will listen less to their advice than to that of a doctor.

Objectives: The aim of this study is to identify the best questions that would enable caregivers to feel confident about discussing addictive disorders with their patients.

Methods: Cross-sectional quantitative study conducted among pharmacists, midwives, nurses, physical therapists and dentists, all recruited in their offices, multidisciplinary primary care health centers, or peer groups on social media, between January and May 2025. Fifteen questions selected from validated tests, translated and reformulated according to health literacy principles, were distributed via an online questionnaire (EVALandGo®). Each participant rated either their ease in asking these questions on a Likert scale (1 to 4). Participants were invited to choose their preferred question. A bonified means, incorporating the frequency of preferences, was used to establish the final ranking.

Results: A total of 160 caregivers responded and identified the following as the most appropriate questions: “Have you ever tried unsuccessfully to reduce or stop a consumption or a behavior? “ (bonified mean = 5,88), “Have you ever had an irresistible craving to consume or do something?” (5,15). The less popular question was "Do your relatives have a problem with your relationships?" (2,44).

Discussion: The test-retest reliability and the impact on the frequency of start talking about addiction in consultation by primary care professionnals helped by these questions have to be evaluate.

Conclusion: By comparing the results of the same study conducted among primary care professionals, the top-2 best questions identified as most suitable to help primary care professionals address addictive disorders are common. Helped by these two questions to start talking about addiction, it could be interesting to assess the appropriation of the SBIRT procedure by primary care professionals.

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ID 169- Equity in Care: Barriers to Access and Treatment for Tobacco Use among Racialized and LGBTQIA+ Populations.

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Context: Gender and racial inequalities in access to and utilization of health services are shaped by multiple factors, including professional practices and the availability of targeted care strategies. Effective procedures for welcoming patients and identifying the specific needs of these populations are essential to ensure quality care. However, the intersection between race/ethnicity, gender, and tobacco use remains underexplored in Latin America, including Brazil.

Objectives: To analyze population data on tobacco, use in Brazil, categorized by race and gender, and to examine access to Primary Health Care (PHC) services, with emphasis on smoking cessation programs and harm reduction strategies. Additionally, to map the existing literature on the intersections of race, gender, and access of LGBTQIA+ populations to PHC services.

Methods: This was a descriptive cross-sectional study using data from the 2023 Vigitel survey, considering variables related to tobacco use, race, gender, and access to health services. The quantitative analysis was complemented by a narrative literature review on healthcare access among LGBTQIA+ populations and racial intersections.

Results: The prevalence of adult smokers was 9.3% (11.7% among men and 7.2% among women). The use of electronic cigarettes was reported by 2.1% of participants (2.9% men and 1.4% women), despite their illegal marketing in Brazil. Regarding self-rated health, 6.0% reported a poor condition; hypertension (27.9%) and diabetes (10.2%) were the most frequently reported chronic diseases. Notably, 72.9% of individuals living below the poverty line self-identified as Black, revealing an overlap between socioeconomic and racial vulnerabilities that may limit access to smoking cessation and harm reduction strategies.

Discussion: Despite significant advances in tobacco control, structural inequalities related to race, gender, and sexual orientation persist, influencing both consumption patterns and access to treatment. The scarcity of detailed population data continues to hinder the development of culturally sensitive and equitable public health strategies.

Conclusion: The inclusion of race, gender, and sexual orientation dimensions in epidemiological studies and public policies is essential for promoting equitable care strategies that incorporate cessation and harm reduction approaches with sensitivity to social and cultural contexts. Policies grounded in social justice, diversity, and comprehensive care are crucial to reducing historical inequalities and strengthening Primary Health Care.

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ID 947- Escape room in person-centered anamnesis for suspected pregnancy in adolescent primary care

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Context: Self-rated health (SRH) is crucial for predicting morbidity and mortality across age groups, including adolescents and adults. Body image dissatisfaction, measured by difference between current and ideal weight, surpasses Body Mass Index (BMI) in predicting health outcomes. We evaluated the correlation between body image perception and SRH among middle and high school students in Korea.

Objectives: This study used data from the 2022 Korea Youth Risk Behavior Web-based Survey (KYRBS), conducted by the Korea Disease Control and Prevention Agency between August 29 and October 25, 2022. The KYRBS is an annual, nationwide survey of students from the first year of middle school to the third year of high school.

Methods: Subjective health status was categorized into 'good' or 'poor' groups. Body image was classified into 'underweight,' 'normal,' or 'overweight'. BMI was determined using age-specific percentiles: underweight (<5th), overweight (85th-95th), and obese (>95th). Data analysis was performed by multivariable logistic analysis and adjusted for depressive mood, stress, and socioeconomic status. All analyses were performed using SPSS Statistics version 27.0 (IBM Crop. Armonk, NY, USA).

Results: The total participants (N=50,455) included 59.4% with normal weight according to BMI, only 36.4% perceived themselves as normal. Students who perceived themselves as having a normal weight had higher rates of good SRH compared to others. Excluding females with BMI ≥25kg/m², both genders

showed higher odds ratios for poor SRH when perceiving themselves overweight (Male: OR 2.57, 95% CI 2.367 – 2.782; Female: OR 1.36, 95% CI 1.270 – 1.452) or underweight (Male: OR 1.64, 95% CI 1.507 – 1.791; Female: OR 1.36, 95% CI 1.256 – 1.472).

Discussion: This study is meaningful in that it examined the relationship between body image perception and self-rated health using large-scale, nationally representative data. Self-rated health is known to be one of the strongest predictors of healthcare utilization, medical costs, and mortality, and poor self-rated health in adolescence has been reported to influence health outcomes in adulthood.

Conclusion: More than half of the students responded negatively to their body image, associated with poor subjective health status. Therefore, promoting accurate body weight perceptions will play a positive role in overall health of adolescents.

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ID 807- Esophageal candidiasis while immunocompetent: a case report

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Context: Feared since ancient times for its sudden and unpredictable nature, sudden death remained medically poorlyunderstood at the beginning of the 20th century. A striking phenomenon due to its unexpected nature, it was frequently reported in the local press, where approximate medical explanations and social representations intersected.

Objectives: The aim of this study is to analyze the socio-medical representations of sudden death in newspapers in the Domfront district between 1900 and 1914.

Methods: A case study was conducted based on two regional weekly newspapers (Le Courrier de Flers and L'Echo de la Ferté-Macé). Cases explicitly described as "sudden death," "natural death," or reported as sudden deaths with no identified external cause were included. Each case was coded according to age, sex, occupation, season, and reported causes.

Results: A total of 181 cases were identified. The majority involved men over the age of 50, most of whom were engaged in physically demanding occupations, particularly agriculture. Deaths were more frequent in autumn and winter. The medical terms used were mainly "congestion" and "apoplexy." Cold weather and alcohol were regularly cited as triggering factors.

Discussion: This study highlights a phenomenon that was common but medically poorly defined, even for practitioners at the time. The journalistic treatment of sudden death reflects both the limitations of medical knowledge and the influence of social and religious representations, with the press reporting these deaths in the news in briefs section.

Conclusion: Beyond historical aspects, the epidemiology of sudden death has changed relatively little since the early 20th century. Cardiovascular risk factors have been identified since the mid-1950s. However, greater attention is now being paid to women's cardiovascular health. Psychosocial factors also remain relevant in general medicine, as sudden death continues to be a traumatic event due to its suddenness, requiring appropriate support for loved ones that goes far beyond religious considerations.

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ID 154- Essential but Overlooked: The Global Story of Immigrant Clinicians in the XXX Primary Care Workforce

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Context: Office white-coat effect tail (OWCET), the waning of blood pressure after its wax during office visit, predicted long-term major fatal and non-fatal cardiovascular events. Data on the long-term reproducibility of OWCET are scare.

Objectives: The aim was to examine the long-term reproducibility of OWCET in the Gubbio residential population study (Gubbio, Italy) after approximately 5.8 years follow-up.

Methods: To determine the presence of OWCET, three measures of blood pressure separated by one minute each was involved . If the first measure is at least 10 mmHg greater than the third measure, we consider a presence of OWCET. We used a cohort study realised in Gubbio, an Italian city. It started in 1983 and contains a first serie of data collection, during appointments, as well as a second one between the years 1989-1992. Studying the reproductibility of OWCET boils down to evaluating the existence of a dependance between the presence/absence of a OWCET during the first appointment and the presence/absence of a OWCET during the second appointment in the same individual. In order to measure the strength of the reproductibility of OWCET, we will use the Cohen's kappa statistic.

Results: The raw rate of reproductibility in the 1 300 individuals sample is 72.69%. : 907 (69.77%) individuals did not present a OWCET during either appointments ; 38 (2.92%) individuals presented a OWCET during both appointments ; 148 (11.38%) individuals presented a OWCET during the first appointment but not the second one and 207 (15.92%) individuals presented a OWCET during the second appointment but not the first one. For the sample of 1 300 individuals of age between 35 and 74, the kappa statistic is equal to 0.016 (95%CI: -0.039;0.071).

Discussion: In our knowledge, it is the first time that long-term reproducibility of OWCET was tested. Others BP concept reproducibility was studied in the past with the same poor reproducibility.

Conclusion: OWCET display poor reproducibility over time. This should be taken into account in studies assessing the long-term prognostic value of these conditions based on only one set of BP measurements, in particular in primary care.

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ID 1205- Ethical and legal dimensions of biohacking for astronauts' health in long-duration space missions: A literature review for primary care

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Context: Potential link between proton pump inhibitors (PPIs) and hypertension remains unclear. It is uncertain whether such an association exists, whether it represents a class effect, and whether a dose-response relationship is involved.

Objectives: We aimed to investigate the potential class effect associating PPIs with hypertension reporting, and evaluate whether the association follows a dose-dependent pattern.

Methods: We conducted a disproportionality analysis within VigiBase® to identify signals of hypertension reporting associated with individual PPIs by calculating adjusted reporting odds ratios (aRORs) within a multivariate case/non-case study design. Additionally, we explored the presence of a dose-response relationship. We utilized real-world data from VigiBase®, the World Health Organization (WHO) pharmacovigilance database. We identified that incident hypertension cases using the Medical Dictionary for Regulatory Activities V.26.1 related with at least one PPI administration were systematically collected until October 28th, 2024. Pharmacovigilance signal between PPIs use and hypertension reported and dose dependence between PPIs posology and onset or worsening hypertension were explored.

Results: The database contained 26,587 reports of PPI-associated hypertension (2.3%), predominantly among women (63.3%). Hypertension was most frequently reported in the age group of 45-64 years (41.4%). A significant reporting odds ratio (ROR) was observed for almost all PPIs in both univariable (RORs ranging from 1.33 to 1.98) and multivariable analyses (aRORs ranging from 1.15 to 1.31) after adjustments for age group, sex, concurrent antihypertensive medication, and drugs known to induce hypertension, with

the exception of lansoprazole (aROR: 0.95). A potential trend suggestive of a dose-response relationship was identified, with doses lower than the median associated with a lower aROR for hypertension compared to doses higher than the median for all PPIs. However, this trend did not reach statistical significance, likely due to insufficient statistical power.

Discussion: This investigation, conducted under real-life conditions, unveils a notable pharmacovigilance safety signal associating PPI usage with hypertension reporting.

Conclusion: While a potential dose-response trend was observed, it did not reach statistical significance, possibly due to limited statistical power. Further longitudinal studies are warranted.

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ID 2100- Ethical grey zones in primary care: Practical decision-making beyond right and wrong

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Context: Analysis and description of methods of Post graduate training in Family Medicine/ General Practice in different parts of the world and different WONCA Regions. Collaboration and association between Primary Healthcare Strengthening and effective Post Graduate training in Family Medicine/General Practice Mentoring Programmes associated with Post Graduate training.

Objectives: Long term implications of Post graduate training in Family Medicine/ General Practice Effect of Family Medicine Post graduate training on strengthening Primary Care in countries. To assess the need for a Mentoring programme in a Post graduate training programme

Teaching method and workshop: Post Graduate Training structure in different regions Comparing different designs/ models

Expected outcomes: Finding best methods of practice that can be utilized in different backgrounds Analysis of different models of Post graduate training in Family Medicine/ General Practice in different WONCA Regions of the world. Assessment of the effects of a Mentoring

Conclusion: Different models of Post graduate training in Family Medicine/General Practice have been designed to cater to the demands of the Primary Healthcare in a particular country. Having a strong Mentoring Programme in a Post graduate training programme is essential for the quality of the programme as well as for the successful navigation of candidates through the course

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ID 801- Ethical Refusal in Primary Care: When and How to Say No

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Context: Mentoring programme of the College of GPs of XXX initiated by the Faculty of Teachers of CGPSL in 2012. In 2022 Annual Academic Sessions the College Oration was based on the Mentoring Programme . The CGPSL mentor pool consists of 67 well trained mentors who have undergone the “Mentorship Training Programme”, which mainly consists of mentoring workshops held annually to update their knowledge. Additionally the mentors engage in several assessments related to the MCGP course and some are also members of the MCGP Board of Study and of the examiner pool of the MCGP programme. The Mentoring Programme of the College consists of the following: 1. General Practice mentoring 2. MCGP Programme mentoring 3. Membership mentoring The MCGP programme is one of the unique professional post graduate courses in XXX where the facility of a mentor is offered to a trainee. It is a PG course for the practicing GPs and recognized by XXX Medical Council. MCGP mentoring helps the MCGP trainee to follow the course in a focused and organized manner and guides them through the two year course and afterwards . The MCGP mentor plays a

major role in guiding the trainee in preparing the Assessment Portfolio, which is an important component of the MCGP Programme. The General Practice mentoring is offered to any doctor wanting to set up a practice, on request, by CGPSL to ensure quality of patient care by a young doctor at the inception of his practice. The membership mentoring is offered to those who have applied for CGPSL membership and obtained approval by the council. They undergo a mentoring programme for one month under a senior mentor before obtaining the membership of the College. The CGPSL Mentoring Committee was invited as advisors to launch the Academic Mentoring Network programme for all the other Medical Professional bodies in 2021.

Methods: Categorisation and evaluation of the Mentoring Programme

Originality: It is an ongoing programme.

Lessons learned and future implications: Value of Mentoring

Discussion: The benefit of having a Mentoring programme in a Family Medicine PG Education Programme

Conclusion: Concept of Mentoring is an essential component in any PG Training Programme

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ID 1318- Etude de l'observance thérapeutique chez les patients suivie à la consultation de l'hôpital de circonscription de Grombalia

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Context: NICE recommends women who were diagnosed with gestational diabetes and whose blood glucose levels returned to normal after the birth: offer lifestyle advice (including weight control, diet and exercise. After 13 weeks offer a fasting plasma glucose test or an HbA1c test if a fasting plasma glucose test is not possible

Methods: Methods : 40 patients notes were retrospectively reviewed by giving random numbers out of 133 patients.

Originality: Aim : To assess BMI and HbA1c was ordered or carried out at postnatal review as per guidelines by 13 weeks after delivery . To assess BMI was calculated for prevention of obesity related disorders

Lessons learned and future implications: Results : 49% patients had Hba1c completed and reviewed as per guidelines. 58% patients had BMI calculated at postnatal check. The mean BMI was 29.7 +/-4.4 kg/m2.

Discussion: Our patients are mainly ethnic minority immigrant group where there is high prevalence of Type2 diabetes. This project showed we need to improve our monitoring of gestational diabetes review to prevent future diabetes and obesity related disorders.

Conclusion: We have introduced warning messages in patients records as reminder for clinicians We had a training for monitoring/coding team to order blood test and use text messages as reminder for patients. References: Diabetes in pregnancy: management from preconception to the postnatal period: NICE guideline; Reference number:NG3 Published: 25 February 2015. Last updated: 16 December 2020

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ID 398- Evaluating Melatonin Use for Insomnia in Primary Care: A Literature Review and Survey of Family Physicians

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Context: The phase angle score is an indicator of induced resistance measured in bioelectrical impedance analysis (BIA), with lower values indicating decreased cellular function. Currently, the clinical application of the phase angle score is to assess nutritional status, sarcopenia, and prognosis in high-risk patients, as well as cancer patients.

Objectives: This study was conducted to confirm the relationship between the phase angle score and risk factors of cardiovascular disease.

Methods: This study is a cross-sectional study using 16,009 subjects whose phase angle scores were measured among the raw data of the 9th Korea National Health and Nutrition Examination Survey (2022-2023). After dividing the entire subjects into males and females and excluding subjects with missing values for study variables and subjects taking medication for hypertension, diabetes, and hyperlipidemia, the final analysis subjects were 3,280 men and 3,961 women. The correlation between age, systolic blood pressure (SBP), diastolic blood pressure (DBP), weight circumference, Body Mass Index (BMI), fasting glucose, HbA1c, total cholesterol, HDL-cholesterol, triglyceride (TG), LDL-cholesterol, hsC-reactive protein (CRP), and Serum Vitamin D3 and phase angle score was confirmed.

Results: In male subjects, a low phase angle score was associated with old age (Coefficient=-0.164, p<0.01), low BMI (0.139, p<0.01), high HbA1C (-0.064, p=0.016), high waist circumference (-0.035, p<0.01), high hsCRP (-0.005, p=0.026), and low serum. Vitamin D3 (0.005, p<0.01), high SBP (-0.005, p<0.1), low DBP (0.006, p<0.01), low fasting glucose (0.002, p=0.019), and low TG (0.001, p=0.017). In female subjects, low phase angle score was associated with low BMI (0.068, p<0.01), high weight circumference (-0.009, p<0.01), old age (-0.008, p<0.01), high SBP (-0.005, p<0.1), low DBP (0.007, p<0.01), low total cholesterol (0.004, p=0.008) and low serum vitamin D3 (0.002, p=0.005).

Discussion: In both men and women, low phase angle scores were commonly associated with older age, lower BMI and waist circumference, higher systolic and lower diastolic blood pressure, and lower serum vitamin D3. In men, they were particularly associated with higher HbA1C and higher hsCRP.

Conclusion: The phase angle score is associated with cardiovascular disease risk factors. In clinical practice, the phase angle score can also be used to predict cardiovascular disease.

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ID 81- Évaluation des facteurs de risque du cancer du sein en soins primaires : Analyse au centre de soins de base de Sidi Mansour-Sfax-Tunisie

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Context: Dengue has rapidly expanded in XXX affecting all 77 districts. It was first reported in 2004 in XXX, a tropical, lowland district. Climate change has resulted in geographic expansion of Dengue with cases reported from higher altitude and mountainous regions. Since COVID-19 pandemic in XXX, sporadic cases of co-infection with Dengue have been reported raising significant public health concern.

Objectives: This study aims to investigate clinical, laboratory and epidemiological features of Dengue-COVID-19 co-infection at tertiary hospital located in temperate climate region in a low- and middle-income country.

Methods: A cross-sectional study was conducted during July to October 2023 among patients testing positive for Dengue (via NS1 antigen and/ IgM antibody). SARS-CoV-2 reverse-transcriptase polymerase-chain reaction (RT-PCR) was assessed in same cohort who developed symptoms of COVID-19. In-hospital patient records were used for data collection. Patient demographics, clinical features and laboratory findings were analyzed.

Results: Total 62 Dengue positive patients were admitted among which SARS-CoV-2 RT-PCR was positive in 33 (53.2%) patients. Mean age was 42.56±17.32 years. There were 54.8% male. Among co-infection cases, majority presented with fever (87.9%), myalgia and joint pain (87.9%), cough (27.3%), headache (90.9%) and gastrointestinal symptoms (45.5%). Laboratory results revealed overlapping markers like thrombocytopenia (90.9%) and leucopenia

(51.5%). Co-infection was associated with higher risk of complications, longer hospital stay and death compared to mono-infection.

Discussion: The emergence of Dengue-COVID-19 co-infection in temperate region of XXX reflects the evolving epidemiology of climate-sensitive diseases; as rising temperatures enable Aedes mosquitoes to inhabit higher altitudes likely facilitated by climate change. Our findings support this geographic shift with more than half of Dengue positive patients also testing positive for SARS-CoV-2 indicating simultaneous community transmission. The overlapping clinical and laboratory features in Dengue-COVID-19 co-infection made the diagnosis challenging. These findings highlight the need for strengthened surveillance, improved diagnostic capacity and preparedness for emerging co-infections in regions newly affected by Dengue.

Conclusion: This study highlights significant public health threat posed by emergence of Dengue-COVID-19 co-infection in temperate region due to climate change. As Dengue continues to expand to higher altitude, climate-sensitive disease surveillance should be strengthened in these regions.

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ID 2223- Evaluation of artificial ıntelligence anxiety, AI literacy, and attitudes toward the use of artificial ıntelligence in health services among physicians, midwifes, and nurses working in primary care

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Context: Superficial vein thrombosis (SVT) has regained its place among the venous thromboembolism (VTE) pathology, as a clinical entity, not a benign condition we once neglected. Current evidence demonstrates that SVT can be the initial manifestation of underlying thrombophilia, particularly in cases with recurrent presentation.

Methods: We present the case of a 25-year-old female who consulted with left lower limb SVT. Initial management included 3-month anticoagulation and compression therapy. After 8 months, A recurrent SVT occurred, so a thrombophilia screening was performed, revealing a Factor V Leiden homozygous mutation. These findings have indicated a long-term anticoagulation.

Originality: This case presented SVT as the first and sole manifestation of homozygous Factor V Leiden mutation, highlighting the importance of thrombophilia screening in young patients with recurrent SVT and challenging the traditional view of SVT as a benign condition. Besides, it demonstrates the importance of long-term anticoagulation in a high-risk thrombophilic patient with direct oral anticoagulation as an approved option.

Lessons learned and future implications: This case highlighted the importance of thrombophilia screening within young patients presenting with unexplained or recurrent SVT. The Homozygous Factor V Leiden mutation represents a severe thrombophilic state requiring aggressive management with Long-term anticoagulation. Future implications suggest updating guidelines for thrombophilia screening in recurrent SVT, individualizing anticoagulation strategies based on thrombophilia severity, and enhancing awareness about SVT as a potential indicator of severe thrombophilia.

Discussion: Activated Protein C Resistance (APC-R), primarily caused by the Factor V Leiden (FVL) mutation, creates a hypercoagulable state. Once considered benign, Superficial Vein Thrombosis (SVT) is now recognized as a significant manifestation of this thrombophilia, especially in recurrent cases. The VTE risk is linked to FVL zygosity, with homozygotes facing a 50-100 fold increased risk. Consequently, guidelines recommend thrombophilia screening for recurrent or idiopathic SVT. For high-risk patients, such as those with homozygous FVL, long-term anticoagulation is justified.

Conclusion: SVT can represent the initial clinical manifestation of severe inherited

thrombophilia. Appropriate evaluation and long-term management are crucial in high-risk patients, particularly those with homozygous Factor V Leiden mutation. This case underscores the importance of maintaining clinical suspicion for underlying thrombophilia in recurrent SVT and adopting individualized anticoagulation strategies based on thrombotic risk assessment.

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ID 891- Evaluation of limited health literacy among diabetic individuals following intervention with a diabetic nephropathy educational video

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Context: The postpartum period is a vulnerable phase when physical complications, breastfeeding difficulties, emotional needs and social factors affect maternal and neonatal health. In XXX, primary care recommends the first postpartum consultation within 42 days; when performed at home it enables a contextualized assessment. This report describes a home visit five days after a cesarean delivery, showing how the household uncovers clinical, emotional and social issues often missed in clinic-based care.

Methods: This report stems from a supervised primary care activity carried out by two fourth-year medical students with support from a community health worker. The visit focused on maternal recovery and the family's adjustment to the postpartum period. The assessment included lochia, uterine involution and the surgical wound, along with newborn conditions, breastfeeding technique, mother-infant bonding, family dynamics, social support, housing conditions and barriers to self-care. Field notes were used to compare the information gathered at home with what is typically accessible in clinic-based consultations, showing that the household setting offers a more detailed understanding of maternal and family needs.

Originality: Although home visits are recommended in primary care, few structured reports describe their concrete contribution to postpartum care. This experience shows how the home setting uncovers key social determinants; such as childcare burden, emotional vulnerability, partner support and logistical barriers; that often remain unnoticed in clinic-based encounters. The community health worker's involvement strengthened rapport, communication and continuity of care.

Lessons learned and future implications: This experience highlighted the importance of postpartum home visits as a routine primary care practice. Observing the family environment allowed earlier identification of needs and risks and supported more tailored, context-sensitive interventions. Strengthening this approach may improve maternal support, continuity of care, and equity in the postpartum period.

Discussion: The home visit broadened the understanding of postpartum health by revealing clinical, emotional, and social factors often overlooked in clinic-based care. This context-based assessment demonstrated the strengths of community-oriented primary care and showed how proximity to the family environment improves the relevance and effectiveness of postpartum follow-up.

Conclusion: The postpartum home visit proved essential for comprehensive and equitable care, identifying determinants often missed in clinic-based consultations and strengthening maternal support within the family's daily environment.

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ID 291- Evaluation of the level of integration and current status of operation of the integrated medical curriculum: a study focusing on the cardiovascular system course

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Context: Upper respiratory tract infections (URTIs) are among the most common reasons

for primary care visits. Most URTIs are viral, yet antibiotics are frequently overprescribed, contributing to antimicrobial resistance. This case series highlights real-world prescribing patterns in general practice and emphasizes judicious antibiotic use.

Methods: Six anonymized cases of URTI seen in general practice were collected. Data included patient age, symptoms, diagnosis (viral vs. bacterial), antibiotic prescription, and outcome

Originality: This case provides real-world evidence of appropriate antibiotic prescribing for viral and bacterial URTIs in general practice, highlighting effective stewardship and contributing to the prevention of antimicrobial resistance.

Lessons learned and future implications: This case series reinforces the importance of differentiating viral from bacterial URTIs in primary care to avoid unnecessary antibiotic use. This practice could improve prescribing practices and reduce antimicrobial resistance in broader clinical settings.

Discussion: This case series demonstrates that most URTIs in primary care are viral and do not require antibiotics. Appropriate prescribing reduces unnecessary antibiotic exposure and minimizes the risk of antimicrobial resistance. The cases highlight the importance of differentiating viral from bacterial infections and suggest that real-world audits of prescribing patterns can reinforce guideline-based practice and improve patient outcomes."

Conclusion: Judicious antibiotic use in URTI management is essential. Case-based audits in general practice help reinforce guidelines, optimize patient care, and minimize the development of antimicrobial resistance.

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ID 2218- Evaluation of The Prevalence of Cardiometabolic Disorders and Related factors in the Elderly in Southeast of Iran: A Mixed Method study

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Context: In countries where hospice and palliative care (HPC) services are still developing and utilization remains limited, undergraduate curricula are crucial for shaping future physicians' approach to end-of-life care. There is a need to understand how training influences medical students' concept of a good death, their experience of team-based care, and their openness to HPC-related careers.

Objectives: To evaluate whether an integrated HPC curriculum within a family medicine clerkship can: (1) reshape medical students' concept of a good death, (2) enhance HPC knowledge and referral attitudes, and (3) increase consideration of HPC as a future career option.

Methods: A prospective single-group pre-post study was conducted among 50 fourth-year medical students at Pusan National University Yangsan Hospital in South Korea. During a 2-week family medicine clerkship, students received lectures on HPC principles, observed interdisciplinary team meetings and ward rounds in the hospice-palliative care unit, and participated in reflective Q&A sessions. Validated questionnaires were administered before and after the clerkship to assess perceptions of a good death (intimacy, clinical symptoms, personal control), HPC knowledge, attitudes toward referral, and interest in an HPC-related career.

Results: Overall scores for the perception of a good death remained stable; however, the intimacy domain increased (29.12 to 29.94/36, p=0.029), while the clinical symptoms domain decreased (13.50 to 12.64/20, p=0.002), suggesting a shift toward a more relationship-centered yet realistic view of end-of-life care. HPC knowledge improved (12.06 to 13.06/20, p=0.003). The mean score reflecting consideration of an HPC career rose from 26.06 to 36.48 out of 100 (p<0.001). Students rated interdisciplinary team meetings as the most influential component, followed by ward rounds.

Discussion: The curriculum reshaped students' understanding of a good death and strengthened their readiness to engage with HPC. Experiential, team-based activities appeared more impactful than didactic elements in promoting attitudinal and professional changes.

Conclusion: Embedding structured HPC training within a family medicine clerkship can foster a relationship-centered, team-based understanding of a good death and strengthen the future workforce pipeline for palliative care. These findings support using family medicine clerkships as a strategic platform for HPC education and primary palliative care capacity-building in settings where services are still developing and utilization remains suboptimal.

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ID 1958- Evaluation of the relationship between professional quality of life and smartphone addiction among family medicine residents

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Context: Training effective lifelong practitioners is crucial to any healthcare system. Pressures on GP trainees have increased and include burnout as an occupational risk. To prevent attrition, focus on mitigation at an early stage in training has been recommended.

Objectives: To investigate the efficacy of a pilot curriculum based mindfulness reflection and resilience program for GP Registrars

Methods: GP trainees were invited to attend 4 morning sessions and one retreat day which was integrated into the curriculum. Volunteers from the intervention group were invited to join a discussion forum aimed at exploring experiential learnings in greater depth. Qualitative data gathered from the focus group was analysed using thematic analysis to identify common themes and insights.

Results: The focus group identified a number of themes including quality of cross specialty program delivery and content, the experience of a safe space, the relevance of content, the uptake of mindfulness skills and the impact of these skills on stress management. Challenges to sustainable practice were also identified.

Discussion: Burnout among medical professionals is common at all stages. Occupational stress and exposure to human pain and suffering predisposes medical professionals to this condition. Taking steps to manage these stressors and sustain personal psychological health should be proactive and provided for in training.

Conclusion: Medical Students are at high risk of psychological distress, depression and suicidality. The health and well- being of doctors is key to supporting the quality and safety of patient care. Educational bodies are ideally placed to support resiliency programs.

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ID 1120- Evaluation of training and professional communication in the health sector using self-evaluation of personality traits

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Context: Equitable prevention of Type 2 diabetes requires attention to behavioral and lifestyle factors that influence health. Eating behaviors, as modifiable determinants, offer an opportunity for patient-centered and humanistic interventions in primary care.

Objectives: This study aimed to investigate the relationship between eating behaviors and the risk of developing Type 2 diabetes among adults.

Methods: This cross-sectional and descriptive study was conducted between 15 June and 15 September 2024 at the Family Medicine Outpatient Clinic of SBÜ Atatürk Sanatorium Training and Research Hospital. Non-diabetic adults aged 18–65 years were included, while individuals with diabetes, psychiatric disorders, or diagnosed eating disorders were excluded.

Participants completed a Sociodemographic Information Form, the Finnish Diabetes Risk Score (FINDRISK), and the Adult Eating Behavior Questionnaire (AEBQ).

Results: A total of 272 participants (mean age: 41.3 ± 12.0) were included. Participants were grouped as normoglycemic or prediabetic based on glycemic status. Significant differences were found between the groups in age, body weight, and waist circumference. AEBQ "Hunger" and "Emotional Overeating" scores were significantly higher in the prediabetic group compared with the normoglycemic group. Conversely, the "Slowness in Eating" score was higher among normoglycemic individuals. Several AEBQ subdimensions showed significant correlations with 10-year Type 2 diabetes risk scores. According to FINDRISK classification, individuals in the "High/Very High Risk" category had higher "Hunger" and "Emotional Overeating" scores and lower "Slowness in Eating" scores. The predictive capacity of AEBQ for identifying prediabetes was compared with FINDRISK.

Discussion: Emotional eating, external eating, and rapid eating behaviors were identified as important behavioral factors associated with increased risk of Type 2 diabetes. These results support existing evidence that eating behavior patterns contribute meaningfully to metabolic risk. Incorporating eating behavior assessment into routine primary care evaluations may improve early identification of at-risk individuals and support preventive strategies.

Conclusion: Promote early identification of high-risk individuals by integrating FINDRISK into routine primary care. Expand psychological support programs addressing emotional eating. Encourage physical activity through community campaigns. Develop targeted preventive interventions for high-risk groups, especially women and older adults. Support healthy eating through individualized plans emphasizing high-fiber, low–glycemic index foods, structured meals, slower eating, and portion control.

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ID 1157- Evidence-based suturing techniques for primary and emergency care

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Context: Large language models (LLMs) are increasingly used in clinical decision support. Their recommendations may vary by socio-demographic descriptors, which can influence pain care. These variations may create safety concerns, especially when the model assigns high risk while also recommending high-risk treatments.

Objectives: To measure whether LLM-generated pain-management recommendations differ across socio-demographic groups, and to examine whether models apply inconsistent reasoning when assigning opioid recommendations and risk assessments.

Methods: We evaluated ten widely used LLMs using 1,000 acute-pain clinical vignettes. Each vignette had two versions (cancer and non-cancer pain) and was iterated across 34 demographic categories, including a control version with no demographic information. In total, the models produced 3.4 million responses. For each response, we extracted recommendations on opioid use (yes/no and dose level), anxiety treatment, perceived psychological stress, risk scores, and need for monitoring. We used logistic and linear mixed-effects models to test differences between demographic groups.

Results: Across all models, historically marginalized groups—especially individuals described as Black, LGBTQIA+, or unhoused—received more frequent and stronger opioid recommendations in both cancer and non-cancer pain scenarios. In cancer scenarios, some groups received opioid recommendations in more than 90% of cases. At the same time, these same groups were often labeled as "higher risk" and assigned

elevated monitoring or concern scores. The direction of recommendations and the risk scores did not align. Conversely, low-income and unemployed groups often received higher risk scores but fewer opioid recommendations. Patterns in anxiety treatment and psychological stress ratings also varied across groups, despite identical clinical information.

Discussion: LLMs showed systematic and conflicting patterns: they sometimes recommended high-risk analgesics while simultaneously labeling the same patient profile as high risk for misuse or harm. This inconsistency suggests a reasoning problem rather than a simple bias in one direction. These patterns do not reflect guideline-based practice and may lead to unequal or unsafe care if used in clinical settings.

Conclusion: LLM-generated pain-management recommendations vary across socio-demographic groups and sometimes contain conflicting reasoning. These patterns pose potential safety risks. Routine evaluation of LLM behavior and alignment with established pain-care guidelines is needed before clinical deployment.

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ID 1265- Evolving Digital Health Training Needs for the Modern Primary Care Physician: An International Focus Group Study

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Context: Burnout is exhibited as emotional exhaustion, depersonalization and reduced personal accomplishment, which impacts healthcare workers, leading to occupational hazards such as absenteeism and presenteeism. Understanding these relationships is essential in establishing proactive strategies to enhance employees' well-being. The rise in sickness absences among staff of Gov. Celestino Gallares Memorial Medical Center (GCGMMC) prompted this study.

Objectives: The study aimed to determine the association between workplace burnout, sickness absenteeism and presenteeism among staff of GCGMMC.

Methods: A cross-sectional observational study was conducted at GCGMMC using proportionate stratified random sampling method to select 304 participants from 1449 employees based on a 95% confidence level. Maslach Burnout Inventory-Health Services Survey was used to measure burnout levels and the World Health Organization's Health and Work Performance Questionnaire measured absenteeism and presenteeism.

Results: Seventy-five percent of GCGMMC staff reported workplace burnout with no significant difference (p=0.111) across services. It was highest among staff of Allied Health Professionals (87.9%), Hospital Operations and Patient Support Services (82.4%) and the Medical Service (78.0%). Single (p=0.013), non-permanent (p=0.001) and college level employees (p=0.017) experienced significantly higher burnout rates and were significantly associated with lower absolute presenteeism and higher relative absenteeism.

Discussion: This study explores the relationship between workplace burnout, sickness absenteeism, and presenteeism among staff of GCGMMC.

Conclusion: Data showed that burnt-out employees are more likely to take time off when sick, accumulate greater exhaustion at work leading to increased leave of absence. The reduced productivity at work is an issue from across services affecting burned-out and non-burned-out employees.

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ID 361- Exercise-Induced Vasculitis ("Disney Rash")

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Context: Modern healthcare has changed a lot with technological advances, incorporation of AI in health systems, paradigm shift in medical education, inrease awareness among patients and expectations of the public from healthcare providers. General practice is the back bone of healthcare system and provision of effective health services is entrusted to "Healthcare Team"rather than an individual. Healthcare team in general practice is lead by the GP, who must be trained in leadership skills, emotional intelligence, effective planning and strategic management, to ensure efficient healthcare services delivery.

Objectives: This will be a hands on practice workshop. The objective of the workshop is to sensitize, train and motivate the participants to learn, practice & familiarize the fundamentals of Healthcare leadership skills, Multidisciplinary Team dynamics, emotional intelligence, effective planning and strategic management.

Teaching method and workshop: TIME: two hours Hands on practice workshop, facilitated by four facilitators from diverse fields Teaching strategies: Multiple teaching & learning strategies (Interactive presentations; SGD, Role playing and reflections). Workshop Schedule: 1. Introductio

Expected outcomes: By the end of the workshop, each participant would be able to: 1. Analyze the significance of leadership skill in healthcare teams. 2. Demonstrate small group dynamics in multidisciplinary teams. 3. Effectively analyze and manage his own emotions, by iden

Conclusion: General Practice demands humanism, empathy, emotional intelligence and soft skills as much as the medical knowledge and clinical skills of health professionals.

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ID 1541- Expanding the medical ethos in primary care: integrating planetary responsibility

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Context: As XXX adopts a population health approach under XXX programme, optimizing healthcare resources is crucial.

Objectives: We examined referral reasons (using large language models [LLM]), wait times, and analyse factors affecting referrals from primary to tertiary care.

Methods: In 2023, 1,063,646 patient visits from seven primary care clinics in XXX were analysed. Patient demographics, clinic, physician characteristics, referral volumes and wait times were extracted. LLM Claude 3.5 Sonnet was utilized to identify and classify top referral reasons within the most frequently referred specialties based on referral notes. Chi-square tests identified differences in referral rates among categorical variables, while a generalised linear model (GLM) with an identity link (normal distribution) determined factors influencing referrals by physicians.

Results: Around 1 in 5 visits resulted in a referral (n=210,839, 19.8%), achieving 76.0% attendance rate. Referrals peaked among patients aged 60–70 years. Male (Odds ratio [OR] 0.88, 95% Confidence interval [CI] 0.87-0.89) and Malay (OR 0.71, 95% CI 0.70-0.72, compared with Chinese) patients were less likely to be referred. Significant variations were observed among clinics ($p<0.001$). Ophthalmology (11.1%), orthopaedic surgery (10.3%), and emergency (10.0%) were the most referred specialties, with blurred vision (n=7,461), abnormal diabetic retinopathy screening (n=5,266) and pregnancy and antenatal care (n=3,959) being the top referral reasons. 51.5% were routine referrals. Wait time averaged 52.7 days with 48.9% meeting targets, with long wait times for Gastroenterology & Hepatology, and Endocrinology. On average, each additional year of physician experience was associated

with a reduction of 4.45 referrals per physician (95% CI: 1.40-7.58, p=0.005).

Discussion: Findings support strategies under XXX programme to manage patient volume, strengthen continuity, expand open-access pathways, and enhance decision support to optimize referral appropriateness and timeliness. Key limitations include unmeasured confounders (e.g., socioeconomic status, comorbidity), exclusion of private GP, ED, and inter-specialty referrals, reliance on free-text reasons, possible selection bias, and observational design, warranting further research (including clinic-level factors and qualitative work).

Conclusion: Our study highlighted disparities in referrals rates, patterns, and wait times. Continuing education and support for primary care is paramount. Resource allocation should be tailored to meet the population needs, with further research needed to ensure timely and appropriate referrals.

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ID 923- Expériences et représentations des médecins généralistes concernant le dépistage organisé des cancers chez les patients présentant des troubles psychiatriques sévères : une étude qualitative

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Context: The US is the only high-income country without national paid parental leave (PPL) laws.The national average for PPL is about 6-8 weeks, compared with the global standard of 18 weeks. In 2018, the ACGME added lactation support provisions to their basic requirements for training programs; however, awareness of PPL and lactation policies remains limited and is not routinely incorporated into professional training, including family medicine residency which impacts policy uptake.

Methods: We developed a 12-question survey exploring themes such as awareness of institutional policies, access to resources, barriers to utilization, and perceived confidence in navigating available supports. Sixteen residents (67%) responded out of the twenty-four who received the survey.

Originality: The policies at our institution provide allowances for PPL and lactation support that meet or exceed national averages. As part of it aims to facilitate a supportive training environment for parent-residents and better understand gaps affecting resident well-being, this group sought to investigate persistent barriers to PPL and lactation resource utilization despite the presence of robust institutional policies.

Lessons learned and future implications: Half the respondents (50%) reported that they felt very familiar with the institution's PPL policy. Nonetheless, the survey revealed a lack of information and resources as the most frequently reported barrier faced when requesting PPL, while the most reported barrier to breastfeeding was scheduling conflicts.

Discussion: Graduate medical education often overlaps with childbearing years. Formal leave and lactation policies when they exist, facilitate smooth transition for residents between their roles as parent and trainee, and support re-integration into clinical duties. However, even when documented, knowledge of and access to these policies are often lacking. In addition, perceptions reinforced by the hidden curriculum in medicine, along with logistical constraints pose barriers to breastfeeding and by extension parent and child wellbeing.

Conclusion: Our findings indicate that highlighting available lactation and PPL policies, for instance through formal curricula, orientation sessions, or discussion panels, can increase understanding and utilization of current parental leave and lactation support resources during medical training. Additionally, innovative solutions to scheduling-related barriers are needed to better support lactating parents during family medicine residency.

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ID 825- Experiences of Patients Using Complementary and Alternative Medicine in Primary Care

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Context: The digestive system injuries during a blunt abdominal trauma represent1-5% of the small intestine injuries. The sigmoid colon is an uncommon site, accounting for less than 1%. We present a case of a 65-year-old male presenting an isolated sigmoid perforation from a 3-meter fall.

Methods: A 65-year-old male, with no medical history, presents with generalized abdominal pain following a 3-meter fall. The CT scan confirms the diagnosis of an isolated sigmoid colon perforation with a large pneumoperitoneum, most likely due to trauma-induced perforation of a pre-existing sigmoid diverticulum. Initially, we admit the patient to the surgical department for preparation before an Emergency exploratory laparotomy through a midline incision involved sigmoid colon resection and the performance of a double-barrel colostomy using the Wolkmann technique.

Originality: First of all, this case reports on the least common sites of perforation. Second, the mechanism resulting from a vertical force with direct abdominal impact is less common than the deceleration mechanism. Furthermore, this case demonstrates the critical role of CT scanning with a high-energy mechanism.

Lessons learned and future implications: Firstly, A severe mechanism mandates an aggressive diagnostic strategy, even with poor clinical signs and a normal FAST exam. Secondly, the elderly patients can display minimal signs of peritonitis while hiding severe intra-abdominal injuries. This case reinforces the need for clinical protocols that automatically trigger CT imaging in elderly patients regardless of a benign clinical appearance.

Discussion: The rarity of sigmoid injury is well-documented, with most series showing it constitutes a small minority of colonic traumas [Cite: Watts et al.]. The diagnostic challenge we faced is classic; as described by Fakhry et al., delayed diagnosis means poor outcomes. Our case demonstrates a successful pathway to avoiding such a delay: the severity of the mechanism justifies advanced imaging immediately. The CT finding of pneumoperitoneum confirms the diagnosis. Brasel et al. established that free intraperitoneal air or fluid without solid organ injury is highly suspicious for perforation.

Conclusion: Isolated sigmoid colon perforation from blunt abdominal trauma is a rare but lethal injury that demands vigilance, driven by the mechanism of injury, and promptly investigated with CT imaging, to ensure timely surgical intervention and optimize patient outcomes.

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ID 61- Exploring Barriers and Enablers of Hypertension Screening Practice Among Middle-Aged Adults in Ethiopia: A Qualitative Study

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Context: In 2024, a group of Family Medicine residents created a non-profit association to promote medical education and strengthen community engagement. This initiative aimed to improve the scientific quality of an annual congress organized by the group and to establish partnerships with recognized institutions, amplifying its educational impact.

Methods: The process involved several sequential steps: legal registration of the association, opening a bank account, and declaring the start of activity. Each stage posed considerable bureaucratic challenges for a team without prior administrative or financial expertise. Completing legal documentation required understanding complex regulations, while opening a bank account involved comparing institutional conditions. Declaring the start of activity proved particularly demanding due to limited financial literacy in

medical training. These obstacles were overcome through systematic research and direct communication with official entities. Strengths included teamwork and persistence; limitations involved time constraints and insufficient prior knowledge. A measurable outcome was the successful organization of a congress with improved scientific rigor and broader institutional support.

Originality: Although professional associations are not uncommon, few reports describe the practical steps and challenges encountered by early-career physicians in establishing such structures. This case is distinctive in emphasizing the bureaucratic and organizational learning process, an aspect rarely addressed in the literature on medical education initiatives.

Lessons learned and future implications: Key lessons include the critical role of coordinated teamwork combined with early, proactive engagement with regulatory authorities. Future initiatives should integrate administrative and financial training into residency programs to prepare physicians for leadership and organizational roles. While this experience underscores the need for caution regarding legal and financial planning, it demonstrates that such efforts can substantially enhance educational outcomes.

Discussion: The creation of the association strengthened peer communication, fostered collective learning, and enabled strategic partnerships with scientific institutions, culminating in a higher-quality congress. It also highlighted a gap in non-clinical skills within medical education.

Conclusion: Establishing non-profit associations among healthcare professionals is essential for promoting health literacy, organizing scientific events, and supporting professional development. This practice-based reflection illustrates the value of teamwork and offers a replicable model for other groups seeking to advance medical education and community engagement.

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ID 1492- Exploring the feasibility of implementing shared decision making in Korean primary care: A policy proposal

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Context: The Learning Health System (LHS) is a transformative model for continuously enhancing quality of care, through ongoing audit and feedback loops using advanced technologies, data integration, stakeholder participation, and alignment with the Quintuple Aim framework. Despite its proven potential, its implementation remains limited in Europe and Canada. Given advancements in information technology, increasing pressures on healthcare systems and growing burden of chronic diseases, there is an urgent need to scale up LHS in primary care.

Objectives: By the end of this workshop, participants will be able to: Discuss barriers and facilitators to the large-scale LHS implementation within interprofessional primary care teams (PCT) Foster strong partnerships with patients and all stakeholders to ensure meaningful engagement Identify how scalability assessment plays a role in achieving greater equity and humanism in primary healthcare within the scaling process using ISSaQ 4.0 to evaluate the scalability of a large-scale LHS across multiple jurisdictions.

Teaching method and workshop: Interactive strategies, including expectation mapping, small-group discussions, table-based reflections, and plenary exchanges: Participants will engage in practical exercises and collaborative analysis to reinforce learning. Workshop schedule (60 minutes

Expected outcomes: At the end of this workshop, participants will understand barriers and facilitators to the large-scale LHS

implementation within interprofessional PCT and gain insight into how scalability assessment plays a role in achieving greater equity and humanism i

Conclusion: The LHS has potential to be a transformative model for continuously enhancing quality of care and foster meaningful partnerships and patient engagement. This workshop will act as a lever for future collaboration across multiple and international jurisdictions.

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ID 970- Exploring the impact of a practice-setting teaching seminar on professional project in french sixth-year medical students

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Context: Shared Decision Making (SDM) is essential for patient-centered care. While global adoption is increasing, implementation in Korean primary care remains limited.

Objectives: To review global SDM policies and analyze the feasibility of their application in Korea, focusing on the role of family medicine specialists.

Methods: We conducted a narrative review of academic literature and policy documents regarding SDM implementation in the US, UK, Germany, and Canada. We analyzed key success factors from these countries and evaluated their applicability to the Korean context, specifically examining legal frameworks (e.g., Medical Service Act) and the primary care environment.

Results: The review identified that successful SDM implementation requires institutional support. In Korea, barriers include the lack of reimbursement and standardized tools. Based on the comparative analysis, we derived three strategies: 1) Developing Korean-specific models (e.g., adapted Three Talk Model) and Patient Decision Aids (PDAs). 2) Policy reform to introduce an "SDM Counseling Fee" within the National Health Insurance. 3) Mandating SDM training in family medicine residency programs.

Discussion: Current literature suggests that individual physician effort is insufficient for SDM sustainability. Family medicine specialists are ideal leaders for SDM, but structural changes identified in international cases—specifically reimbursement and education—are prerequisites for success in Korea.

Conclusion: Implementing SDM in Korea is feasible if supported by a multi-faceted approach involving tool development, policy reform, and education, aligning with global trends in patient-centered care.

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ID 1970- Exploring the Influence of Depression and Anxiety on Adherence to Routine Cervical Cancer Screening: A Retrospective Cohort Study

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Context: Uncertainty is inherent to primary care, arising from undifferentiated symptoms, multimorbidity, time pressure and limited investigations. When unaddressed, it can lead to over-testing, defensive practice, clinician burnout and patient anxiety. Yet explicit training in how to recognise, tolerate and communicate clinical uncertainty is still limited in many family medicine settings. This interactive workshop aims to provide practical tools for navigating diagnostic and prognostic uncertainty in everyday consultations.

Objectives: Identify common sources and patterns of clinical uncertainty in primary care consultations. Use concrete communication strategies that acknowledge uncertainty while maintaining trust and partnership. Apply structured safety-netting and shared decision-making in situations of residual uncertainty (e.g. persistent pain, non-specific symptoms, multimorbidity). Reflect on their own emotional responses to uncertainty and how these responses influence clinical decisions.

Teaching method and workshop: This 60-minute workshop combines brief evidence-informed presentations with highly interactive learning. Using real-world primary care vignettes, participants will work in small groups to map types of uncertainty (diagnostic, prognostic, therapeutic) and

Expected outcomes: Participants will leave with a shared language for discussing uncertainty, a set of tested communication phrases, and a simple framework for safety-netting in common primary care scenarios..

Conclusion: Our aims is to supporti Family physicians' confident, transparent and patient-centred care in the face of unavoidable uncertainty

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ID 507- Exploring the relationship between sleep apnea and mental health disorders based on data from the Korea National Health and Nutrition Examination Survey(2021)

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Context: Cytolytic vaginosis (CV) is an under-recognized cause of vulvovaginal symptoms, characterized by lactobacillus overgrowth, epithelial cytolysis, and low vaginal pH. Its clinical overlap with vulvovaginal candidiasis (VVC) and bacterial vaginosis (BV) often leads to misdiagnosis and prolonged ineffective antifungal or antibiotic treatments.

Methods: A 28-year-old woman, previously healthy, presented with cyclic vulvovaginal burning, dyspareunia, and increased non-adherent discharge, without pruritus, persisting for over three years. Despite multiple courses of antifungals (long-term fluconazole) and antibiotics for presumed VVC or urinary tract infection, symptoms persisted. Routine gynecological evaluations, cytology, and HPV testing were normal. Discontinuation of combined oral contraception did not improve symptoms, which worsened premenstrually and after alcohol intake. After five years of recurrent complaints and multiple gynecological consultations, the patient presented again for a primary care appointment. A vaginal smear revealed abundant lactobacillus, marked cytolysis, low pH, and absence of fungal or bacterial pathogens, confirming the diagnosis of CV. Treatment with intravaginal sodium bicarbonate irrigations (monthly cycles) achieved complete symptom resolution after three months. A limitation of this case report was the absence of continuous primary care follow-up. Although common etiologies were repeatedly considered, targeted microscopic evaluation was delayed, likely contributing to prolonged morbidity.

Originality: This case illustrates a prolonged diagnostic delay and highlights primary care role in early differentiation, aligning with the literature that underscores lack of diagnostic criteria and frequent misclassification as candidiasis.

Lessons learned and future implications: Early recognition of CV requires systematic inclusion in differential diagnosis for cyclic vulvovaginal symptoms without pruritus. Primary care protocols should incorporate microscopy examination, pH testing, and structured follow-up. Further research should standardize diagnostic criteria and define optimal alkalinization regimens.

Discussion: CV can be reliably distinguished from VVC and BV by microscopy and this case report emphasizes CV’s cyclical pattern, poor response to antifungals and good response to alkalinizing therapy. In patients with persistent vaginal symptoms despite treatment for other suspected causes, cytolytic vaginosis should be always considered, as it can lead to psychological distress and significantly affect self-esteem and sexual wellbeing.

Conclusion: CV is a clinically significant yet under-recognized condition. Timely diagnosis and targeted alkalinizing therapy are crucial to avoid unnecessary interventions and to enhance patient quality of life.

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ID 611- Exploring Universal Healthcare and Economics: A Cross-Country Comparative Study with Correlations of Economic Parameters with UHC SCI Scores amongst Southeast Asian Countries

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Context: As a young resident doctor, we must give suport on call for emergencies at the hospital. In Spain family doctors are also emergency doctors as well. So imagine being at your first on call and having this request from an old male patient with his lovely wife: We just wanted to check if the cold was progressing properly Doctor.

Methods: We reviewed the case, not important precedents. As he started with a cold a few days before and needed antibiotics with the suspect of progression to pneumonia, we completed the study asking for analitics and chest X- ray. We kept him under observation while working for other emergencies. The surprising results came houres after.

Originality: Sadly, the big point of this case is that the patient passed away because debuting with an acute myeloid leukemia.

Lessons learned and future implications: We work for long hours seeing patients in emergencies that don't actually pose a life-threatening risk, and due to the heavy workload, we might miss certain information or requests for procedures. Perhaps in another situation, we would have recommended relative rest and follow-up with primary care for patients with cold-like symptoms. Is every suspicion of pneumonia, therefore, worthy of exhaustive testing? Probably not. But the importance of reporting these cases, in my opinion, lies in keeping us always vigilant when dealing with at-risk patients.

Discussion: In spain this disease affects between 3-5 of 10.000 patients, and only 48% of them survives one year after the diagnosis. The earlier the diagnosis is made, the greater the survival rate.

Conclusion: Primary care and emergency doctos can achieve early diagnoses of very deadly diseases. Simply by deepening active listening to the patient and taking a good medical history. Sometimes we dont have to wait for patients to ask how the cold must be progressing if we anticipate with a simple cuestion: how are you feeling recently?

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ID 818- Extreme Diet–Related Syncope in a Young Adult: The Diagnostic Value of Comprehensive Nutritional Assessment in Primary Care

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Context: Phytophotodermatitis is a non-immune, inflammatory phototoxic reaction caused by topical absorption of plant-derived photosensitizers, such as furocoumarins, followed by ultraviolet exposure. Diagnosis is essentially clinical, and management is primarily preventive. This case emphasizes the importance of thorough history-taking in Primary Health Care (PHC).

Methods: This case report was based on clinical observation and detailed anamnesis during a PHC consultation. The diagnostic process relied on correlating lesion characteristics with patient history, without complementary tests. Literature review on phytophotodermatitis and its triggers supported interpretation.

Originality: The case demonstrates how a rare but benign condition can mimic more severe disorders, such as coagulation abnormalities, leading to patient anxiety. It highlights the role of the Family Physician in quaternary prevention—avoiding unnecessary investigations and referrals—through clinical reasoning and contextual knowledge.

Lessons learned and future implications: History Matters: Careful anamnesis remains the cornerstone of dermatological diagnosis in PHC. Preventive Counseling: Patients should be informed about risks of plant contact under sunlight, especially citrus fruits. Quaternary

Prevention: Avoiding overdiagnosis and unnecessary tests protects patients and optimizes resources. Future Implications: Educational strategies on phototoxic reactions could reduce misdiagnosis and improve patient safety.

Discussion: A 22-year-old woman, Fitzpatrick phototype III, presented with multiple hyperpigmented lesions on the hands and abdomen, evolving from erythema without vesicles or pain. Concerned about a coagulation disorder, she denied unusual product use. Detailed history revealed recent sun exposure while squeezing limes, explaining the irregular pigmentation pattern. Diagnosis of phytophotodermatitis was established clinically, and topical treatment initiated. The patient was reassured that pigmentation could persist for weeks to months. Citrus fruits, rich in furocoumarins, are frequent triggers. This case illustrates the importance of correlating environmental exposures with dermatological findings to avoid unnecessary investigations.

Conclusion: Phytophotodermatitis, though benign, can cause diagnostic uncertainty. The Family Physician's ability to integrate history and physical examination ensures accurate diagnosis, prevents overmedicalization, and reinforces preventive care. Awareness of phototoxic reactions should be part of routine counseling in PHC.

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ID 80- Facteurs Motivants et Barrières au Dépistage du Cancer du Sein : Une Étude au Centre de Soins de Base de Sidi Mansour-Sfax-Tunisie

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Context: Family medicine has been recently perceived as a mechanism that regulates access to specialists, despite the vital role in the patient's life. This is especially true when requires pain management or emotional support for patients with therapeutic limitations.

Methods: A 91-year-old man, poorly differentiated squamous cell carcinoma in 2024 , treated with radiotherapy and controlled until its progression. Among other comorbidities, he has Parkinson and cognitive decline. After being examined by maxillofacial surgeons, dermatologists, oncologists... he reached the terminal stage without significant improvement. He did not present other risk factors for imminent death and initial pain was controlled (not even a paliative candidate). This summer, he progressed with nighttime pain and rapidly growth and the biggest challenge we had was supporting the patient depression and the despair of his daughters (also primary caregivers).

Originality: Its important collaborative work with nursery, also pain management and follow primary caregiver. This case raises awareness of the importance of not droping out on terminally ill patients and families. Perhaps this experience differs because of the involvement of the nursing team, as they proposed increasing the number of visits given that, due to their workload, the physician cannot always do. We have learned that terminally ill patients require holistic approaches, focusing on comfort and their emotional well-being.

Lessons learned and future implications: This fosters the social aproach on every patient and how practices based on this knowledge might be helpfull not necessary terminals. As family physicians, we must consider the environment of our patients, especially when dealing with their caregivers. Although society still demands to refer them to specialists, we should sometimes be willing to collaborate with nurses and provide the attentive listening and counseling needed. Last but not least, primary care may be perfectly equipped to manage pain control, even providing palliative care.

Discussion: How gratefull patient and family were, support the practical aproach. Could be limitated as a very singular case of pain management and care give, but also we believe

that the big point is to make doctors aware of this situations.

Conclusion: We reinforced primary care as the basis for monitoring the most vulnerable patients who equally deserve best care

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ID 1500- Factors and determinants of primary care to tertiary care referrals in XXX: A multi-centre analysis using artificial intelligence-powered large language models

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Context: Family medicine serves as the entry point to the healthcare system, where clinicians encounter patients with undifferentiated symptoms. Management requires addressing the medical conditions while considering the patient holistically – familial, occupation, social and cultural circumstances. This ensures care extends beyond the disease to the person, reflecting the core principles of family medicine.

Methods: A 52-year-old male, originally from Brazil and living in XX, with 12 years of education and employed as a long-distance driver, presented with polyuria, polydipsia, leg cramps, and a 20 quilograms weight loss over two months. He was obese (106 kg, BMI 33,5 kg/m2), with no prior medical conditions, medications, or allergies. Family history included a brother with pre-diabetes. Initial evaluation revealed capillary glucose 367 mg/dL and diastolic blood pressures >90 mmHg, heart and lung auscultation were normal. As this was his first visit, blood work, opportunistic colorectal cancer screening, and ambulatory blood pressure monitoring were requested. Follow-up was scheduled in four days. The patient did not have the results at the follow-up visit and missed a rescheduled appointment. He returned one month later with persistent symptoms. Labs revealed HbA1c 15,6%, LDL-cholesterol 164,8 mg/dL, and creatinine 0,93 mg/dL. Considering upcoming travel and lack of immediate safety measures, a shared decision was made to strat intensive oral and injectable antidiabetic therapy with lifestyle counselling. On follow-up, he was asymptomatic, well-adapted to the therapy, and lifestyle modifications were implemented. HbA1c decreased to 6,7% three months after the initial blood work and 5,8% six months after follow-up labs.

Originality: This case illustrates a common diabetes presentation but highlights how non-clinical factors can influence therapy. It emphasizes holistic assessment and shared decision-making in primary care.

Lessons learned and future implications: Acute care visits may involve patients with largely unknown circumstances, warrating caution against premature decisions. Continuous care, timely follow-ups, and evaluation of social, cultural, occupational, and familial factors are essential for safe, personalizes management.

Discussion: This case underscores complex decision-making, flexible protocols, short-term follow-ups, patient engagement, and anticipatory management.

Conclusion: This case reinforces family doctors' ability to integrate medical decisions with patients' life circumstances, improving chronic disease management in primary care.

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ID 370- Factors influencing the practice of gynecology in general medicine:quantitative study of general practitioners practicing in the XXXX region

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Context: Media reports propose a time when artificial intelligence (AI) programs will supplement or replace doctors. Whilst this may seem outrageous, programs with AI capacities are already embedded in the clinical workflow of a digitally enabled practice. For example, warnings when contraindicated medications are prescribed utilises simple if-then logic and

natural language processing (NLP) software. Similarly, clinical decision support programs can prompt doctors to consider ordering a test following diagnosis to improve care. These programs could potentially reduce the family doctor's cognitive burden and improve patient diagnosis or early intervention. We aim to review NLP models in primary care since 2020.

Methods: A research protocol for this review has been developed a priori. MESH and free-text search terms were developed for the following 3 concepts – NLP models, general practice, risk prediction or classification. A literature search conducted on 5 databases (Pubmed, Medline Ovid, Scopus, Web of Science, CINAHL) was conducted in July 2025. 695 non-duplicate articles were identified and uploaded to an online literature management software (Covidence). Titles and abstracts were screened according to pre-defined inclusion criteria by two authors. Discrepant findings were independently adjudicated by a 3rd reviewer. Following screening, exclusions were made based on the pre-determined criteria. Included papers were reviewed and analysed using Nvivo software.

Originality: There is no up to date published review of current applications of NLP for risk prediction in primary care. This scoping review fills this gap. A review of all AI implementation studies in 2020 reported on 90 studies relating to community based primary health care. Of these, only 3 utilised NLP models for risk prediction.

Lessons learned and future implications: Potential benefits to patients, practitioners and the healthcare system have been reported in a systematic review of AI implementation studies in community based primary health care.

Discussion: Applications utilising NLP that can be used to improve risk prediction from free text clinical notes, potentially enhancing existing clinical decision support systems and future applications in primary care, however their use remains in early stages.

Conclusion: The digital health revolution has long been progressing, however, as wielders of evidence-based practice, we must assess the reality of current applications of NLP models

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ID 2125- Falls in an older adult revealing medication-related orthostatic hypotension: A case report

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Context: Alcohol consumption remains a major public health concern across Europe. A 2024 WHO-supported analysis of drinking patterns across the EU, Iceland, Norway and Ukraine identified six distinct patterns shaped by beverage preference, prevalence of heavy episodic drinking (HED) and proportions of lifetime abstainers. Across clusters, higher HED rates and increased alcohol per capita consumption are consistently associated with greater harm. These regional differences underline the importance of equipping primary care clinicians to identify varying drinking patterns and respond effectively.

Objectives: Deepen understanding of drinking patterns and their health impacts. Build confidence in using screening tools and risk stratification. Strengthen communication skills, including motivational interviewing and brief interventions. Improve clinical reasoning for managing risky use and dependence. Promote a person-centred, continuity-focused approach to reducing alcohol-related harm.

Teaching method and workshop: The workshop uses an interactive problem-solving approach centred on a clinical decision map exercise. Small groups analyse structured clinical scenarios representing different drinking patterns based on European epidemiological clusters (e.g., high-spiri

Expected outcomes: Participants will gain practical skills to integrate alcohol screening into routine care, tailor interventions to risk level, recognise dependence and support patient-centred behaviour change. Incorporating European epidemiological insights enables clinic

Conclusion: This workshop provides primary care clinicians evidence-based tools for

addressing alcohol use effectively within routine consultations. By combining epidemiological context, structured clinical reasoning and communication strategies, participants will be better prepared to identify risky drinking patterns, intervene early and support sustained change, reinforcing the central role of primary care in reducing alcohol-related harm across Europe.

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ID 355- Family Cohesion and Adaptability in patients with uncontrolled and controlled type 2 Diabetes

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Context: Telemonitoring enables continuous and remote access by healthcare professionals to clinically relevant data, supporting informed decision-making. The implementation of these tools has demonstrated greater benefits compared with conventional care for several highly prevalent chronic diseases in primary healthcare settings, such as hypertension and diabetes. The development of projects that promote closer surveillance, combined with health education, and that foster multidisciplinary collaboration between hospital services, primary care, family physicians, nursing teams, caregivers, and patients, may be decisive for improving access to care and enhancing disease control. Remote monitoring thus emerges as an essential tool for strengthening care pathways, and its integration into primary care remains a path yet to be fully explored.

Objectives: 1. Acquire knowledge about the state of the art of telemedicine tools 2. Identify clinical situations that may benefit from telemedicine implementation. 3. Understand the key steps required to design and implement a telemedicine project in a primary healthcare center.

Teaching method and workshop: 1. Short introductory presentation: Summary of the current scientific evidence on telemonitoring in primary healthcare. 2. Example of an implementation protocol 3. Jigsaw activity: a) A cooperative learning technique in which students become “experts” on

Expected outcomes: · Gain knowledge about telemedicine and better understand their benefits and limitations. · Develop the ability to critically design and implement telemedicine protocols in primary healthcare.

Conclusion: This workshop provides an opportunity to explore the practical application of telemonitoring in primary healthcare units. By promoting knowledge sharing and hands-on discussion, it aims to support the implementation of telemonitoring strategies capable of improving access to care, communication, clinical surveillance.

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ID 1675- Family doctor's clinical schedule: evolutionary analysis of the last decade.

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Context: The professional pathway of general practitioners (GPs) develops through internships and employment during medical studies, followed by ambulatory practice. Trajectories – occurring before, during, after medical training – show considerable diversity. No study has fully described these pathways or analyzed links between trajectories and modes of practice in general medicine.

Objectives: This study analyzes the professional pathways and medical practice of GPs in XXX according to temporality (before, during, after studies) and typology (typical, atypical), and explores their influence on clinical practice. It is an ancillary study to a broader analysis of educational pathways and their impact on medical practice.

Methods: We conducted a regional, cross-sectional, descriptive, observational study, using a mixed-methods design (quantitative: Excel®, BiostatTGV®; qualitative: data standardization, typological classification – «

typical »: any employment accessible to medical students or in paramedical fields without specific degrees –, thematic analysis of free-text responses). A self-administered questionnaire, distributed over three months to GPs, explored professional pathways by temporality, current medical practice and perceived influence on practice. Five dimensions were assessed: practice mode, setting, organizational structure, schedule and patient panel.

Results: Participation ranged from 31.01% (1,346 GPs) to 21.87% (949). The primary outcome was statistically significant ($p < 0.05$). Professional pathways, atypical initially, gradually shifted toward medical specialization: 15.53% typical before studies, 56.79% during, 78.09% after. Atypical orientations remained the most frequent model across population characteristics and all five dimensions. Regardless of timing, the health and social, cultural, and sports sector – typically classified – dominated (32.72%), followed by services to individuals and communities (22.77%, mainly atypical), education and training (9.99%, more typical). Most experiences occurred during studies (54.08%). Certain sectors influenced practice mode and patient panel: health, services to individuals, politics/religion had positive effects, while education positively affected practice mode. Politics/religion negatively impacted schedule.

Discussion: No previous study has explored GPs' professional pathways, giving this work originality and relevance. Strengths include a comprehensive questionnaire, high participation, multi-level analysis and statistical power. Limitations include recall bias, a novel typological classification, geographic scope.

Conclusion: This study highlights an enriched model of general practice. Future perspectives include national expansion and creating a directory of French GPs' professional pathways.

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ID 1121- Family history and risk of major adverse cardiovascular events in a Korean national screening cohort

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Context: Background: Herbal preparations, nutraceuticals, and concentrated food extracts are increasingly consumed by patients who perceive them as natural and therefore safe. However, many of these substances significantly influence drug metabolism—most notably through cytochrome P450 and P-glycoprotein inhibition—and may contribute to drug-induced liver injury (DILI). With rising multimorbidity and polypharmacy, interactions between prescribed therapy and food-derived products represent an under-recognised challenge in general practice.

Methods: We describe a 65-year-old patient followed for ulcerative colitis in stable remission. During a routine specialist check-up, progressively rising hepatic and cholestatic markers were identified. Peak laboratory values were markedly abnormal: total bilirubin 39.08 µmol/L (ref. 4.00–22.00), conjugated bilirubin 15.16 µmol/L (ref. 0.00–5.00), AST 2.07 µkat/L (ref. 0.22–0.59), ALT 2.74 µkat/L (ref. 0.15–0.95), GGT 13.88 µkat/L (ref. 0.00–1.13), and ALP 3.25 µkat/L (ref. 0.67–1.99). Abnormalities were confirmed on repeat testing. Liver ultrasound showed no obstructive pathology. A detailed medication and dietary history revealed long-term use of atorvastatin, propafenone, and esomeprazole. Crucially, the patient had recently begun consuming approximately 0.5 L per day of a highly concentrated pomegranate extract. Pomegranate compounds are known inhibitors of CYP3A4 and P-glycoprotein, providing a plausible mechanism of cumulative hepatotoxicity in the context of chronic pharmacotherapy. The clinical picture and temporal association were consistent with an acute mixed hepatocellular–cholestatic DILI. Discontinuation of the extract and adjustment of therapy led to gradual biochemical improvement.This case links a clearly documented DILI episode to a common scenario in general practice: a polymorbid older patient on long-term cardiometabolic medication who adds a "natural" concentrated food product.

Originality: This work offers a concise overview of clinically relevant food–drug interactions with emphasis on hepatotoxic and CYP-mediated mechanisms. Instead of exhaustive pharmacology, it highlights combinations most relevant for general practitioners, including statins, antiarrhythmics, warfarin, immunosuppressants, and herbal or nutraceutical products

Lessons learned and future implications: Complex metabolic concepts (CYP3A4, P-gp, vitamin K, potassium balance, tyramine) are translated into practical red-flag examples applicable in routine counselling and medication review.

Discussion: This case underscores the underestimated risk of interactions between commonly prescribed medications and concentrated food extracts.

Conclusion: Routine inquiry about supplements and nutraceuticals should be a standard part of primary care assessment, particularly in polymorbid patients on long-term therapy.

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ID 1843- Family medicine capacity and ambulance demand: a 13-year equity analysis using linked administrative data

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Context: Over the past few decades, overweight and obesity have been rising, with no signs of slowing down. In spite of being an important risk factor for the development of non-communicable diseases, these conditions can cause additional complications in pregnant women and, consequently, in their children.

Objectives: The aim of this review was to evaluate the prevalence of maternal obesity and overweight in the area of Aveiro region.

Methods: An observational, cross-sectional study was conducted. The population studied included pregnant women with one fetus, monitored in primary health care units', with weight and height records and who had not voluntarily terminated their pregnancy.

Results: Among the 2020 participants, the prevalence of overweight/obesity was 41.9%. Pre-gestational overweight and obesity were identified as significant predictors of pregnancy complications, particularly gestational diabetes, neonatal macrosomia, and increased likelihood of cesarean delivery.

Discussion: Maternal overweight and obesity remain highly prevalent and significantly impact pregnancy outcomes, increasing maternal–fetal morbidity. Our findings reinforce global trends and highlight the urgent need for preventive strategies in primary care. Early identification, nutritional counseling, and weight-management interventions are essential to reduce risks and improve long-term health for mothers and children.

Conclusion: Pre-gestational overweight and obesity are associated with increased maternal-fetal morbidity, but these conditions are preventable and treatable. It is imperative the development of strategies to detain this recognized Public Health problem.

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ID 1403- Family medicine clinic: How to manage ‘a day in the life’ (An interactive experience)

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Context: Indoor air pollution is a major issue in environmental health. General practitioners spend at least one third of their time in consultation rooms, where they may be exposed to indoor air pollutants whose levels remain poorly documented.

Objectives: To assess indoor air quality of general practice consultation rooms and to identify factors that may influence it.

Methods: A descriptive quantitative observational study was conducted between February and September 2023, as part of the XXX project funded by XXX. Sensors installed in consultation rooms continuously measured

CO_2, PM2.5, and formaldehyde. For each room, ICONE confinement indices were calculated based on CO_2 levels. Indicators of central tendency and dispersion were also computed for each pollutant. Simultaneously, ventilation practices were collected through an anonymous questionnaire completed by participating physicians. A comparative analysis was performed to explore potential associations between these practices and ICONE indices.

Results: Ten sensors collected data across thirty-five consultation rooms. Forty percent of them showed at least "high" confinement (ICONE ≥ 3), and 60% of CO_2 measurements exceeded 800 ppm, which is a key value for ventilation management. Despite these high confinement levels, most formaldehyde and PM2.5 concentrations remained below established health-based thresholds. Ventilation practices varied widely among physicians, but no statistically significant association was identified between these practices and confinement levels.

Discussion: High ICONE values suggest substantial exposure to chemical and biological pollutants. However, measured concentrations of formaldehyde and PM2.5 were lower than those reported in studies led in homes or schools. The absence of an association between confinement and ventilation practices may reflect specific characteristics of general practice indoor environments or a lack of statistical power due to the small sample size. A larger and year-round study would be valuable to strengthen and refine these findings.

Conclusion: General practice consultation rooms exhibit high confinement level. Promoting improved ventilation practices appears relevant to reduce exposure to indoor pollutants and limiting contamination risks within these healthcare settings.

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ID 1539- Family Medicine in Precision Public Health: Building the Foundation of Better Care

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Context: Infections caused by mycobacteria, including both the Mycobacterium tuberculosis complex and non-tuberculous mycobacteria, represent a significant cause of morbidity in immunocompromised patients. Deficient cellular immunity predisposes to atypical and diagnostically challenging presentations. This report highlights two such cases, emphasizing the need for careful clinical evaluation and a multidisciplinary approach.

Methods: Case 1: A 28-year-old woman, self-employed, immunocompromised due to anti-TNF therapy for Crohn's disease, presented to the Family Health Unit with a painful ulcerative vulvar lesion. She was referred to the emergency department, where a biopsy was performed, revealing epithelioid granulomas and confirming Mycobacterium tuberculosis infection. Case 2: A 27-year-old man, self-employed, on antiretroviral therapy for HIV infection and co-infected with HCV, under follow-up in the hospital's Infectious Diseases department, presented to the Family Health Unit with four days of rectal bleeding and was initially treated for probable hemorrhoidal disease. One month later, he returned due to persistent post-defecation rectal bleeding, associated with diarrhea—approximately 10 loose stools per day—and intermittent low-grade fever. On physical examination, an elongated erythematous protrusion was observed on the anal mucosa. He was referred to the emergency department, where stool cultures for mycobacteria identified Mycobacterium intracellulare.

Originality: These cases illustrate rare presentations of mycobacterial infections in immunocompromised patients. Case 1 involved a vulvar M. tuberculosis lesion in a woman on anti-TNF therapy, while case 2 featured gastrointestinal M. intracellulare in an HIV/HCV coinfected patient, initially mimicking hemorrhoidal disease. Although such infections are documented, their atypical manifestations highlight unique diagnostic challenges.

Lessons learned and future implications: These cases highlight the need for high clinical suspicion of opportunistic infections in immunocompromised patients, even when symptoms appear common. Early diagnosis requires thorough evaluation and targeted laboratory testing. Future practice should emphasize routine screening in high-risk populations and multidisciplinary collaboration to minimize diagnostic delays.

Discussion: These cases highlight the challenges of diagnosing opportunistic infections in immunocompromised patients. Accurate diagnosis requires careful consideration beyond common clinical assumptions and relies on combining clinical evaluation with laboratory and histopathological findings.

Conclusion: These cases emphasize the value of updated protocols, multidisciplinary care, and professional training to enable early detection, optimize patient outcomes, and support public health planning.

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ID 183- Family Medicine International Medical Graduate Residents' Experience with Receiving Feedback During Residency Training at Western University

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Context: Selfcare is an important element of GP's health care, aimed - among other things, at preventing burnout. Unfortunately, it's often omitted, both during medical studies and postgraduate training. This workshop addresses this issue by exploring possible strategies, with the goal of equipping family physicians with tools to make this difficult task easier.

Objectives: Identifying selfcare needs and resources for healthcare professionals. Designing strategies for effective implementation into daily practice.

Teaching method and workshop: The workshop will consist of three parts: a conceptual introduction, an interactive presentation of various self-care strategies, and a brainstorming session for networking and creating your own contexts. The unique perspectives of the six presenters will

Expected outcomes: Drawing attention to the importance of working life balance in the daily practice of family doctors.

Conclusion: In an increasingly overwhelming reality, searching for selfcare strategies seems like another challenge to overcome, while at the same time allowing for a healthy distance from the stress of everyday life. Keywords: selfcare, burnout, wellbeing, brainstorming, active learning, lifestyle changes, physical activity, sleep, nutrition, stress, strategies, relationships, contact with nature and animals, emotions, sense of coherence.

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ID 21- Family Physicians' Perspectives on Artificial Intelligence in Kosovo's Primary Healthcare: Opportunities, Challenges, and Ethical Reflections

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Context: Being at the vanguard of primary care and taking a holistic approach to medicine put family physicians in a unique position to diagnose, manage and collaborate with other specialties to provide care for patients with rare diseases.

Methods: This is the case of MR, a 51 year old female from the Philippines who presented with a chief complaint of dizziness. Examination revealed distinct heart sounds on the right side of her chest, raising suspicion for Dextrocardia,

which was confirmed by chest xray. Plain abdominal X-ray and an abdominal ultrasound revealed situs inversus totalis. CBC, peripheral blood smear, serum ferritin and hemoglobin electrophoresis showed alpha thalassemia trait. The patient had no prior history of medical consultations, hospital admissions, or surgeries and had delivered her children through non-institutional means, which likely contributed to the late diagnosis of her congenital conditions.

Originality: Alpha-thalassemia is caused by the reduced or absent production of the alpha globin chains. Dextrocardia is characterized by the heart being located on the right side of the chest. In situs inversus, the organs are arranged in a mirror image. When dextrocardia occurs with situs inversus, it is called situs inversus totalis (SIT), a rare condition affecting about 1 in 20,000 individuals. There has been no reported case of situs inversus totalis associated with alpha thalassemia (Chen, 2020).

Lessons learned and future implications: This case report aims to describe the incidental finding of situs inversus totalis in a patient presenting with dizziness and consulted at a medical facility for the first time. The patient did not have pertinent medical history which contributed to the late diagnosis of her rare conditions.

Discussion: A study by Chen, et. al in 2020 described the comorbidities diagnosed with SIT where the most common comorbidity noted was congenital heart disease. Rodrigues et al. in 2020 described a case report where a newborn was diagnosed with SIT and Sickle Cell Anemia. There were no recorded incidence of SIT associated with Alpha Thalassemia.

Conclusion: It is important that doctors encourage routine medical examination for their patients. A holistic approach is beneficial especially in primary care where primary care physicians are the first point of contact of patients.

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ID 1422- Family-Centred Approaches to Familial Dyslipidaemia in General Practice: A Narrative Literature Review

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Context: The traditional pathway leading to general practice extends from secondary school graduation to the specialized medical degree. Although the standard route remains most common, reforms have led to increasingly diverse trajectories. To date, no study has described these pathways or examined their influence on medical practice.

Objectives: This study analyze the educational pathways and medical practice of general practitioners (GPs) in XXX – according to temporality (before, during and after medical studies) and typology (typical versus atypical) – and explore their influence on clinical practice. This work is an ancillary study to a broader analysis of professional pathways and their impact on medical practice according to temporality and typology.

Methods: We conducted a regional, cross-sectional, descriptive and observational study, using a mixed-methods design (quantitative: Excel®, BiostatTGV® ; qualitative analysis: data standardization, typological classification – « typical » : degrees directly related to medical – , and thematic analysis of free-text comments). A self-administered questionnaire, distributed over three months to GPs, explored educational pathways by temporality, medical practice and perceived influence of these trajectories. Five dimensions of practice were assessed: practice mode, setting, organizational structure, schedule organization and patient panel organization.

Results: Participation ranged from 31.01% (1,346 GPs) to 21.87% (949). The primary outcome was statistically significant ($p < 0.05$). Initially typical educational pathways became more diverse over time: 9.28% atypical before, 22.22% during and 26.25% after. The typical pathway remained predominant across population characteristics and all dimensions of medical practice. Secondary-school graduation was most common before medical

studies (43.79%), while university diplomas predominated during (44.83%) and after (54.86%), all classified as typical. Secondary-school graduation and master's degrees positively influenced practice mode. University diplomas and capacity certificates benefited both practice mode and patient panel characteristics.

Discussion: No previous study has investigated GPs educational pathways, making this work original and relevant. Strengths include a comprehensive questionnaire, high participation, multi-level analysis and statistical power. Limitations include potential recall bias, an unprecedented typological classification and geographic restriction.

Conclusion: This study highlights an enriched model of general practice and supports future national extension, development of a directory of pathways and evaluation of the impact of health education reforms on medical practice.

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ID 1726- Features of medical student education that maximise graduate choice of a career in general practice.

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Context: Case of chest pain at primary healthcare centre walk-in clinic.

Methods: 50-year-old male, active smoker, history of hypertension, hypothyroidism. Ramipril 10mg, amlodipine 5mg, eutirox 200 µg. Chest pain which initiated during the night, while at rest. Irradiates to upper abdomen, bilateral neck, left jaw. Improves in right lateral decubitus. Worsens on sitting and on anterior inclination. VAS 8 (0-10). BP 119/60 – 150/100 mmHg SpO2: 95% glycemia 142 mg/dL Unremarkable physical examination. EKG: RS 70 bpm, PR 0.20s, narrow QRS, negative T waves in inferior leads. Emergency referral to hospital: Troponin <14 Creatinine 1.63 mg/dL GFR 48 mL/min CRP 0.26 mg/dL CBC, LFT: normal Chest X-ray: unremarkable Serial troponin: <14 - Paracetamol IV: partial improvement, isolated vomit, anxious patient. Difficulty urinating. Impression: - Mild impairment of kidney function - Atypical chest pain - Possible anxiety component He wishes to be discharged and in light of absence of data suggestive of ACS, he is discharged, instructed to follow-up with his PCP. FOLLOWING DAY: He returns to the healthcentre seeking medical leave. Persistent thoracoabdominal pain with poor food tolerance, profuse cold sweats, fever, and weakness in the lower extremities. Urgent reassessment. EKG repeated, no changes. DD: - Acute gastritis - Pancreatitis - Gastrointestinal perforation Patient referred again to hospital, abdominal CT scan was performed: Stanford Aortic dissection, from the aortic root to the infrarenal descending aorta. The dissection extends to the brachiocephalic trunk, celiac trunk, and superior mesenteric artery. Celiac trunk with dissection extending to a few centimeters distal to the ostium, showing proximal thrombosis within the false lumen. Right renal artery originates from the false lumen. 12h emergency surgery.

Originality: Aortic dissection is not something you see every day. Especially at the primary healthcare level.

Lessons learned and future implications: The importance of considering every piece of medical information is underscored by this case. What could explain the kidney function impairment? How could he have been discharged in the face of the puzzling clinical presentation?

Discussion: More frequently than not, once acute coronary disease is ruled out, chest pain is relegated to the Realm of Anxiety.

Conclusion: Vital that care providers consider potentially fatal diagnoses when confronted with puzzling presentations.

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ID 16- Financial planning learning activity for medical residents

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Context: Extension projects integrated into the School Health Program play a key role in addressing mental health concerns among adolescents. This case report describes an innovative intervention using playful educational strategies to detect and manage bullying, harassment, anxiety, and depression among adolescents aged 12–16 within primary care settings. The initiative reinforced the importance of participatory activities as a pathway for early mental-health identification and prevention.

Methods: The project was implemented at a Basic Health Unit (UBS) in São Paulo with the participation of 30 adolescents. The intervention combined playful tools—such as structured games, role-playing scenarios, and guided group discussions—designed to promote expression, emotional literacy, and identification of risk situations. A clinical vignette involving a 14-year-old adolescent with anxiety symptoms and recurrent bullying was used to stimulate reflection and support group-based problem-solving.

Originality: The project uniquely merged playful dynamics with structured health-education strategies, enabling adolescents to engage in sensitive topics in a safe, non-judgmental environment. This integrative approach demonstrated how extension projects can expand the pedagogical and preventive reach of the School Health Program by fostering meaningful dialogue around mental health.

Lessons learned and future implications: The activities effectively facilitated the identification of adolescents experiencing bullying, anxiety, and depressive symptoms. Participants showed improved empathy, communication, and teamwork. The positive outcomes support the scalability of the method. Future project cycles aim to address additional public-health topics, such as dengue without warning signs, using the same playful-educational framework.

Discussion: The intervention demonstrated how university extension projects can strengthen the School Health Program by incorporating creative, adolescent-centered strategies. Playful activities not only promoted engagement but also enhanced the capacity of primary care teams to identify mental-health risks early, integrating clinical vigilance with health education.

Conclusion: This extension project highlights the transformative contribution of playful activities to adolescent mental-health promotion in primary care. The experience reinforces the potential of extension initiatives within the School Health Program to support early identification, prevention, and comprehensive management of mental-health conditions among adolescents.

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ID 824- Flying high: modelling drone transport networks for pathology sample collection in

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Context: A 70-year-old man with no relevant medical history appear with legs edema coinciding with the onset of warm seasonal temperatures. While initially evaluating for peripheral venous insufficiency, a rapid urine test was performed.

Methods: The urine test showed significant proteinuria, leading to urgent labs that confirmed nephrotic-range proteinuria, hipoalbuminuria, hyperlipidemia and high triglycerides. A kidney biopsy was then performed to determine the underlying renal disease.

Originality: The biopsy confirmed minimal change disease, a rare condition that can take weeks or months to diagnose. This case highlights how a simple, rapid urine test allowed early detection of a pathology not commonly considered in routine evaluations of legs edema.

Lessons learned and future implications: - Rapid urine testing in patients with edema can reveal underlying renal disease even when

initial suspicion points to more common causes, such as venous insufficiency. - Minimal change disease, though rare in adults, should be considered in nephrotic syndrome presentations. - Early recognition allows prompt management, potentially preventing complications from delayed diagnosis.

Discussion: Nephrotic syndrome in adults can appear from various renal diseases, including minimal change disease, FSGS, and membranous nephropathy. Symptoms may imitate common conditions like venous insufficiency. This case shows how simple urine tests can detect proteinuria early, guiding timely biopsy and treatment.

Conclusion: A rapid urine test was key to detecting nephrotic-range proteinuria in a patient presenting with leg edema. This case emphasize the importance of considering renal parenchymal causes in the differential diagnosis of edema and using simple diagnostic tools to uncover potentially serious kidney diseases early.

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ID 1473- Food as medicine, food as poison – Case report: Pomegranate extract triggering acute mixed hepatocellular–cholestatic liver injury (DILI)

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Context: Pneumococcal vaccination is essential for preventing pneumonia and reducing exacerbations in patients with Chronic Obstructive Pulmonary Disease (COPD), a particularly vulnerable group and a priority according to national and international guidelines. At USF do Arco, pneumococcal vaccination coverage was found to be below recommended levels, prompting the development of an intervention project aimed at improving this indicator.

Objectives: The main objective was to increase, over a three-month period, the proportion of COPD patients with up-to-date pneumococcal vaccination to ≥ 85%. Vaccination status was considered up-to-date when patients had received at least one vaccine appropriate to their age and clinical condition, in line with current recommendations.

Methods: The target population was identified using electronic clinical records. The intervention consisted of simple, replicable measures: systematic identification of vaccination status; proactive contact with eligible patients; integration of vaccination checks into all clinical encounters (opportunistic vaccination); development of educational materials, and a brief team meeting to standardize procedures. Evaluation indicators included the proportion of patients with updated vaccination, the number of contacts made, and the acceptance rate of the vaccine.

Results: The intervention is expected to significantly increase pneumococcal vaccination coverage among COPD patients, reducing the risk of pneumonia and exacerbations.

Discussion: By promoting systematic assessment and opportunistic vaccination, this project reinforces a preventive and integrated approach to COPD management within the USF. Its design supports efficiency, feasibility, and alignment with guideline-based care.

Conclusion: The simplicity and sustainability of the intervention allow for continuous incorporation into routine practice and replication in annual quality-improvement cycles.

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ID 2226- Fracture Risk in Different Cancer Types in Individuals with Cancer Compared to Adults without Cancer: A Population-based Study from Southeast of Iran

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Context: Case report of an unusual cause of severe hypocalcemia

Methods: Data extracted from patient´s elctronic medical records. 64-year-old male patient, smoker, diagnosed with high blood pressure(HBP), rheumatoid arthritis(RA), hiperuricemia, gastroesophageal reflux disease(GERD), on chronic treatment with olmesartan/hydrochlorotiazide 40/12,5mg, lorazepam 1mg, methotrexate 15mg, adalimumab, paracetamole/tramadol 650/75mg and omeprazole 40mg, sometimes prednisone added for acute pain. Followed-up by rheumatologyst for his RA. In a general check-up with the family doctor he complainted of 2,5-month duration paresthesias. One week later he experienced uncounsciousness and seizures, sphincter relaxation and amnesia of the episode. The emergency service referred him to hospital, where the initial blood tests were normal except for very low blood calcium, cerebral CTscan normal. He was admitted to internal medicine department. He responded to intravenous calcium, but still presenting dizziness. Then low blood magnesium was also found and the patient responded well to intravenous Mg treatment. Reviewing his treatment, the initial doubt was addressed to adalimumab, which could be responsible for the severe hypocalcemia, but not for the hypomagnesemia. Eventually, the "winner to blame" was omeprazole, as it can produce low magnesium levels with chronic treatments. The final diagnosis at release was severe hypocalcemia secondary to hypomagnesemia due to chronic use of omeprazole. The patient maintained stability, with no new complaint. Omeprazole and adalimumab were withdrawn and replaced with famotidine, calcium and vitamine D. The patient has a follow up booking within two months.

Originality: I bring this case into discussion because it was difficult to get to the correct diagnosis and because the treatment with omeprazole is very common, although this side effect is very rare, as the bibliographic research showed eventually.

Lessons learned and future implications: Although we oftenly use chronic PPI treatments, we should keep in mind that iatrogenesis could be responsible for severe conditions.

Discussion: Polymedicated patients are at risk of lots of interactions and side-effects of their "drug cocktail", difficult to figure out sometimes.

Conclusion: Even if a patient is on a relatively new treatment line (e.g. biological treatments), their complaints might not be due to it, although it´s our first thought. It´s very important to constantly review chronic treatments, especially when new complaints come across.

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ID 1006- Fraternity in the Healthcare Network and Humanity Facing Dyspnea: A Shared Approach to Dyspnea ²α♥

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Context: Dermatological conditions are common in general practice and can present diagnostic challenges. Acral fibrokeratoma is a rare, benign, slow-growing tumour, usually hyperkeratotic, affecting extremities such as fingers, toes, or nails. Although uncommon, it should be considered in differential diagnoses of acral lesions. Diagnosis is histological and treatment requires complete excision. (1)

Methods: A 61-year-old previously healthy woman presented to primary care with a painful lesion on the plantar region of her right foot. The pain worsened with weight-bearing, progressively limiting her daily walks. The lesion had been present for approximately 15 years, gradually increasing in size over time, with no history of trauma or other associated dermatological conditions. On physical examination, a pedunculated, skin-colored lesion with a hyperkeratotic tip and broad base was observed on the anterior third of the plantar foot, measuring 15 mm in length and 5 mm in diameter. Complete excision was performed, and histopathological analysis confirmed acral fibrokeratoma.

Originality: Plantar acral fibrokeratoma is rarely described, with most reports involving periungual or digital lesions. This case is notable for its long duration, atypical plantar location, functional impairment, and detection in primary care, followed by timely referral for definitive management.

Lessons learned and future implications: Systematic skin examination is essential. Primary care clinicians should consider rare fibrous tumours in the differential diagnosis of hyperkeratotic acral lesions. Educating patients on skin changes may reduce delays in seeking care.

Discussion: Although uncommon, acral fibrokeratoma has distinctive clinical features that can guide suspicion. Histological confirmation remains essential. Complete excision provides definitive treatment with minimal recurrence.

Conclusion: Recognition of acral fibrokeratoma in primary care enables timely referral, diagnosis, and treatment. Early identification prevents prolonged discomfort and improves patient quality of life. Keywords: acral fibrokeratoma; primary healthcare; dermatology References: 1. Malik S, Erickson CP, Calame A, Cohen PR. Acquired giant plantar fibrokeratoma: case report and review. Dermatol Online J. 2021;27(5):1–5.

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ID 2200- Frequency and symptom burden of Rome based IBS patterns among adolescents in primary care

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Context: A 76-year-old female presented with recurrent episodes of paroxysmal atrial fibrillation (AF) , each resulting in emergency department (ED) admissions and successful pharmacological cardioversion to sinus rhythm. Despite multiple hospitalizations between June and September 2023, the patient was discharged without recommendations for further ambulatory diagnostics. She reported daily palpitations, visual disturbances, and weakness. PMH included diabetes, hypertension, CKD, asthma, heart failure. For prompt diagnostic workup coordinated care model was implemented

Methods: Following persistent symptoms, ambulatory Holter ECG was performed, revealing continuous AF with a ventricular rate of approximately 115/min, episodes of atrial flutter with 2:1 conduction, and transient bradycardia with a pause of 3.1 seconds. After a brief bradycardic episode, spontaneous conversion to sinus rhythm occurred, with rare ventricular and supraventricular ectopy. The patient was urgently referred to the cardiology department, where a pacemaker was implanted (lead positioned near the left bundle branch).

Originality: This case highlights the diagnostic and therapeutic challenges in elderly patients with paroxysmal AF and sick sinus syndrome, particularly in the context of multiple comorbidities. It demonstrates the value of coordinated care in expediting access to advanced diagnostics and interventions, which may otherwise be delayed in standard outpatient pathways.

Lessons learned and future implications: The case underscores the importance of comprehensive ambulatory monitoring and coordinated care in patients with recurrent arrhythmias and syncope. Early identification of conduction disturbances and timely intervention can prevent further complications and improve quality of life. The experience advocates for broader implementation of coordinated care models in primary care settings

Discussion: Despite repeated ED visits, the patient's arrhythmia was not fully evaluated until coordinated care facilitated Holter monitoring and specialist referral. The findings led to the diagnosis of sick sinus syndrome and the need for pacemaker implantation. The case illustrates the limitations of episodic care and the benefits of integrated, patient-centered approaches in managing complex cardiac patients.

Conclusion: Coordinated care enabled prompt diagnosis and effective treatment of

paroxysmal AF and sick sinus syndrome in an elderly patient with multiple comorbidities. This approach shortened the diagnostic process and improved clinical outcomes, highlighting the need for integrated care pathways in the management of complex arrhythmia cases.

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ID 1453- From a Simple Urine Dipstick to Complex Diagnoses: The Power of a Tiny Test

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Context: Cat Scratch Disease (CSD), caused by Bartonella henselae, is a frequent cause of localized lymphadenopathy in young adults after exposure to cats—especially kittens. Although typically self-limiting, its presentation can mimic other infectious and inflammatory conditions, making clinical recognition important in Primary Care.

Methods: A 25-year-old woman presented to a Primary Care acute consultation with a two-day history of painful lymphadenopathies. She also reported low-grade fever (maximum 37.9°C), fatigue, headaches, and myalgias. Past medical history included asthma and polycystic ovary syndrome. Current medications were drospirenone/ethinylestradiol and inhaled budesonide/formoterol. No drug allergies were reported. When asked about animal exposure, she revealed that she had adopted a kitten from an animal shelter one week earlier. Examination revealed multiple cat scratches on the hands, arms, and neck, and a pustule with erythema and edema in the left retroauricular area. Tender cervical, supraclavicular, and axillary lymphadenopathies were palpated, more prominent on the left. No systemic warning signs or hepatomegaly were identified. The clinical presentation was consistent with Cat Scratch Disease, and treated with azithromycin (500 mg on day 1, then 250 mg/day for four days), along with paracetamol as needed. At two-week follow-up, the patient showed complete resolution of symptoms.

Originality: This case illustrates efficient history-based diagnosis in Primary Care, avoiding unnecessary investigations. The presence of a well-defined inoculation lesion, not always reported, strengthened diagnostic certainty.

Lessons learned and future implications: Routine questioning about animal exposure is essential when evaluating lymphadenopathy. Early recognition of CSD can reduce diagnostic delays and unnecessary referrals. Decision tools may further support Primary Care assessment.

Discussion: The constellation of unilateral painful lymphadenopathy, inoculation lesion, and recent kitten exposure strongly supported CSD. Evidence indicates azithromycin accelerates lymph node regression in symptomatic cases. The rapid response in this patient reinforces its usefulness in clinical practice.

Conclusion: This case demonstrates how a focused clinical history and recognition of typical findings can lead to timely diagnosis and effective treatment of Cat Scratch Disease in Primary Care, preventing unnecessary tests and ensuring rapid patient recovery.

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ID 121- From Awareness to Action: Practicing Diversity-Sensitive Skills in Healthcare

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Context: Toxicological emergencies require rapid reasoning, familiarity with toxidromes and antidotes, and the ability to make decisions under pressure. Traditional lectures often fail to capture the dynamic nature of these situations. Toxin Code adapts the original escape-room concept into an individual, digital, one-hour workshop designed to strengthen clinical decision-making through gamification. Instead of physical materials, participants solve digital challenges that mimic real toxicology scenarios in an accessible and engaging format.

Objectives: -To improve participants' ability to recognize common and severe toxic agents based on clinical presentations. -To reinforce knowledge of key antidotes and indications for their use. -To provide a structured approach to assessing suspected poisonings. -To promote rapid decision-making and critical thinking in simulated emergencies.

Teaching method and workshop: The workshop uses digital puzzles, progressive case disclosure, and guided reasoning tools. 0–5 min – Introduction: Brief presentation of a fictional poisoning scenario and explanation of the interactive format. 5–20 min – Phase 1. Toxic Word Search: Part

Expected outcomes: Participants will gain improved recognition of toxidromes, greater confidence selecting appropriate antidotes, and a practical diagnostic framework applicable to real-life clinical encounters. They will also develop faster analytical skills under time con

Conclusion: Toxin Code demonstrates how gamification can enhance the teaching of toxicology by transforming complex clinical reasoning into an immersive, efficient, and memorable learning experience.

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ID 1321- From Digestive Difficulties to a Severe Depressive Episode – A Case of Somatic Illness Transitioning into Psychological Collapse

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Context: The application of Artificial Intelligence (AI) in telemedicine has the potential to significantly improve healthcare access and quality in rural areas, where resources and medical personnel are often limited. Despite advancements, there remains a need for systematic reviews to assess the efficacy and challenges of these technologies in such settings.

Objectives: This evidence-based review aims to evaluate the current state of AI integration in rural telemedicine, focusing on its effectiveness in improving patient outcomes and accessibility while identifying barriers to implementation.

Methods: A comprehensive literature search was conducted across databases including PubMed, Scopus, and Google Scholar, using keywords such as "AI," "telemedicine," "rural healthcare," and "evidence-based review." Inclusion criteria encompassed studies published from 2015 to 2023 that focused on AI applications in rural telemedicine. Exclusion criteria eliminated studies not available in English, review articles, and that did not report empirical data. The analysis involved qualitative synthesis of the selected studies, with attention to both quantitative findings and thematic insights.

Results: The review identified 25 relevant studies, of which 18 demonstrated significant improvements in diagnostic accuracy and patient satisfaction through AI-enhanced telemedicine platforms. Specifically, AI applications led to a 25% reduction in misdiagnosis rates and a 30% increase in patients' adherence to treatment recommendations. However, barriers such as inadequate internet infrastructure and healthcare provider training were consistently noted, impacting the widespread adoption of these technologies.

Discussion: The findings underscore the dual role of AI as both a facilitator of enhanced healthcare delivery and a challenge due to infrastructural limitations in rural settings. While AI shows promise in improving care, the disparities in technology access must be addressed to realize its full potential.

Conclusion: This review highlights the implications of AI in telemedicine for rural healthcare, advocating for targeted investments in technology infrastructure and training programs. Future research should focus on longitudinal studies to further assess the long-term impacts of AI on health outcomes in these communities, emphasizing collaborative efforts among stakeholders to mitigate barriers.

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ID 1640- From dilemma to development: practicing Ethics through peer discussion in family medicine

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Context: Pre-eclampsia is a major cause of maternal morbidity and mortality, although partly preventable with effective primary care. Low-risk prenatal care enables early risk assessment, recognition of warning signs, and timely preventive measures such as low-dose aspirin and calcium. Understanding the epidemiological profile of affected women helps identify care gaps and guide improvements in primary care.

Objectives: To describe the clinical and epidemiological profile of pregnant women with pre-eclampsia in a tertiary hospital and identify gaps in prevention and risk stratification that should begin in primary care.

Methods: This was a cross-sectional, retrospective, quantitative study based on medical records from a tertiary maternity hospital (XXX), from January 2023 to December 2024. Among 2,764 medical records reviewed, 200 had confirmed pre-eclampsia; of these, 89 were selected using sample size calculation. Sociodemographic variables, obstetric history, comorbidities, medication use, and complications were analyzed. Statistical analyses included descriptive statistics, Spearman correlations, Mann–Whitney U tests, and a classification tree to identify predictors of complications.

Results: The mean age was 31.5 years, and 63% of participants resided in the study area. Hypertensive disorders during pregnancy were prevalent: 78.7% had gestational hypertension and 21.3% chronic hypertension. HELLP syndrome occurred in 6.74% of cases—higher than expected in the general population—and was significantly correlated with imminent eclampsia ($r = 0.320$; $p = 0.002$). The classification tree identified age between 17 and 29 years and marital status as relevant predictors of complications. Previous obstetric events were common but showed no statistical significance.

Discussion: The findings show a profile of young women with metabolic comorbidities and social vulnerability—factors to be identified and managed early in primary care. The association between HELLP syndrome and imminent eclampsia highlights the need for timely recognition of severe warning signs. The higher complication rate among younger women challenges the focus on advanced maternal age, suggesting a key role of social determinants and adherence.

Conclusion: This study highlights the need to strengthen prenatal care in primary care, emphasizing risk stratification, preventive measures, multidisciplinary follow-up, and attention to young, socially vulnerable women to reduce hypertensive complications and maternal morbidity. MeSH: Pre-Eclampsia; Primary Health Care; Prenatal Care; Hypertension, Pregnancy-Induced

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ID 663- From Inclusive Education to Impactful Care: Medical Educators as Catalysts for Future Healthcare through DEI Leadership

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Context: Rural communities experience disproportionate health burdens driven by structural inequality, limited access to services,

transport barriers, multimorbidity and workforce shortages. The NHS Long Term Plan, WHO frameworks on universal health coverage, and WONCA's vision for equitable, community-oriented primary care all emphasise reducing health inequities through strengthened, multidisciplinary, person-centred systems. In England's rural practices, older populations and high rates of chronic cardiometabolic and respiratory conditions demand proactive, integrated approaches. Qualitative evidence from our rural practice demonstrates that micro-MDT models and condition-specific clinical champions can drive substantial improvements across long-term condition management.

Objectives: To evaluate how micro-MDT models and clinical champions within rural primary care can reduce health inequalities, improve access and deliver high-quality, preventive, patient-centred care aligned with NHS, WHO and WONCA principles.

Methods: A qualitative practice-level review was undertaken of service redesign through the introduction of micro-MDT pathways and clinical champions across pre-diabetes, diabetes, respiratory disease, heart failure, hypertension, CKD, lipid management, learning disabilities and weight-management clinics. Data were drawn from clinical performance indicators, staff feedback, patient outcomes and observed changes in service utilisation. The analysis examined alignment with NHS inequality objectives, WHO equity guidance and WONCA Europe priorities for 2026.

Results: Enhanced upskilling of clinicians, structured micro-MDT pathways and extended holistic appointments enabled earlier diagnosis, evidence-based treatment optimisation and more frequent reviews for multimorbid patients. Performance improved above national benchmarks across lipid optimisation, blood pressure control, heart failure diagnosis, CKD coding and treatment, respiratory prescribing quality and primary cardiovascular prevention. Patients benefited from integrated reviews, clearer goal-setting and improved continuity. The model demonstrated clear contributions to equity goals through improved access, reduced unwarranted variation, and earlier intervention in conditions that disproportionately affect rural and deprived populations.

Discussion: This micro-MDT and clinical champion framework supports key NHS and WHO commitments to equity, early intervention and preventive care, and aligns strongly with WONCA Europe 2026 priorities around tackling inequality, strengthening multidisciplinary primary care, and improving outcomes for underserved populations.

Conclusion: Embedding clinical champions within micro-MDT structures can mitigate rural health inequalities, enhance quality, and deliver scalable, sustainable models of integrated, person-centred care that strengthen equity in primary care systems.

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ID 25- From lungs to legs: a hands-on workshop on POCUS for general practitioners

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Context: Primary Health Care is essential to sustainable health systems, and Family Medicine is its central provider. Defined by WONCA Europe as both a clinical specialty and an academic discipline, it is guided by universal principles despite national variations. The Wonca Tree illustrates this framework by linking the specialty's six core competencies to twelve key attributes.

Methods: This opinion piece uses WHO and WONCA Europe definitions, along with Family Medicine's six core competencies, to explore how specialization might affect the discipline.

Originality: The article raises a central and increasingly relevant question: Does specialization risk undermining the very essence of Family Medicine? By framing this debate through the lens of core competencies, it highlights a tension not often explicitly addressed—how additional specialization might enhance certain dimensions of care

while potentially weakening the holistic identity of the family doctor.

Lessons learned and future implications: Family Medicine's holistic, wide-ranging approach is its greatest strength, and excessive specialization may undermine this core identity. Still, specialization can provide benefits—such as greater time and expertise for specific conditions—that help overcome follow-up challenges in everyday practice. Moving forward, the field must balance these advantages with the need to preserve its comprehensive, community-focused nature.

Discussion: The six core competencies collectively ensure that care delivered by family doctors remains accessible, equitable, continuous, and deeply connected to both patient and community. Introducing specialization raises important concerns: Could focusing on narrower fields compromise the holistic and integrative approach central to Family Medicine? Might it shift attention away from community needs or undermine the ability to manage undifferentiated problems? Yet, specialization also presents opportunities for improved disease management and patient follow-up. The debate lies in determining how to integrate specialized skills without fragmenting the discipline's core identity.

Conclusion: Family Medicine is defined by its holistic and community-oriented competencies. Specialization offers meaningful benefits but may threaten these foundational principles if not carefully integrated. The challenge moving forward is to find a balance that preserves the essence of Family Medicine while allowing family doctors to expand their expertise in ways that genuinely enhance patient care.

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ID 968- From Mechanical Pain to Autoimmune Disease: An Unusual Presentation of Antisynthetase Syndrome

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Context: This work applies the CAREMELO principles to strengthen digital, person-centred long-term condition care in a rural English practice. Co-design with patients ensured that digital questionnaires, monitoring tools, and educational modules reflected local needs and priorities. Relevance was embedded through tailoring content to common multimorbidity profiles—including diabetes, hypertension, COPD, asthma and cardiovascular disease—while empowering patients to understand symptoms, risks, and treatment goals. Engagement levels were high, including among older adults, with patients reporting greater confidence and ownership of their care.

Objectives: Advancing Digital and Remote Care in Primary Care (CAREMELO: Accessibility, Monitoring, Education). Reducing Health Inequalities and Strengthening Rural Primary Care (CAREMELO: Accessibility, Education, Outcomes). Workforce Sustainability, Innovation and Integration (CAREMELO: Monitoring, Learning, Outcomes).

Methods: Digital tools—home blood-pressure reporting, COPD CAT scores, Asthma Control Test monitoring, bronchiectasis reviews, and remote diabetes education—provided accessible, user-friendly mechanisms for continuous assessment. These tools enabled early identification of deterioration, supporting rapid, targeted follow-up. Digitally delivered education, aligned with CAREMELO's learning-oriented principles, promoted sustained self-management and improved health literacy. The practice has observed near-zero asthma exacerbations since implementation, illustrating improved safety and proactive disease control.

Results: Rural communities face persistent access barriers. CAREMELO informed the development of inclusive digital pathways that prioritised accessibility, including clear language, stepwise instructions, and flexible submission approaches. This reduced reliance on travel and facilitated timely monitoring, particularly for individuals with mobility or transport limitations. By addressing digital literacy through supportive guidance, the model mitigated digital exclusion and

contributed to narrowing rural health inequalities.

Discussion: Embedding CAREMELO within daily workflows improved efficiency, reduced administrative burden, and enabled clinicians to focus on higher-risk individuals. Continuous digital monitoring improved prioritisation, while structured data supported integrated multidisciplinary decision-making. Staff reported improved situational awareness and more meaningful clinical encounters, reflecting WONCA's emphasis on sustainable, innovative, team-based care models.

Conclusion: The integration of CAREMELO principles with digital engagement tools creates a scalable and equitable model for long-term condition management in rural primary care. This approach enhances patient empowerment, improves clinical outcomes, and supports sustainable, person-centred services aligned with WONCA Europe 2026 priorities.

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ID 2290- From Noise to Action: AI-Driven Real-Time Navigation of Community and Institutional Resources

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Context: Insomnia is a common condition in primary care, significantly impacting patients' quality of life and presenting with a multitude of associated comorbidities. Effective management requires a thorough understanding of its etiology, assessment methods, and non-pharmacological treatment strategies as well as pharmaceutical treatment options. This workshop will introduce general principles for treating insomnia in adults, emphasizing understanding, benefits and disadvantages of each method.

Objectives: • Understand the etiology and assessment of insomnia in adults. • Learn evidence-based non-pharmacological treatment strategies. • Categorize and critically evaluate pharmacological options. • Learn which medication is the best choice for which patient. • Engage in collaborative discussions to clarify uncertainties about specific drugs.

Teaching method and workshop: The workshop will combine short theoretical presentations with interactive group discussions. Participants will be asked to contribute treatment substances that they use in their home country and categorize them. Together as a workshop group the different

Expected outcomes: By the end of this workshop, participants will be able to select the most appropriate sleep medication for different patient profiles.

Conclusion: Mastering the use of sleep medication is a crucial competence for family doctors. Engaging in international exchanges about diverse treatment strategies can broaden perspectives and enhance clinical practice.

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ID 1279- From orbital telemedicine to rural primary care: Ensuring autonomy and equity with space-derived health innovations

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Context: Hepatitis virus infection is one of the most common liver infections in the world. There were about thirteen thousands people died of chronic liver disease or hepatocellular cancer per year in Taiwan annually. Although the clinical impact of chronic hepatitis has been emphasized, health-related quality of life (HRQoL) is getting more and more concerns.

Objectives: The aim of this study was to assess HRQoL in patients with chronic HCV infection by WHOQOL-BREF and EQ-5D, Visual analog scale (VAS) to investigate the difference before and after direct acting antiviral treatment

Methods: This research enrolled 61 adult patients who had HCV hepatitis and receive direct acting antiviral treatment in the hepatic clinic. They were investigated by interview to collect socio demographic data And received WHOQOL-BREF structured questionnaire and EQ-5D & Visual analog scale(VAS) survey before antiviral treatment, and one month after the end of treatment. Informed consent were obtained before starting the face-to-face interview. Clinical characteristics were collect by chart review. The Data was entered into SPSS for Windows Version 17 for analysis and all statistical tests were conducted at the 5% level of significance.

Results: There were 61 HCV hepatitis cases received investigation. 23 males and 38females, their mean age were 54.6±9.3. The mean EQ5D score at baseline is 14.4±0.9, visual scale was 72.9±13.3, WHOQoL self satisfication was 95.7±12.5. ; and mean EQ5D was 13.6±2.8 , visual scale was 81.7±8.9, WHOQoL self satification was 96.8±8.4 at 6 weeks after treatment. By paired- t test analysis, the visual scale of EQ5D showed significant improvement after treatment (P=0.002).

Discussion: .There are studies shown that the impairment in HRQoL for individuals with hepatitis, HRQOL may worsen due to the progression of viral hepatitis and treatment with interferon and Ribavirin. However, this studie was designed to evaluated the HRQoL of HCV patients under direct acting antivirlal tretment, and we found the VAS improvement after 12 weeks treatment.although no obvious improvement by WHOOoL-BREF survey..

Conclusion: Antiviral treatment benefits the HRQoL of patients with chronic hepatitis C.In view of the small sample size , we will further recruit more cases to prove it .

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ID 806- From prevention refusal to advanced disease: a Primary care case of Colon cancer.

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Context: Familial dyslipidaemia is a significant cause of premature cardiovascular disease but remains frequently underdiagnosed in general practice. The principles of family medicine, including continuity, holistic care, and attention to family systems, create favourable conditions for early recognition of hereditary lipid disorders. Understanding family structures, shared behaviours, and intergenerational patterns enhances risk identification. The genogram, in particular, offers an efficient visual tool to map biological relationships and highlight patterns suggestive of inherited dyslipidaemia.

Objectives: This literature review aimed to explore how familial dyslipidaemia is addressed within general practice consultations and to assess the value of structured family history and genogram-based assessment in improving case recognition, risk stratification, and follow-up. A secondary objective was to identify barriers and facilitators influencing the implementation of family-centred approaches in routine primary care.

Methods: A narrative literature review was conducted using PubMed, Embase, Scopus, and Web of Science. Search terms included “familial dyslipidemia,” “familial hypercholesterolemia,” “primary care,” “family medicine,” “general practice,” and “genogram.” Articles published in English between 2000 and 2024 were screened. Inclusion criteria were studies addressing diagnostic strategies, family assessment tools, or management of familial dyslipidaemia in primary care. Exclusion criteria were studies conducted exclusively in specialist settings or lacking relevance to family-oriented approaches. Thematic synthesis was used to summarise key findings.

Results: Evidence indicates that familial dyslipidaemia remains under-recognised in general practice, with diagnostic gaps often exceeding 70%. Structured family history-taking improves identification of index cases, and genogram use supports recognition of multigenerational patterns consistent with inherited lipid disorders. Family-based counselling increases screening uptake and promotes lifestyle adherence among at-risk relatives. Reported barriers include time limitations, insufficient training in genogram use, inconsistent documentation, and a lack of electronic integration. Facilitators include longitudinal patient relationships and team-based care.

Discussion: The findings suggest that family-centred assessment strengthens preventive cardiovascular care by linking clinical information with hereditary risk patterns. The genogram is useful but remains underused due to practical constraints.

Conclusion: Incorporating systematic family assessment and genogram use can improve the detection and management of familial dyslipidaemia in general practice. Further research should examine the impact of genogram-guided approaches on diagnostic accuracy and long-term cardiovascular outcomes.

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ID 667- From Primary Care to Cavitated Empyema: Navigating Diagnostic Complexity in a Frail Older Adult

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Context: A 48-year-old man came very often to the clinic requesting high-dose benzodiazepines for anxiety and insomnia. He showed clear signs of dependence and initially behaved in a rude, evasive, and verbally aggressive way, making it difficult to assess issues beyond his physical symptoms.

Methods: Despite his rude behavior, I stayed calm and tried to understand his distress beyond his behavior. He eventually revealed a recent cocaine relapse due to financial stress. This allowed me to diagnose depression with substance dependence, and he agreed to recieve psycotherapy, which helped him manage anxiety and stay abstinent.

Originality: What makes this case unique is not the diagnoses, but how the therapeutic relationship changed. A calm and compassionate approach helped the patient feel safe enough to reveal his deeper problems.

Lessons learned and future implications: - Hostile or demanding behavior may reflect profound emotional suffering rather than intentional resistance. - Compassion, beyond basic empathy, can be a powerful clinical tool to facilitate trust and honest communication. - Exploring concerns beyond the patient’s immediate request (e.g., benzodiazepines) is essential for identifying comorbid psychiatric and substance-related disorders. - A strong therapeutic alliance is crucial for treatment adherence in individuals with substance use disorders. - Family medicine, with its continuity and holistic approach, is uniquely positioned to identify and support patients with complex psychosocial needs.

Discussion: Patients with substance dependence often show behaviors that are difficult for clinicians to manage and can trigger defensive or judgmental reactions. This may create a cycle of mistrust and limited

disclosure. In this case a compassionate and non-judgmental approach helped break that cycle and allowed the patient to share essential information.

Conclusion: This case shows that family medicine requires not only clinical expertise but also strong relational skills rooted in compassion. By responding to challenging behavior with understanding instead of judgment. Compassionate care can turn a difficult clinical encounter into an opportunity for meaningful improvement and recovery.

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ID 1291- From Pruritus to Persistent Cough: Early clues to an underlying Lymphoproliferative Disorder

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Context: Patiens in general practice often present a challenge, especially when their concerns do not align with identifiable biomedical causes. Psychosocial and family-related factors may play an invisible significant role in their behaviour when seeking consultations, This practice-based case explores how structured family assessment tools can uncover hidden determinants of health and reshape the physician's understanding of the patient.

Methods: A recurrent consultee 51-year-old female, attended multiple consultations over several months, frequently expressing anxiety and somatic concerns. A turning point occurred when she expressed distress about her 18-year-old son scheduling his first independent consultation as an adult. To better understand the underlying context of her recurrent attendance, three family assessment tools were applied during consultations: a family genogram, Mitchell's psychogram and the Thrower Circle. These tools facilitated a structured exploration of her personal and family narrative.

Originality: The assessment done was able to uncover significant unresolved trauma: the sudden death of her husband from pulmonary embolism, ongoing identity distress linked to the absence of her biological father, additional family conflict, low self-esteem related to body image and financial insecurity associated with her work. This case demonstrates the value of family assessment tools in understanding recurrent consultations through a biopsychosocial lens.

Lessons learned and future implications: The process highlighted that recurrent attenders may carry complex emotional burdens not immediately visible within standard appointments. Family assessment tools can provide a safe structure for the patients to articulate their losses, relational wounds, and unmet emotional need, elements previously unspoken in clinical encounters.

Discussion: For the physician, these tools can offer insight into the patient's motivations, improve therapeutic alliance, and provide a more person-centered care plan. Implications include the potential benefit of expanding GP training in family assessment, supporting multidisciplinary collaboration, and allocating protected consultation time when appropriate.

Conclusion: This reflection illustrates how structured family assessment tools can reveal hidden determinants behind frequent appointments, enrich relational understanding, and promote holistic, narrative-based care in family medicine. Their thoughtful integration into general practice may enhance diagnostic depth, patient engagement, and therapeutic alliance.

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ID 331- From Research to Revenue: Transforming Clinical Innovation into Patient Impact

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Context: Accessibility needs at conferences remain insufficiently understood and inconsistently met. EYFDM and WONCA Europe are developing accessibility policies, but important gaps exist: limited community awareness, variable implementation, and absence of systematic data. This workshop addresses these gaps by centering voices of individuals with disabilities, neurodivergence, and caregiving responsibilities—perspectives currently underrepresented in policy development.

Objectives: Educate the community on the importance of accessibility considerations; gather experiential data and feedback from diverse participants to inform policy development; amplify voices of individuals with lived experience of disability and neurodivergence; contribute evidence-based insights to ongoing development of accessibility policies.

Teaching method and workshop: Panel discussion&symposium format: speakers from the community representing diverse accessibility needs as well as policy makers. Audience dialogue&open discussion. Structured feedback via survey. Overview of accessibility challenges in medical conference

Expected outcomes: Participants will gain a deeper understanding of accessibility barriers. Generating data to inform evidence-based guidelines. Collected insights to shape the EYFDM/WONCA accessibility policy.

Conclusion: This workshop (symposium) provides a platform for previously underrepresented voices. Data gathered will inform policy improvements, ensuring equitable participation for all.

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ID 2144- From screen to clinic: translating longevity protocols to primary care

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Context: Background: Family physicians provide equitable, person-centered care, especially in underserved communities. Cultural sensitivity, continuity, and community engagement are essential for effective primary healthcare.

Methods: Experience Description: Over two decades, I cared for diverse populations, including women, children, elderly patients, and those with chronic diseases such as diabetes, hypertension, and mental health conditions. In rural practice, I established trust with residents, managed acute emergencies, coordinated public health initiatives, and collaborated with local councils. Notably, I supervised TB treatment for an HIV-positive young patient, providing medical and emotional support despite social stigma. Later, I continued service in urban family medicine, participated in COVID-19 response through teleconsultation and community education, and mentored medical students and family medicine residents. I also contributed to founding the Iranian Association of Family Physicians and served on its board.

Originality: These cumulative experiences highlight how family physicians navigate medical uncertainty, cultural barriers, limited resources, and emotional distress while maintaining patient dignity

Lessons learned and future implications: Lessons Learned: Cultural sensitivity and community engagement are key to effective care. Continuity of care improves outcomes across ages and conditions. Compassionate care supports vulnerable patients facing stigma or chronic illness. Physician involvement in education strengthens the healthcare system.

Discussion: Implications for Practice: This reflection highlights the essential role of family physicians in delivering holistic, culturally

appropriate care and offers strategies to improve primary healthcare in diverse communities.

Conclusion: Keywords: Family Medicine, Rural Health, Equity, Humanism, Chronic Disease Management, Community Engagement

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ID 440- From Shipyard to Family Medicine: Mesothelioma as a Critical Occupational Health Alert in Primary Care

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Context: Identification of 'at risk' individuals is a core part of primary care practice. Screening programmes are complex and resource-intensive interventions, which must be carefully designed and delivered to maximise benefits and minimise harms. Marginalised groups, (including migrants, sex workers, and homeless individuals) typically participate less in screening programmes due to social, cultural and access barriers, and this can contribute to health inequalities. However, these groups usually have higher burdens of disease and associated impacts for primary care. Various models have been developed to improve uptake of screening and subsequent diagnosis and treatment in marginalised groups in primary care. This workshop aims to critically evaluate these and consider practical implementation strategies.

Objectives: - Understand the principles of screening in primary care and the specific access barriers faced by marginalised groups - Understand the advantages and disadvantages of commonly used interventions to improve participation among underserved groups, such as outreach to community locations, reminder-based interventions and self-test kits - Share and learn from real-world examples of screening models for marginalised groups - Co-design practical, context-specific strategies and solutions to improve screening

Teaching method and workshop: Methods Brief presentations, small group exercise, world café. Schedule Introduction (10 mins): Overview of screening for marginalised groups in primary care, including relevant research evidence Group Activity (15 mins): Using participat

Expected outcomes: Attendees will improve understanding of challenges faced by marginalised groups in access and experience of screening in primary care, and models and practical solutions to enhance uptake and linkage to care in marginalised groups.

Conclusion: This workshop will enable attendees to explore the barriers and enablers to primary care screening programmes for marginalised groups, and develop context-specific ideas and solutions to apply to their own context.

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ID 2278- From Strides To Struggles: A Family Medicine–Led Case Of Guillain-Barré Syndrome In An Adolescent

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Context: Inferior vena cava (IVC) ultrasonography is an increasingly valuable tool for managing patients with chronic heart failure (HF), yet its use in primary care settings is not well described

Objectives: This study aims to evaluate the prevalence of ultrasound-assessed congestion in HF outpatients seen in primary care.

Methods: A cross-sectional observational study was conducted involving all patients diagnosed with HF in five consultation units at our primary care center in Sant Feliu de Llobregat, a city within the province of Barcelona, who agreed

to participate, and they could travel to the centre. A total of 120 patients over 18 years of age were contacted. Collected data comprised sociodemographic factors and cardiovascular clinical characteristics. Ultrasound congestive HF was defined as an IVC diameter ≥21 mm or an inspiratory collapse <50%. Clinical congestion HF was considered present if two or more relevant symptoms worsened (dyspnea, edema, weight gain, jugular vein distention) 1,3. The IVC ultrasonography was performed by doctors from the center trained in 3 sessions of 2 hours each. A descriptive analysis was performed.

Results: Finally, 77 participants were included and 43 excluded due to multimorbidy or mobility problems. Were female 47(61.0%), with a mean age of 80 years. Fifty-one (66.2%) patients had more than two cardiovascular comorbidities, 52(67.5%) had HFpEF, and 21(27.2%) had HFrEF, and 53 (68.8%) had polypharmacy (>5 medications). Ultrasound evidence of congestion was found in 17 participants (22.1%), whereas clinical congestion was identified in only 7 (9,1%).

Discussion: Ultrasound-detected congestion appeared more frequently than clinical congestion during HF follow-up visits in primary care. In older populations, where clinical assessment is often challenging, ultrasonography could have a prominent role easy to perform for evaluating congestion status.

Conclusion: The prevalence of ultrasound-assessed congestion in outpatients seen with HF treated in primary care is high. IVC ultrasonography could be a valuable tool for the follow-up of patients with HF, allowing for early identification of patients at high risk of deterioration. These findings highlight the need for further research.

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ID 615- From Suspected Inferolateral STEMI to Acute Pericarditis with Late Loculated Pleural Effusion: A Diagnostic Challenge in Primary Care

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Context: General practice in French-speaking Belgium currently stands at a crossroads. While the profession once developed in a context of “oversupply,” it is now confronted with the ageing of its workforce. According to the Belgian Federal Health Care Knowledge Centre, in 2000, 24.1% of practising general practitioners were aged 55 or older, compared with 44.3% in 2018. This ageing trend is all the more concerning as it coincides with insufficient renewal of the workforce. The numerus clausus, introduced in 1997, significantly restricted access to medical training and, although quotas have recently been increased, the shortfall persists. In 2024, a 40.7% under-quota of graduates in general practice was observed in the French Community, whereas the Planning Commission targeted 50%. This shortage of young physicians is accompanied by a generational imbalance within representative bodies: a 2021 survey reported that 70% of positions in French-speaking general practice institutions were held by physicians over 40 years old. Taken together, these data point to a clear conclusion: the capacity of French-speaking general practice to represent itself is under threat. In this context, stimulating and supporting the involvement of young general practitioners in the representative institutions of their profession is critical. Such mobilisation is essential to ensure continuity in professional governance and to guarantee that the general practice of tomorrow is shaped by those who will constitute it.

Objectives: To identify barriers and enablers to young GPs’ involvement in representative bodies and to propose concrete actions to strengthen their engagement.

Methods: A workshop at the 2025 Belgian College of General Practice congress invited

participants to identify facilitators, barriers, and actions to enhance young physicians' participation in representative bodies.

Results: The workshop brought together 24 participants with substantial age diversity. The collected data are currently undergoing qualitative analysis. The preliminary analysis suggests that the engagement of young physicians cannot rely solely on individual willingness but requires a supportive and inclusive ecosystem. X

Conclusion: Supporting the engagement of young general practitioners is not only a matter of ensuring the renewal of representative bodies, but also of safeguarding a professional governance that is legitimate, sustainable, and aligned with the contemporary realities of medical practice.

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ID 2276- From Suspicion to Diagnosis: Hidden Cardiac Amyloidosis in General Practice

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Context: Gender bias in medicine is typically discussed in terms of disadvantages for women. However, in Chronic Kidney Disease (CKD), differences in screening habits and GFR estimation formulas might lead to different patterns of underdiagnosis between sexes.

Objectives: To compare the rate of clinical diagnosis (coding) of CKD between men and women who meet the same objective laboratory criteria for the disease.

Methods: Observational study on 988 patients. We selected all patients meeting KDIGO analytical criteria for CKD (GFR < 60 or ACR ≥ 30). We calculated the "diagnosis rate" (percentage of these patients who actually had a CKD code in their electronic health record) and compared it by gender using descriptive statistics.

Results: Sixty-nine patients met the analytical criteria for CKD (42 men and 27 women). Interestingly, women were significantly more likely to be correctly diagnosed (55.6% diagnosis rate) compared to men, of whom only 38.1% had a recorded diagnosis. This occurred despite men and women having similar mean GFR levels (63.9 vs 67.1 ml/min) and albuminuria profiles.

Discussion: Our data reveals a "reverse gender gap" in CKD recognition, where men with renal insufficiency or albuminuria are less likely to be coded as CKD patients than women. This could be related to more frequent healthcare contact by women or a lower perception of fragility in male patients by clinicians.

Conclusion: In our setting, men with objective renal damage suffer from a significantly higher rate of underdiagnosis (61.9%) compared to women. Strategies to improve CKD coding should specifically target the male population to ensure they receive adequate follow-up and preventive care.

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ID 2281- fullpresence meditation

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Context: Participatory approaches include communities and those working with them in this process, promoting active engagement, shared decision-making, and equity in knowledge generation. Patient and Public Involvement and Engagement and participatory methods are increasingly recognised as valuable tools in general practice service design, research, and training. Their importance is evident in healthcare, where collaboration between patients and professionals are central to improving outcomes. However, many primary care clinicians, educators, and researchers lack

confidence in applying this approach, often compounded by structural barriers such as limited time, resources and institutional support. Common concerns include loss of control, added workload, acknowledging the 'unknown', and fear of tokenism or failure.

Objectives: - Understand the principles and spectrum of participatory approaches, including the "ladder of participation." - Understand how to overcome barriers to participatory approaches and build confidence in using them. - Share and learn from real-world examples - Co-design practical, context-specific strategies and solutions to applying participatory approaches in primary care

Teaching method and workshop: Methods A highly interactive workshop, led by experienced facilitators comprising brief presentations, small group exercise, world café, short video, Schedule Introduction (10 mins): Overview of participatory principles and ladder of par

Expected outcomes: Attendees will better understand participatory approaches, and identify practical ways to use these to enhance engagement, relevance, and impact across general practice, research and educational settings.

Conclusion: This workshop will enable attendees to explore the relevance and value of participatory approaches in primary care research and practice, and develop confidence, ideas and solutions to apply to their own context.

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ID 2011- Game on: how to design interactive workshops for learner engagement

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Context: The problem of type 1 diabetes mellitus (DM) remains relevant due to the constantly increasing incidence, the development of complications that lead to loss of work capacity and disability of the population, and due to the high mortality rate in all age groups. Modern literature presents studies on the leading issues of etiology, pathogenesis, clinical and morphological manifestations of type 1 DM, but there is still no established concept of a comprehensive approach that affects the quality of diagnostic and preventive measures.

Objectives: To identify the main risk groups for type 1 diabetes and to propose a comprehensive approach to predicting and preventing the development of this disease in children born to mothers with type 1 diabetes. The study material constitutes the data from medical charts of the development of children from 0 to 16 years old who were born to mothers with type 1 diabetes.

Methods: Anamnestic, statistical.

Results: Data from medical records of children aged 0 to 16 years were analyzed in order to compare the developmental characteristics and nature of morbidity in children born to healthy mothers compared to children born to mothers with type 1 diabetes.

Discussion: It was found that children born to mothers with type 1 diabetes are more likely to suffer from chronic diseases of the cardiovascular and respiratory systems; in 45 percent of observations, additional instrumental methods of research showed the presence of disorders of the immune system. Every second child was classified as a 2nd or 3rd health group due to the chronicity of the process. In 10 percent of children, clinical manifestations of type 1 diabetes mellitus occurred, in 25 percent - transient hyperglycemia was observed.

Conclusion: Considering the aforementioned data, it is crucial to classify children born to women with type 1 diabetes mellitus as ones at risk for the development of type 1 diabetes mellitus, as well as the development of chronic pathologies of the cardiovascular, immune and respiratory systems. Accordingly, such children require additional research and medical examinations for the purpose of prevention, timely detection and treatment in order to prevent the development of chronic pathologies and disability in the future.

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ID 1414- Gender disparity in Chronic Kidney Disease diagnosis: are men being left behind?

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Context: In primary care, family physicians often face patients whose physical illnesses are deeply influenced by social determinants of health. Managing chronic pain becomes particularly challenging when combined with domestic violence, alcohol misuse, and social vulnerability. This case illustrates how social adversity can shape clinical outcomes and therapeutic responses, creating new challenges for healthcare systems.

Methods: We present the case of a middle-aged woman, a frequent attender in our practice, with a long history of chronic coxalgia that ultimately required bilateral hip prostheses. Beyond her physical illness, she lives in a highly complex social environment marked by domestic violence and lack of family support. She developed alcohol dependence, which progressed to cirrhosis and gastroesophageal varices. During an emergency hospital visit, physicians unfamiliar with her background prescribed opioid analgesics. Since then, she has developed opioid dependence, and attempts to taper and discontinue have been unsuccessful.

Originality: This case highlights the intersection of chronic pain, social adversity, and iatrogenic harm. It shows how lack of continuity of care and limited awareness of context can exacerbate vulnerability, leading to new health problems such as opioid dependence

Lessons learned and future implications: This experience demonstrates that comprehensive care must extend beyond physical treatment and include understanding of the patient's social reality. Continuity of care is essential to avoid inappropriate clinical decisions, and complex cases demand multidisciplinary approaches involving social services and mental health support. Opioid prescribing must be cautious and contextualized, as vulnerable patients face high risk of dependence. Finally, the role of the family physician is not only to treat symptoms but also to defend patient autonomy, ensure fairness in access to care, and foster solidarity in clinical relationships

Discussion: This case emphasizes the need to integrate a biopsychosocial perspective into practice. Although prosthetic surgery improved mobility, unresolved social issues and alcohol misuse perpetuated suffering. Introduction of opioids without contextual knowledge worsened her condition, revealing how lack of coordination between care levels can lead to harm

Conclusion: Chronic pain cannot be managed in isolation from the patient's reality. Family physicians must promote holistic care, ensure continuity, and apply prudent prescribing. Addressing vulnerability requires collaboration across medical, psychological, and social domains to improve outcomes

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ID 184- Gender-Affirming Care in Family Medicine: From Uncertainty to Confidence

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Context: AI is becoming increasingly visible in primary care, yet much of the current conversation remains limited to efficiency, capacity and technical innovation. These are important, but they don't address the deeper, more human questions many clinicians and leaders are already grappling with: How will AI change the identity of our teams? Who may be

excluded from new digital pathways? What happens to local clinical wisdom ?how do we reconcile the environmental and ethical costs of large-scale digital adoption? These quieter concerns shape trust, cohesion, fairness in ways that often go unnoticed. This workshop provides space to explore these overlooked impacts and consider how leaders can guide AI adoption responsibly, with people and values at the centre.

Objectives: This workshop aims to help leaders explore the human, ethical, and environmental impacts of AI in primary care.Use **Liberty, Equality and Fraternity** to examine autonomy, fairness, and team cohesion in the context of digital transformation.Equip leaders with practical strategies to implement AI responsibly while preserving team identity, inclusion, and patient trust.

Teaching method and workshop: Participants engage in short provocations, scenario-based discussions, and small-group mapping exercises. The session encourages reflection, dialogue, and collaborative problem-solving, allowing leaders to consider how AI affects teams, patients, and the

Expected outcomes: Participants will better understand how AI affects team dynamics, equity, and patient trust. They will leave with actionable strategies to lead responsible, values-driven digital transformation

Conclusion: This workshop helps leaders move beyond the hype, addressing the hidden challenges of AI. By focusing on autonomy, fairness, and cohesion, leaders can implement digital innovation that strengthens, rather than weakens, the human foundations of primary care.

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ID 1790- General Practice and Judicial Expertise: A Nineteen-Year Experience from Algeria

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Context: Chronic diseases require continuous, patient-centred care, yet access to follow-up is often limited by organisational and social barriers. Telemedicine is promoted as a tool to improve continuity and equity of care, but real-life evidence from pathways involving community and primary care physicians is limited. At the AOU Policlinico Umberto I (Rome), a Day Service of predictive, gender-specific medicine and chronicity coordinates an integrated pathway for adult chronic diseases in collaboration with community and primary care medicine, using video consultations for follow-up.

Objectives: To evaluate feasibility, acceptability and perceived impact of this telemedicine pathway for adults with chronic conditions, and to identify factors associated with digital difficulties.

Methods: We conducted a prospective cohort including adults with metabolic syndrome, diabetes mellitus, osteoporosis, arterial hypertension, asthma, COPD and long-Covid followed through scheduled televisits between September 2023 and July 2024. Clinical and organisational data were collected, together with Patient-Reported Experience Measures (PREMs). Difficulties in using the technology were analysed by age group and presence of caregiver support.

Results: A total of 120 televisits were performed. Telemedicine was highly accepted: 96% of patients expressed willingness to continue and 97% did not require an additional in-person visit. PREMs showed high satisfaction: 76% of patients felt more confident in managing their condition, and over 90% perceived improved symptom control and a better relationship with their physician. Technological difficulties were concentrated among patients over 60 years without caregiver support, who had a significantly higher risk of problems in connecting and interacting online.

Discussion: Telemedicine within an integrated chronic care pathway can strengthen patient empowerment, continuity of care and the therapeutic alliance, while reducing potentially avoidable face-to-face visits. At the same time, age-related digital divides and lack of family or

community support may limit access for the most vulnerable, risking new inequities.

Conclusion: Telemedicine appears to be an effective and well-accepted tool for chronic disease management in a Primary Care–Community Medicine context. Scaling up such models requires investment in digital literacy, technical support and structured links with territorial services, in line with national and regional policies, so that telemedicine promotes equity and humanism in primary health care.

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ID 1228- General Practitioners at the Ethical Frontier: Planetary Protection, Space Medicine, and Primary Care Stewardship

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Context: Post-electric shock cardiothoracic symptoms in a 25-year-old female with normal cardiac evaluation.

Methods: A 25-year-old woman, with no significant medical history, presented to Primary Healthcare following an occupational electric shock two days prior. Since the incident, she has experienced chest oppression, asthenia and bradykinesia. On physical examination, cardiopulmonary auscultation was rhythmic without murmurs or additional sounds; transient tachycardia resolving within seconds. No entry or exit point of the electrical current were observed. An electrocardiogram was performed showing sinus rhythm at 80 bpm, narrow QRS, no conduction abnormalities and no repolarization changes. Three days later, chest pain persisted and aphonia appeared without odynophagia. Physical examination revealed normal cardiopulmonary auscultation, normal oropharynx and intense tenderness on palpation over the sternum and ribs. A Cardiology e-consultation was requested and chest and sternum X – rays were performed with no acute pathological findings. During Cardiology consultations, a new ECG showed sinus rhythm at 67 bpm, PR interval 114 ms without clinical relevance, and a transthoracic Doppler echocardiogram revealed no abnormalities.

Originality: Electrical shocks can produce cardiovascular, neurological and musculoskeletal symptoms of varying severity. In this case, the patient experienced chest pain, asthenia, bradykinesia and aphonia following a low-voltage electrical shock, without detectable electrical or structural changes. The case highlights the usefulness of e-consultations for rapid cardiology assessment and follow-up in Primary Healthcare.

Lessons learned and future implications: This case demonstrates the importance of comprehensive evaluation and follow-up after electrical injuries, even in the absence of abnormal findings in tests performed in Primary Healthcare. Persistent symptoms may require interdisciplinary assessment, and the role of the Primary Care physician is essential for monitoring and coordinating with specialists.

Discussion: Electrical injuries present a wide spectrum of clinical and electrical manifestations, ranging from asymptomatic to life-threatening. In this patient, chest pressure and bradykinesia were not explained by electrical or structural alterations. This confirms that not all symptoms following an electric shock are of cardiological origin, highlighting the importance of thorough patient evaluation.

Conclusion: Comprehensive Primary Healthcare, combined with specialist collaboration via e-consultations, ensures proper management of patients after electrical injuries. Even when tests are normal, symptoms monitoring and follow-up are essential for patient reassurance and preventing complications.

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ID 1656- General practitioners' views on evidence-based hypoglycaemic spices and foods in type 2 diabetes management: a cross-sectional study

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Context: Family medicine is a fast-paced, high-pressure environment with limited opportunities to share techniques for managing workload and stress in a safe, supportive setting. Real-world scenarios, such as handling difficult patients (Bailey, Marin and Bangs, 2023), are explored using evidence-based tools. These challenges can affect clinicians' physical and mental health. A simulated space for discussion and learning helps participants develop strategies to support their wellbeing while maintaining high-quality care.

Objectives: Identify and prioritise competing clinical demands in a simulated clinic. Demonstrate effective time-management when balancing appointments, results, interruptions and unexpected events. Respond as a team to acute situations in primary care. Reflect on personal strengths and growth areas, and share techniques for managing difficult days. For students and trainees, the simulation provides added clinical experience in a safe, supported environment.

Teaching method and workshop: Groups will be formed at the start with a mix of students, trainees and qualified family physicians. Multiple teaching methods will be used, and the session will mimic a typical clinic. A non-linear PowerPoint will guide participants, with the clinic's di

Expected outcomes: 1. Increase competence and confidence in clinical-workflow management and common challenging scenarios 2. Through application and shared reflection, identify tools and techniques that will help you manage your own clinic

Conclusion: This interactive workshop offers an engaging way to prepare future and current GPs for the challenges of primary care. Designed by students and early-career GPs, it reflects real-world pressures. By simulating a dynamic clinic with acute events, rapid decision-making, and reflective practice, participants can build confidence, sharpen prioritisation skills and better understand how to manage the complex demands of family medicine while providing compassionate, comprehensive care whilst maintaining their wellbeing.

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ID 485- Generic dispensing rates for substitutable drugs prescribed by general practitioners compared with other private ambulatory specialists: A study based on a French national reimbursement database

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Context: Violence was recognized as a major and growing health threat by a 1996 World Health Organization resolution. While workplace violence occurs across sectors, healthcare is particularly vulnerable, accounting for about a quarter of all incidents. In the EU-27, incidence reaches 15%, and surveys confirm health workers facing one of the highest risks. Firearm-related violence is increasingly acknowledged as a public health issue, though physicians' role in prevention remains debated.

Methods: Following two premeditated murders of physicians in 2007 and 2017, the Medical Chamber of Slovenia established an interdisciplinary task force. Its mission includes raising awareness, collecting data on violent incidents, proposing legal amendments, offering workshops, and counselling victims. In 2025 (until Dec 1), four workshops were conducted, members lectured at conferences, and participated in a round table. One notable case involved a rural family doctor. After declining a patient's requests for referrals or sick leave, the patient placed a gun on her desk.

The doctor, fearing for herself, staff, and family, sought guidance. Anxiety affected her work, and she hesitated to report the incident, unsure if the weapon was real.

Originality: A 2017 online survey found 17% of respondents experienced physical violence and 99% (N = 1096) psychological violence. Firearm exposure was rare. Following a 2017 shooting of a urologist in Izola Hospital, no further firearm assaults occurred. This case, where the weapon was displayed but unused, required careful analysis and development of guidance for medical staff.

Lessons learned and future implications: The task force's chief police inspector advised the doctor to report the incident, emphasizing that any firearm-related threat must be reported, regardless of authenticity.

Discussion: Firearm policies differ globally. A review by McGuire et al. found weapons prevalence in healthcare from 0.4% to 26.3% (1984–2023). Prevalence was 2.0% among hospital entrants and 1.6% in emergency departments. US hospitals are considered "hot zones," yet firearm screening in primary care remains controversial and policy-dependent.

Conclusion: Healthcare facilities must remain safe. Policymakers should adopt legislation protecting patients and staff from firearm violence. Strengthening healthcare workers' capacity to manage threats is essential and primarily the responsibility of employers.

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ID 1335- Genetic predisposition and epigenetics of anxiety disorders

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Context: With global population ageing and increasing multimorbidity, home care services have become a vital part of primary healthcare. In Turkey, home care targets individuals who are bed-bound, device-dependent, functionally limited, elderly or unable to reach health facilities. Aligned with WHO principles, the national system is organized through a central call center, provincial coordination units and multidisciplinary home-care teams. Since the 2023 restructuring, the system has grown rapidly: in one tertiary region, more than 2000 patients have been served, and around 700 are under active follow-up. Teams include physicians, nurses, emergency medical technicians/home-care technicians, and when needed, physiotherapists, social-care liaisons, tele-health staff and collaboration with public safety services. Provided care includes medical examinations, wound care, sampling, catheter and enteral access procedures, injections, chronic disease monitoring, physical therapy, palliative support and remote-care technologies. This workshop explores how Turkey's model reflects the WONCA 2026 values of liberty (autonomy), equity (fair access), fraternity (community solidarity) and humanism (dignified, compassionate care). Participants will share national experiences, compare systems and co-develop adaptable, transferable solutions for strengthening home-based care.

Objectives: Understand the structure, team composition, and service scope of the Turkish home-care model. Analyse how home-care practices promote autonomy, equitable access, solidarity and human-centered care. Compare international home-care models and identify shared challenges. Develop practical improvement strategies for primary-care-based home-care services

Teaching method and workshop: Mini-lecture on the Turkish model Multidisciplinary team role analysis Case-based small group discussions (COPD, dementia, terminal cancer) Role-play on first home visit, consent and safety planning Mapping equity gaps International experience sharing 10

Expected outcomes: Participants will gain practical insights into an adaptable team-based home-care model, acquire tools for triage and home-visit planning, and co-create strategies to strengthen equity and humanism in primary care. Cross-country dialogue will support colla

Conclusion: Turkey's home-care model demonstrates how accessible, multidisciplinary and person-centered services can uphold

WONCA's core values. This workshop provides a dynamic platform for international comparison and the development of transferable improvements in home-care practice.

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ID 1052- Genetic Variants Associated with Metabolic Syndrome in Relation to Insulin Resistance Risk Estimated by METS-IR and METS-VF

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Context: Despite physicians' high medical competence, misunderstandings frequently occur in doctor–patient relationships. These misunderstandings often stem from communication breakdowns, especially when both sides perceive different priorities during the visit. Such misalignments can diminish satisfaction with care.

Objectives: The aim of the study was to compare which elements of a primary care visit are considered most important by patients and by physicians. In addition, we examined whether any discrepancies exist between the two groups in their priorities and experiences.

Methods: An anonymous survey (paper-based in primary care clinics and online) was conducted from June to November 2025. A total of 82 patients and 49 physicians participated. An author-designed questionnaire on communication and expectations during the visit was used, featuring questions rated on a five-point Likert scale. Comparative analyses were performed between the responses of the two groups.

Results: Both groups assigned the highest importance to an accurate diagnosis, effective treatment, and a clear explanation of the health condition. Physicians were more likely to indicate empathy, courtesy, and eye contact as very important. Patients, in turn, placed greater emphasis on being informed about treatment costs and practical information related to treatment, costs, and next steps after the visit. Physicians rated their own communication skills higher than patients did. Conversely, patients reported adhering to recommendations more often than physicians believed.

Discussion: Both parties share similar intentions. However, differences in the prioritization of expectations and in self-assessment of communication can lead to dissatisfaction and frustration. Each side may not fully recognize the other's priorities.

Conclusion: Understanding and accounting for mutual expectations regarding communication can improve the quality of the doctor–patient relationship and enhance the effectiveness of treatment. Primary care practitioners should balance the factual and relational aspects of the visit and ensure that the patient understands the diagnosis and plan of action.

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ID 861- Geophagy in a 2-year-old child and 5-month-old child

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Context: Concussions represent a growing health issue in amateur rugby due to the potential neurological sequelae associated with repeated head injuries. To structure their management, the French Rugby Federation introduced the "blue card protocol" in 2019, which is requiring a minimum ten-day before returning to play. The real-world application of this protocol remains poorly documented.

Objectives: This study aims to evaluate post-concussion behaviors among amateur rugby players in the Occitanie region and assess their compliance with federal recommendations.

Methods: We roll out a quantitative descriptive study using an online questionnaire distributed to senior licensed players between September and November 2024. The primary evaluation

criterion was the duration of rest following a concussion, compared with the 10-day standard using a Wilcoxon test (non-parametric sample). Secondary criteria involved the implementation of the blue card, access to medical care, and players' level of knowledge.

Results: A total of 411 responses were collected, including 202 players who reported concussions since 2019. Among them, 95 did not take heed of any rest period after the injury, and the average rest duration was estimated at 8.5 days. The difference between this result and the recommended 10-day rest period is significant. The blue card was applied in 26.5% of cases. The data were comparable across all levels. Meanwhile, only 40% of players consulted a healthcare professional, and 30% reported having no knowledge of concussion risks but expressed a desire for better information. More than 75% would consider consulting their family doctor in case of a future concussion.

Discussion: The results highlight a concerning gap between official recommendations and real-world practices, both in rest duration and in the use of the regulatory protocol. These discrepancies can be explained by a rugby culture that tends to minimize symptoms, a lack of awareness, and limited access to medical services.

Conclusion: The leading role of the general practitioner appears essential in the prevention and support of players. Strengthening the training of stakeholders in amateur rugby (players, staff, referees) is a key lever to improv concussion management.

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ID 1529- Gestational Diabetes -Quality improvement project of postnatal review clinic

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Context: As GPs, we sometimes find ourselves stuck in demanding routines without pausing to consider how we actually want to work. This workshop invites participants to zoom out and reflect on their professional lives, questioning assumptions about what their workday "should" look like. An enjoyable work situation increases job satisfaction, resulting in sustained employee engagement.

Objectives: Participants will: - identify what inspires them and gives them energy - clarify their values and priorities - recognize areas where they feel stuck - explore possibilities for change in their work situation - outline elements of their ideal workday

Teaching method and workshop: The session combines guided reflection, small-group discussions, and peer exchange. Interactive exercises help participants articulate their wishes and learn from others' perspectives. Workshop Schedule (60 minutes) 0:00–0:10 Introduction and framing 0:10

Expected outcomes: Participants will leave with increased clarity about what matters to them in their work, renewed inspiration, and practical ideas for shaping a more fulfilling professional routine. They will recognise that they are not fixed in their current situation an

Conclusion: This workshop creates space for (young) GPs to reflect, connect, and redesign aspects of their work life, fostering well-being and sustainable professional satisfaction.

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ID 681- Getting started with research: simple study designs you can begin today

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Context: Le prédiabète constitue un problème croissant de santé publique, en particulier dans

les pays à revenu intermédiaire. En Tunisie, les médecins de première ligne sont en première position pour le dépistage et la prévention, mais les données nationales récentes restent limitées. L'étude TUN-PREDIAB a été mise en place pour estimer la prévalence du prédiabète en soins primaires et identifier ses principaux facteurs prédictifs.

Objectives: Estimer la prévalence nationale du prédiabète chez les consultants de première ligne ; Décrire le profil clinique et métabolique des patients ; Identifier les facteurs associés au prédiabète ; Explorer l'influence des habitudes nutritionnelles, notamment l'adhésion au régime méditerranéen.

Methods: Étude transversale descriptive menée du 2 mai au 9 septembre 2025. Ont été inclus les patients ≥18 ans consultant en médecine générale, médecine de famille ou médecine du travail, après consentement éclairé. Ont été exclus : diabète connu, traitements influençant la glycémie, grossesse, comorbidités sévères. Les données ont été collectées via la plateforme sécurisée DACIMA Clinical. L'HbA1c a été utilisée pour classer les patients (normale, prédiabète, diabète). Des analyses statistiques univariées et bivariées ont évalué les associations (seuil de significativité $p < 0,05$).

Results: Au total, 6 470 patients ont été recrutés dans les 24 gouvernorats ; 5 180 ont été retenus dans l'analyse finale. La prévalence du prédiabète atteint 63,3 % dans la population étudiée. Une proportion de 79 % présente un IMC ≥25 kg/m² ; la moitié des prédiabétiques est obèse. Le prédiabète est significativement associé à l'âge croissant ($p < 0,001$) et au niveau scolaire ($p = 0,025$). Aucun lien significatif n'a été retrouvé concernant l'adhésion au régime méditerranéen ($p = 0,161$).

Discussion: Les résultats montrent un fardeau métabolique majeur en soins primaires tunisiens. L'excès pondéral, très fréquent, apparaît comme un déterminant majeur. La couverture géographique exhaustive renforce la robustesse des estimations.

Conclusion: Le prédiabète en première ligne en Tunisie atteint un niveau alarmant, nécessitant un renforcement urgent des stratégies de dépistage, de prévention et d'éducation thérapeutique pour limiter la progression vers le diabète de type 2. Ces résultats appellent à des interventions ciblées et à des recherches complémentaires pour adapter les politiques nationales de santé.

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ID 1009- Glycemic control rather than Opiates reduces pain in poorly controlled diabetes with Chronic degenerative disc disease

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Context: Thymoma is a rare neoplasm of the thymic epithelium, representing a small proportion of thoracic tumors. Its clinical course is often indolent, but local invasion and association with paraneoplastic syndromes, such as myasthenia gravis or neuropathies, complicate diagnosis and management. We present a case of a 57-year-old male with a history of long-term occupational exposure to toxic substances, who was diagnosed with thymoma following routine screening and evaluation for chronic lower limb sensory disturbances and muscle weakness.

Methods: A comprehensive diagnostic approach was undertaken, including detailed history, physical examination, laboratory tests, and imaging (chest X-ray and CT). Given the atypical neurological symptoms and well-controlled diabetes, the diagnostic process was expanded to include paraneoplastic syndromes. Surgical resection of the mediastinal mass was performed, followed by histopathological confirmation of type AB thymoma with capsular and adipose tissue invasion. The patient received adjuvant radiotherapy and subsequent resection of a large subcostal lipoma.

Originality: This case highlights the diagnostic complexity of thymoma presenting with paraneoplastic neuropathy in a patient with well-controlled diabetes and significant occupational exposure. The case underscores

the importance of considering paraneoplastic syndromes in the differential diagnosis of neuropathy, even in patients with established risk factors such as diabetes.

Lessons learned and future implications: An interdisciplinary and holistic approach, including preventive screening and thorough evaluation of atypical symptoms, is essential for early detection of rare malignancies. The case demonstrates the pivotal role of the family physician in recognizing red flags and initiating appropriate diagnostics. Future clinical practice should emphasize occupational health, regular screening, and awareness of paraneoplastic manifestations.

Discussion: The presented case illustrates the challenges in diagnosing thymoma, particularly when initial symptoms are nonspecific and may be attributed to more common conditions. It also emphasizes the need for vigilance regarding occupational risk factors and the value of a multidisciplinary team in patient management. Early diagnosis and intervention can significantly improve prognosis and enable curative treatment.

Conclusion: This case demonstrates that prompt, interdisciplinary evaluation and preventive care can lead to the early diagnosis and successful treatment of thymoma. The family physician's role is crucial in identifying atypical presentations and ensuring comprehensive patient care, ultimately improving patient outcomes.

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ID 1678- Goal oriented care : a paradigma shift in complex situations

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Context: Hypertension is a major chronic condition in primary care, with e-health adoption varying widely across countries. While digital tools for monitoring blood pressure and delivering remote care are evidence-based, their use is influenced by resources, workforce capacity, policies, and cultural factors. The Hypertension Galaxy Lab adopts a systems-thinking approach, using a galaxy metaphor to examine national differences in e-health for hypertension management, while encouraging collaborative learning among primary care professionals.

Objectives: 1. Describe and compare e-health practices in hypertension treatment across different countries. 2. Create a "health system galaxy" visualizing their country's resources as "stars," digital tools as "satellites," barriers as "black holes," and collaboration opportunities as "orbits." 3. Identify common facilitators and challenges in implementing e-health solutions for hypertension management. 4. Identify potential areas for international cooperation or future initiatives involving multiple countries.

Teaching method and workshop: The workshop includes a brief theoretical overview, metaphor-based instruction, and small-group teamwork. Participants work in diverse international groups using visual templates to examine and compare system components, fostering active participation and

Expected outcomes: Participants will identify opportunities for improvement and build cross-country connections. The workshop will develop a collective map of shared facilitators, barriers, and ideas for future implementation or research.

Conclusion: This workshop makes complex system variability simple and engaging,

providing practical insights and collaboration opportunities for primary care and global e-health in hypertension management.

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ID 2130- Gum hypertrophy and Amlodipine

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Context: Rural family medicine offers a model of care different from urban practice. In small villages where the doctor's office opens only a few days per week and healthcare professionals become a stable reference for patients, relationships naturally deepen. As a third-year family medicine resident in a rural community, I followed an older male patient for several years. His frequent visits and personal circumstances show how continuity of care in rural settings goes beyond clinical practice and becomes a meaningful human bond.

Methods: From the beginning of my residency, the patient attended almost weekly, taking advantage of the few days we were present in the village. He was always polite and grateful, reflecting the familiarity of rural care, where community interactions extend beyond the consultation room. During these years, I accompanied him through minor complaints and complex situations. Early in my training he presented with fulminant hepatitis and marked jaundice, which resolved spontaneously. I also witnessed the emotional burden he carried as caregiver for his wife with Alzheimer's disease. This summer he presented with macroscopic hematuria. The diagnostic work-up revealed stage IV metastatic bladder carcinoma. Despite appropriate referral and palliative support, he died four months later. Accompanying him during this final stage affected me deeply, not only as a doctor but as someone woven into the fabric of this small community

Originality: This case highlights the unique relational depth of rural primary care, where long term follow-up and community proximity create emotional and ethical challenges rarely seen in urban settings. The permeability between clinical encounters and community life shapes a distinctive professional experience

Lessons learned and future implications: His death was the first that profoundly affected me as a resident. I learned that rural medicine requires skills seldom taught: managing grief, balancing closeness with boundaries, and recognizing proximity as both therapeutic and vulnerable. These insights will shape my future practice, especially in end-of-life care and community-centred approaches

Discussion: This case underscores the need for residency programs to integrate emotional preparedness, continuity skills and rural competencies

Conclusion: This experience reaffirmed that rural family medicine is woven through humanity, closeness and community, and the patients can profoundly shape a clinician's professional identity

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ID 2182- Harm reduction in primary health care: challenges and strategies´s community health workers for person-centered care

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Context: Lifestyle Medicine (LM) has gained wide visibility in recent years, yet misconceptions persist among healthcare professionals. LM is often confused with

practices with non-evidence-based interventions. This conceptual ambiguity contributes to inconsistent implementation in clinical settings. At the same time, the growing burden of chronic diseases highlights the need for primary care teams to integrate structured, evidence-based lifestyle interventions. Family medicine (FM), with its holistic, person-centred approach and long-term clinical relationships, is uniquely positioned to deliver LM effectively. Clear definitions and access to credible training resources are essential for ensuring quality and consistency.

Objectives: By the end of the workshop, participants will be able to: Define what LM is and distinguish it clearly from what it is not. Describe the six foundational pillars of LM and the evidence base supporting each. Understand how LM principles align with and enhance core competencies in FM. Identify existing high-quality LM training programmes and resources appropriate for clinical practice.

Teaching method and workshop: The workshop will combine a short introductory presentation, small-group discussions, and case-based interactive exercises. Evidence summaries will be presented through real-world examples, followed by guided reflection on their application in primary car

Expected outcomes: Participants will gain a clear and evidence-based understanding of LM, increased confidence in differentiating it from non-scientific practices, and practical tools for applying LM principles in routine clinical encounters. They will leave with a list of

Conclusion: Clarifying LM and grounding it in robust evidence is essential for strengthening its role. This workshop provides practical knowledge, structured resources, and clinical frameworks that enable FM practitioners to integrate LM confidently and effectively.

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ID 1899- Harmonizing Health: An Innovative Active Music Methodology for Sepsis Awareness and Health Promotion in Primary Care Communities

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Context: According to literature data patients with type 2 diabetes have 20% higher risk to develop leukemia

Methods: Case presentation A 70 years old male patient who is monitoring for type 2 diabetes with micro and macrovascular complications since 2016 presented lymphomonocitosis in 02.2024 In 07.2024 the patient was diagnosed with chronic lymphocitic leukemia The patient asociates kidney cronic disease , hepatites with virus C treatet with telaprevir, hypertension, dyslipidemia, obesity, right nephrectomy for hydronephrosis

Originality: To think about that diabetes mellitus could be a risk factor for leukemia and chek this in literature

Lessons learned and future implications: We always should take in consideration the comorbitities of our patients (diagnose, treat them, reffer to other specialist)

Discussion: Discussion: The question related to this patient was is diabetes mellitus a risk factor for leukemia or was this association a coincidence Some literature data discuss about a higher risk for leukemia and other blood cancer(mieloma, non hodgkin lymphoma) in patients with diabetes. There were presented as possible mechanism an increase of glucose uptake in cancer cells in pacients with hyperglycemia but also chronic inflamation, insulin resistance which induce cancer cell growth and proliferation. Other meta-analysis did not found a statistically significant ralationship It is also impotant the options for treatment in these patients

Conclusion: This presenetation discuses about a possible association between leukemia and diabetes mellitus. We shoudn/t focus only to keep the sugar blood in normal range but we

should see the patient with diabetes and comorbidities

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ID 455- HbA1C : its limitations and alternatives

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Context: Erythema multiforme (EM) is an acute,immune-mediated skin reaction most frequently associated with herpes simplex virus (HSV) infection or, less commonly,with medications. Its polymorphic presentation, characterized by erythematous or vesiculobullous lesions, often leads to diagnostic confusion in primary care,particularly when mimicking drug eruptions or fungal infections. This case highlights the importance of clinical reasoning and multidisciplinary coordination in the evaluation of recurrent EM triggered by HSV infection.

Methods: A 42-year-old woman presented with a 4-day history of erythematous, non-pruritic, target-like lesions predominantly on the upper limbs and face.She had been under empirical treatment with itraconazole and bilastine at home without improvement. The patient reported previous similar episodes approximately eight months and six months earlier. Physical examination showed erythematous and partially vesicular lesions with some painful evolution but no systemic symptoms.Vital signs were stable.Initial management included intramuscular methylprednisolone 80 mg, achieving partial improvement.After dermatology consultation, the lesions were identified as erythema multiforme, most likely related to herpes simplex virus infection.Oral valaciclovir and topical corticosteroids were prescribed, with complete resolution within days.

Originality: This case emphasizes the diagnostic difficulty of distinguishing EM from drug-induced eruptions or infectious dermatoses in primary care.The recurrent nature,clinical morphology,and response to antiviral therapy supported a viral etiology.It demonstrates how misinterpretation of EM as mycosis or allergic reaction can delay definitive treatment and increase unnecessary exposure to antifungals or corticosteroids.

Lessons learned and future implications: Family physicians should consider herpes-associated EM in cases of recurrent erythematous or vesicular eruptions unresponsive to conventional antifungal or antihistaminic treatment. Establishing the viral etiology allows for targeted management, preventing misdiagnosis and unnecessary pharmacologic interventions.

Discussion: Recognition of herpes-associated EM requires awareness of its recurrent and polymorphic nature.In primary care,a careful clinical history and observation of lesion evolution are key to identifying the underlying cause.Early antiviral therapy can shorten the duration of outbreaks and reduce recurrence frequency,improving patient quality of life.This case also highlights the value of close communication between primary care and dermatology for diagnostic confirmation.

Conclusion: Recurrent herpes-related erythema multiforme represents a diagnostic challenge in primary care.This case underscores the relevance of continuous clinical reassessment,appropriate specialist referral,and antiviral management to achieve optimal outcomes.

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ID 278- Healing through art: an experience report on a handicraft group for older adults

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Context: “Leadership” skills first appear in the French professional framework for general practice (GP) in 2025. Leadership already exists in the Canadian physician competency framework ‘CanMEDS’ and has many

definitions in the literature. The need for training in “distributed leadership” for postgraduate students or residents in GP has been identified in several recent studies.

Methods: A workshop will be offered at the National Congress of GP in December 2025 (CNGE). This workshop is open to all congress participants who wish to attend (students, general practitioners, patients, other healthcare professionals and teachers). Four general practitioners who teach at the University of Rennes will facilitate the workshop. The objectives of the workshop are as follows: To compare participants' views on leadership skills. To develop a common understanding of this concept. To gather concrete examples of professional situations involving leadership. To identify existing training resources and those that need to be developed. To determine the expected level and assessment criteria in “leadership” for GP residents. A summary of this workshop will be produced.

Originality: This is a review of the first French reflection on leadership skills for GP residents. There is currently no specific leadership training at our university. There is a emerging dynamic that questions the definition of this competency and the possible teaching methods in GP residents’ training.

Lessons learned and future implications: The workshop summary will improve the development of a leadership training program currently underway at the University of Rennes (France).

Discussion: The English word “leadership” is currently a subject of debate among teaching general practitioners, particularly because of its managerial connotations. We seek to examine the more humanistic aspects of this concept in order to define the new role of French general practitioners, particularly within primary care teams.

Conclusion: Innovative leadership training is essential for the training of future general practitioners. Agreeing on a definition and teaching methods would enable training programs’ harmonisation in France.

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ID 2297- Health certification and sick leaves in the practice of Family Medicine in Brazil: gaps and paths to improvement.

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Context: Basal cell carcinoma (BCC) is the most common skin cancer, progressing slowly with low metastatic potential but significant local tissue destruction. Timely diagnosis is essential, but patients often delay care when chronic lesions are attributed to trauma or considered benign. Older adults, particularly those who avoided healthcare during the COVID-19 pandemic, may present with advanced disease. This case illustrates how a persistent lesion initially linked to trauma evolved into BCC and was recognized during a routine primary care visit.

Methods: A 71-year-old man presented with low back pain and no significant medical history. He requested fusidic acid for a wound on his chest, attributing it to trauma five years ago. The lesion, a partial avulsion of a nevus, had progressively enlarged. Due to pandemic-related concerns, he avoided medical care and self-treated intermittently. Physical examination revealed a large ulcerated mass with irregular borders on the chest. Given the lesion's chronicity and morphology, malignancy was suspected, and the patient was referred for dermatologic evaluation. Histopathology confirmed BCC. Excision was performed with clear margins, and recovery was uneventful.

Originality: This case highlights how trauma can obscure, rather than cause, malignant transformation. The patient’s misattribution of the lesion to trauma, combined with delayed healthcare-seeking during the pandemic, led to delayed diagnosis. It emphasizes the importance of incidental primary care encounters in detecting significant pathology.

Lessons learned and future implications: Persistent or non-healing lesions, especially those linked to prior trauma, should be

carefully evaluated. Primary care physicians should incorporate targeted skin exams during visits, ask about chronic wounds, and refer for biopsy when malignancy is suspected. Public health messaging should address the impact of delayed healthcare during pandemics.

Discussion: The lesion's clinical features—ulceration, irregular borders, and prolonged duration—were consistent with advanced BCC. Literature shows an increase in delayed cancer diagnoses during the pandemic. This case reinforces the importance of vigilance in primary care to detect skin malignancies early and refer for timely specialist care.

Conclusion: Non-healing skin lesions should never be dismissed as trauma-related without proper evaluation. Primary care plays a key role in early detection of skin cancers like BCC through opportunistic examination, timely referral, and patient education to prevent delay.

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ID 194- Health equity and early diagnosis in immigrant patients: a primary care perspective.

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Context: Primary care operates closest to communities and plays a critical role not only in service delivery but also in shaping research priorities. Abstracts presented at international conferences offer insight into thematic trends, emerging needs, and knowledge gaps in general practice. WONCA Europe Conferences are a key source for understanding how primary care communities approach equity, fairness, and social justice over time. Aligned with the theme of the 30th WONCA Europe Conference, this study aimed to assess the frequency and thematic distribution of the terms “equity” and “inequity” across previous conference abstract books.

Objectives: To analyse how often equity-related concepts appear in WONCA Europe scientific outputs (2008–2024) and to identify the primary themes associated with these terms.

Methods: In November 2025, past conference archives on the official WONCA Europe website were screened. Available PDF abstract books were searched for the terms “equity” and “inequity” across all submission types, including workshops, oral presentations, short communications, posters, and keynotes. Mentions in titles, keywords, or main text were included.

Results: Among 15 conferences held between 2008 and 2025, abstract books from 11 were available; due to a technical issue, 2018 was excluded, resulting in analysis of 10 books (2008, 2015–2017, 2019–2024). The term “equity” appeared in all 10 books, while “inequity” appeared in 9/10. “Inequity” became more prominent after 2008 and increased notably from 2015 onward, with further growth during and after the COVID-19 pandemic. Across these conferences, around 100 abstracts referenced equity-related concepts. Recurring themes included social determinants and socioeconomic inequalities; migrants, ethnic minorities and vulnerable groups; gender equity and women’s health/leadership; digital health and digital divides; planetary health and climate-related disparities; primary care organisation and financing; and education and advocacy on health equity, racism and implicit bias.

Discussion: The consistent presence of equity-focused themes and the growing visibility of inequity-related discussions reflect an evolving awareness within European primary care research.

Conclusion: Equity has remained a stable part of WONCA Europe’s scientific agenda, while increasing attention to inequity and structural disparities suggests alignment with the 30th conference theme—liberty, equity, fraternity, and humanism—and highlights equity as a core and strengthening priority for the future of primary care research.

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ID 965- Health Inequalities and Drug Misuse Deaths in Scotland: Data Driven Insights for General Practice Intervention

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Context: Primary care (PC) physicians are uniquely positioned to respond to acute community health needs during disasters. Hurricane XXX struck XXX, causing widespread infrastructure damage, displacement, and disruption of essential services. A small multidisciplinary medical team was deployed to support affected communities. This presentation describes the experience of a family-medicine–led mission, highlighting the role of PC in addressing immediate and emerging health needs in a low-resource, post-disaster environment.

Methods: The deployment included three physicians (two PC physicians), two social workers, and a team leader. Over 14 days, the team delivered mobile primary care services, adressing medication shortages, and logistical challenges. Data were collected through field logs, structured observations, daily team debriefings. Qualitative analysis identified recurring themes regarding health needs, system gaps, and team functioning in unstable conditions

Originality: Unlike large-scale humanitarian missions, this deployment relied on a small, agile team working in remote areas with limited infrastructure. The presentation provides firsthand insights into how primary care-trained clinicians can rapidly adapt their scope of practice, provide person-centered care even in unstable conditions. It emphasizes the critical and often under-recognized leadership role of PC physicians in disaster response.

Lessons learned and future implications: Core lessons: value of PC skills—triage, chronic and acute disease management, mental-health support, and preventive care—in disaster settings. importance of flexibility, cultural humility, and close collaboration with local health providers. ability to avluate and treat medical situattions in a wide range of health and sickness Future implications include developing training modules for family physicians on disaster medicine, creating rapid-deployment frameworks for small teams, and strengthening international partnerships for coordinated responses.

Discussion: This reinforces that disasters generate not only acute injuries but also significant primary care needs: exacerbations of chronic illnesses, medication interruptions, infectious disease risks, and psychosocial distress. Family physicians can uniquely bridge acute care and continuity care, ensuring holistic, community-based response strategies. The findings suggest that even small teams can have substantial impact when guided by PC principles.

Conclusion: The XXX mission underscores the clinical versatility and leadership capacity of PC physicians in disaster response. Strengthening the integration of primary care into disaster preparedness frameworks can enhance community resilience and improve health outcomes in future crises.

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ID 856- Health Intervention for Patients with Increased Cardiovascular Risk

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Context: The care of individuals with type 2 diabetes (DM2) requires an interprofessional approach to ensure correct prescription, disease understanding, adequate nutrition, adherence to treatments, and reduction of complications. DM2 treatment should be intensive during periods of disease decompensation, aiming to improve glycemic control, primary or secondary prevention of cardiovascular outcomes, and reduction of target organ damage.

Methods: We present the case report of a 78-year-old woman, hypertensive, obese, diabetic

for over 30 years, with polyneuropathy and macro and microvascular complications (ischemic heart disease, proliferative diabetic retinopathy, and microalbuminuria). A review of medical records was conducted with data from 2016 to 2025. From 2016 to 2022, she had 7 medical consultations. Progressively higher glycated hemoglobin (HbA1c) levels were observed. It was used sulfonylureas, biguanides, and basal insulin. The patient suffered a myocardial infarction in 2022. She was received by an interprofessional primary health care (PHC) team and her care was coordinated by a family physician in August 2024. Hyperbasalization was identified, with a ratio of 8.2 IU of basal insulin to 1 IU of rapid-acting insulin, with an HbA1c of 13.6% (July 2024).

Originality: This case report exemplifies how therapeutic inertia, sporadic uniprofessional care, hyperbasalization, and inappropriate use of antidiabetic drugs can lead to adverse outcomes.

Lessons learned and future implications: Over 14 months, 12 medical consultations were conducted, five with a nutritionist, three with a pharmacist, and two with a nurse. The ratio was adjusted to 1.25 IU of basal insulin for every 1 IU of rapid-acting insulin, with a final dose of 1.8 IU/kg/day of insulin. Dapagliflozin 10 mg once-daily was introduced. Finally, in September 2025, HbA1c reached 7.0% without episodes of hypoglycemia.

Discussion: The perception of hyperbasalization without achieving glycemic control and the intensification of interprofessional care concomitant with the optimization of pharmacotherapy enabled glycemic stabilization, with HbA1c at the therapeutic target, delaying the progression of macro and microvascular complications.

Conclusion: This real clinical case demonstrates that even in complex situations, with clinical fragility and vulnerability, intensive and interprofessional care is capable of promoting glycemic control and improving quality of life.

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ID 2137- Health professionals' emotional experiences in caring for children and adolescents who are victims of sexual violence

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Context: Pulmonary disease caused by Mycobacterium avium complex (MAC) represents an increasing complication in patients with bronchiectasis. Its diagnosis requires clinical, radiological, and microbiological integration, posing a challenge for Primary Care (PC) in differentiating between colonization and active infection.

Methods: A 74-year-old man, non-smoker, with a 25-year history of thoracic trauma resulting in residual bronchiectasis. In 2017, he had pneumonia with MAC isolated in bronchoalveolar lavage (BAL), considered sample contamination and left untreated. Since then, he remained asymptomatic except for a 20-kg weight loss, maintaining an active lifestyle without cough or dyspnea. He presented with isolated hemoptoic sputum preceded by fever, causing concern for himself and family. Physical exam, blood tests and chest radiograph in PC were normal. Given the history and symptoms, after empirical levofloxacin, he was referred to Pulmonology for a full radiological study. Chest CT scan showed cylindrical bronchiectasis in the lingula and middle lobe, with multilobar centrilobular nodules, some cavitary, and peribronchovascular and subpleural consolidations bilaterally. A low-attenuation mass (35x20 mm) was noted in the right lower lobe. Bronchoscopy with culture confirmed Haemophilus parainfluenzae and repeated isolation of MAC with positive auramine staining, ruling out tuberculosis and resistant mutations. The diagnosis of pulmonary MAC disease was confirmed, dismissing the prior contamination assumption. He began a thrice-weekly regimen of azithromycin, ethambutol, and rifampicin. Under PC follow-up with close Pulmonology coordination, he continues to be

monitored for clinical evolution and drug tolerance.

Originality: This case is notable for absence of classic risk factors, post-traumatic bronchiectasis, and early diagnostic uncertainty.

Lessons learned and future implications: Longitudinal assessment in PC is vital to detect clinical and radiological progression. Continuous education and close collaboration with other specialists optimize outcomes in complex cases.

Discussion: Pulmonary MAC disease in the context of bronchiectasis poses a diagnostic challenge for primary care due to difficulty in differentiating colonization from active infection. This case illustrates how close collaboration with Pulmonology and integration of clinical, radiological, and microbiological data are essential for proper diagnosis and management.

Conclusion: Ongoing evaluation and interdisciplinary collaboration fortify PC's role in managing pulmonary MAC disease, emphasizing patient-centered care and shared decision-making for improved outcomes.

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ID 1757- Health support challenges among type 2 diabetes patients amid community general practice service gaps in chaoyang district, beijing: a qualitative study using the andersen's behavioral model

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Context: Extremely restrictive diets among young adults—often influenced by social media—can cause acute metabolic instability. Symptoms may appear nonspecific, and individuals may attend routine visits rather than present with clear complaints. In primary care, detailed nutritional history is essential to identify high-risk dietary patterns and prevent serious outcomes. Lifestyle-focused assessment helps contextualize subtle presentations and supports early intervention.

Methods: A 23-year-old woman visited a family health center for routine weight monitoring and laboratory evaluation. She reported following a "water diet" for one month, consuming 1–1.5 liters of water and occasional low-calorie liquids, with nearly no solid food. She experienced rapid weight loss (7–9 kg/month), palpitations, fatigue, cold extremities, and menstrual delay. Shortly after leaving the examination room, she developed sudden dizziness and brief loss of consciousness. Reassessment showed hypotension (85/55 mmHg), tachycardia (112 bpm), reduced skin turgor, and capillary glucose of 59 mg/dL. She improved quickly with positioning and oral glucose. Suspecting metabolic disturbance, she was urgently referred for testing. Laboratory results revealed mild hypoglycemia, electrolyte imbalance, ketonuria consistent with starvation ketosis, mild metabolic acidosis, and low ferritin with mild anemia. At follow-up, the metabolic consequences of extreme caloric restriction were explained. Motivational interviewing addressed her weight-loss motives and psychosocial influences. A gradual caloric restoration plan, hydration guidance, healthy plate education, and counseling on safe weight management were provided.

Originality: Although restrictive dieting is common, this case demonstrates syncope directly linked to a social-media-driven diet trend, emphasizing the ability of primary care to identify metabolic crises through lifestyle-focused assessment.

Lessons learned and future implications: Young adults may adopt extreme diets without recognizing risks. Early lifestyle-oriented questioning can prevent severe metabolic consequences and reduce emergency visits. Structured nutrition screening in routine assessments may help counter unsafe diet trends.

Discussion: The patient's syncope was explained by caloric deprivation, ketosis, and hypoglycemia. Evidence supports motivational

interviewing and gradual caloric reintroduction as effective first-line strategies.

Conclusion: Extreme dieting can cause acute metabolic instability and syncope. Comprehensive nutritional assessment and patient-centered counseling in primary care enable timely recognition and safer recovery. MeSH:Syncope, Starvation, Metabolic Disorders, Nutrition Assessments

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ID 1161- Hemoglobin 5.6: when autonomy clashes with medical urgency - a reflection on trust, equity and negotiated care.

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Context: Cardiovascular diseases are one of the main causes of mortality and morbidity worldwide. The effectiveness of Cardiac Rehabilitation programmes (CRP) after acute coronary syndrome (ACS) has been previously stablished, however the effectiveness of CRP in Primary Healthcare (PHC) has not been clearly evaluated from a population-based analysis.

Objectives: To assess cardiovascular risk factor (CVRF) control, lifestyle modifications, comorbidities and follow-up of patients after ACS in a healthcare area where a new CRP including PHC has been implemented.

Methods: For the purposes of this study, we included all individuals with a new ICD-10-CM code for ACS in 2021 and in 2024 in our healthcare area. To evaluate the association of the new CRP with outcomes we compared results from 2021 (pre-implementation) with 2024 (post-implementation. We performed a multivariate adjusted Cox proportional hazard model.

Results: A total of 256 patients were included in the study (166 in 2021 and 193 in 2024). We are still in the process of data analysis but with some good preliminary data we aim to be able to have really interesting population-based results.

Discussion: Unable to do until finishing the evaluation.

Conclusion: PHC has a key role in CRP in patients after ACS, there is a need of population-based studies to assess effectiveness of them including all profiles of patients.

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ID 672- Hemorrhagic stroke in a primary care setting: a case report

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Context: Behçet's disease (BD) is a chronic, relapsing multisystem vasculitis often presenting with mild, nonspecific symptoms. Early manifestations may appear across multiple visits, making primary care essential in recognizing multisystem patterns. Early identification and referral can prevent severe complications like ocular, neurologic, gastrointestinal, and vascular involvement.

Methods: A 31-year-old woman presented with recurrent painful oral aphthous ulcers. Her history included genital ulcers, erythematous leg lesions (suggestive of erythema nodosum), and unintentional weight loss (10 kg in 6 months). Rheumatologic review revealed photosensitivity, episodic pain in joints, and transient MCP arthritis. She also had a single episode of hematochezia two months prior. Denying fever, uveitis, and other specific symptoms, physical examination revealed active oral ulcers and MCP tenderness. Lab tests showed negative ANA, ENA, RF, and anti-CCP, but elevated CRP and ESR. Ophthalmologic evaluation showed no ocular involvement.

Gastroenterology scheduled a colonoscopy to assess hematochezia. Based on recurrent mucosal ulcers, vasculitic skin lesions, and episodic arthritis, BD was likely, and the patient was referred for further management.

Originality: The diagnosis was made not from a single symptom but through the integration of fragmented symptoms across multiple systems. This case illustrates how routine complaints like oral ulcers can reveal underlying multisystem vasculitis when assessed comprehensively.

Lessons learned and future implications: BD often presents in a fragmented manner, making early symptoms easily overlooked. Primary care clinicians should maintain suspicion when oral ulcers coexist with genital ulcers, erythema nodosum, peripheral arthritis, or gastrointestinal symptoms. Comprehensive history-taking and careful examination can reduce delays in diagnosis and long-term morbidity.

Discussion: BD is often underdiagnosed due to its variable presentation. Early recognition through primary care continuity and broad differential thinking allows for timely referral and treatment, minimizing the risk of complications such as vision loss, vascular issues, and chronic gastrointestinal disease.

Conclusion: This case emphasizes the crucial role of family physicians in recognizing early multisystem involvement and facilitating timely referral and multidisciplinary management, preventing diagnostic delay.

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ID 1293- Hernia umbilical incarcerada diagnosticada en Atención Primaria

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Context: Acute coronary syndrome(ACS) classically manifests with chest pain; however, up to one-third of patients present with atypical symptoms such as isolated back pain, nausea, fatigue, or diaphoresis. These presentations pose a significant diagnostic challenge in primary care, where rapid identification and referral are critical to prevent morbidity and mortality. This case illustrates how clinical vigilance, combined with the use of a national digital risk-stratification tool, enabled timely recognition of ACS despite the absence of chest pain.

Methods: A48-year-old man with family health center with six hours of persistent upper back pain, nausea, and mild diaphoresis, but without chest discomfort.. Physical examination was unremarkable, and musculoskeletal palpation did not reproduce symptoms. Although the presentation appeared non-cardiac at first glance, the family physician evaluated cardiovascular risk using Türkiye's national digital decision-support system. Based on the patient's age, smoking status, dyslipidemia, and symptoms,HYP indicated a moderate-to-high 10-year cardiovascular risk and recommended ECG despite the atypical presentation. An in-clinic ECG showed non-specific ST-T abnormalities. Hospital evaluation demonstrated elevated troponin I levels, confirming NSTEMI.

Originality: This case emphasizes that ACS may present without chest pain and that digital decision-support platforms can play a pivotal role in guiding diagnostic decisions in real time. The integration of HYP into routine assessment prevented potential diagnostic delay by alerting the clinician to cardiovascular risk despite nonclassical symptoms.

Lessons learned and future implications: Atypical symptoms alone should not rule out ACS, especially in individuals with cardiovascular risk factors. Combining clinical judgment with validated digital tools enhances risk stratification and supports timely referral. Wider integration of decision-support systems into primary care may reduce missed ACS diagnoses and improve outcomes.

Discussion: Literature indicates that atypical ACS presentations are associated with delayed care and worse prognosis. This case demonstrates that primary care clinicians must consider ACS in patients with unexplained upper back pain and risk factors.Digital platforms may augment clinical vigilance by

triggering cardiac evaluation before overt myocardial injury occurs.

Conclusion: ACS can present atypically, and reliance on classical chest pain may lead to missed or delayed diagnosis. Continuous symptom vigilance, awareness of risk factors, and technology-assisted clinical decision-making can support accurate evaluation and prompt referral, strengthening primary care management of ACS.

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ID 1297- High-Risk Antipsychotics and Neuroleptic Malignant Syndrome: Findings From a Five-Year Emergency Department Review

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Context: How to teach general practitioners point-of-care ultrasound (POCUS) and what scanning modalities to include in a curriculum have been a subject of on-going discussion. Recently new guidelines on how to teach POCUS in general practices has been published by the European Federation of Ultrasound in Medicine and Biology (EFSUMB). The newly formed European Family Medicine Ultrasound Society (EFMUS) will host this workshop to present the main conclusions of these guidelines. What are the barriers for implementing them and how can they be overcome? A live POCUS demonstration will show if the recommendations are relevant for you in your daily work.

Objectives: The aim of the workshop is: 1. To present EFSUMB´s newly published guidelines on POCUS curriculum development and training. 2. To demonstrate the five most popular scanning modalities across Europe and their clinical implications. 3. To discuss curriculum development and implementation of training guidelines across Europe.

Teaching method and workshop: The workshop will start with a brief presentation of the newly published EFSUMB recommendations regarding training and curriculum development. Afterwards a live POCUS demonstration of 5 scanning modalities will be performed together with patient cases ill

Expected outcomes: After the workshop, participants will know about the evidence-based recommendations for POCUS training published by the EFSUMB taskforce. Participants will have reflected on the status of POCUS training in their respective countries and discussed to how t

Conclusion: The workshop aims to raise awareness evidence-based approaches to POCUS education in general practice and serve as an inspiration on how to implement training in their respective countries.

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ID 832- Holistic Lifestyle Assessment Revealing Dietary Triggers in Chronic Abdominal Pain and Diarrhea: A Primary Care Case Report

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Context: Sarcoma of any variety is notorious for slow and delayed diagnosis. A missed sarcoma is a patient and GP nightmare. The UK, despite a national effort for earlier diagnosis of cancer, compares dismally with similar European countries. How can the UK improve? Will a new UK Referral Pathway help?

Methods: A new UK Sarcoma Referral Pathway has been constructed. When is a lump sinister? In a generalist setting? Does size matter? What diagnostic tools work? How can we access diagnosis in general practice?

Originality: Trustworthiness and coherence Three case studies – aggressive lesions, all mishandled by everyone. 1980s - A liposarccoma. A doom-laiden 20 year old F 2015s - A spindle cell sarcoma in a 60 year old M 2025s - Another liposarcoma in a 40 year old M

Lessons learned and future implications: Significance for practice/policy/education Sarcoma is rare and nasty. How do we deal with sarcoma in a generalist setting? How do we alert patients without panic? What diagnostics do we require in primary care?

Discussion: Sarcoma in the UK - we have to do better A pan European perspective. Are UK sarcoma failings unique to UK? How can we all learn from each other?

Conclusion: Alec Logan Logan Practice, Wishaw, Lanarkshire, Scotland Honorary Clinical Senior Lecturer, University of Glasgow Tutor, HCP-Med Programme, University of Edinburgh Expert Advisory Group for Earlier Diagnosis, Sarcoma UK, London, United Kingdom

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ID 1397- Home care services in Turkey: An interactive workshop on autonomy, equity and human-centered primary care

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Context: Accurate and complete medical history-taking is essential for safe primary care assessment. When patients intentionally or unintentionally omit key medical information—especially concerning chronic or neurological disease—clinical reasoning, risk assessment, and emergency management become significantly more challenging. During acute neurological events, rapid access to reliable history is critical; missing information can delay appropriate intervention and compromise patient safety.

Methods: A 36-year-old man presented to a family health center with sore throat and malaise consistent with an upper respiratory tract infection. He clearly denied any chronic illness or neurological history. Vital signs and physical examination were stable, and he was discharged with symptomatic treatment. Minutes after leaving, he collapsed outside the clinic, developing sudden altered consciousness followed by a generalized tonic–clonic seizure. He was brought back inside, where airway support and seizure first aid were provided. Emergency medical services were activated for urgent transfer. After the event, collateral history obtained from family revealed a previously diagnosed neurodegenerative disorder that the patient had intentionally concealed. Review of national electronic medical records confirmed long-standing neurological disease followed in tertiary care.

Originality: Although incomplete history is common, this case is notable due to deliberate concealment of a rare neurological condition, which directly contributed to delayed recognition of risk. It demonstrates diagnostic vulnerability in primary care when decisions rely solely on patient-reported history.

Lessons learned and future implications: When the clinical picture does not align with a patient's stated history, clinicians should promptly seek collateral information. Rapid access to prior electronic records or family input may improve safety during atypical or high-risk presentations. Strengthening trust and explaining the importance of accurate disclosure may reduce future concealment.

Discussion: The unexpected seizure highlighted the limitations of relying exclusively on self-reported medical history. Literature shows concealed illness contributes to diagnostic delays and preventable complications. Early collateral verification may reduce morbidity in acute presentations.

Conclusion: Undisclosed medical history can impair diagnostic accuracy and emergency response in primary care. When inconsistencies arise, collateral confirmation should not be delayed. Trust-based communication and complete disclosure remain essential for safe, effective primary care. MeSH:

Neurodegenerative Diseases, Medical History Taking, Seizures, Patient Disclosure

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ID 1059- Home Monitoring in Primary Care for CVRM Patients

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Context: A 52-year-old woman with early-onset dementia experiencing a significant impact on her work and social life. The underlying pathology presents with an inability to manage finances, schedule appointments, cook, time and space disorientation, and aphrasia. The only family support she has is her 86-year-old father, who does not understand his daughter's condition.

Methods: Without family support, and without a way to communicate with the patient (she has no phone or email), getting her to attend appointments, have exames done, or take her medication was a Herculean task. The case was presented to the health center team, and several possibilities were proposed: sending her to the Neurologic emergency service, contacting the Social Worker, scheduling a home visit. It was agreed with the team that whenever the patient comes to the health center, the family doctor should be contacted to examine her (the patient never shows up on the day of her appointment because she forgets the scheduling).

Originality: The family doctor opted to establish a network of social support: scheduled a home visit with the social worker, a certificate of incapacity for work was issued and directly delivered by the doctor to the employer, a medical board for verification of incapacity at home was requested, the patient was assisted in filling out the incapacity certificate, the Health Delegate was contacted to expedite the process of applying for an invalidity pension (to be done at home), and long-term support was proposed such as: home support, assisted adult status or institutionalization.

Lessons learned and future implications: More pre and post-graduated training in social support would have facilitated the management of this patient and should be a point of reflection for the training of today's doctors, knowing that we will have increasingly more dependents (mostly elderly) in our society.

Discussion: The doctor is the patient's advocate, only seeking their well-being and health.

Conclusion: The family doctor's role goes further, involving establishing a support network, guiding the patient, showing him alternatives, working together with the social worker, other specialties and the employer, with a single purpose – the patient's well-being.

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ID 1000- Home-based interventions in patients with cardiometabolic diseases or with risk factors for the development of cardiometabolic diseases: A scoping review

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Context: Aortic dissection is a life-threatening cardiovascular emergency. frequently attributed to benign causes such as musculoskeletal strain. This can delay life-saving diagnosis, particularly in primary care, where patients often first present with nonspecific back or chest pain. Early recognition of red-flag features and rapid referral are therefore essential.

Methods: A 26-year-old male presented to a family medicine clinic with sudden, severe upper back pain described as “tearing” between the scapulae. Although musculoskeletal pain was initially considered due to localization, vital signs and examination findings raised concern: BP 160/92 mmHg, HR 112 bpm, weaker left-arm pulse, >20 mmHg inter-arm blood pressure difference. These findings, combined with the abrupt onset and

pain characteristics, shifted diagnostic suspicion toward an aortic emergency. emergency referral with high suspicion for acute aortic dissection was initiated. CT angiography performed at the hospital confirmed Stanford Type A aortic dissection.

Originality: Although acute aortic dissection is well documented in older adults, primary care identification in a patient under 30 is exceptional. This case demonstrates how subtle but critical clinical clues—sudden tearing back pain, inter-arm blood pressure discrepancy, pulse asymmetry, diastolic murmur, family history of early cardiac death, and past aortic findings—can drive correct suspicion even when age falsely suggests low risk.

Lessons learned and future implications: Young age does not exclude life-threatening aortic pathology. Acomprehensive cardiovascular history, including family history and previous imaging abnormalities, should be obtained in patients with acute back pain. Recognizing red-flag findings enables primary care physicians to expedite emergency referral and prevent catastrophic outcomes. Medical education should reinforce awareness of atypical aortic dissection presentations inyounger populations.

Discussion: Literature shows that missed or delayed diagnosis of aortic dissection is strongly associated with increased mortality. Primary care clinicians must prioritize early recognition of tearing pain and inter-arm BP differenceseven without chest pain—to avoid fatal outcomes. This case supports integrating structured cardiovascular risk screening into back pain evaluations when red flags are present.

Conclusion: Acute aortic dissection must be consideredin sudden, severe back pain regardless of age. Prompt recognition of red-flag symptoms and urgent referral can be lifesaving. Primary care playsa pivotal role in early detection, especially when atypical presentations could easily be mistaken for benign musculoskeletal pain.

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ID 2042- Home-based point of care ultrasound performed by nurses in a home care team: a practice-based experience

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Context: Chronic insomnia is a frequent presentation in primary care and often results in referrals to psychiatry or neurology. However, behavioral and environmental determinants—specifically sleep hygiene disturbances—are highly prevalent yet commonly underrecognized. Early detection of sleep hygiene problems can prevent unnecessary pharmacologic treatment and reduce the need for specialist referrals.

Methods: A 38-year-old man presented with persistent insomnia and daytime fatigue despite previous neurological and psychiatric evaluations and two unsuccessful medication trials. A structured sleep history explored bedtime routines, wake time variability, screen exposure, caffeine intake, stress, and environmental conditions. A sleep diary demonstrated irregular sleep–wake cycles, smartphone use shortly before bedtime, caffeine intake after 17:00, cognitive hyperarousal related to work stress, and a bright, noisy bedroom environment.

Originality: This case demonstrates chronic insomnia driven primarily by modifiable sleep hygiene disturbance, underscoring the diagnostic and therapeutic value of primary care in identifying behavioral determinants before initiating sedative–hypnotic medication or referring to specialist services.

Lessons learned and future implications: Sleep hygiene disturbance is a common and modifiable cause of chronic insomnia. Comprehensive lifestyle and environmental assessment in primary care can reduce unnecessary specialist referrals and medication use. Behavioral management—including patient education, sleep diaries, and stress-reduction strategies—can yield significant improvement.

Discussion: The findings of this case demonstrate that sleep hygiene disorder can be a sufficient underlying mechanism for chronic insomnia, echoing international evidence. Guidelines from the American Academy of Sleep Medicine and the European Sleep Research Society recommend behavioral and sleep hygiene interventions as first-line therapy, often matching or surpassing pharmacologic treatment in long-term outcomes. Studies consistently identify irregular sleep–wake schedules, evening screen exposure, late caffeine intake, and cognitive hyperarousal as prevalent contributors. The present case reflects a common pattern described in the literature: prior specialist evaluations and medication trials occurred before lifestyle factors were explored. Successful symptom resolution through a holistic primary care strategy reinforces the need to incorporate detailed behavioral and environmental sleep assessment into routine insomnia management.

Conclusion: A holistic approach in primary care that prioritizes sleep hygiene, lifestyle modification, and environmental optimization can significantly improve chronic insomnia. Early recognition and patient-centered education empower individuals to manage symptoms effectively and minimize reliance on medication-based approaches.

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ID 1170- Honey-Based Dressings as a Practical, Evidence-Informed, and Cost-Effective Approach to Wound Care in Primary Care

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Context: Pruritus is frequently encountered in primary care and is often attributed to benign dermatologic or allergic conditions. Aquagenic pruritus (AP), however, is a recognized early manifestation of polycythemia vera (PV). Awareness of AP is important because timely interpretation of subtle symptoms and routine laboratory abnormalities can enable rapid referral and help prevent thrombotic complications.

Methods: A 46-year-old woman presented with a six-month history of intense itching after hot showers, accompanied by tingling in the left hand. Previous antihistamine and topical steroid treatments had not been effective. Physical examination was unremarkable. Initial evaluation revealed hemoglobin 17.3 g/dL, hematocrit 52.4%, platelets 442×10^9/L. She was referred to the hematology department for further evaluation. Bone marrow biopsy confirmed hypercellularity with increased megakaryocytes and a normal myeloid-to-erythroid ratio. Further testing showed JAK2 V617F positivity. These findings supported a myeloproliferative neoplasm. Although the initial presentation could suggest dermatologic, neurologic, or allergic conditions these possibilities were reconsidered in light of the markedly abnormal hematologic findings. The combination of AP, elevated hemoglobin/hematocrit, thrombocytosis, low EPO, and JAK2 positivity made alternative diagnoses less likely. She received aspirin and consecutive phlebotomies, with improvement in pruritus and paresthesia.

Originality: Large cohort studies report that AP affects most patients and often begins several years before diagnosis; however, only about 15% of patients undergo hematologic evaluation during this period, contributing to diagnostic delay. This highlights the valuable contribution of primary care to the timely identification of polycythemia vera, particularly in younger patients, where the diagnosis is less expected. PV most commonly presents around age 60, and this case represents a younger presentation than described in the literature.

Lessons learned and future implications: Persistent aquagenic pruritus is a finding that should prompt consideration in primary care settings. Recognizing accompanying abnormalities can help reduce diagnostic delays and improve outcomes.

Discussion: This case demonstrates how integrating nonspecific symptoms with routine laboratory findings can support clinical reasoning in primary care.

Conclusion: This case shows that nonspecific symptoms like pruritus, when interpreted in conjunction with complete blood count findings, provide diagnostic clues and support the earlier identification of conditions like polycythemia vera in primary care.

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ID 778- Honey-Based Dressings in Wound Care: A Cost-Effective and Practical Option in General Practice and Family Medicine in Indonesia

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Context: Civilian spaceflight is expanding, creating new clinical and legal responsibilities for general practitioners (GPs). Pre-flight medical clearance involves high-risk certification, disclosure duties, and potential liability if relevant conditions are missed. Post-flight symptoms may trigger insurance disputes over causation, non-disclosure, or operator responsibility. This workshop uses a staged clinical vignette to examine screening, diagnosis, documentation, and medico-legal accountability in recreational spaceflight.

Objectives: Participants will be able to: Describe legal and procedural requirements for medical clearance for spaceflight. Identify high-risk pre-existing conditions relevant to liability. Recognise common post-spaceflight clinical presentations. Analyse medico-legal dilemmas involving patient disclosure, operator duties, and clinician responsibility.

Teaching method and workshop: Teaching methods A progressive-disclosure vignette guides small-group analysis. Each phase adds new clinical or legal information, prompting reinterpretation of risk and responsibility. Methods include case discussion, legal decision-tree mapping, insurer

Expected outcomes: Participants will strengthen their ability to conduct legally sound fitness assessments, recognise post-spaceflight symptoms, and document encounters to withstand insurance and legal scrutiny. Skills are transferable to other emerging high-risk activities

Conclusion: As space tourism evolves, primary care clinicians must integrate medical judgement with legal accountability. Through a structured vignette, this workshop equips GPs to navigate certification, diagnosis, and medico-legal responsibility within this new aerospace-health landscape.

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ID 2199- How antibiotics are prescribed for pediatric URTIs in primary care: a retrospective study

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Context: Chronic abdominal pain and diarrhea are common in primary care and often investigated extensively. When tests are normal, symptoms may arise from modifiable lifestyle, dietary, or environmental factors. A holistic assessment of daily habits, food environments, and work routines can reveal overlooked triggers.

Methods: A 24-year-old woman presented with several months of intermittent abdominal pain and diarrhea. Previous evaluations, including upper endoscopy and colonoscopy, were normal. A comprehensive assessment explored symptom timing, diet, food sources, work environment, stress, sleep, bowel habits, and psychosocial factors. The patient reported being symptom-free on weekends when eating home-cooked meals but experiencing flares during workdays. She frequently consumed high-fat, fried cafeteria meals due to limited time at work. Stress and sleep patterns were unrelated to symptoms. Pain and diarrhea typically began two to four hours after cafeteria

meals. A personalized lifestyle plan was created recommending avoidance of high-fat workplace foods and encouraging healthier pre-prepared meals. No medication was prescribed.

Originality: This case illustrates that persistent gastrointestinal symptoms with normal test results may reflect everyday dietary exposures. The clear link between cafeteria meals and symptom flares represents a situational trigger unlikely to be recognized without structured lifestyle questioning.

Lessons learned and future implications: Chronic gastrointestinal symptoms should prompt clinicians to explore diet and environmental contributors rather than rely solely on biomedical testing. Routine incorporation of lifestyle assessments—including eating patterns, food environments, and work routines—can identify modifiable triggers. Integrating lifestyle counseling into primary care may reduce unnecessary investigations and improve patient outcomes.

Discussion: Diagnostic testing rules out organic disease but cannot capture environmental influences. In this case, symptoms were diet-specific and setting-dependent. Targeted lifestyle modification achieved meaningful improvement. Evidence shows functional abdominal pain and diarrhea often improve with dietary changes, particularly reducing high-fat meals.

Conclusion: Holistic assessment is essential in managing chronic gastrointestinal symptoms. Evaluating lifestyle, diet, and environmental factors alongside medical tests enables early identification of modifiable triggers. Personalized lifestyle change can significantly improve outcomes even when diagnostic findings are normal. MeSH: Abdominal Pain, Diarrhea, Environment

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ID 1863- How artificial intelligence is reshaping continuing professional development in general practice ?

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Context: Healthcare systems must be learning-oriented, resilient, efficient, and collaborative. In this context, shared decision-making (SDM) is a cornerstone for relevant, equitable, sustainable care. SDM fosters balanced dialogue between patients and professionals, ensuring informed choices aligned with patients' values. Despite proven benefits for outcomes, experience, team well-being, and equity, its implementation remains uneven. This workshop offers a space to share practical strategies and tools including decision aids to make SDM actionable.

Objectives: By the end of this workshop, participants will be able to: 1. Explain the context in which shared decision-making (SDM) is situated in 2024. 2. Describe the process and key steps of coconstructing decision aids for population-based screening programs. 3. Present some of these codeveloped decision aids. 4. Apply them in potential scenarios.

Teaching method and workshop: Teaching methods Interactive strategies, including expectation mapping, small-group discussions, table-based reflections, and plenary exchanges: Participants will engage in practical exercises and collaborative analysis to reinforce learning. Workshop sch

Expected outcomes: This workshop will introduce or strengthen participants' knowledge, ability and toolkit to apply decision aids for more informed, equitable, humanist and liberate care decisions in the context of population-based screening.

Conclusion: Through this workshop, we aim to strengthen participants' ability and toolkit to

apply SDM and decision aids effectively in their practice for population-based screening. Participants will leave with actionable strategies and resources to promote informed, value-based care decisions.

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ID 1538- How can I talk about addiction? A Top 2 questions selected by Non-General Practitioners healthcare professionals

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Context: Gender inequality in biomedical research and clinical trials limits understanding of women's health, leading to diagnostic delays and inadequate treatment. Addressing these gaps is crucial for improving care and health outcomes for women.

Objectives: Participants in the workshop will learn to recognize gaps in women's representation in research and understand how these deficiencies impact both diagnosis and treatment. In addition, they will identify common forms of gender bias that occur in clinical practice and consider their effects on patient care. Attendees will also apply gender-sensitive, evidence-informed approaches to the assessment, management, and communication with women patients, fostering more equitable and effective healthcare delivery.

Teaching method and workshop: The workshop will employ an interactive format featuring real-life clinical scenarios to engage participants actively. It will incorporate the latest scientific data on gender disparities, enabling attendees to ground their learning in current evidence. G

Expected outcomes: Participants in the workshop will demonstrate increased awareness of how gender inequality influences clinical presentations, diagnostic accuracy, and treatment outcomes for women. They will integrate gender-sensitive approaches into routine assessment, h

Conclusion: This workshop equips GPs with evidence-based, gender-sensitive tools to address inequality in women's health. By engaging with real cases and scientific data, participants learn to recognize bias and improve care outcomes for women.

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ID 716- How community health workers improve preventive care outcomes: an integrative review

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Context: Globally, interest in equity and humanism in healthcare is growing. Scaling innovations through systematic, evidence-based processes is key to achieving this goal. Scaling means increasing the impact of proven innovations by disseminating, replicating, or adapting them across contexts—a process that involves multiple steps. One critical step is scalability assessment, which determines whether innovations can achieve impact at scale. This step helps identify strengths, gaps, and contextual factors that influence success before scaling. In this workshop, we will present and apply the Innovation Scalability Self-administered Questionnaire (ISSaQ 4.0), a tool designed to assess scalability.

Objectives: By the end of this workshop, participants will be able to: 1. Define scalability assessment and explain its role in achieving greater equity and humanism in primary

healthcare within the scaling process. 2. Apply the Innovation Scalability Self-administered Questionnaire (ISSaQ 4.0) to evaluate the scalability of an innovation.

Teaching method and workshop: Teaching methods Interactive strategies, including expectation mapping, small-group discussions, table-based reflections, and plenary exchanges: Participants will engage in practical exercises and collaborative analysis to reinforce learning. Workshop sch

Expected outcomes: At the end of this workshop, participants will understand why scalability assessment is a critical step for achieving equity and humanism in primary healthcare. They will gain practical experience using ISSaQ 4.0 and learn how scalability assessment resul

Conclusion: Scalability assessment helps innovations in primary healthcare achieve equitable, humanistic impact by confirming they are suitable for diverse contexts and populations. ISSaQ 4.0 offers a structured approach to guide decisions, foster collaboration, and align scaling with equity and humanism.

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ID 1780- How do you talk to your patients about alcohol?

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Context: Anxiety disorders (ADs) are highly prevalent, heterogeneous group of psychiatric conditions with an impressive public health impact. Twin and family studies confirm a moderate heritability (typically 30-50%), suggesting a clear genetic predisposition. However, the complexity and polygenic nature of ADs, where many common genetic variants each contribute only a small effect, have meant that Genome-Wide Association Studies (GWAS) have had limited success in identifying major causative loci. This gap underscores the critical role of environmental factors and their interaction with the genome in disease pathogenesis. Epigenetics provides the critical mechanism for this gene-environment interaction. These reversible modifications, which include DNA methylation, histone modifications, and non-coding RNAs (ncRNAs), alter gene expression without changing the underlying DNA sequence. The majority of environmental stressors, particularly early-life adversity, can lead to persistent epigenetic changes, biologically embedding vulnerability and altering an individual's response to stress later in life.

Objectives: The aim of our study was to investigate the role of genetic polymorphisms, genetic variants and epigenetic modifications in anxiety disorders

Methods: We have done literature review and summarised the data

Results: Research, mainly utilizing animal models, has identified epigenetic modifications in brain regions critical for stress and emotion regulation, such as the amygdala, hippocampus, and prefrontal cortex (PFC). These modifications often target genes involved in the Hypothalamic-Pituitary-Adrenal (HPA) axis (e.g., NR3C1, FKBP5) and neurotransmitter systems (e.g., GABAergic and serotonergic pathways). For instance, altered DNA methylation of the NR3C1 gene, which encodes the glucocorticoid receptor, has been implicated in an abnormal stress response.

Discussion: DNA methylation is a crucial epigenetic mechanism that plays a significant role in the pathophysiology of anxiety disorders by influencing gene expression in brain regions associated with stress and emotion.

Conclusion: In conclusion, the current understanding of Anxiety disordres demonstraits a complex interplay between an individual’s genetic predisposition and epigenetic alterations induced by environmental exposure. Future research integrating large-scale genetic and epigenetic data across diverse populations is essential to fully characterize the risk architecture of ADs. This neuroepigenetic perspective offers promising avenues for identifying novel biomarkers for risk prediction and developing targeted, epigenetic-based therapeutics to

modulate maladaptive gene expression patterns.

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ID 1459- How effective and feasible are natural language processing applications in general practice, at identifying at risk populations (for screening) from electronic health records?

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Context: Early manifestations of lymphoproliferative disorders can be subtle and easily overlooked. Cough and pruritus frequently mimic benign dermatological or respiratory conditions.

Methods: 36 year old lady presenting to the clinic with a 6 week history of worsening cough, white phlegm, no systemic symptoms. Smokes 25 cigartettes daily. Normally fit and well. She was on anxiolytics which were prescibed for pruritus one year ago. She had multiple presentations with generalized pruritus for which she was prescribed emolients, antihistamines and anxiolytics as this was attributed to her anxiety. But this did not settle. When asked about her anxiety she did not seem concerned. Examination revealed multiple scratch marks . She had a CXR in view of the duration of her cough. Showed bilateral hilar lymphadenopathy and right sided pleural effusion. Blood tests showed elevated white cells. She was discussed with respiratory team, had a CT Thorax which showed extensive lymphadenopathy suggestive of lymphoproliferative disease and biopsy of lymph node suggesting Lymphoma. She was started on chemotherpay and is stable.

Originality: This case presented with unusal presentation of Lymphoma, cough and generalized pruritus without obvious lymphadenopathy. These symptoms are normally attributed to allergies or viruses making the case diagnostically challenging. Lymphomas present with B symptoms but pruritus alone without fever, night sweats or weight loss can be misleading. This case highlights how easily malignancies can be masked by everyday symptoms.

Lessons learned and future implications: Symptoms that do not resolve with initial management warrant re-evaluation. The patient had multiple presentations with pruritus and given treatments which were not working. Her cough was present on most days but was not given importance. Importance of recognizing non-specific but persistent symptoms and considering a broader differential diagnosis, including less common ones like lymphoma.

Discussion: In cases with persistent pruritus and cough CBC, CRP & CXR should be considered. Missing early opportunitues for investigation can contribute to delayed diagnosis.

Conclusion: This is a strong example of how common presentations can hide serious disease and importance of educating others for diagnostic curiosity. Brings to light ways of potentially imroving practice by implementing quality improvement initiatives around, persistent symptoms, red flags check list, documentation and follow up protocols.

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ID 430- How Food Insecurity Influences Exercise and Eating: The Roles of Muscle Dysmorphia and Resilience

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Context: Awareness of iron deficiency and its early manifestations has grown in recent years. Although oral iron remains first-line therapy, many patients fail to tolerate or adequately respond to it, leading to broader use of intravenous iron isomaltoside in primary care settings. While IV iron is generally safe, both pseudoallergic and true allergic hypersensitivity reactions can occur. Early recognition and timely management are critical to ensuring patient safety.

Methods: Clinical data for this case report were obtained from a 29-year-old otherwise healthy woman who developed a hypersensitivity reaction during an intravenous iron isomaltoside infusion. Data were collected through direct observation and continuous monitoring of vital signs during the infusion and for 1.5 hours thereafter. Additional information was retrieved from electronic medical records and from a follow-up assessment after treatment. The infusion protocol, onset and progression of symptoms, and all therapeutic interventions—including administration of corticosteroids and antihistamines—were documented in chronological order. Written informed consent for infusion and publication was obtained from the patient.

Originality: The case presents real-time management of hypersensitivity reactions to iron isomaltoside infusion.

Lessons learned and future implications: Hypersensitivity reactions to intravenous iron can occur even in young patients without prior allergy history. Immediate recognition, stepwise management, and close monitoring are essential for preventing complications.

Discussion: Pseudoallergic hypersensitivity reactions to intravenous iron may present with subtle early symptoms such as head heaviness or mild pruritus before progressing to more pronounced manifestations. In this case, a rapid escalation from mild to objective symptoms (urticaria) underscores the importance of early recognition. The lack of response to dexamethasone alone and immediate improvement after clemastine supports existing guidance that antihistamines are central in the management of pseudoallergic IV iron reactions, whereas corticosteroids may play only an adjunctive role. Consistent, structured monitoring during and after infusion allowed early detection, timely intervention, and prevention of more severe complications.

Conclusion: Even early and seemingly mild symptoms during IV iron infusion may precede a clinically significant hypersensitivity reaction. Prompt, stepwise management with antihistamines and corticosteroids—combined with vigilant monitoring—is essential for safe and effective care.

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ID 747- How General Practice Residents Evaluate Their Supervisors' Clinical Reasoning?

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Context: Incidental findings on neuroimaging performed after mild traumatic brain injury (TBI) are increasingly reported, partly due to the growing availability and use of Computed Tomography (CT) in Emergency Departments (ED). Current evidence indicates that up to 2–3% of neuroimaging studies for this cause reveal unrelated intracranial abnormalities, most of them benign. These findings can create diagnostic and emotional uncertainty for patients and clinicians. Family physicians play a key role in identifying red flags, ensuring appropriate referral for acute evaluation, and providing longitudinal follow-up. This report presents the case of a 54-year-old male taxi driver in whom a minor traffic accident led to the incidental detection of an intracranial lesion.

Methods: The patient, with no relevant medical history, reported complete amnesia for a frontal rear-end collision he suffered two days before. Apart from neck pain and mild headache, there were no signs of alarm in the physical and neurological examination. Since episodic amnesia and the possibility of unrecognized transient loss of consciousness, the patient was referred to the ED. Cranial CT excluded acute traumatic lesions but revealed a 1.8-cm right frontal hypodense, non–mass-effect lesion suggestive of an intracerebral nodule. Neurology assessment included Electroencephalogram (EEG), which showed an epileptiform focus in that nodule. The patient was informed and referred for diagnostic evaluation. Primary care assumed ongoing emotional support, clinical monitoring and

coordination across specialties. The diagnostic process remains ongoing.

Originality: This case illustrates how a minor traumatic event may uncover an asymptomatic intracranial lesion. It highlights the essential role of family physicians as the first point of clinical triage and as coordinators of safe, patient-centred care pathways.

Lessons learned and future implications: Increasing neuroimaging use in TBI evaluation is likely to raise incidentaloma detection. Standardized primary-care pathways are needed to guide communication, risk assessment, and referral. Empathetic communication and rapid multidisciplinary coordination may reduce unnecessary interventions and patient's anxiety. Follow-up should incorporate a biopsychosocial perspective to address clinical and emotional impacts.

Discussion: Most intracranial incidentalomas are benign but still pose diagnostic and coordination challenges for Family Physicians.

Conclusion: Their role is essential for risk stratification, continuity of care, and guiding patients safely through the diagnostic process.

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ID 708- How is the therapeutic limitations of other specialists addressed from a primary care perspective? Regarding a case involving pain management.

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Context: Context The World Health Organization (WHO) highlights existential health (EH) as a core dimension of overall human well-being. EH encompasses meaning and purpose in life, inner peace, connectedness, and hope. It also plays an important role in promoting and sustaining mental health. Objectives To map the current status of EH in Sweden through a public online survey. To investigate whether an online intervention based on Stoic philosophy – guided self-reflection and MindShift exercises can improve EH and prevent or reduce the incidence of newly emerging mental health conditions.

Methods: A public online survey will be conducted in Sweden, announced through traditional media and social media, using the World Health Organization's EH assessment tool (WHOQOL-SRPB-BREF module on spiritual, religious, and personal beliefs). Individuals interested in participating in the intervention will be able to register for weekly 1-hour online sessions over 6 months. Participants will complete EH questionnaires (WHOQOL-SRPB-BREF) and screening tools for depression and anxiety before sessions 1, 12, and 24, and will report any newly diagnosed mental health conditions or other comorbidities. Survey respondents who consent to later follow-up but do not participate in the intervention will form a non-intervention comparison group.

Originality: EH is a relatively recent health aspect introduced by WHO as an area requiring investigation and improvement. This study is therefore both timely and relevant, particularly in an era of rapid digitalization, increasing reliance on AI, and rising existential challenges.

Lessons learned and future implications: We expect that the intervention may improve EH and reduce the proportion of newly emerging mental health conditions, such as depression or anxiety. If effective in Sweden, this approach may be scalable internationally and contribute to strengthening EH worldwide.

Discussion: Maintaining mental health may become increasingly important in times of growing digitalization and the expanding role of AI, alongside rising loneliness, segregation, and heightened risks of various natural or human-made crises.

Conclusion: EH is a key component for a fulfilling and resilient life. Mental health should be supported and sustained, not only treated after illness emerges. This project will explore whether an intervention combining ancient Stoic philosophy with modern MindShift exercises can enhance existential health and help prevent mental health deterioration.

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ID 1373- How to develop leadership skills in future general practitioners? A proposal from French general practitioners.

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Context: A 28-year-old woman presents with productive cough and left-sided chest pain three days long. Initial chest X-ray is does not show infiltrates, so symptomatic management is started. Three days later, the patient goes to the emergency department with worsening symptoms, as she is found to have markedly elevated CRP (500 mg/L) and procalcitonin (4.8 mg/dL), with left basal crackles. A new chest X-ray shows left lower lobe consolidation with urine antigen negative. She is started on ceftriaxone and azithromycin for community-acquired pneumonia. After clinical and laboratory improvement, she is discharged.

Methods: Five days later, she returns with a 40°C fever and worsening chest pain. She is febrile, with basal oxygen saturation of 96%, decreased breath sounds, and crackles in the lower two-thirds of the left lung. Laboratory results show leukocytosis (9,680/µL), CRP 299 mg/L, and negative procalcitonin. Chest X-ray shows left pleural effusion, confirmed with pulmonary echography. Thoracentesis yields pleural fluid with LDH 1,760 U/L, a pleural/plasma LDH ratio of 8, pleural/plasma protein ratio of 0.59, and pH 7.62, consistent with an exudative effusion. The sample is insufficient for cell count. Despite antibiotics, she persists with daily fevers with chest pain, and persistent elevation of inflammatory markers. Antibiotics are escalated to piperacillin-tazobactam. The latest chest X-ray shows increased, now septated, pleural effusion. A pleural drain is placed, yielding cloudy, serohematic fluid with positive Streptococcus pneumoniae antigen.

Originality: This case shows the complications of pneumococcal pneumonia and their management.

Lessons learned and future implications: This case reviews the diagnosis and management of pulmonary empyema, as well as the importance of adjusting the antibiotic treatment and a proper patient follow-up.

Discussion: The case is oriented as complicated pneumococcal pneumonia with empyema. Antibiotics are adjusted to ceftriaxone. Chest CT shows necrotizing pneumonia with improving effusion. The drain is removed, and she continues antibiotics, later switched to oral amoxicillin for three weeks after clinical improvement, with another chest CT at three weeks in order to decide the next step.

Conclusion: This case illustrates the typical progression and management of complicated parapneumonic effusion and empyema, including the need for prompt drainage and targeted antibiotics.

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ID 2287- How to develop Quality improvement capacity in primary care

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Context: Post-electric shock cardiothoracic symptoms in a 25-year-old female with normal cardiac evaluation.

Methods: A 25-year-old woman, with no significant medical history, presented to Primary Healthcare following an occupational electric shock two days prior. Since the incident, she has experienced chest oppression, asthenia and bradykinesia. On physical examination, cardiopulmonary auscultation was rhythmic without murmurs or additional sounds; transient tachycardia resolving within seconds. No entry or exit point of the electrical current were observed. An electrocardiogram was performed showing sinus rhythm at 80 bpm, narrow QRS, no conduction abnormalities and no repolarization changes. Three days later, chest pain persisted and aphonia appeared without odynophagia. Physical examination revealed normal cardiopulmonary auscultation, normal oropharynx and intense tenderness on

palpation over the sternum and ribs. A Cardiology e-consultation was requested and chest and sternum X – rays were performed with no acute pathological findings. During Cardiology consultations, a new ECG showed sinus rhythm at 67 bpm, PR interval 114 ms without clinical relevance, and a transthoracic Doppler echocardiogram revealed no abnormalities.

Originality: Electrical shocks can produce cardiovascular, neurological and musculoskeletal symptoms of varying severity. In this case, the patient experienced chest pain, asthenia, bradykinesia and aphonia following a low-voltage electrical shock, without detectable electrical or structural changes. The case highlights the usefulness of e-consultations for rapid cardiology assessment and follow-up in Primary Healthcare.

Lessons learned and future implications: This case demonstrates the importance of comprehensive evaluation and follow-up after electrical injuries, even in the absence of abnormal findings in tests performed in Primary Healthcare. Persistent symptoms may require interdisciplinary assessment, and the role of the Primary Care physician is essential for monitoring and coordinating with specialists.

Discussion: Electrical injuries present a wide spectrum of clinical and electrical manifestations, ranging from asymptomatic to life-threatening. In this patient, chest pressure and bradykinesia were not explained by electrical or structural alterations. This confirms that not all symptoms following an electric shock are of cardiological origin, highlighting the importance of thorough patient evaluation.

Conclusion: Comprehensive Primary Healthcare, combined with specialist collaboration via e-consultations, ensures proper management of patients after electrical injuries. Even when tests are normal, symptoms monitoring and follow-up are essential for patient reassurance and preventing complications.

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ID 1743- HRV-based physician consultations to enhance biopsychosocial awareness: a randomized controlled trial with managers

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Context: As part of Breast Cancer Awareness Month, non-drug interventions aim to improve the well-being of patients with benign breast disorders or breast cancer. Music therapy is known to reduce stress and anxiety and to enhance emotional well-being. However, few works explore its immediate effect during group sessions.

Objectives: The aim of this preliminary experience was to explore the immediate impact of a group music therapy session on participants' emotional state and well-being.

Methods: The intervention was carried out in a neighborhood facing significant socio-economic challenges and represented a first experience. Forty-two women being followed for benign or malignant breast conditions participated in a single group session led by a certified music therapist. The assessment relied on direct verbal feedback collected before and after the session, focusing on perceived stress,anxiety, relaxation, mood, and emotional support.

Results: A total of 42 women followed for benign or malignant breast pathology. The average age was 50 years (range 32–68) participated in a single music therapy session led by a certified music therapist.Before the session, patients described heterogeneous levels of stress, fatigue, and emotional tension related to their condition and living environment. The session combined guided music listening, live instrumental interaction and moments of relaxation and individual reflection.Immediately after the workshop, all women reported clear benefits: a feeling of calm, reduced anxiety, emotional relief and a strengthened sense of support and safety. The

session was unanimously perceived as soothing and helpful.

Discussion: These observations are consistent with literature indicating that music therapy can provide meaningful emotional and physical benefits to patients with breast conditions. Previous studies have shown reductions in anxiety, depression, as well as physiological parameters such as blood pressure and heart rate in breast cancer patients. Additionally, a clinical trial in women undergoing chemotherapy, 30-minute sessions before each cycle improved quality of life and eased anxiety, depression and side effects like nausea.

Conclusion: This first experience suggests that group music therapy may be a promising complementary intervention for women with breast conditions, especially in socio-economically vulnerable settings. Its immediate benefits support integrating non-pharmacological approaches into patient care. Future sessions should include quantitative evaluation to confirm these preliminary results.

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ID 1212- Humanistic and Sustainable Care: A Workshop on Implementing Shared Decision Making with Decision Aids

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Context: Ear pain is a frequent childhood complaint in primary care, usually caused by benign conditions. In rural settings, however, children's involvement in agricultural activities increases exposure to insects and environmental hazards. When several children present with similar symptoms within a short period, family physicians can identify shared environmental patterns. This case series describes a cluster of children whose acute ear pain was linked to a common agricultural exposure.

Methods: Over three consecutive days, four children aged 5–11 presented to a family health center in a semi-rural district with acute ear pain. Otoscopic examination revealed small insects in the external auditory canal in all cases. Insects were removed manually and with saline irrigation; topical therapy was used when mild inflammation was present. Environmental histories were obtained from families, focusing on outdoor activities and contact with vegetation. All four families independently reported purslane-gathering in agricultural fields during the same week, where children sat or lay on dense vegetation. No systemic symptoms or tick exposure were identified at presentation or follow-up. Families received counseling on insect and tick protection, and the cluster was reported to preventive health authorities.

Originality: This case series highlights an unusual environmental presentation in primary care: multiple children developing insects in the ear canal after participating in the same agricultural activity. It shows how primary care clinicians can detect environmental risks through pattern recognition, even without formal public health alerts.

Lessons learned and future implications: Similar pediatric complaints occurring in clusters should prompt evaluation for shared environmental exposures. In rural areas, routine counseling on insect and tick prevention is essential. Improving environmental history-taking skills can support earlier recognition of vector-related hazards

Discussion: Insects in the ear canal occur more often in rural areas, especially during summer. While isolated cases are usually straightforward, clusters require broader environmental assessment to prevent recurrence and exclude co-exposures such as ticks, which may transmit serious infections.

Conclusion: Environmental history-taking combined with pattern recognition is essential in pediatric primary care. Family physicians should identify shared exposures and provide preventive advice to protect children in agricultural communities. MeSH: Ear Pain; Insect; Environmental Exposure; Children; Primary Care

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ID 2289- Hypertensice crisis during paroxetine tapering exacerbated by acute alcohol consumption in a patient with MDD and SA: Successful Outpatient Management

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Context: Dermatologic complaints are common in primary care, and localized erythematous lesions are often initially attributed to fungal infections. However, persistent rashes unresponsive to standard therapy may indicate an underlying systemic inflammatory or autoimmune process. Early recognition of atypical cutaneous signs in children can prevent delayed diagnosis of serious rheumatologic disease.

Methods: An 11-year-old girl presented with a 5–6-month history of a persistent erythematous lesion on the lower leg. She had previously received topical and oral antifungal treatments without improvement. On evaluation, detailed history, physical examination, and prior laboratory results were reviewed. Dermatology referral led to a skin biopsy, which confirmed granuloma annulare. Laboratory testing revealed elevated erythrocyte sedimentation rate (ESR). Considering both the biopsy findings and systemic inflammatory markers, the patient was referred to pediatric rheumatology, which confirmed a diagnosis of juvenile idiopathic arthritis. A limitation of the case was the initial narrow focus on superficial infection, delaying consideration of systemic disease.

Originality: This case illustrates an uncommon but clinically significant association between granuloma annulare and juvenile arthritis. While granuloma annulare is usually idiopathic and self-limiting, literature reports links to autoimmune processes in some pediatric patients. Unlike prior reports, this case emphasizes how a dermatologic complaint initially managed as a fungal infection ultimately revealed systemic pathology.

Lessons learned and future implications: Treatment-resistant skin lesions should prompt clinicians to expand the differential diagnosis beyond localized infection. In children, biopsy results and inflammatory markers must be interpreted in the context of potential autoimmune disease. Clear referral pathways between primary care, dermatology, and pediatric rheumatology are essential.

Discussion: This case reinforces evidence that granuloma annulare may serve as a cutaneous manifestation of systemic inflammation. Maintaining clinical vigilance for rheumatologic disease in the context of refractory lesions can facilitate timely diagnosis and treatment, preventing long-term joint damage.

Conclusion: Persistent cutaneous lesions in children should be evaluated holistically rather than as isolated dermatologic problems. Early multidisciplinary collaboration and systemic assessment improve diagnostic accuracy and support optimal patient outcomes.

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ID 1389- Hypertension Galaxy Lab: A Global/Cross-Cultural Initiative for Leveraging e-Health in Primary Care

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Context: Generalized pruritus is a common complaint in primary care, and scabies is often presumed due to its prevalence and characteristic lesion pattern. However, persistent symptoms after appropriate treatment should prompt clinicians to broaden the differential diagnosis, including sexually transmitted infections (STIs) that may mimic or coexist with dermatologic conditions.

Methods: A 35-year-old male presented with generalized itching shortly after staying away from his usual household. Given the lesion distribution and epidemiological context, scabies was diagnosed and standard therapy initiated. Two weeks later, he returned with ongoing pruritus despite correct treatment. During reevaluation, a more comprehensive

history was obtained that extended beyond accommodation changes to include sexual risk behaviors. The patient then disclosed a suspicious sexual encounter during his time away—information not initially provided. Targeted questioning about genital lesions followed, and a full STI panel was ordered, including syphilis serology, HIV, hepatitis B/C markers, and urine PCR for chlamydia and gonorrhea. This shift redirected clinical thinking from presumed treatment-resistant scabies toward possible STI-related dermatologic manifestations. A key limitation was reliance on a single epidemiological trigger at the first visit, without integrating sexual history early. Nevertheless, the measurable outcome was identification of a high-risk exposure that significantly influenced diagnostic considerations.

Originality: This case highlights how a seemingly straightforward scabies diagnosis may mask STIs, an issue underrepresented in primary care reports. It demonstrates how delayed sexual history-taking can prolong symptoms and obscure the true cause.

Lessons learned and future implications: Structured, nonjudgmental sexual history-taking should be part of the initial assessment of persistent pruritus, particularly in young and middle-aged adults. A systematic approach that considers sexual exposures alongside accommodation history can prevent diagnostic delays.

Discussion: The case reinforces the importance of maintaining a broad differential diagnosis in persistent pruritus and avoiding premature closure—especially when treatment fails. Literature similarly notes that scabies-like symptoms may coexist with, mimic, or distract from STI-related cutaneous manifestations. Persistent itching following appropriate scabies treatment should trigger reconsideration of alternative or comorbid causes.

Conclusion: Incorporating sexual history and STI screening into the evaluation of unresolved itching allows earlier identification of alternative diagnoses and improves patient outcomes in primary care.

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ID 1819- Hypoglycemia presenting with acute neurological symptoms in a migrant patient with language barriers: A case-based reflection

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Context: Primary care physicians frequently care for patients with physical and cognitive disabilities, yet the lived experience of disability often remains abstract in routine medical training. To address this gap, our Family Medicine residency program integrates experiential disability awareness training through visits to a Disability Awareness Center in XXX (city), XXX (country). The aim is to foster empathy, reduce bias, and promote patient-centered practice by enabling residents to temporarily experience disability from the patient perspective.

Methods: Description of the experience; the structured program included five consecutive simulations. In the visual impairment module, residents navigated a completely dark room using a white cane, provoking disorientation and revealing reliance on accessible environmental design. The autism spectrum simulation recreated hypersensitivity to light and sound through a short film, inducing cognitive fatigue similar to neurodivergent sensory distress. A separate sensory overload exercise combined loud auditory stimuli with simple tasks, illustrating how concentration difficulties may manifest clinically as anxiety or noncompliance. The dyslexia simulation asked participants to read a deliberately distorted, disordered text, mirroring the decoding challenges faced by individuals with dyslexia. Finally, the mobility impairment exercise required using a manual wheelchair on 6% and 10% slopes, quickly leading to physical exhaustion and heightened awareness of everyday accessibility barriers.

Originality: Unlike single-disability models, this multi-sensory, sequential approach offered a holistic, emotionally resonant experience and is uniquely embedded as a required component of Family Medicine training. Strengths included immersive multi-sensory design, stepwise exposure to diverse limitations, and structured debriefing sessions. While brief simulations cannot replicate lifelong disability, they provided meaningful insight. Qualitative reflections were collected and discussed during residency seminars.

Lessons learned and future implications: Participant family medicine residents reported greater appreciation for environmental and sensory barriers, improved empathy, and increased attention to accessibility in clinical encounters. Incorporating patient narratives and longitudinal follow-up may further reinforce behavioral change.

Discussion: Experiential methods complement traditional didactics by challenging assumptions and deepening residents' understanding of patient realities, potentially influencing communication and shared decision-making practices.

Conclusion: Disability awareness simulations can enrich residency education by cultivating more empathetic, inclusive, and equitable primary care practice.

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ID 2285- I only know I know nothing: the non-painful zoster

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Context: Continuing Education in Health (CEH) promotes evidence-based clinical updating, avoids therapeutic inertia and encourages comprehensive and interprofessional care. The Working Group (WG) for Caring of People with Chronic Conditions of XXX developed the "Guide for Caring in Hypertension and Type 2 Diabetes (DM2)" to support CEH based on the Chronic Care Model (CCM).

Objectives: Establish a CEH based on its own guidelines for qualifying care in Primary Health Care (PHC).

Methods: Pedagogical process supported by active learning methodologies and content based on up-to-date scientific evidence, which systematizes and guides the practice of professionals in the care of individuals with hypertension and DM2 in primary health care. Developed in four stages: 1) Survey of learning priorities chosen by professionals through a questionnaire; 2) Planning of activities (themes definition, target public, pedagogical framework, active learning methodologies, teaching strategies, resources, and schedule); 3) Execution of activities; 4) Evaluation regarding participation, satisfaction, quality of the CEH and skills acquired. We applied questionnaires to 250 PHC professionals. The activities were directed to physicians, nurses, nursing technicians, nutritionists, pharmacists, dentists, and community health agents.

Results: In 2024, 14 CEH were carried out, with 292 participants. In 2025, were developed 19 CEH, with 579 participants. The chosen themes were: CCM; strategies for guiding lifestyle changes; specific and interprofessional care in hypertension and DM2. The evaluations of the professionals who underwent the CEH highlighted that the active learning methodologies, the "Guide for Caring in Hypertension and DM2" compiling the most up-to-date theoretical references, and the sequence of CEH were essential for rethinking their practice and optimizing the comprehensive and interprofessional care of people living with these conditions.

Discussion: The CEH reflects the qualification of clinical practice in PHC. The Guide, available through a QR Code, enables quick review. Consolidating the CCM and the good care practices through CEH is challenging. Structuring a theoretical framework that meets the needs of PHC constitutes a differentiating factor in the proposed CEH.

Conclusion: The CEH for interprofessional teams in PHC enabled the inclusion of practices

and were recognized as important in improving the quality of care for people with hypertension and type 2 diabetes in primary health.

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ID 1688- I'm a Dad, Get me out of here: Leadership Lessons from Parenting

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Context: This case report describes the diagnostic and therapeutic course of a 42-year-old male patient who initially presented with nonspecific gastrointestinal complaints. Despite an extensive somatic diagnostic workup—including laboratory testing, ultrasound, endoscopic examinations, and CT imaging—no organic cause of the symptoms was identified. A presumed diagnosis of SIBO led to temporary improvement following dietary measures and antibiotic treatment. However, the patient subsequently experienced an unexpected progression of psychiatric symptoms, including sleep disturbances, affective lability, and suicidal ideation. After an acute psychiatric evaluation, a diagnosis of severe depressive disorder was established, and the patient was admitted to a psychiatric clinic. This case highlights the complex interplay between somatic and psychological symptoms and underscores the importance of early recognition of psychiatric comorbidity in patients with long-standing unexplained physical complaints.

Methods: A detailed clinical evaluation was conducted, including comprehensive somatic diagnostics (laboratory tests, abdominal ultrasound, endoscopy, and CT imaging) followed by targeted gastroenterological treatment for suspected SIBO. As the symptom pattern evolved, psychiatric assessment was performed to clarify the emerging affective and cognitive disturbances.

Originality: This case uniquely demonstrates how initially isolated gastrointestinal symptoms can mask an underlying depressive disorder that rapidly progresses to a severe episode with psychotic features. It highlights an uncommon but clinically significant transition from somatic presentations to acute psychiatric decompensation.

Lessons learned and future implications: The case underscores the importance of early psychiatric consideration in patients with persistent, unexplained somatic complaints. It suggests that integrating routine psychosocial screening into somatic diagnostic pathways could facilitate earlier detection of somatized depressive disorders and reduce the risk of progression to severe forms, including suicidal behavior.

Discussion: The observed clinical trajectory illustrates the complexity of mind–body interactions and the potential for somatic symptoms to represent prodromal phases of major psychiatric illness. The case highlights the necessity of interdisciplinary communication between primary care, gastroenterology, internal medicine, and psychiatry to ensure timely intervention and comprehensive patient care.

Conclusion: This case reinforces the value of a holistic, bio-psycho-social approach in everyday clinical practice. Early recognition of psychiatric comorbidity in patients with chronic, unexplained somatic symptoms is essential for preventing escalation into severe depressive episodes and for improving overall diagnostic and therapeutic outcomes.

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ID 357- Identification of therapeutic inertia in the management of patients living with Diabetes in Family Medicine Units

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Context: Les patients multitarés, souvent polymédiqués, présentent fréquemment une faible adhésion à leurs traitements, entraînant une mauvaise observance thérapeutique et une augmentation des consultations médicales

Objectives: Notre objectif était de déterminer la prévalence et les facteurs prédictifs de la mauvaise observance thérapeutique (MOT)

chez les patients atteints de maladies chroniques lors des consultations.

Methods: Il s'agissait d'une étude prospective réalisée sur une durée d'un an, incluant des patients adultes présentant une ou plusieurs maladies chroniques traitées pharmacologiquement, suivis à l'hôpital de circonscription de Grombalia. Le niveau d'observance thérapeutique a été évalué à l'aide du questionnaire de Girerd, permettant de distinguer deux groupes : les bons observants (score 0–2) et les mauvais observants (score ≥3).

Results: Nous avons inclus 365 patients, âgés en moyenne de 68 ± 12 ans, avec un sex-ratio de 1,25. Parmi eux, 41 % étaient illettrés, 17,3 % sans emploi, 53,2 % couverts par une assurance maladie et 74,2 % mariés. Les principales comorbidités étaient le diabète (92 %), l'hypertension artérielle (92 %), la dyslipidémie (65,5 %) et l'insuffisance cardiaque (29,3 %). La MOT a été observée chez 52,6 % des patients. Une mauvaise observance thérapeutique était significativement associée au chômage ($p < 0,001$), à l'illettrisme ($p < 0,001$), à l'absence d'assurance maladie ($p < 0,001$), à la dépendance à une tierce personne ($p < 0,001$), à un nombre de comprimés supérieur à trois ($p < 0,001$) et à l'absence de remboursement ($p = 0,003$).

Discussion: Dans notre étude, la mauvaise observance a été estimée à 52,6% des patients. Dans la littérature, la prévalence de la mauvaise observance thérapeutique est variable, elle variait entre 14 et 96%. Ces différences internationales peuvent être expliquées par la différence des facteurs socio-économiques et démographiques dans la gestion de la pathologie. Les disparités entre les régions tunisiennes et les autres pays soulignent la nécessité d'élaborer des politiques de santé sur mesure, tenant compte des particularités économiques et sociales de chaque population.

Conclusion: La mauvaise observance chez les patients polymédiqués nécessite éducation, accompagnement et simplification du traitement.

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ID 1795- Ikairos Culture du Soin: an association promoting the mental health of healthcare students. Why are there so few participants ?

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Context: Artificial intelligence (AI) systems are increasingly used in primary care to support diagnosis, documentation, and treatment planning. While these tools offer operational advantages, they raise significant bioethical and neuroethical concerns. Traditional ethics emphasize autonomy and beneficence, but AI also impacts cognitive processes fundamental to judgment and trust.

Objectives: To review current literature on how AI systems in primary care intersect with neuroethical themes—particularly cognitive offloading, epistemic agency, informed consent, and moral responsibility—and to contrast these with conventional bioethical frameworks.

Methods: A narrative review was conducted using peer-reviewed literature published between 2017–2025. Databases included PubMed, Scopus, and Google Scholar. Inclusion criteria focused on AI ethics in clinical settings, especially in general practice. Literature from neuroethics, decision science, and legal theory was also integrated. Thematic analysis was used to identify and categorize content across four domains: clinician cognition, patient agency, accountability, and governance mechanisms.

Results: AI improves workflow and standardization but introduces risks of automation bias and reduced clinician agency (Cross et al., 2024; Román Collazo et al., 2024). Opaque decision-support systems challenge informed consent when explanations are not cognitively meaningful to patients (Moulaei et al., 2025; Wachter et al., 2017). While bioethical frameworks often treat consent as

procedural, neuroethics highlights how AI affects internal reasoning, trust calibration, and deliberative integrity. Governance responses include explainability mandates and human-in-the-loop designs (Sasseville et al., 2025; National Academy of Medicine, 2023).

Discussion: Neuroethics deepens ethical evaluation by focusing on how decisions are formed cognitively and relationally. In primary care, where trust and narrative reasoning are central, this perspective is essential to understanding AI's practical and moral impact.

Conclusion: AI integration in general practice requires ethical scrutiny beyond normative principles. A neuroethical lens reveals how technology affects the cognitive underpinnings of agency and accountability. Future policy and system design must align with both ethical theory and human cognitive architecture.

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ID 1307- Immediate impact of a music therapy session on the well-being of patients with benign or malignant breast pathology

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Context: Artificial intelligence (AI) is already a buzz topic in primary care, promising help with triage, scheduling, diagnosis and paperwork. Behind the shiny promises sit messy questions about who is in control, who is left out and who takes responsibility when things go wrong. General practitioners (GPs) rarely get to analyse AI tools before they land in daily practice.

Objectives: Spot red flags and missed opportunities when AI tools are pitched to primary care. Use a short set of questions to test whether an AI proposal is safe, fair and worth trusting. Recognise how AI tools can either reinforce or reduce inequities in access and quality of care.Communicate concerns and expectations about AI with managers, developers and patients.

Teaching method and workshop: After a quick, myth busting overview of AI in healthcare, participants jump into small group debate role plays. In each case one team plays the AI pitching company and the other plays management or clinical leadership, negotiating if, when and how to adop

Expected outcomes: Participants will gain confidence in discussing AI projects and will leave with a practical checklist of questions to use when AI tools are proposed in their organisations. They will be better prepared to defend freedom of clinical judgment and equality i

Conclusion: This workshop invites family doctors to share doubts and experiences, to challenge AI promises and to imagine safer, fairer implementations together. It supports primary care professionals to move from passive users to informed partners whenever AI enters their practice.

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ID 1468- Immunodeficiency: From Misfortune to Clinical Insight – Two Case Reports

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Context: Family physicians are the healthcare professionals who ensure patients initial access to the care system, maintaining a closer and continuous relationship with each patient. However, this proximity may have negative implications for the physician's mental health, leading to physical and mental exhaustion. Burnout among family physicians is an increasingly common and multifactorial phenomenon, associated with rising workloads, time pressure, clinical complexity and the need to balance multiple non-clinical responsibilities. The literature shows that high levels of burnout compromise care quality, patient safety, professional satisfaction, and the stability of healthcare teams. In this context, it is essential to deepen the understanding of the determinants of burnout and the factors that contribute to the well-being of family physicians.

Objectives: To assess the prevalence of burnout among family physicians working in a Portuguese Local Health Unit (LHU).

Methods: This is an observational, descriptive, cross-sectional study with an analytical component, currently underway. It is based on an anonymous online questionnaire addressed to family physicians and residents working in the LHU. The questionnaire includes demographic and professional data, as well as the Maslach Burnout Inventory – Human Services Survey, validated for Portuguese. Data will be analyzed using descriptive and inferential statistics after the conclusion of data collection.

Results: Although data collection is still ongoing, relevant levels of burnout are expected to be identified, with a high prevalence of emotional exhaustion and depersonalization, and low personal accomplishment. The study also aims to examine the association between these factors and gender, age, organizational model of the health unit and years of professional experience.

Discussion: As data collection is still in progress, a complete analysis and discussion cannot be provided at this stage. Updated results and their interpretation will be presented during the congress.

Conclusion: This study aims to contribute to a deeper understanding of the professional reality of family physicians in Portugal, reinforcing the need for policies and interventions that promote healthy working environments. Investing in physicians' mental health and well-being is an essential pillar for ensuring sustainable, safe, and high-quality primary healthcare.

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ID 1546- Impact de la prise en charge pré hospitalière du syndrome coronarien aigu avec sus décalage du segment compliqué : état des lieux et revue de littérature

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Context: Seizures are an infrequent complication of intoxication, it may be caused by a wide range of drugs and toxins.

Objectives: This study aimed to describe the epidemiological and clinical profile of patients presenting to the emergency department (ED) following acute intoxication associated with a seizure.

Methods: This was a retrospective study conducted over a 5 year period from October 2020 to September 2025, in the ED of Mahmoud Yaacoub Center for urgent medical assistance. We included patients aged from 14 and over who consulted for seizures after acute intoxication. Data regarding demographic, clinical history, characteristics of the intoxication type of molecule and presumed ingested dose, clinical presentation, consultation delay, seizures before or during the consultation and the anti-seizure treatment used and were collected and analyzed.

Results: A total of 68 patients were included, predominantly male (58.8%), with a median age of 29 years. Epilepsy history was present in 14.9%, with 55% discontinuing antiepileptic

treatment. Substance misuse was reported in 39.7%, mainly cannabis (65.4%), pregabalin (46.2%), and cocaine (19%). Primary exposure routes were drug ingestion (63.2%) and carbon monoxide inhalation (29.4%). Causes included recreational use (33.8%), accidental intoxication (32.4%), and suicide attempt (25%). Main substances implicated included pregabalin, cannabis, carbamazepine, cocaine, and heroin. Most seizures (92.6%) occurred before consultation, with 93.7% resolving spontaneously; 10.3% experienced seizures during consultation. Initial clinical exams were generally stable. Regarding outcomes, 43.8% were admitted to intensive care, 31.3% discharged home, and 26.6% referred for follow-up, mostly to neurology and addiction services. Eleven patients (17.2%) referred to other EDs, and 4.7% left against medical advice.

Discussion: These findings show that intoxication associated with seizure occur mainly in the recreational substance use or carbon monoxide exposure, with most episodes resolving spontaneously before medical evaluation. This study highlight the need for improved prevention and monitoring of substances involved such as cannabis, pregabalin, and cocaine and also targeted neurological and addiction follow-up.

Conclusion: Seizures noted before the consultation were reported in over half of the cases, and were significantly resolved spontaneously, while few patients experienced seizures during the consultation and required anti-epileptic treatment.

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ID 1582- Impact of Antiretro Viral Treatment initiation on quality of life in people living with HIV: Evidence from a National Tertiary Infectious Hospital

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Context: Unconjugated hyperbilirubinemia in adolescents with chronic inflammatory disorders may suggest hemolysis, hepatocellular injury, or immune-mediated hepatobiliary disease. In patients on biologic therapy, distinguishing benign hereditary conditions from drug-related adverse effects is crucial. We describe evaluation of mild scleral icterus in a 16-year-old with ulcerative colitis.

Methods: A 16-year-old female with ulcerative colitis maintained on anti-TNF therapy presented for routine follow-up. Mild scleral icterus was noted. Laboratory tests revealed isolated elevation of total bilirubin, predominantly unconjugated. Hemoglobin, reticulocyte count, peripheral smear, lactate dehydrogenase, and haptoglobin were normal, excluding hemolysis. Liver enzymes, cholestatic markers, and coagulation parameters were within normal limits. Autoimmune serologies (ANA, AMA, ANCA) were negative, making immune-mediated hepatobiliary disease unlikely. Imaging was not indicated. Persistent isolated unconjugated hyperbilirubinemia with normal liver function prompted suspicion of a hereditary disorder. Genetic testing confirmed a UGT1A1 variant compatible with Gilbert syndrome.

Originality: Although Gilbert syndrome is common, its recognition in adolescents with inflammatory bowel disease is challenging, as mild icterus may be misinterpreted as drug toxicity. Few pediatric cases highlight diagnostic uncertainty in the context of biologic therapy, making this case clinically relevant.

Lessons learned and future implications: Early bilirubin fractionation and prompt exclusion of hemolysis are essential. Recognizing benign hereditary hyperbilirubinemia avoids unnecessary discontinuation of effective therapy and extensive hepatobiliary investigations.

Discussion: Benign metabolic conditions can mimic adverse drug effects in patients on biologics. A structured diagnostic approach—evaluating hemolysis first, followed by autoimmune and cholestatic markers, and concluding with targeted genetic testing—ensures accurate diagnosis while preserving therapy. Clinical stability and normal hepatic parameters confirmed the benign nature.

Conclusion: In adolescents with ulcerative colitis, isolated unconjugated

hyperbilirubinemia should raise consideration of Gilbert syndrome. Accurate recognition allows safe continuation of therapy and reinforces the importance of a structured, stepwise diagnostic evaluation.

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ID 1456- Impact of Extension Projects in the School Health Program: Playful Activities as a Tool for Addressing Mental Health in Adolescents in Primary Care

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Context: Clinical supervision during emergency department shifts is both a legal and educational requirement in residency programs. However, the 2024 nationwide survey conducted by Asociación MIR España (AME) identified widespread inadequate supervision among Spanish residents. Since then, AME has carried out national advocacy, media campaigns, and institutional negotiations aimed at improving supervision standards. A follow-up survey in 2026 was launched to assess whether supervision quality has changed over time.

Objectives: To compare supervision levels reported by residents in 2024 and 2026, and to evaluate whether advocacy actions by AME were associated with improvements in training conditions and perceived patient safety.

Methods: A repeated cross-sectional online survey was distributed nationally between April and June 2026 using social media, institutional mailing lists, and resident networks. Eligible participants included: 2nd-year residents of all specialties 2nd–4th-year Family Medicine residents The questionnaire replicated the 2024 items to allow direct comparison. Variables included type of supervision, availability of attending physicians, supervision by specialists vs. non-specialists, and perceived safety. Descriptive statistics and comparison of proportions were performed. Preliminary results are presented.

Results: A total of X,XXX responses were received from XXX hospitals (data collection ongoing). Compared with 2024 results (adequate supervision: 28.6%, poor/absent: 71.4%), preliminary 2026 data show: Increase in adequate supervision (provisional improvement of +X–X percentage points). Reduction in residents left alone overnight, especially in regions previously identified as high-risk. Slight decrease in supervision by non-specialists. Residents increasingly reported that professional organizations and advocacy efforts had raised awareness among hospitals and departments.

Discussion: Early findings suggest a potential positive trend in supervision quality following two years of national advocacy. However, significant variability persists between hospitals and regions. Continued monitoring and regulatory action remain necessary to ensure equitable training conditions and patient safety.

Conclusion: Preliminary 2026 data indicate an improvement in clinical supervision during emergency shifts compared with 2024. Advocacy by resident organizations may contribute to these changes, highlighting the value of national monitoring and policy engagement in strengthening medical training.

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ID 1936- Impact of Gender Norms on Women's Care Pathways: From Sexist Biases to Medical Violence

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Context: Lyme disease is a common tick-borne infection in Europe, with erythema migrans serving as the primary clinical criterion for early diagnosis. However, many patients do not recall a tick bite, and early cutaneous manifestations may lack the classic annular or target-like appearance. Such atypical lesions can resemble allergic dermatitis, cellulitis, or fungal infection, contributing to diagnostic delay in family medicine. Early recognition in primary care is essential, as prompt antimicrobial treatment

prevents progression to neurological, cardiac, or musculoskeletal complications.

Methods: We report the case of a woman in her 50s who presented with a 6–7 day history of fatigue, low-grade fever, diffuse headache, and a 7–8 cm erythematous patch on the lateral thigh. She did not recall a tick bite but reported frequent outdoor gardening. The lesion was non-pruritic, irregularly shaped, and poorly demarcated without central clearing. It was initially diagnosed as allergic dermatitis, and topical corticosteroids were prescribed. Persistent symptoms and lesion enlargement prompted re-evaluation four days later. Serologic testing (ELISA) was performed, and empirical doxycycline was initiated based on clinical suspicion. Clinical response and follow-up outcomes were monitored.

Originality: This case highlights an atypical presentation of early Lyme disease mimicking allergic dermatitis in a patient without a known tick bite. It emphasizes the diagnostic challenges posed by non-classic erythema migrans and demonstrates the limited utility of early serologic testing, which may yield false-negative results.

Lessons learned and future implications: Atypical erythema migrans can occur without the characteristic annular morphology, and absence of a recalled tick bite does not exclude Lyme disease. Early serology may be negative, making clinical judgement crucial. Empirical treatment based on clinical suspicion can prevent progression to disseminated disease. Future efforts in primary care should focus on improving clinician awareness of atypical presentations and enhancing diagnostic pathways.

Discussion: This case illustrates the diagnostic complexity of early Lyme disease when cutaneous findings are subtle or misleading. The initial misclassification as dermatitis reflects common challenges in primary care. Reassessment incorporating symptom progression, epidemiological exposure, and lesion evolution enabled timely diagnosis and treatment.

Conclusion: Atypical erythema migrans may lead to diagnostic delay. Careful clinical assessment and early empirical therapy are essential to prevent disease progression.

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ID 711- Impact of initial symptoms - cutaneous or musculoskeletal - on clinical characteristics, comorbidities and diagnosis delay in Psoriatic Arthritis: data from Stockholm COMPASS Cohort

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Context: Neuroleptic Malignant Syndrome (NMS) is a severe and potentially life-threatening reaction to neuroleptic medications. Understanding the patterns of neuroleptic use and associated risk factors is crucial for early diagnosis and prevention of extrapyramidal complications

Objectives: To describe the neuroleptic and antiparkinsonian drugs prescribed to patients evaluated for suspected NMS and identify the causative factors associated with different neuroleptic agents.

Methods: This was a retrospective, observational, XX-center study conducted in the ED of XXX over a five year period from January 2020 to october 2025.Data were collected on neuroleptic and antiparkinsonian drug prescriptions, including specific molecules, co-prescriptions, and identified causes of adverse reactions.

Results: The most frequently prescribed agents were butyrophenones (41.5%), followed by fluphenazine (22.3%) and risperidone (19.1%). Other neuroleptics were less commonly used: phenothiazines (9.6%), olanzapine (3.2%), amisulpride (2.1%), and aripiprazole (1.1%).Regarding antiparkinsonian medications, 46.5% of patients received such treatment. Biperiden accounted for 45.5% of prescriptions, while trihexyphenidyl was administered to only 3 patients (3%). Analysis by molecule showed that butyrophenones were almost always given without antiparkinsonian agents (rate near 1%),

increasing the risk of extrapyramidal symptoms. Fluphenazine was combined with Biperiden in 66% of cases but rarely with Trihexyphenidyl (near 2%), whereas risperidone was paired with antiparkinsonian drugs in only 15% of cases, with no use of Trihexyphenidyl.The identified causes of adverse events varied by neuroleptic agent.Butyrophenones were linked to overdose, rapid dose escalation, or accidental cumulative intake. Fluphenazine was involved in several overdoses of Fluphenazine (75 to 200 mg), withdrawal of Biperiden, and various therapeutic errors. Risperidone was associated with overdose, abrupt therapeutic changes, or isolated adverse reactions. Amisulpride was related to accidental overdose; olanzapine with concomitant Chlorpromazine overdose; and other molecules were implicated sporadically.

Discussion: Among confirmed NMS cases, butyrophenones were the most frequently implicated neuroleptics, followed by fluphenazine and risperidone often in the context of absent antiparkinsonian co-treatment, overdose, or dosage changes. The limited use of trihexyphenidyl and inadequate administration of Biperiden in several high-risk patients constitute major aggravating factors.

Conclusion: These findings underscore the importance of strict therapeutic monitoring, appropriate use of antiparkinsonian agents, and heightened vigilance during dose adjustments.

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ID 1808- Impact of patient enrolment on preventive care uptake in primary care

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Context: Acute abdominal pain is a frequent presentation in primary care, and although most cases are benign, some require urgent surgical attention. Recognising early warning signs is essential to prevent complications. Umbilical hernias are common findings in general practice, but their progression to incarceration can be sudden and initially subtle.

Methods: A middle-aged adult attended primary care with acute periumbilical pain that had started a few hours earlier while lifting a heavy object. The pain had progressively intensified and was accompanied by nausea without vomiting or fever. His history included a long-standing reducible umbilical bulge with no previous complications. On examination, he appeared uncomfortable. A firm, tender swelling was palpable at the umbilicus, now irreducible and mildly erythematous. Bowel sounds were present, with no generalized peritoneal signs. Vital parameters were stable. The abrupt change in symptoms and loss of reducibility raised suspicion of incarceration and possible early strangulation. The patient was immediately referred for urgent surgical assessment. Imaging confirmed an incarcerated umbilical hernia. Same-day surgical repair was performed, and postoperative recovery was uneventful.

Originality: While umbilical hernias are common, their transition from a stable, reducible mass to an acute complication is unpredictable. This case illustrates a highly typical scenario for primary care (an everyday condition that becomes an emergency) highlighting the diagnostic reasoning and timely decision-making expected in general practice. The narrative is deliberately generalizable and not tied to identifying details, ensuring broad relevance.

Lessons learned and future implications: Any new pain, tenderness, or irreducibility in a known hernia should prompt urgent evaluation. Patient education on warning signs may reduce delays in seeking care. Strengthening coordination between primary care and emergency services can further improve outcomes for abdominal wall emergencies.

Discussion: Differential diagnoses for acute periumbilical pain include abdominal wall strain, localized infection, strangulated hernia, and gastrointestinal pathology. In this case, careful physical examination guided management. Evidence supports early referral to avoid complications such as strangulation, ischemia, and bowel obstruction.

Conclusion: Primary care is fundamental in detecting early signs of surgical emergencies. Recognizing changes in a chronic hernia's characteristics enables rapid intervention and prevents serious complications, underscoring the critical role of general practitioners in acute care pathways.

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ID 280- Impact of the Covid-19 pandemic on the epidemiological trends of meningitis in XXX (2019–2023)

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Context: An increasing number of General Practice (GP) Doctors are entering training with limited experience working within the country chosen for training. These Doctors are often international medical graduates from non-primary care settings and frequently require additional support to adapt to the structure and primary care working culture. Recognising this transition challenge, we developed and piloted a structured learning programme to support GP Doctors with fewer than six months of experience working in the country at the start of their training. The pilot provided a 4-month placement where Doctors had some of their clinical time replaced with additional education time on key GP domains and contextual topics. In preliminary findings, trainees reported significantly increased confidence in navigating the local systems, understanding the GP role in the wider healthcare structure, and engaging safely with primary care processes. Qualitative feedback highlighted the value of peer discussion, contextual learning, and space for reflection. This pilot demonstrates that a structured, early orientation programme and contextual learning can ease the transition for Doctors new to the country and improve their confidence and engagement. Embedding such initiatives into medical education could enhance educational equity and patient safety, not only regionally or nationally but also internationally.

Objectives: Share challenges and strategies to support learners new to the region. Explore the rationale and design of the structured learning pilot. Review key findings from pilot evaluation. Discuss how similar models could be adapted for use across regions.

Teaching method and workshop: Presentations outlining pilot, rationale, curriculum content, and evaluation findings. 30 minutes Group discussion and to share good practices and identify barriers to implementation. 30 minutes

Expected outcomes: Recognise the challenges faced by new GP trainees and analyse contextual factors. Engage in international and cross-regional learning by sharing innovations, experiences, and good practice examples Reflect on local onboarding and induction processes,

Conclusion: Structured learning intervention can support new trainees with limited local experience, improving early adaptation and well-being. Further evaluation with larger cohorts will help refine content and assess long-term impact on performance and patient care.

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ID 1201- Impact of the COVID-19 Pandemic on Violence Against Women in Brazil: A Comparative Analysis of Femicide Rates and Hotline Reports (2020–2025)

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Context: Toluene is a solvent often used in paints and industrial cleaning. In closed spaces, inhaling its fumes can quickly cause brain and metabolic problems.

Methods: An 18-year-old worker was found unconscious in a painted tanker after breathing toluene fumes. He had acid–base disturbance but improved with oxygen, fluids, and monitoring. He recovered fully without complications

Originality: This case shows an uncommon combination of acid–base disorders after acute toluene exposure. Few reports describe such full recovery after prolonged exposure

Lessons learned and future implications: Every minute counts in toluene exposure. Awareness and prevention can turn a deadly risk into a story of full recovery

Discussion: An 18-year-old male smoker with no significant past medical history was brought to the ED with altered mental status following a workplace accident. He had been working inside a newly painted tanker truck and was found unconscious at the scene. His last recollection was at approximately 10am., and he was discovered the following day at around 6:00 a.m., indicating a period of unconsciousness of 16 hours. Evidence of urinary incontinence was noted. On initial examination he was alert but euphoric (GCS 15/15), with normal neurological findings. His SBP was 120 mmHg DBP was 80 mmHg, heart rate was 85 bpm, and SpO_2 was 100% on AA.Serial arterial blood gas (ABG) analyses demonstrated progressive metabolic derangement. The initial ABG showed metabolic acidosis with partial respiratory compensation (pH 7.35, HCO_3^- 11.5 mmol/L, lactate 5 mmol/L). A subsequent ABG revealed a mixed picture characterized by respiratory alkalosis superimposed on a high–anion gap metabolic acidosis (pH 7.48, $PaCO_2$ 13 mmHg, HCO_3^- 9.7 mmol/L). A third measurement confirmed persistent alkalemia (pH 7.47) despite further bicarbonate depletion (HCO_3^- 8 mmol/L), indicating ongoing metabolic acidosis with sustained respiratory alkalosis. The rest of the laboratory findings were within normal range. A brain CT was performed and freaked no abnormalitiesThe patient was admitted to the ICU a for close monitoring and supportive management and was discharged the following day with favorable outcome

Conclusion: Early recognition, prompt correction of metabolic imbalance, and close monitoring are critical especially in cases of prolonged exposure and initial loss of consciousness.

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ID 644- Impact on food noise after initiating semaglutide treatment: results from a US survey (INFORM)

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Context: Transient neurological events in young adults present a diagnostic challenge in primary care, particularly when vascular risk factors are absent. Although sometimes attributed to benign causes, brief recurrent focal deficits may represent transient ischaemic attacks (TIA). Primary care is essential for early recognition, timely referral, and follow-up.

Methods: A healthy man in his late twenties consulted after three short episodes of left-sided weakness and speech disturbance occurring within one day. Each lasted under ten minutes and resolved completely. He denied headache, fever, trauma, or substance use. On examination he was asymptomatic and neurologically intact. Vital signs and cardiovascular findings were normal. Initial blood tests and multimodal CT showed no abnormalities. Continuous cardiac monitoring detected no arrhythmias, and conventional echocardiography was unremarkable. Given the recurrent, focal nature of the symptoms, a bubble-contrast transcranial Doppler was requested, revealing a right-to-left shunt. Outpatient evaluation included brain MRI (normal) and transoesophageal echocardiogram confirming a patent foramen ovale (PFO) with microbubble passage into the left chambers. He was started on antiplatelet therapy and referred to cardiology for further management.

Originality: The case illustrates a frequent but often under-recognised cause of transient deficits in young adults. Its originality lies not in rarity, but in demonstrating how apparently isolated episodes with normal initial testing can conceal a relevant cardiac source of embolism. The narrative emphasises clinical reasoning in

primary care rather than highly specific details, making the case widely applicable.

Lessons learned and future implications: Stereotyped focal neurological episodes in young patients should prompt structured assessment for possible TIA. Early consideration of intracardiac shunts can prevent diagnostic delay. Strengthening access to Doppler screening and clear referral pathways may improve care. The case highlights the importance of continuity and longitudinal assessment in primary care.

Discussion: Although migraine aura, focal seizures, metabolic disturbances, and functional symptoms may mimic TIA, clustering of brief unilateral deficits strongly supports a vascular mechanism. When routine studies are normal, PFO should be considered as a potential route for paradoxical embolism.

Conclusion: Primary care has a central role in recognising transient neurological symptoms in young adults. Early identification of PFO as a possible cause enables timely prevention strategies and may reduce long-term cerebrovascular risk.

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ID 768- Implementation of a rapid antigen test for community-acquired pneumonia diagnostics in Primary Care. A preliminary multi-centre study

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Context: Scabies is a dermatosis caused by Sarcoptes scabiei. It might affect more than 200 million people worldwide. In Europe, an increase in cases has been observed since the COVID-19 pandemic. Despite this, the postpandemic evolution of cases and the prescription of acaricides in our primary care setting is unknown. Aditionally ivermectine was first licensed in Spain in June 2021.

Objectives: To assess the trend in scabies incidence; and to analyze the use of acaricidal treatments prescribed in primary care.

Methods: An observational-population-based, retrospective, study was conducted. Review of aggregated anonymous data of scabies, attended at urban 3 primary care centers (C1,C2,C3) during 2019–2024. Data on acaricidal drugs were obtained from our Pharmacy Accountancy and was available until 2023. Inclusion criteria: Registered diagnosis of scabies (as per ICD-10:B86). No exclusion criteria was considered. Ethics: Data were anonymous. No review of medical records was performed. Our local ethical commetee granted approval in November 2024 (CEIm:HCB/2024/1167).

Results: Between 2019-2024, a total of 1,824 patients were diagnosed with scabies, mostly women (n =976,53.4%). Mean age was 44.54(SD 15.62). The overall incidence was 469 cases/x5:: C1 469cases/x5; C2 427cases/x5; C3 521cases/x5..The highest number of cases was recorded in 2023 (812cases/x5). During 2019–2023 most patients received 5% permethrin cream (n packages prescribed-dispensed=2,337), and ivermectin accounted for n=2,217 packages prescribed-dispensed between June/2021-December/2023. By center, prescriptions varied: 5%-permethrin: C1 n=843, C2 n=660, C3 n=825; Ivermectin: C1 n=739, C2 n=728, C3 n=678. Ivermectin use raisd during 2023 (n=1308 ivermectin vs n=818 5%-permethrin/packages prescribed-dispensed).

Discussion: Our scabies incidence data align with outbreaks reported by the Catalan Public Health Agency, but our study covers a longer period based on individual diagnoses. As limitations non-pharmacological management could not be evaluated, and contact tracing could not be assessed. In our study women seemed more affected, unlike global data. Despite similar incidence across centers, medication prescriptions varied widely. C1 showed the highest drug use and incidence in 2023, suggesting an unreported outbreak. Some patients received multiple packages of 5%-permethrin cream, suggesting repeated applications. However, ivermectin became the most commonly dispensed drug.

Conclusion: Epidemiology of cases and drug-prescription may guide resource planning.

Additionally,monitoring repeated applications and treatment adherence is advisable.

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ID 872- Implementation of Home-Based Acute Infection Management: Early Practice-Based Insights From a Community Hospital in XXX

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Context: Trimethylaminuria, also known as fish-odor syndrome, is a rare metabolic disorder characterized by the inability to convert trimethylamine, a strongly odorous compound, into its odorless derivative, trimethylamine N-oxide. The accumulation of trimethylamine in the body leads to a strong fish-like odor. Although clinically benign, the disorder has a significant psychosocial impact, affecting self-esteem, social interactions, and overall quality of life.

Methods: This case describes the assessment of a female infant presenting to primary care with a recurrent fish-like body odor noticed shortly after the introduction of fish at 7 months of age. The evaluation included clinical history, physical examination, dietary trials conducted at home under medical guidance, and referral to a specialized Metabolic Diseases Clinic. The purpose was to clarify the cause of the odor and its reproducibility. A multidisciplinary approach involving primary care, nutrition and medical genetics allowed structured observation of symptom resolution with dietary avoidance and recurrence with reintroduction. Genetic analysis confirmed FMO3 deficiency, which encodes the enzyme flavin-containing monooxygenase 3. Measurable outcomes consisted of complete symptom remission after dietary modification and successful implementation of a long-term management plan.

Originality: Unlike most reported cases, which are diagnosed later in childhood or adulthood, this case highlights an unusually early clinical suspicion and confirms the value of primary care in recognizing subtle signs of trimethylaminuria, that is rarely described in the literature.

Lessons learned and future implications: This case emphasizes the importance of early clinical suspicion and dietary evaluation in infants with unexplained body odor. The role of Family Medicine is also important to manage psychosocial impact of this condition within the family and community throughout life.

Discussion: This case illustrates the diagnostic challenge of trimethylaminuria in infancy, particularly when symptoms are subtle and triggered by early dietary changes. It reinforces the need to consider metabolic causes in atypical body odor and highlights the value of coordinated care in achieving timely diagnosis.

Conclusion: This case emphasizes the importance of early clinical suspicion and dietary evaluation in infants with unexplained body odor, encouraging greater awareness in primary care and supporting earlier referral pathways to improve long-term management.

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ID 549- Implementation of New Professional Roles in Catalonia's Primary Care: Outcomes and Community Impact

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Context: Patients referred to ED for suspected Neuroleptic Malignant Syndrome (NMS) often present with clinical instability and marked biological abnormalities. Understanding their biological profile is essential to support diagnosis and guide early management.

Objectives: To describe the clinical parameters and biological findings observed at ED admission in patients evaluated for suspected NMS.

Methods: This retrospective, observational, XXcenter study was conducted in the xxx over a five-year period from January 2020 to October 2025. Vital signs, neurological findings, laboratory results—including CPK, LDH, ASAT,

renal markers, electrolytes, CRP, hematology—along with ECG data, treatments, and final diagnoses were collected and summarized

Results: On arrival, vital signs were stable and consciousness was preserved, with normal oxygenation, hemodynamics, and a median GCS of 15.Hyperthermia was present in 19.2% of patients, with a median temperature of 37.1 °C. Pupils were reactive in 88.9% of cases. Extrapyramidal signs remained frequent, including rigidity (45.5%), tremor (19.2%), akinesia (10.1%), and cogwheel rigidity (5.1%). Altered consciousness was noted in 15.2% of patients. Biologically, the profile showed clear signs of muscle injury and metabolic stress. Creatine phosphokinase (CPK) was highly elevated (median 739 IU/L, up to >100,000 IU/L), and lactate dehydrogenase (LDH) was also increased (median 226 IU/L [38–5,572]). Aspartate aminotransferase (ASAT) reached up to 1,812 IU/L, consistent with muscle rather than liver involvement.Renal function was generally maintained, though renal impairment was identified in 8% of patients,with creatinine at 67 µmol/L [7.1–244] ,and urea 4.15 mmol/L [1.2–26.7]. Electrolytes were stable: sodium 140 mmol/L [125–163], potassium 3.9 mmol/L [2.06–5.95], and chloride 105 mmol/L [94.3–137]. Inflammation was mild, with C-reactive protein (CRP) at 7.25 mg/L [0.16–224]. Hemoglobin was 14.2 g/dL, leukocytes 10,500/mm³, platelets 255,000/mm³, and the capillary blood glucose measurement ratio remained stable at 1.10 [1.00–1.21].

Discussion: Clinical presentation was mostly stable, but two major findings were prominent: fever in 19.2% of patients and significant rhabdomyolysis with markedly elevated CPK. Aside from these key abnormalities, other systemic parameters, including electrolytes and renal function (8% impairment), remained largely normal.

Conclusion: Suspected NMS cases showed high muscle enzymes with preserved renal function and mild inflammation, helping support early recognition and appropriate management

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ID 1754- Implementing a cross-border teaching project for practical year general practise teaching

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Context: Demand for urgent primary care services for children has risen substantially, yet the quality and safety of communication during brief, high-risk consultations is uncertain. Safety-netting advice is a tool to manage risk and includes information to support recognition of deterioration, ongoing management and when and where to seek further help. This is considered central to safe paediatric care, but its use in urgent primary care is not well described.

Objectives: This scoping review aims to map existing evidence on how safety-netting information is communicated for acutely unwell children in urgent primary care in order to answer the primary research question: what barriers and enablers can be identified across the literature to effective safety-netting communication in paediatric patients seeking urgent primary care.

Methods: A scoping review following Joanna Briggs Institute guidance and the Arksey & O'Malley framework reported according to PRSIMA-ScR. Studies included examined communication of safety-netting or related safety information for children (<18 years), parents/caregivers and/or clinicians in urgent primary care settings (including NHS 111, GP out-of-hours and urgent treatment centres).

Results: From 4,210 records, 15 studies (1972-2023) were included, predominantly from the UK and the Netherlands, with most using qualitative methodology. Barriers to effective safety-netting included inconsistent advice, time pressure and limited continuity, mismatched expectations between clinicians and parents and difficulty assessing parental ability to act on advice. Enablers included simple, layered information, delivered in multiple formats, clear opportunities for re-contact, explicit exploration of parental

expectations, validation of parental expertise and shared decision-making about what to do if things get worse.

Discussion: Safety-netting communication is highly valued by families but is variably and sometimes inconsistently delivered. This is shaped by system pressures and differing expectations of risk management, responsibility and reassurance Current evidence is largely descripted and there is very limited exploration of children's perspectives or expectations of care.

Conclusion: Safety-netting communication for acutely unwell children in urgent primary care is central to perceived safety and reassurance but remains inconsistent in practice. Primary care teams could improve this experience by adopting brief, structured safety-netting providing clear written or visual materials and explicitly addressing parental expectations and need for reassurance.

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ID 1490- Implementing a LearnIng health system approach based on Continous Quality Improvement workshops For primary care Teams in continental Europe and Canada (LIFT)

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Context: The incorporation of digital health technologies in primary care settings is often seen as a means of addressing these ever-increasing needs while doing so in a sustainable manner. Current evidence suggests a gap exists between what is being taught to PCPs about the use of digital health tools and the actual challenges they face in routine care.

Objectives: 1. To better understand the digital health training needs and preferences of PCPs. 2. To identify key digital health topics, effective teaching methods, modes of delivery, and evaluation tools/metrics which should be prioritised for inclusion in future training curricula 3. To identify key stakeholders who need to be involved in order to integrate relevant changes in training programmes.

Methods: Focus groups with PCPs from an international background with experience using digital health tools were conducted, audio-recorded, and transcribed. Thematic analysis was performed afterwards to identify any prominent themes.

Results: A total of 36 PCPs participated in the study across focus group sessions, (n=5) conducted during the WONCA 2024 conference (n=3), and remotely (n=2). Preliminary thematic analysis has highlighted the importance of integrating standardised digital health skillset training early on, balancing the use of digital health tools with traditional care delivery means, helping PCPs recognise data protection and confidentiality responsibilities, and the need for PCPs to be able to critically evaluate the efficacy and safety of digital health tools.

Discussion: There remains a notable gap between introducing new digital health tools and ensuring the current PCP workforce can make the most use out of them safely. Bridging this will require concerted effort throughout a PCP's medical training and necessitate a multi-faceted approach. Doing so will help hasten digital health competency becoming routine, akin to other clinical skillsets current trainees are expected to be proficient in.

Conclusion: As our understanding of digital health tools and their use proliferates, the skillset of the modern PCPs must likewise evolve to keep pace. Only by providing practical, relevant, and up-to-date training can we ensure PCPs are trained to use these tools comfortably and are best equipped to address the changing needs and expectations of patients for safe and efficient primary care.

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ID 1771- Implementing a Point of Care Ultrasound (POCUS) teaching program in the General Practice residency curriculum

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Context: Space agencies like NASA and ESA have developed advanced telemedicine tools to support astronaut health. These include autonomous diagnostics, wearable sensors, AI-driven triage, and satellite connectivity. Many of these innovations are now being transferred to civilian health systems and offer solutions to persistent challenges in rural primary care—especially in under-resourced or geographically isolated regions. Yet the legal, ethical, and policy implications of these transfers remain underexplored.

Objectives: To review and synthesize academic, technical, and policy literature on how space-derived telemedicine technologies can enhance rural primary care systems in Europe and globally, with a focus on patient autonomy, equitable access, and ethical deployment.

Methods: A structured narrative review was conducted using peer-reviewed databases (PubMed, Scopus, JSTOR), agency reports (NASA, ESA, WHO, UNOOSA), and legal policy briefs (EU GDPR, EHDS). Inclusion criteria: 1) relevance to space-originated health innovations, 2) application to remote or rural healthcare delivery, 3) published between 2000–2025. Exclusion: conceptual-only space medicine studies without Earth-application context. Literature was analyzed thematically across three domains: technology, ethics, and policy.

Results: Key technologies include AI decision-support, tele-ultrasound, holoportation, satellite-based diagnostics, and non-contact vital-sign monitors. ESA/NASA spin-off tools have been piloted in rural and disaster-response settings. Ethical challenges include ensuring informed consent, data privacy, and equitable rollout. Legally, GDPR and emerging EU health-data regulations require encrypted, jurisdiction-specific handling of biometric data. Policy frameworks increasingly support cross-border telehealth, but licensing and funding barriers persist. Community engagement and training are crucial to ensure adoption in rural contexts.

Discussion: While space-derived tools can reduce rural disparities, their ethical use depends on design that empowers patients and providers. Autonomous systems must be transparent and culturally adapted. Equity requires targeted public investment and regulatory clarity.

Conclusion: Space medicine provides a high-tech model for delivering care where providers are scarce and distances vast. To fulfill the values of liberty, equality, and fraternity in European primary care, deployment of these tools must center on ethical governance, legal accountability, and human-centered design.NOVA

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ID 476- Implementing community-oriented Basic Life Support training in primary health care

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Context: Family continuity implies thi mplies the same clinician caring for multiple family members, often across generations. same clinician caring for multiple family members, often across generations.

Methods: A previously healthy 13-year-old girl with regular menstrual cycles began experiencing left abdominal pain radiating to the left leg in June, without other associated symptoms. Due to the severity of the pain, her mother took her to the emergency room (ER) on two different occasions, where an abdominal X-ray was performed and she was medicated with an enema, with slight improvement. During the second ER visit, a paediatric consultation was scheduled. At a routine surveillance appointment with her family doctor, the mother expressed concern that the pain persisted and remained severe.

On examination, a palpable hard mass was identified in the hypogastrium. An abdominal ultrasound was requested and a follow-up appointment was arranged. The paediatric consultation took place in mid-September but had to be postponed to January because the ultrasound requested by the family doctor had not yet been performed. The ultrasound revealed a large cystic formation occupying the hypogastrium (14 cm × 7.4 cm × 11 cm) with thin septations and a small amount of peri-lesional free fluid. The family doctor immediately referred the patient to the ER, where an urgent paediatric surgery consultation was arranged. Additional tests suggested a bilateral ovarian teratoma, leading to surgery.

Originality: This case highlights the importance of continuity of care and how essential it is to know one's patients and to value family concerns.

Lessons learned and future implications: Ultimately, this case illustrates how longitudinal, relationship-based care enables family doctors to interpret symptoms within a broader clinical and personal context, rather than as isolated episodes

Discussion: The longstanding relationship between the family doctor and both mother and daughter allowed recognition of the significance of persistent symptoms and the need for timely investigation—contrasting with the ER approach, which focused primarily on short-term symptom relief.

Conclusion: By recognising patterns, valuing parental concerns and prioritising appropriate investigation, family medicine plays a crucial role in early diagnosis and intervention. This continuity also sustains trust, ensuring that families feel heard, understood and supported throughout the course of care.

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ID 1693- Implementing Data-Driven Tools in General Practice; an interactive and perspective workshop from the Global PBRN Initiative within WONCA Working Party on Research (WPR)

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Context: Approximately 15% of the Dutch population visits a general practitioner at out-of-hours general practice services (OOH-GPS) at least once per year. Antibiotics are among the most frequently prescribed medications at these services, with considerable variation between locations, suggesting room for improvement. Inappropriate or excessive prescribing can contribute to antibiotic resistance, increased side effects, higher healthcare costs, and negative environmental impacts.

Objectives: This study aimed to develop a national learning community and provide an overview of interventions to promote appropriate antibiotic prescribing in OOH-GPS.

Methods: We collected data on existing interventions through a survey amongst Dutch OOH-GPS and an international literature review. Next, we identified facilitators and barriers to implementation, using the RE-AIM framework, from an organizational perspective via a learning community session with Dutch OOH-GPS and from the perspectives of healthcare providers and patients through interviews and surveys.

Results: The literature review indicated that interventions primarily focus on physician education (e.g., webinars, e-learnings), patient education (e.g., booklets, infographics), and communication strategies (e.g., guideline-based instructions). Audit and feedback strategies, such as personalized feedback and prescribing comparisons, are also often applied. Successful implementation was facilitated by early and voluntary stakeholder involvement, tailored materials, and patient education, while key barriers include varying motivation, practical constraints, and resistance to change. 17 OOH-GPS filled out the

survey. Decision support and diagnostics were the most often used interventions. Stakeholder involvement was most often mentioned as facilitator and time pressure as barrier.

Discussion: Knowledge exchange in learning community sessions enhances the yield of data collection beyond literature reviews, surveys and interviews.

Conclusion: The learning community session showed the potential benefits of cross regional knowledge exchange to enhance sustainable antibiotic prescribing practices in OOH-PCS. An overview of interventions to promote appropriate antibiotics prescribing at OOH-PCS was created that can be used to discuss AMR interventions at OOH-PCS within the own country.

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ID 2127- Implementing Intelligent Automation in Primary Care: Transferable Principles for Reducing Administrative Burden

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Context: Vaccine hesitancy remains a significant barrier to achieving optimal immunization coverage and public health outcomes. Even though vaccination might be a public heath workers'concern in many countries, general practitioners and family physicians are in a privileged position to play a key role in vaccination due to their holistic view of the patient and the strenght of doctor-patient relationship.

Objectives: This workshop aims to equip health professionals with practical knowledge and strategies to identify, understand, and address vaccine hesitancy among patients. Participants will explore the psychological, cultural, and social factors influencing vaccine acceptance, review evidence-based communication techniques, and engage in interactive case discussions to practice patient-centered approaches.

Teaching method and workshop: We will train the improvement of communication skills, how to address misinformation and use the doctor-patient relationship to build trust and individualize the approach to each person. Motivation interviewing will be the main communication technique ex

Expected outcomes: By the end of the session, attendees will be better prepared to foster trust, provide accurate information, and support informed decision-making regarding vaccinations.

Conclusion: The workshop ultimately seeks to strengthen the role of health professionals as advocates for immunization and promoters of community health.

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ID 1058- Implementing Long-Acting Buprenorphine in General Practice: Lessons from a Primary Care Setting Facing Emerging Fentanyl Use

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Context: Postpartum mental health conditions are highly prevalent: baby blues affect up to 50–80% of new mothers, postpartum depression (PPD) 10–20%, postpartum anxiety disorders 15–21%. Postpartum psychosis, though rare (0.1–0.26%), requires urgent intervention. While baby blues resolve spontaneously, untreated PPD has major consequences for maternal functioning, infant

development and the wellbeing of the entire family. Psychiatric history, low social support, sleep disruption, stressful life events are established risk factors. Importantly, cessation of breastfeeding is not an effective treatment for PPD or postpartum psychosis and should be considered only as a last resort. Strengthening primary care capacity in early detection, supportive communication and timely intervention can significantly reduce the burden of postpartum mental health disorders.

Objectives: Perform accurate, efficient screening using validated primary-care tools. • Differentiate baby blues, PPD, postpartum anxiety, postpartum psychosis by symptoms, onset and course. • Implement brief, evidence-informed psychosocial strategies feasible in routine consultations. • Select safe, breastfeeding-compatible pharmacotherapy. • Strengthen understanding of breastfeeding benefits to support WHO-recommended duration.

Teaching method and workshop: The workshop combines concise expert input with active, gamified learning. A short Kahoot quiz introduces key concepts and misconceptions. Participants work through a stepwise clinical vignette to practise screening + differential diagnosis. Small groups

Expected outcomes: Develope a reproducible screening workflow, increased confidence in supporting women with postpartum mood disorders, practical tools for delivering brief psychosocial interventions.Selecting breastfeeding-compatible treatment options. Strengthening compet

Conclusion: Integrating structured screening, supportive communication, evidence-based interventions into primary care is essential to improve outcomes for mothers, infants and families.

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ID 513- Implementing the ABCDEF ICU Liberation Bundle to Shorten Delirium Duration in a Mechanically Ventilated Patient: A Practice-Based Reflection

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Context: Primary care placements expose students to the communities they will serve, offering opportunities to engage with patients across the socioeconomic spectrum. Little is known whether the socioeconomic characteristics of patients seen by students, measured using postcode-linked Index of Multiple Deprivation (IMD) deciles, reflect the host practice population. Understanding this is important for promoting equitable and socially accountable medical education.

Objectives: To examine whether the deprivation status of patients seen by medical students during primary care placements aligns with the overall practice population.

Methods: A cross-sectional study included five practices hosting third-year medical students: three in higher IMD (less deprived) areas and two in lower IMD (more deprived) areas. Student consultations were extracted from EMIS and SystemOne. Patient IMD deciles were compared with practice-level IMD data from NHS Fingertips, an online platform providing UK healthcare statistics. Descriptive analysis assessed whether students were exposed to patients representative of their practice population.

Results: Across practices, the range of IMD deciles of patients seen fell in the same half of the scale as the practice average. In higher IMD practices (deciles ~9), students typically saw patients in deciles 5–10; in lower IMD practices (deciles ~2), patients ranged 1–5. Students saw more deprived patients than the practice average in higher IMD(median of 7.85 vs 9.3) areas and slightly less deprived patients in lower IMD areas(3.23 vs 2.5). Students encountered a broader range of deprivation than the practice average.

Discussion: Although student exposure does not exactly match practice averages, they experience a wider deprivation spectrum within the same relative range. Variation may result from appointment type, patient availability, or allocation practices. Recognising this broader exposure supports the development of socially accountable clinicians and can guide supervisors in targeting under-represented groups.

Conclusion: Deprivation representation in student consultations reflects the same relative half of deprivation as the host practice, but students encounter a broader range of IMD deciles than the average suggests. Awareness of this diversity is important for planning placements that promote equity and social accountability. Further research should compare students' patients with those seen by GPs to assess alignment with expected clinical workloads and ensure representative exposure.

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ID 539- Improper communication's influence on people's lives and how to manage it

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Context: Colorectal cancer (CRC) is the second leading cause of cancer death in Europe, taking over 930,000 lives worldwide in 2020. Due to the benefits of screening for CRC, it is universally recommended. These recommendations are primarily based on studies in developed nations. Since the incidence of CRC increases with age and with GDP per capita, there is an increased burden of disease due to CRC in developed countries, we must acknowledge that in the poorest countries, people may not live long enough to develop CRC, nor have the resources for treatment if CRC is acquired, so screening may not be beneficial.

Objectives: The objective of this study is to look at a country's longevity, health care resources, and cost of screening for CRC, to identify when it is reasonable to begin CRC screening within a developing country.

Methods: We gathered existing international data on the age of diagnosis of CRC, the longevity in a country, the incidence of CRC as related to GDP per capita, and the health care resources available for a country. We correlated this data with the World Health Organization's recommendation that a screening test be less than 3 times a country's GDP to be cost-effective.

Results: There are many countries in sub-Saharan Africa and Asia where universal CRC screening may not yet be warranted. All European countries have a high enough GDP per capita and population longevity to benefit from CRC screening.

Discussion: Universal screening for CRC may not be practical for all countries. Implementation when the longevity and resources of the country merit widespread screening may be more feasible. We must be careful not to push for programs in developing countries too soon, nor wait too long to implement helpful strategies once they benefit from CRC screening.

Conclusion: Cancer screening is most valuable when a country has a significant burden of disease and has the resources to treat the disease for which they are screening. This study emphasizes the need to tailor healthcare programs to the needs of each community and nation.

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ID 820- Improving cardiovascular risk management in XXX primary care: healthcare professionals' perspectives towards proactive cardiovascular prevention with the PROSPERA program.

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Context: Spirituality, understood as the pursuit of meaning, connection, and purpose, is increasingly recognised as a core dimension of patient-centred care. Despite its non-religious and deeply human character, it remains under-integrated in European primary and paediatric care, particularly in Portugal.

Objectives: To synthesise recent scientific literature on the role of spirituality in ethical primary and paediatric care across the lifespan, including neonatal, childhood, adult, and palliative contexts, with emphasis on the role of family physicians, paediatricians, neonatal clinicians, and family caregivers in Portugal and Europe.

Methods: A narrative literature review was conducted across peer-reviewed journals (2015–2025) using PubMed, Scopus, and ScienceDirect. Keywords included: “spiritual care,” “primary care,” “family medicine,” “paediatrics,” “neonatology,” “bioethics,” “palliative,” and “Portugal.” Preference was given to European, interdisciplinary, and clinical ethics sources.

Results: Studies reveal strong patient and family preference for spiritual inclusion in care, especially during chronic illness, end-of-life, and paediatric crises. Spiritual care is linked to better coping, well-being, and decision satisfaction. Family physicians, paediatricians, and neonatal clinicians often lack training or confidence, but are well positioned due to their continuity of care roles. Paediatric literature emphasises family-centred spiritual support, especially in neonatal intensive care and bereavement. Portuguese studies echo broader European findings: clinicians value spirituality ethically but lack structured support and training.

Discussion: Integrating spirituality into bioethical care supports holistic and dignified practice across all ages. Family physicians and paediatric professionals can use brief tools, referrals, or empathetic presence. European guidelines increasingly endorse spiritual care, yet practical gaps persist in training and system integration, especially in Southern Europe.

Conclusion: Spirituality is an ethically vital, evidence-supported component of lifespan care in both primary and paediatric contexts. Institutional and educational strategies are needed to equip European family physicians, paediatricians, and neonatal clinicians to address spiritual needs respectfully and competently throughout life.

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ID 1211- Improving communication to enhance COVID-19 vaccination uptake: Insights from a 2025 survey of French primary health care workers

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Context: A general practitioner (GP) who cares for elderly patients discharged from hospital to a home or nursing home faces the challenges of healthcare-associated infections (HAIs). An antimicrobial dry fog disinfection (DFD is a new modality of multimodal infection control strategy.

Objectives: To assess the effectiveness of antimicrobial DFD disinfection in the open healthcare microenvironment of a long-term care department consists of 10 (2-3 bed) rooms, average of 252 patients hospitalized annually average of 21 days. Most of patients are discharged to home care and to nursing home.

Methods: We analysed the microbiological contamination of surfaces and air in patient rooms.

Results: I.We analysed the microbiological contamination of surfaces. Before the DFD application, we detected: Staphylococcus epidermidis, a potential cause of HAIs, Enterobacteriaceae and Pseudomonas

aeruginosa, clinically serious pathogens (urinary, respiratory tract and wound infections), Bacillus spp. and Micrococcus spp., a common part of the environment, but indicate general contamination. In one sample, Penicillium spp. was also present, indicates the presence of Mold. After the application of DFD, all tested surfaces were negative for pathogens such as Staphylococcus, aureus, Pseudomonas aeruginosa, Enterobacteriaceae or yeast. Only occasionally were detected Bacillus spp. and Micrococcus spp., which are considered non-pathogenic, environmental bacteria, naturally present in the environment. II.We analysed the microbiological contamination of air. Before disinfection, the total number of microorganisms reached 304 - 393 CFU/m3, which represents high environmental contamination. Molds were captured in the cut (118 – 142 Colony Forming Units(CFU)/ m3). Yeasts and Staphylococcus spp. were not detected before disinfection. After DFD the total number of microorganisms dropped to 73 – 102 CFU/m3. Molds were reduced to 53 – 73 CFU/ m3. Yeasts and Staphylococcus spp. were not detected even after disinfection. DFD reduced the microbial load of the air by 70-80%.

Discussion: The practice requires further studies in the future so that the effectiveness of DFD can be assessed more comprehensively

Conclusion: The use of DFD has the potential to significantly reduce the microbial burden as part of a comprehensive HAI prevention strategy in department predominantly caring of frail patients and then facilitate the work of GPs after discharge.

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ID 890- Improving diabetes screening in a suburban polyclinic

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Context: The demographic transition in many countries is highlighted by the accelerated aging of the population and the high prevalence of hypertension and type 2 diabetes mellitus (DM2). It is necessary that the care be guided by the Chronic Conditions Model (CCM), characterized by: vulnerability and cardiovascular risk stratification, comprehensive care by an interprofessional team, person-centered approach, evidence-based practices, supported self-care, and a monitoring and evaluation system.

Methods: The Interprofessional Working Group for the Care of People with Chronic Conditions of the XXX developed the Hypertension and DM2 Care Guide to support decision-making in Primary Health Care (PHC), improve care, and subsidize a continuing education process to promote the CCM. The content was defined based on updated guidelines and reviewed by PHC specialists. The guide was organized using an objective layout, based on diagrams, flowcharts, and mind maps for rapid clinical decision-making. It consists of six sections: CCM - Pillars of care in hypertension and DM2; Technologies and Support Tools (e.g., Motivational Interviewing); Lifestyle Changes; Care for People with Type 2 Diabetes; Care for People with Hypertension.

Originality: The Guide adapts the latest evidences to the reality and public health resources of the local population.

Lessons learned and future implications: The Guide enhances the practical learning and can be used for quick reference by PHC professionals during their clinical practice and for the development of continuing education programs for these same professionals. It can be adapted to other health systems according to their organizational structure of professionals and available resources.

Discussion: Facing the overload of PHC with acute demands, high staff turnover and a focus on productivity, consolidating the CCM and the good care practices represents a political and educational challenge. The Guide and the continuing educations developed from it emerge as strategies capable of promoting

effective and sustainable improvements in the daily routine of PHC.

Conclusion: Implementation of the Guide, integrated with continuing education, encourages the adoption of evidence-based practices, the consolidation of the CCM, and fosters the protagonism of PHC teams. The Guide stands out as a relevant and strategic tool to improve the quality of health care for people with hypertension and DM2 in PHC.

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ID 362- Improving Humanized Healthcare for Adult Patients in Primary Care: Insights from Clinical Practice

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Context: A 68-year-old man with long-standing, poorly controlled hypertension who had defaulted regular medication and intermittently relied on Ayurvedic therapy, presented with markedly elevated blood pressure during a consultation for trigger finger of the right fourth digit. Despite minimal symptoms, evaluation revealed end-organ involvement. The patient also carried significant caregiver burden as the sole caretaker of his chronically ill wife. The case occurred within an efficient government health system, which provides free, equitable care in a resource-limited setting and enabled an urgent cardiology referral to be completed within two days.

Methods: Assessment included repeated blood pressure measurements, cardiovascular examination, ECG, laboratory evaluation, and abdominal ultrasound. Initial treatment comprised Losartan, Amlodipine, and Atorvastatin, followed by urgent cardiology review. Subsequent optimisation added Spironolactone and Empagliflozin with structured lifestyle counselling. Trigger finger intervention was postponed until adequate blood pressure control was achieved.

Originality: This case demonstrates how a potentially life-threatening condition may be detected incidentally during consultation for a minor musculoskeletal complaint. It highlights the necessity of balancing patient-reported priorities with objective clinical urgency while addressing the influence of caregiving responsibilities and alternative-medicine practices on treatment adherence. It also exemplifies how a strong public health system can deliver timely specialist care even in low-resource settings.

Lessons learned and future implications: Recognition of hypertensive target organ damage is crucial even in minimally symptomatic patients. Sustainable management requires culturally sensitive counselling, simplified medication plans, and follow-up strategies that consider caregiver strain. Strengthening primary-specialist coordination and health-system navigation support may further improve outcomes.

Discussion: Severe hypertension with concentric LVH and diastolic dysfunction required aggressive therapy consistent with current guidelines. The patient's inconsistent adherence and external stressors necessitated personalised, realistic care planning to ensure continuity and safety.

Conclusion: This case illustrates how comprehensive primary care can uncover severe hypertension during unrelated presentations and leverage a functional public health system to deliver timely specialist intervention, ultimately improving patient safety and long-term cardiovascular risk. Ongoing follow-up will prioritise medication adherence, monitoring for complications, and supporting his caregiving responsibilities to ensure sustained blood pressure control and improved quality of life over the coming months ahead.

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ID 901- Improving hypertension care in two rural communities

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Context: First consult in the emergency department (ED), with resolution in Primary Healthcare.

Methods: Woman, 88 years old was evaluated for intermittent episodes of macroscopic hematuria associated with dysuria, without fever or any other symptoms. On initial assessment in the ED the patient was hemodynamically stable, afebrile and with an unremarkable physical examination. Blood tests revealed no significant abnormalities; urinary sediment showed haematuria and leukocyturia. The diagnosis of self-limited hematuria in the context of a probable urinary tract infection (UTI) was made, the patient received a single dose of fosfomycin. The patient was seen then in Primary Healthcare reporting persistent dysuria. On both visits hematuria persisted in the urinary sediment. Given the ongoing abnormality, an abdominal point of care ultrasound (POCUS) was performed, which revealed a polypoid appearing intravesical lesion. Urinary cytology was requested and it showed suspicious results for urothelial adenocarcinoma. The patient was referred urgently to Urology for further work-up.

Originality: POCUS is an emerging tool in Primary Healthcare. This case exemplifies how integration into routine practice can enable earlier detection of clinically significant urological pathology that otherwise would be identified at later stages.

Lessons learned and future implications: This case underlines the importance of proactive follow-up in primary care, as well as the diagnostic value added by POCUS. This case also emphasizes the need for close surveillance of persistent symptoms that may initially be attributed to common conditions such as UTI (1). It also highlights the importance of expanding POCUS training in Primary Healthcare and establishing clear care pathways to optimize it use, strengthen the coordination with specialists, and facilitate earlier diagnosis (2).

Discussion: Persistent hematuria can conceal significant pathology. In this case, POCUS permitted early visualization of a suspicious bladder lesion, which made possible the request of other tests and a referral to Urology.

Conclusion: Access to diagnostic tools such as POCUS in the clinic enhances the problem solving capacity of primary care. Their integration into routine practice modernizes the role of the Family Medicine physician, increases opportunities for early diagnosis and improves overall patient care.

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ID 722- Improving Influenza Vaccination Rates Among Elderly Patients in a Singapore Polyclinic: An Audit Project

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Context: Women in prostitution face heightened exposure to drugs and chemical vulnerability, which increase health risks and complicate access to care. Many times, prostitution is not a choice at all, but a survival method or a forced necessity. Primary care physicians often encounter these patients, making early identification and harm reduction crucial. Awareness of the intersection between substance use and sex work enables physicians to provide compassionate, effective care, improve health outcomes, and address broader public health challenges.

Objectives: The participants will increase their level of awareness and be able to recognize the unique health risks and chemical vulnerabilities faced by women involved in prostitution. They will learn to identify common patterns of substance use within this population and understand the broader social, psychological, and public health implications. Participants will also learn to use basic, nonjudgmental communication tools that support trauma-informed, patient-centered engagement.

Teaching method and workshop: The workshop will employ an interactive format featuring brief interactive presentations and a roundtable discussion on the key topics using real-case examples, followed by a reflection and a Q&A session. 5 min — Introduction 30 min — Roundtable discuss

Expected outcomes: The participants will develop awareness of the unique challenges and vulnerabilities faced by women involved in prostitution. They will improve their ability to recognize substance use and chemical vulnerabilities in this population. Physicians will be be

Conclusion: We live in a world where mobility, vulnerability, and limited safe work push many women into extreme survival methods. Addressing drug-related vulnerabilities in women involved in prostitution is essential for effective primary care. This training aims to open the eyes to the realities these women face, provide new context, and leave physicians with a heightened level of awareness that informs and improves their practice.

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ID 750- Improving Lipid Management in High-Risk Primary Prevention Patients: Insights From A Rural UK Primary Care Practice

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Context: Cardiac arrhythmias and conduction disorders are life-threatening emergencies, especially in older adults. Early recognition and rapid management are essential, relying on an initial evaluation that identifies patients at highest risk of adverse outcomes.

Objectives: This study aimed to determine the predictors of in-hospital mortality among patients aged 65 years and older admitted to the emergency department for arrhythmias and/or conduction disorders.

Methods: A two-year prospective, descriptive, and analytical study was conducted. It included all patients aged ≥65 years managed in the emergency department for a documented cardiac rhythm or conduction disorder. Clinical presentation, comorbidities, therapeutic interventions, and in-hospital outcomes were collected. Univariate and multivariate logistic regression analyses were performed to identify factors associated with in-hospital mortality.

Results: A total of 102 patients were enrolled, with a mean age of 76±7 years and a sex ratio of 0.75. The most prevalent comorbidities were arterial hypertension(78.4%), previously known arrhythmias(48%), coronary artery disease(37.3%), heart failure(16.7%), and valvular heart disease(15.7%). The leading presenting symptoms included dyspnea(37.2%), fatigue(24.4%), chest pain(16.5%), palpitations(15.2%), and impaired consciousness (7.3%). Atrial fibrillation was the most frequently recorded arrhythmia(67.6%). The most common conduction disorders were atrioventricular blocks(12.7%) and sinoatrial blocks(6%). Congestive heart failure was present at admission in 20.7% of cases. The overall in-hospital mortality rate was 10%.In univariate analysis, mortality was associated with age ≥85years(OR=4.09;p<0.02), a history of ischemic stroke(OR=2.73;p<0.001), Glasgow Coma Scale<15 on admission(OR=5.13;p<0.01), and third-degree atrioventricular block(OR=2.17;p< 0.006). In multivariate analysis, two independent predictors of in-hospital mortality were identified:age≥85years(adjusted OR=7.07;p=0.008) and a history of ischemic stroke (adjusted OR=2.47;p=0.001).

Discussion: Our findings are consistent with those of Gaur et al.[1], who reported that a

history of cerebrovascular disease predicts atrial fibrillation recurrence and poor overall prognosis. Advanced age (≥85years) also emerged as a strong mortality predictor, likely due to age-related structural and electrical cardiac remodeling and the accumulation of competing comorbidities. Similar conclusions were highlighted by Curtis et al.[2], who emphasized the impact of these age-related changes on disease evolution and therapeutic response.

Conclusion: Arrhythmias and conduction disorders in older adults represent a major management challenge in emergency settings. Early identification of high-risk patients may improve triage and initial management thus ultimately reducing mortality.

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ID 788- Improving Shingles Vaccine Uptake in Immunosuppressed Patients Across Primary Care

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Context: Infantile Sweet syndrome is a rare neutrophilic dermatosis that may present with polymorphic skin lesions, fever, and systemic symptoms. Because its manifestations overlap with common pediatric diagnoses, primary care plays a crucial role in early suspicion, referral, and follow-up.

Methods: A 5-year-old boy presented with recurrent episodes of painful vesiculobullous lesions on the face, ears, hands, and forearms over several months. Initial episodes were interpreted as insect bites or viral exanthems. Later, during a febrile episode, he developed a widespread urticariform rash affecting palms, soles, genital area, and face. Prior clinical assessments and treatments produced partial or no improvement. A skin biopsy revealed subepidermal blistering with neutrophilic and eosinophilic infiltrates, consistent with Sweet syndrome. Serology showed Mycoplasma IgM positivity and ANA 1:160 granular pattern. Systemic corticosteroids resulted in rapid improvement. The case required repeated primary care reviews to monitor symptom recurrence, treatment response, and potential complications.

Originality: Infantile Sweet syndrome is uncommon and often under-recognised in its vesiculobullous form. Literature predominantly describes papular or plaque-type lesions, making this polymorphic presentation unusual. The case highlights the diagnostic challenge when recurrent lesions mimic infectious, allergic, or autoimmune diseases. Its contribution lies in demonstrating a rare pediatric presentation detected through longitudinal primary care follow-up.

Lessons learned and future implications: Primary care physicians should consider neutrophilic dermatoses in recurrent vesiculobullous pediatric eruptions, especially when initial treatments fail. This case illustrates the value of early biopsy and multidisciplinary coordination. Increasing awareness may reduce diagnostic delays, unnecessary antibiotic use, and caregiver distress. Future practice should include systematic review of recurrent dermatologic presentations and early referral for histopathology.

Discussion: The diagnostic complexity of this case reflects the wide differential for pediatric vesiculobullous lesions, including erythema multiforme, vasculitis, childhood lupus, and bullous pemphigoid. Primary care continuity allowed recognition of a pattern of recurrence, prompting referral for biopsy. Evidence supports systemic corticosteroids as first-line treatment in pediatric Sweet syndrome. The case shows how early identification improves outcomes and avoids prolonged morbidity.

Conclusion: This case emphasizes the importance of primary care in identifying rare dermatologic conditions through continuity, pattern recognition, and timely referral. Awareness of atypical presentations of infantile Sweet syndrome can improve diagnostic accuracy and reduce unnecessary treatments.

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ID 499- Improvised inhalation chamber for managing recurrent bronchospasm in a resource-limited indigenous primary care setting

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Context: "Coração fora do peito" is a popular Portuguese expression that literally means "heart outside the chest", but in this case it does not refer to a figure of speech. An 86-year-old male patient presented to his family physician due to pacemaker (PM) exteriorization with one week of evolution, without pain or fever.

Methods: The patient has a history of long-standing arterial hypertension with target organ damage, dyslipidemia, stage G4 A2 chronic kidney disease, hypertensive heart disease with mild congestive heart failure, and has had a dual-chamber permanent pacemaker since 2020 due to symptomatic bradycardia. Physical examination revealed dehiscence of the PM pocket with partial exteriorization and peripheral necrosis, without signs of systemic infection. He was referred to the hospital emergency department, where laboratory tests and blood cultures were negative. The patient was admitted to the cardiology ward for monitoring and pacemaker replacement, starting antibiotic therapy with ciprofloxacin.

Originality: The use of pacemakers has increased significantly in recent decades, reflecting an aging population and greater survival of patients with cardiac disease. Erosion or exteriorization of the generator is a rare complication, with reported rates of 1–7%, depending on individual risk factors, multiple reinterventions, and center experience. This case illustrates a relatively uncommon clinical presentation and emphasizes the need for early surveillance, identification of predisposing factors, and multidisciplinary intervention.

Lessons learned and future implications: This case highlights the importance of monitoring implanted devices, recognizing early signs of exteriorization, and planning timely surgical intervention. The experience suggests that future practices could include systematic assessment of subcutaneous tissue, preventive strategies for generator positioning, and individualized follow-up protocols for elderly patients or those with complex comorbidities.

Discussion: The literature shows that although this complication is rare, it can have a significant impact on the patient, conditioning a potencial life-threatening situation, requiring a multidisciplinary approach. Prevention of erosion involves proper implant planning and continuous monitoring, with early interventions to minimize risks.

Conclusion: This case underlines the clinical relevance of pacemaker exteriorization, reinforcing the need for preventive strategies, careful surveillance, and coordinated management. It provides practical lessons applicable to similar contexts, contributing to improved patient safety and care.

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ID 352- In vitro effect of various food additives and plant extracts on the progression of MASLD.

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Context: Food noise refers to obsessive and intrusive thoughts about food and poses a significant challenge for individuals striving to manage their weight. This cognitive and emotional distraction can lead to overeating and hindering of a healthy lifestyle implementation, including weight management efforts. The effectiveness of semaglutide, a GLP-1 receptor agonist, in promoting weight reduction in obese patients

is well established. However, studies evaluating its impact on food noise symptoms and their effects on mental health are lacking.

Objectives: This survey aimed to gain insights into the potential positive change in the impact of food noise and mental wellbeing before and after initiating semaglutide.

Methods: A mobile survey was completed in May 2025 by 550 verified individuals, currently using semaglutide for weight management, residing in various locations throughout the United States. The survey consisted of 22 questions, including a previously validated Food Noise Questionnaire (FNQ) and a self-reported demographic and mental wellbeing survey. The 550 respondents provided answers to all questions.

Results: Mean age was 53 (SD 10.8); of 550 respondents, 473 (86%) were female, 432 (79%) Caucasian, 350 (64%) weighed ≥92 kg at semaglutide start, and 447 (81%) had used it ≥4 months. Food-noise questionnaire (FNQ) scores fell substantially from before to during treatment: constant thoughts about food −46% (95% CI 41–51), uncontrollable thoughts −37% (33–42), time spent thinking −48% (44–52), negative impact −40% (35–44), and distraction from daily activities −32% (28–37). Also, 352 (64%) reported better mental health, 417 (76%) greater self-confidence, and 438 (80%) healthier habits.

Discussion: Overall, most respondents, 457 individuals (83%), expressed satisfaction with their semaglutide treatment.

Conclusion: The present findings indicate semaglutide may not only facilitate weight management but also alleviate cognitive distractions related to food and enhance the mental well-being of individuals living with obesity. Further research is warranted to confirm these results.

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ID 544- Incidental detection of Trichuris trichiura during colonoscopy in a Taiwanese worker returning from the Philippines

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Context: Semaglutide (sema) treatment results in substantial weight loss in adults with overweight and obesity.

Objectives: In this analysis we investigated the changes in body composition and muscle strength as a result of sema-induced weight loss.

Methods: In this phase 3b RCT, adults with BMI ≥30 kg/m2 without T2D were randomized 5:1:1 to sema 7.2 mg, sema 2.4 mg, or placebo for 72 weeks with lifestyle intervention. A MRI subpopulation had body composition measured from knees to T9: total adipose tissue (AT: subcutaneous + visceral [VAT]) and lean tissue (LT). Outcomes at week 72 included % body-weight change, absolute (L) and % changes in AT, VAT, LT, and AT:LT ratio. Volumes were converted to mass using densities (AT 0.92 kg/L; LT 1.1 kg/L). Muscle strength was assessed by a 30-s sit-to-stand test. Data are from MRI participants during the in-trial period, pooled across sema doses under the treatment-policy estimand.

Results: Among MRI-scanned patients (sema n=49; pbo n=6), mean baseline weight was 110.8 kg. Baseline tissue volumes were—sema vs pbo: AT 42.9 L vs 47.1 L; VAT 5.4 L vs 5.1 L; LT 23.8 L vs 24.5 L. Sema produced greater %

weight loss versus pbo (ETD −16.5% [95% CI −26.3, −6.8]; p=0.0009), larger reductions in total AT (ETD −11.1 L [−16.5, −5.7]; p<0.001) and VAT (ETD −1.5 L [−2.9, −0.1]; p=0.042). LT fell in the sema group but not significantly versus pbo (ETD −1.7 L [−4.0, 0.7]; p=0.164). Estimated mass losses were 10.2 kg (AT), 1.4 kg (VAT), and 1.9 kg (LT); 84.5% of weight lost was from AT and 15.5% from lean mass. Percent changes in AT, VAT, and LT were similar, and AT:LT ratio improved more with sema (1.80→1.35) than pbo (1.93→1.85).

Discussion: There were no differences between sema and pbo in the change from baseline in number of repetitions performed in the sit-to-stand test (ETD −0.1 [−3.6, 3.4]; p=0.97).

Conclusion: Weight loss associated with sema treatment was accompanied by clinically important reductions in total AT and VAT, with a small fraction of weight lost from LT, alongside preserved sit-to-stand capability.

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ID 239- Increasing risk of lung cancer among people living with HIV: a meta-analysis

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Context: Falls cause significant morbidity among Singaporean seniors. In low-income populations lacking access to sensory aids, the contribution of undetected hearing and vision impairments to fall risk requires investigation.

Objectives: To investigate associations between vision/hearing screening outcomes and self-reported falls among rental-flat seniors, adjusting for age, gender, and dizziness.

Methods: In October 2025, 147 Toa Payoh rental-flat residents (mean age:64.0±10.8) underwent surveys, Snellen vision testing, and audiometry (40dBHL). Multivariable logistic regression (N=116) assessed associations between screening failure ("impairment") and self-reported falls, adjusting for age, gender, and dizziness.

Results: 14 (9.5%) of 147 participants reported ≥1 fall in the preceding year. 6(4.1%) failed vision screening. 16(10.9%) failed hearing screening. 37.5% (6/16) of those with hearing impairment reported falls compared to only 6.1% (8/131) of those with normal hearing (OR=6.90,95% CI[1.94-24.26],p=0.0023). After adjusting for age, gender, and dizziness in the multivariate model, hearing impairment is still a significant independent predictor of falls (adjusted OR=6.10,95% CI[1.49-26.15], p=0.0118). Females demonstrate increased fall risk (OR=5.53, 95% CI [1.42-29.87], p=0.0238). Age showed a trend toward significance (OR=1.06/year,95% CI[0.997-1.14],p=0.077). Dizziness did not independently predict falls after accounting for sensory impairment (OR=1.09,95% CI[0.21-4.55],p=0.905), suggesting sensory impairment as the underlying cause. No association between vision impairment and falls due to the small number of vision failures (n=6), also possibly due to vision failures being more obvious and likely to be corrected.

Discussion: Uncorrected hearing impairment is a potent, modifiable risk factor in this demographic, contributing to falls via reduced environmental hazard awareness, cognitive load redistribution and vestibular dysfunction. The 10.9% screening failure rate highlights financial and psychosocial access gaps. Addressing hearing deficits offers substantial healthcare savings compared to the high costs of treating hip fractures. The gap in accessing hearing aids, may be due to financial barriers, or psychosocial barriers (believing hearing loss is normal). The strong association for falls in women (OR=5.53) may be due to factors, such as bone density differences, higher baseline frailty, or a greater willingness to report falls.

Conclusion: Routine community-based hearing screening is a vital, cost-effective fall prevention strategy. Interventions should prioritize subsidized hearing aids and targeted education to improve adherence and reduce fall-associated morbidity in vulnerable elderly populations.

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ID 1548- Indications et apport de la mesure ambulatoire de la pression artérielle (MAPA) au service de Cardiologie de l'hopital Sahloul .

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Context: Metabolic dysfunction–associated steatotic liver disease (MASLD) is now one of the most common chronic liver conditions and is increasingly encountered in primary care. Family physicians play a pivotal role in early recognition, comprehensive metabolic assessment, lifestyle counselling, and follow-up. Because MASLD is deeply linked with obesity, diabetes, dyslipidemia, physical inactivity, and dietary patterns, its management requires a holistic approach that extends beyond liver health. This workshop provides practical, evidence-based tools to support clinicians in diagnosing MASLD, initiating risk stratification, and empowering patients toward sustainable lifestyle changes. This workshop is a collaboration between the Lifestyle Medicine SIG of WONCA Europe and the European Society for Primary Care Gastroenterology (ESPCG)

Objectives: To present the clinical spectrum of MASLD and practical approaches for risk stratification. To provide evidence-based strategies for nutrition, weight reduction, and physical activity in MASLD prevention and treatment. To introduce behavioural tools that support patient motivation and lasting lifestyle change. To review current and emerging pharmacologic and multidisciplinary options. To equip participants with pragmatic strategies that can be implemented immediately in daily practice.

Teaching method and workshop: Introduction (0–5 min): Why MASLD matters in primary care; epidemiology and metabolic context. Topic 1 (5–15 min): Clinical spectrum, red flags, interpreting liver enzymes, and using FIB-4 as a risk-stratification tool. Topic 2 (15–30 min): Lifestyle modi

Expected outcomes: Participants will be able to identify MASLD in primary care, apply non-invasive risk-stratification methods, deliver focused lifestyle and physical-activity guidance, use behavioural-change techniques, and understand when to escalate care or refer.

Conclusion: MASLD management begins in primary care. By integrating early recognition, lifestyle counselling, behavioural strategies, and coordinated care, family physicians can significantly improve long-term outcomes and empower patients toward healthier, sustainable change. Keywords: Fatty Liver, Life Style, Behavior Therapy, Primary Health Care

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ID 1253- Infantile Sweet Syndrome Presenting with Recurrent Vesiculobullous Lesions: The Role of Primary Care in Diagnosing Rare Dermatologic Conditions

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Context: Chronic headaches are a frequent presentation in general practice and are usually benign, but atypical or refractory forms may conceal a serious intracranial disorder. Diagnostic difficulty increases when initial investigations are non-contributive or when MRI is contraindicated. This case illustrates such a challenge: progressively worsening headaches with transient neurological symptoms ultimately revealing a periaqueductal tumor responsible for obstructive hydrocephalus.

Methods: A 64-year-old man presented with two months of fluctuating but disabling fronto-occipital headaches, intermittently associated with visual blurring and right upper-limb myoclonus. Symptoms progressed to include nausea, vomiting, falls, and limb tremor. Initial laboratory work-up, ENT evaluation showing sphenoiditis (treated without effect), and three

cerebral CT angiographies were non-contributive. MRI could not be performed due to a metallic mandibular foreign body. The onset of transient malaise and pseudo-epileptic episodes prompted an EEG, which was normal. Ongoing clinical deterioration led to a lumbar puncture (LP), which provided immediate relief, suggesting intracranial hypertension. Cerebrospinal fluid analysis revealed markedly elevated protein (6 g/L), compatible with Froin's syndrome. This key finding prompted a meticulous re-evaluation of prior CT scans, revealing a small periaqueductal–pineal lesion obstructing CSF flow. The patient underwent endoscopic ventriculocisternostomy, biopsy, and placement of a ventriculo-cardiac shunt. Histology confirmed an anaplastic diffuse grade III glioma, followed by radio-chemotherapy.

Originality: This case is notable for its atypical presentation of obstructive hydrocephalus with fluctuating headaches, myoclonus, and pseudo-epileptic episodes. Diagnostic difficulty was compounded by non-contributive imaging and the impossibility of MRI. The LP,rarely central in chronic headache assessment,proved decisive by revealing Froin's syndrome.

Lessons learned and future implications: Atypical chronic headaches with neurological fluctuations require repeated clinical assessment and early specialist involvement. Lumbar puncture may be essential when headaches remain unexplained.

Discussion: Secondary headaches are challenging to diagnose when early investigations are normal. In this case, the combination of progressive headaches, transient neurological episodes, and immediate improvement after LP strongly pointed toward obstructive hydrocephalus. This case underscores the importance of revisiting radiological studies when clinical evolution is atypical, and highlights the diagnostic value of LP in selected situations.

Conclusion: Refractory headaches with transient neurological signs should prompt suspicion of secondary causes, including obstructive hydrocephalus and periaqueductal tumors.

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ID 798- Inflammaging Risk Score (IRS): Detecting Early Biological Aging in Primary Care

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Context: In primary care, universal newborn hearing screening is a key preventive service that allows early detection of hearing loss, even in infants without risk factors. Early identification and prompt referral are essential for optimal language, cognitive, and long-term outcomes. This case report outlines the evaluation and coordinated management of a term newborn diagnosed with bilateral profound hearing loss during routine screening at a family health center.

Methods: A female infant was brought for a routine newborn exam. She was born at 37+5 weeks via uncomplicated vaginal delivery (3100 g) to a healthy 27-year-old mother, with no perinatal risk factors for hearing loss. Physical exam, including external ear anatomy, was normal. Otoacoustic emission (OAE) screening showed bilateral REFER on day 1 and day 7, leading to referral to a tertiary audiology center. At 3 weeks auditory brainstem response (ABR) revealed no detectable waves up to 90 dB bilaterally, consistent with profound sensorineural hearing loss. MRI/CT showed normal inner ear and auditory nerve anatomy. Genetic testing identified a homozygous GJB2 35delG mutation. The family physician coordinated multidisciplinary follow-up, parental counseling and early referral for cochlear implant evaluation and auditory-verbal therapy.

Originality: This case is notable because a full-term, low-risk newborn was found to have profound bilateral hearing loss solely through routine screening, highlighting the often-hidden burden of genetic causes in clinically low-risk infants.

Lessons learned and future implications: This experience underscores the importance of adhering to the "1-3-6 rule" in primary care.

Consistent screening, timely re-testing, early referral, and coordinated multidisciplinary communication are critical. Integrating stronger genetic counseling pathways within family medicine may further improve care.

Discussion: This case shows that profound hearing loss can occur even in the absence of risk factors, emphasizing the need for repeat screening, timely referral, and adherence to the 1-3-6 guideline in primary care to ensure early intervention and optimal outcomes.

Conclusion: Primary care plays a key role in detecting severe hearing loss in asymptomatic newborns. Early identification enables timely intervention and improves long-term speech and language outcomes.

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ID 246- Influence of migratory background on access to medically induced abortion : a quantitative study of patients in the XXX region.

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Context: Introduction: Excessive bureaucracy in primary care can lead to dissatisfaction among patients and healthcare professionals, reducing the efficiency and quality of care. This study evaluates the impact of a debureaucratization intervention in primary care.

Objectives: The main objective of the study is to assess the impact of a debureaucratization intervention in primary care on the efficiency and quality of care. Specifics objectives: - Improve care efficiency, measured by the number of patients seen per hour. - Reduce the time spent on administrative tasks. - Evaluate the effectiveness of assigning a coordinator, a physician, and administrative staff to handle bureaucratic visits

Methods: - A de-bureaucratization program was implemented by studying the medical visit schedules of 8 primary care physicians. - A daily coordinating physician who reviews schedules and handles bureaucratic visits (for example, lab results, electronic prescriptions, duplicate appointments). - Simplification of administrative processes. - Implementation of information and communication technologies (ICT). - Staff training in time management and task prioritization.

Results: The data collected over one month were compared with data from the previous month, working with the same professionals to avoid interprofessional variability. The intervention reduced administrative time by 30% and increased care efficiency by 20% (measured by patients seen per hour). The coordinating physician resolved an average of 25 bureaucratic visits daily, allowing doctors to focus on clinical care.

Discussion: The positive results of the study can be attributed to several factors: - Assignment of a coordinating doctor. - Assigning competent administrative staff. - Use of information and communication technologies.

Conclusion: Debureaucratization in primary care is an effective strategy to improve efficiency and the quality of care. Assigning a coordinating doctor with administrative support has been crucial for implementing and maintaining the debureaucratization program.

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ID 191- Influence of Obesity on Retinal Biomarker Sensitivity: A Pilot Study on Reti-CVD and Coronary Artery Calcium

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Context: The Réseau de recherche en soins primaires de l'Université de Montréal (RRSPUM) is a research network created to strengthen collaboration between researchers and the 21 university family medicine groups (GMFUs) to produce knowledge applicable to

primary care. However, projects submitted to GMFUs are not always feasible within their clinical realities or aligned with their priorities. To address this issue, the RRSPUM sought to develop a structured tool to better assess the relevance and feasibility of proposed projects.

Objectives: To describe (1) the process used to develop an assessment grid for evaluating the relevance and feasibility of research projects submitted to GMFUs, and (2) the lessons learned from consulting partner researchers to refine this grid.

Methods: Building on scientific literature and field experience, two research facilitators and one patient partner jointly developed an initial version of the grid. Semi-structured interviews were conducted with nine researchers to collect their perspectives, assess the clarity and utility of the tool, and identify improvements. Their feedback was analyzed and integrated into a revised version of the grid, which was then presented to GMFU representatives for validation.

Results: Researchers endorsed the overall content and structure of the grid and confirmed its relevance for guiding project submissions. They suggested shifting from an approval/rejection mechanism to a collaborative evaluation process conducted with the researchers of each project. This approach emphasizes co-construction rather than gatekeeping and allows the RRSPUM to support teams in adapting protocols to GMFU operational constraints and workflows.

Discussion: The participatory nature of the process fostered a deeper mutual understanding between clinical teams and academic researchers. It also highlighted the importance of early dialogue to optimize project design, promote feasibility, and ensure alignment with GMFU priorities and capacities. GMFU representatives expressed a positive reception to the revised grid and recognized its potential for improving the relevance and applicability of projects submitted to their sites.

Conclusion: The development of this assessment grid illustrates the benefits of integrating collaborative practices into the evaluation phase of research. By structuring expectations and facilitating constructive exchanges, this approach strengthens partnerships and enhances the relevance, feasibility, and overall impact of research conducted in primary care settings.

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ID 83- Inositol Supplementation and Insulin Resistance: A Mini Systematic Review of Clinical Evidence

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Context: In Quebec (Canada), the Primary Care Access Point (Guichet d'accès à la première ligne – GAP) enables patients without a family physician to access primary care for non-urgent concerns. However, GAP consultations pose several challenges: clinicians are unfamiliar to patients, many of whom present complex needs, and appointment times are short. These conditions can create barriers to clear communication and shared understanding. To improve communication quality, patients are invited to use Getting Ready (GR), an accessible, structured preparation tool previously validated in other healthcare contexts (https://gettingready.ca/). GR helps patients articulate their concerns, describe the impact of their problem, and formulate questions prior to the consultation.

Objectives: To examine how GR influences communication quality and interaction processes between orphan patients and GAP clinicians.

Methods: This prospective observational study is conducted in a regional GAP and five primary care clinics offering GAP appointments. Participants include healthcare professionals (n = 10) and adult patients, referred for GAP consultations and invited to complete GR online before their visit (target n = 200). Data sources include post-visit patient

questionnaires, clinician questionnaires, and focus groups with both patients and clinicians. Data collection is ongoing; final results will be available at the time of the conference.

Results: Based on prior evidence showing that GR improves patient–provider communication in various care settings, we anticipate greater clarity in patient concerns, better prioritization of issues during time-limited visits, and more efficient, patient-centred dialogue in GAP consultations.

Discussion: Evidence from other contexts suggests that preparation tools like GR can reshape the consultation dynamic by helping patients focus, organize their concerns, and feel more confident when meeting unfamiliar clinicians. In GAP settings, GR may reduce communication barriers linked to patient complexity and short appointment lengths. The study will also shed light on how preparation tools influence workflow, clinician experience, and patient engagement. Identifying facilitators and barriers specific to the GAP model will be essential for informing implementation at scale and adapting the tool to diverse primary care environments.

Conclusion: GR represents a promising, scalable tool to support patient preparation and strengthen the quality of primary care encounters across first-line access systems.

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ID 822- Insect Presence in the Ears of Children: An Environmental Case Series from a Family Health Center

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Context: Fever phobia (FP), defined as parents' disproportionate fear of their child's fever, leads to inappropriate behaviours and persists despite medical progress and increasing access to health information.

Objectives: To provide an updated overview of current knowledge on FP and to identify effective educational strategies for managing it in primary care through a narrative literature review.

Methods: A narrative literature review was conducted using PubMed and Google Scholar. Search equations targeted studies addressing FP among parents and healthcare providers caring for children aged 0–18 years, as well as educational interventions related to fever management in primary care. Eligible articles were open-access, written in English or French, and published between 2014 and 2025. All included studies underwent a risk-of-bias assessment.

Results: The search identified 745 articles, of which 49 met eligibility criteria. Among these, 30 focused on parents, 7 on healthcare professionals, and 10 on both groups. Lack of knowledge as a key driver of FP was reported in 65% of studies, while misconceptions about fever appeared in 41%. Non-recommended prescribing and fever-management practices were noted in 51%. Low socioeconomic or educational level was identified as a risk factor in 18% of studies. Emotional factors contributing to FP were highlighted in 16%. Educational tools—such as brochures, videos, apps, or simulation—showed positive effects in 22% of studies, though their impact was strengthened when accompanied by a trusting relationship with the healthcare provider (reported in 16%). The central role of medical communication emerged clearly: 35% of studies emphasized the need for consistent messaging, and 29% highlighted gaps in healthcare providers' training on fever management.

Discussion: Risk-of-bias analysis revealed an overall moderate to high risk, mainly related to selection bias (limited sample diversity) and outcome-reporting bias. These limitations reduce the generalizability of findings and underscore the need for more rigorous studies with comprehensive data reporting.

Conclusion: FP is a complex, multicultural phenomenon, and changing deeply rooted beliefs and practices remains challenging. However, a multifaceted approach combining improved provider training, accessible educational tools, and targeted communication

may help reduce parental anxiety. Given its close contact with families, primary care appears to be the most suitable setting for addressing FP effectively.

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ID 402- Integrated Project for the Eradication of Intimate Partner Violence: A Multisectoral and Community-Based Approach

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Context: Tobacco is a driving force in the economy of xxx and, at the same time, contributes to the high overall mortality rate

Objectives: To characterize the factors that interfere with the adherence of smokers to smoking cessation groups. Thus, to construct a managerial educational product with guidelines on factors that enable increased adherence to smoking cessation groups, improving the training of health professionals on the subject

Methods: An integrative literature review was conducted using BDENF, PubMed, and BVS/LILACS databases, targeting studies published between 2015 and 2025. Inclusion criteria comprised full-text articles in Portuguese,found through the following descriptors: "Smoking" or "Primary Health Care" or "Health of Specific Groups" or "Tobacco Use Cessation"

Results: In total, 75,551 studies were identified in the initial search. Subsequently, main filters were applied using the following themes: smoking cessation, tobacco use cessation, tobacco use, smoking, and smoking prevention,Thus, 335 articles were selected. After reading titles, abstracts, and full articles, 7 articles were included for integrative review. This selection was carried out between June and August 2025.

Discussion: The insufficient preparedness of Primary Care teams constitutes the main factor associated with non-adherence among participants already enrolled in smoking-cessation groups. As this lack of preparedness persists, the number of unmotivated individuals enrolled in such groups increases—the second leading cause of non-adherence. Consequently, the primary factor reinforces and exacerbates the second. Thus, the development of a tool that outlines the organization of smoking-cessation groups in Primary Care, in accordance with the xxx guidelines, and that enhances program visibility, is warranted. Such a resource would support the formation of higher-quality smoking-cessation groups within Primary Health Care, improving adherence among enrolled participants and promoting the engagement of non-enrolled populations (including Afro-descendant individuals and men).

Conclusion: The results showed that the lack of training of primary health care teams and the lack of motivation of users are the main barriers to patient adherence to smoking cessation groups

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ID 1405- Integrated telemedicine for chronic care in an Italian university hospital: experiences from a Primary Care–Community Medicine pathway

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Context: With human missions to Mars becoming realistic, primary care physicians may soon be called upon to act as crew medical officers (CMOs). This role would extend GPs' responsibilities to include bioethical decision-making around potential exposure to Martian microbes, containment breaches, and planetary protection. This review explores how existing literature across primary care, ethics, and space medicine can inform this emerging challenge.

Objectives: To assess and synthesize academic and policy literature that supports the ethical, clinical, and operational role of GPs in scenarios involving planetary protection and interplanetary microbial exposure.

Methods: We conducted a structured review of academic databases (PubMed, JSTOR, Scopus) and grey literature from key agencies (WHO, ESA, NASA, UN-COPUOS, COSPAR). We prioritized literature on general practice, bioethics, space medicine, and planetary protection policies. Terrestrial equivalents (pandemic ethics, remote care, biosafety) were included for applicability. Inclusion criteria: relevance to clinical or ethical decision-making in isolation or novel biological hazard environments.

Results: Key findings show strong alignment between GPs' core competencies and the demands of planetary protection protocols. WHO and WMA ethics guidelines emphasize proportionality, psychological support, and least restrictive quarantine—mirroring COSPAR policies requiring containment for astronauts exposed to Martian material. GPs' pandemic experience reinforces their leadership in risk communication, mental health, and triage. Literature from space agencies anticipates CMO involvement in isolation decisions and contamination mitigation, positioning GPs as de facto bioethical stewards during spaceflight. Terrestrial parallels—Antarctic medicine, COVID-19 response, and biosafety levels—highlight transferable lessons.

Discussion: GPs already possess critical frameworks for managing uncertainty, isolation, and ethical risk. Applying these to spaceflight enhances mission resilience and underscores GPs' value beyond Earth. However, gaps remain in formal training around planetary bioethics and space operations.

Conclusion: This review affirms the relevance of general practice in planetary protection. GPs are well-positioned to integrate clinical care with ethical and environmental safeguards in future Mars missions. We recommend incorporating space-relevant bioethics into primary care training and encouraging interdisciplinary dialogue to prepare for this frontier of care.

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ID 135- Integrating Digital AI Assistance (ChatGPT) into General Practice Workflow: A Practice-Based Reflection on Efficiency and Patient Safety

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Context: Chronic abdominal pain, constipation and nonspecific neurological symptoms commonly present in primary care and are often attributed to functional disorders or stress. However toxic exposures such as lead poisoning may manifest with similar features and remain unrecognized. This case describes a 35-year-old man whose persistent symptoms were repeatedly considered nonspecific until a detailed occupational and hobby-related history revealed chronic lead exposure, highlighting the importance of broad differential diagnosis in primary care.

Methods: A 35-year-old man presented with three months of abdominal pain, constipation, fatigue and distal paresthesia. Earlier assessments had suggested functional gastrointestinal or stress-related conditions. During comprehensive history-taking, he reported a six-month hobby of melting and casting lead fishing weights at home in a poorly ventilated space without protective equipment. Symptoms began shortly after starting this activity. Physical examination showed pallor, abdominal tenderness, subtle wrist extensor weakness, and a faint Burton line. Laboratory tests revealed normocytic anemia, basophilic stippling, elevated zinc protoporphyrin and a blood lead level of 68 µg/dL, confirming chronic lead poisoning. He was referred for chelation therapy, stopped the exposure and received environmental safety counseling. Recognition occurred promptly once the exposure history was identified and his gastrointestinal and neurological symptoms improved within weeks.

Originality: Adult lead poisoning from home-based metal casting is rare and seldom reported in primary care. Most cases stem from occupational exposure or contaminated products. This case is distinct because the source was a personal hobby that initially mimicked benign conditions. Diagnosis in a Family Health Center underscores the critical role of primary care clinicians in detecting unusual environmental hazards.

Lessons learned and future implications: Clinicians should routinely inquire about environmental, occupational and hobby-related exposures when symptoms are chronic and multisystemic. Nonspecific complaints should prompt consideration of toxicologic causes. This case highlights the importance of early recognition, structured exposure screening and community education regarding safe metal handling.

Discussion: Lead poisoning is difficult to diagnose due to its nonspecific, multisystem nature. Delayed recognition reflects common patterns in environmental toxicities.

Conclusion: This case demonstrates how a seemingly harmless hobby can result in significant lead toxicity and reinforces the need for thorough exposure histories in primary care.

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ID 913- Integrating Epidemiology, Patient Experiences and Workforce Upskilling to Develop Treat-to-Target Maintenance and Flare Pathways for Ulcerative Colitis in Rural Primary Care England

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Context: Adolescent obesity is a chronic, multifactorial condition recognised as a major global health challenge. Beyond metabolic complications, early adolescents frequently experience hidden psychosocial consequences such as body-shame, peer comparison, emotional eating and avoidance of social situations involving food. Primary care, with its continuity, accessibility and relational safety, is uniquely positioned to identify these invisible dimensions and provide early, person-centred support.

Methods: A 12-year-old boy presented with bilateral knee pain during football training. No musculoskeletal pathology was identified. Further exploration revealed significant psychosocial distress related to weight. A structured assessment captured patterns of emotional eating, cognitive restraint, external eating triggers and low body-appreciation, without depressive symptoms or red flags for eating disorders. Initial management included realistic dietary adjustments, maintaining physical activity without performance pressure and referral to psychology. Follow-up appointments monitored symptoms, engagement in sports, eating patterns and family dynamics. A multidisciplinary referral to Paediatrics and Nutrition was initiated.

Originality: This case demonstrates how a benign somatic complaint can act as a socially acceptable entry point for an adolescent to seek help for internalised distress. It highlights the importance of proactive psychosocial screening during routine primary care consultations.

Lessons learned and future implications: Early empathic enquiry into emotional drivers improved trust, disclosure and adherence. Recognising the psychosocial burden of weight-related issues is essential to guide appropriate interventions. Future practice should integrate structured, developmentally sensitive psychosocial assessments into adolescent consultations and strengthen multidisciplinary collaboration.

Discussion: The case illustrates that metabolic risk is only one dimension of adolescent obesity. Emotional factors - shame, guilt, comparison with peers and compensatory eating - may drive behaviours more strongly than biomedical variables. Addressing these early may prevent progression to disordered eating, social withdrawal and long-term psychological morbidity.

Conclusion: Meaningful management of adolescent obesity requires more than clinical metrics; it depends on addressing wellbeing,

identity, and emotional coping. Primary care is uniquely positioned to detect hidden suffering and coordinate holistic, patient-centred care.

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ID 1661- Integrating Medical Education and the School Health Program: A Curricular Extension Promoting the Culture of Peace

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Context: In 2024-2025, French Health Authorities organized two COVID-19 vaccination campaigns: a combined Flu/COVID-19 campaign in autumn, and an additional spring COVID-19 campaign targeting populations at higher risk. However, uptake for these campaigns remained modest, particularly during the spring campaign. Assessing the determinants of this low uptake is of particular interest.

Objectives: A consortium of non-governmental primary care organizations established during the first wave of COVID-19, conducted a survey among its network of primary health care workers (PHCWs). The goal was to assess their perceptions and acceptance of COVID-19 vaccination, both for their patients and themselves.

Methods: The study utilized a dedicated platform enabling PHCWs to participate in targeted surveys. An online survey (24 questions) was proposed to PHCWs between June and September 2025, with multiple email reminders. Participation was anonymous, and data were analyzed using Stata 11.2 software.

Results: Out of 1,021 vaccinating PHCWs who clicked on the survey link, 685 completed most of the key questions. Participants were predominantly general practitioners (GPs) (56%) and pharmacists (35%), mostly women (58%), and aged between 40 and 60 (52%). While 87% had received the influenza vaccine, only 44% were vaccinated against COVID-19 in 2024-2025. Regarding COVID-19 infections knowledge, most respondents felt they had the necessary medical information for their practice, except for current epidemiological data (only 68% felt informed). Access to organizational information (required for implementing vaccination) and scientific data (needed to assess the benefit/risk balance of available COVID-19 vaccines) was rated as moderate: 62% and 59% of PHCWs reported having access, respectively. Additionally, 20% indicated they lacked some of the information needed to answer patients' questions. Finally, although health authorities remained the primary source of information, their communication was deemed insufficient and unsatisfactory by 55% of respondents.

Discussion: This survey reveals a clear need for better scientific and organizational communication targeted at PHCWs, as well as stronger communication efforts related to COVID-19 vaccination campaigns. Comparable results had already been highlighted in previous surveys on vaccination.

Conclusion: Filling this communication gap seems essential, as numerous recent studies highlight the pivotal role of PHCWs in improving vaccination rates.

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ID 2177- Integrating medical education, primary care and community action to address ageism in Brazil: a practice-based reflection

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Context: In family medicine training Internationalism Is Good! Students should

experience different health care systems and cultures. In Scotland, with partners worldwide, we have designed and implemented an international elective programme for undergraduate and postgraduate students. We have done so without institutional backing or finance. Our programme depends upon the collaboration of a network of enthusiastic general practitioners across Scotland, from practices both urban and remote and rural. We ensure some academic input, and also include health policy makers, experts on health inequalities and we expose our students to Scotland's rich cultural life from opera to football. Electives must be free-spirited and adaptable. Minimally proscriptive. Maximally designed for the curious. The key word is camaraderie.

Objectives: We agree that cross-border learning is a good thing. We learn to communicate across borders. We build the structures and links. We all learn another language.We come together in a conference room. We interact. We look at models of international teaching, the similarities and the differences.

Teaching method and workshop: A short but image-rich introduction. Testimony from our students and our tutors. Small group work. A long and warm wash-up. Our tutors and students are multi-faceted and international. (We shall present in English, though noteworthy that two of our partic

Expected outcomes: We finesse the detail – Who will teach? What locations? We return home and individually recruit SIX COLLEAGUES in our country of origin. As in Six Craws Sitting on a Dyke, a James MacMillan premiere at the Edinburgh International Festival 2025. Participan

Conclusion: Electives in general practice for students are less available than they should be. Such electives are a splendid opportunity to demonstrate the rich diversity and fascination of generalist medicine. The model we present here is an effective way of promoting generalist medicine.

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ID 1089- Integrating Mental Health, Cardiovascular Prevention, Monitoring and Goal-Directed Care to Improve Ulcerative Colitis Outcomes in Rural Primary Care Pathways

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Context: To analyse the use of ambulatory blood pressure monitoring (ABPM) in Primary Care, describing patients' clinical characteristics by sex, the contribution of ABPM to the diagnosis of hypertension (HTN), and subsequent therapeutic changes.

Methods: A retrospective cross-sectional observational study was conducted using electronic health records from the Federica Montseny Health Centre (Madrid) between 2020–2022. Sociodemographic variables, comorbidities, clinical parameters, antihypertensive treatment and follow-up after ABPM were collected. A descriptive bivariate analysis was performed

Originality: A total of 166 patients were included, 57.6% were women, with a mean age of 62.7 years. Women showed a higher proportion of improved blood pressure control at one year (36% in men vs. 59% in women; p=0.003). In contrast, men exhibited higher rates of non-fatal cardiovascular disease (CVD) at 3 years (21% vs. 8%; p=0.017), diabetes (43% vs. 15%; p=0.002), previous ischemic heart disease (17% vs.1%; p<0.001), peripheral arterial disease (17% vs. 1%; p<0.001), and mortality due to target-organ damage (47.8% vs. 2.1%; p<0.001). Men also had a higher proportion of modified control at one year after ABPM (69.6% vs. 42.1%; p=0.014). Treatment changes were introduced in 59% of all patients and were more frequent among those with newly diagnosed HTN (39% vs. 15%; p<0.001).

Lessons learned and future implications: The high rate of treatment modification illustrates

the clinical impact of ABPM in refining risk stratification and guiding management.

Discussion: The study confirms the usefulness of ABPM in Primary Care for improving the diagnosis and management of hypertension. Although men and women showed similar baseline risk profiles, women achieved greater improvement in blood pressure control at one year, while men experienced higher rates of cardiovascular events, consistent with their higher baseline risk.

Conclusion: ABPM is an essential tool in Primary Care for confirming or ruling out HTN, optimising treatment, and identifying patients at increased cardiovascular risk.

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ID 2120- Intelligent Automation of Administrative Workflows in Primary Care

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Context: Long-duration spaceflight is rapidly shifting from governmental programmes to expanding commercial ventures. Missions beyond low Earth orbit—especially lunar and Martian initiatives—pose significant physiological risks, including muscle atrophy, bone loss, neuro-ocular changes, and radiation exposure. Emerging literature discusses "biohacking" approaches such as pharmacological optimisation, somatic gene therapy, and technological augmentation to enhance resilience. Although largely experimental, these interventions may soon become relevant for private space travellers. Primary care physicians, who already manage complex decisions with limited certainty, will increasingly encounter spaceflight-related health questions.

Objectives: This literature review examines scientific, medical, ethical, and legal publications to identify how enhancement technologies might influence primary care practice. It assesses challenges currently discussed within astronaut health that may soon be applicable to civilian populations.

Methods: A structured review of peer-reviewed biomedical, bioethical, space medicine, jurisprudence, and space-law sources was undertaken. Databases included PubMed, Scopus, HeinOnline, and Google Scholar. Search terms combined "long-duration spaceflight", "human enhancement", "bioethics", "gene therapy", "informed consent", "space law", and "primary care". Inclusion criteria: publications addressing health risks of deep-space missions, enhancement strategies, ethical considerations in human research, and legal governance under international space treaties. Exclusion criteria: engineering-only documents and non-scholarly speculative material. Narrative synthesis was used.

Results: Three themes emerged. (1) Medical uncertainty: Most enhancement proposals lack long-term safety data, though the physiological pressures of deep-space missions make them scientifically appealing. (2) Ethical tension: Literature highlights risks of subtle coercion, blurred boundaries between therapy and enhancement, and challenges to meaningful informed consent in high-stakes mission environments. (3) Legal gaps: The Outer Space Treaty and related instruments contain no explicit guidance on biomedical modification of crew, creating uncertainty for clinicians and spaceflight providers.

Discussion: Although primary care increasingly engages with technological and ethical innovations, limited work connects astronaut health to general practice. Findings indicate that general practitioners may soon counsel patients preparing for private missions or later manage individuals who have undergone enhancement procedures.

Conclusion: As space travel becomes accessible, primary care will face new ethical and legal considerations. Familiarity with astronaut-oriented enhancement debates will help clinicians anticipate emerging challenges. This emphasises the need for early professional awareness as human spaceflight moves closer to routine civilian experience.

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ID 1358- Intensive interprofessional approach to the control of type 2 diabetes in a chronically decompensated patient with multiple complications

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Context: Ptosis is a relatively common reason for consultation in primary care and is usually linked to benign conditions such as Bell's palsy, local eyelid disorders, or muscular diseases. However, when it appears in isolation, it may represent a diagnostic challenge and serve as a sentinel sign of serious neurological disease. The ability of family physicians to identify atypical features during routine assessment is crucial to ensure timely referral. This case illustrates how careful observation of a seemingly minor symptom triggered suspicion of central involvement from the first clinical contact.

Methods: The case was managed through initial clinical assessment in primary care, followed by urgent referral to hospital services. Diagnostic reasoning focused on identifying discrepancies inconsistent with a typical peripheral facial palsy. In the hospital setting, a comprehensive neurological examination and neuroimaging studies, including CT and MRI, were performed. A retrospective analysis of the case was later conducted to evaluate strengths, limitations, and implications for practice in primary care.

Originality: Although ptosis is most commonly associated with benign or peripheral causes, its isolated presentation as the first manifestation of an intracranial lesion is uncommon. This case highlights the critical role of primary care in detecting clinical clues that may indicate central pathology, contributing to scarce literature on such atypical presentations

Lessons learned and future implications: The case underscores the importance of thorough neurological evaluation in any eyelid abnormality and the need to maintain a high index of suspicion, particularly in older patients or when findings deviate from classic Bell's palsy. It suggests the value of developing clearer referral pathways that prioritize urgent assessment when isolated ptosis lacks an identifiable cause.

Discussion: This case reinforces the essential function of primary care in recognizing early neurological signs and ensuring effective coordination with hospital services. Early identification of atypical ptosis may help prevent delays in diagnosing potentially serious intracranial conditions.

Conclusion: Isolated ptosis can be the first clinical indication of an intracranial lesion, and its early recognition in primary care is vital to improving patient outcomes. Keywords: Ptosis; Primary care; Space-occupying lesion; Early diagnosis; Facial palsy; Neurology.

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ID 1871- Interactive ECG presentation of Brugada syndrome case report

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Context: As a first-generation doctor practicing in a community where chronic disease literacy is low and cultural norms heavily influence health choices, I often witness preventable complications arising from gaps in primary care engagement. This reflection examines the case of a 53-year-old woman—my relative—whose death from uncontrolled diabetes revealed systemic vulnerabilities and highlighted the need to re-emphasise equity, liberty, humanism, and fraternity in primary healthcare.

Methods: The patient, a grandmother of three and an avid traveller, had long-standing diabetes but remained non-adherent to treatment. She rarely underwent blood tests, frequently consumed sweets, and regularly practiced prolonged fasting during festivals.

Despite progressive symptoms such as fatigue and dyspnoea, she had no structured follow-up within primary care. She presented acutely with decompensated heart failure and required ICU admission for 15 days, ultimately succumbing to multi-organ deterioration. The case reflects how cultural autonomy, limited health understanding, and inadequate continuity of care can converge into preventable, life-threatening outcomes.

Originality: This reflection is unique because it merges personal grief with professional analysis. As a first-generation physician, witnessing a preventable death within my own family illuminated how cultural norms and low health literacy converge to create barriers—even for those with direct access to a doctor. It exposes the paradox that proximity to medical knowledge does not always guarantee adherence.

Lessons learned and future implications: The case reinforced that equity in primary care extends beyond access to include culturally informed education, compassionate communication, and regular, proactive follow-up. It highlighted the importance of respecting autonomy while guiding behaviour change empathetically. Fraternity—shared community responsibility—emerged as a critical pillar in chronic disease prevention.

Discussion: This case illustrates persistent gaps in primary healthcare: inadequate screening, weak continuity of care, and limited contextual counselling around cultural rituals such as fasting. Strengthening primary care requires integrated chronic disease programmes, community-based diabetes education, and sustained doctor–patient relationships rooted in trust, humanism, and shared decision-making.

Conclusion: This reflection advocates for fostering long-term doctor–patient relationships that blend scientific guidance with empathetic communication. By strengthening the pillars of liberty, equity, and fraternity, primary healthcare can prevent such tragedies. Ultimately, we must ensure that chronic disease management becomes a shared, supported journey rather than an isolated individual struggle.

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ID 1388- Interdisciplinary Approach to Thymoma: The Role of the Family Physician in Early Diagnosis and Curative Treatment

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Context: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare ANCA-associated vasculitis characterized by asthma, eosinophilia, and multisystem involvement. Early phases often mimic isolated allergic or respiratory disorders, leading to delayed diagnosis in primary care. Recognizing “red flags” in patients with persistent eosinophilia and atypical asthma is essential to prevent organ damage.

Methods: A 51-year-old woman presented with a three-year history of progressively evolving symptoms. The first episode was generalized urticaria after outdoor work, requiring hospitalization. Eighteen months later, she developed persistent cough and was diagnosed with IgE-mediated asthma. Despite therapy, exacerbations persisted, starting with nasal congestion, postnasal drip, and “nasal” voice, followed by dyspnea and non-productive cough. During the last year, intermittent petechiae appeared and resolved spontaneously. Her history included chronic pansinusitis and seasonal allergic rhinitis. Family history was significant, as her sister had granulomatous vasculitis. Laboratory evaluation revealed persistent eosinophilia (up to 60%). The final diagnosis was eosinophilic granulomatosis with polyangiitis, chronic course, with pulmonary involvement, pansinusitis, and cutaneous manifestations.

Originality: This case demonstrates the classical phased evolution of EGPA: allergic manifestations → asthma → systemic vasculitic signs. The combination of recurrent urticaria, intermittent petechiae, chronic rhinosinusitis, eosinophilia, and family history highlights early

diagnostic clues often overlooked in primary care.

Lessons learned and future implications: Persistent eosinophilia in asthma should prompt evaluation for systemic vasculitis. Recurrent skin lesions, chronic rhinosinusitis, suboptimal asthma control, and positive family history are "red flags." Early recognition and specialist referral can prevent organ damage and improve outcomes.

Discussion: EGPA often presents initially with isolated allergic or respiratory symptoms, delaying diagnosis. Recognizing symptom clusters, including eosinophilia, skin manifestations, and rhinosinusitis, allows earlier detection. Awareness of the classical phased evolution aids primary care physicians in timely referral.

Conclusion: Heightened suspicion for EGPA in patients with asthma, persistent eosinophilia, and recurrent cutaneous or sinonasal manifestations enables early diagnosis, specialist referral, and improved prognosis.

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ID 1215- International Undergraduate and Postgraduate Electives in General Practice - a Scottish Model. The Auld Alliance?

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Context: Violence against women (VAW) remains a major public health and human rights concern in Brazil. The COVID-19 pandemic intensified social stressors, potentially modifying patterns of domestic violence. Understanding these trends is essential for strengthening primary care responses and informing international public health policy.

Objectives: To compare femicide rates and national hotline reports of VAW during the pandemic (2020–2022) and post-pandemic (2023–2025) periods, and to assess whether differences were statistically significant.

Methods: A retrospective analysis of government datasets was conducted using femicide counts from national security records and Ligue 180 hotline reports. Data were grouped into two periods: pandemic (2020–2022) and post-pandemic (2023–2025). Mean values were compared using independent samples T-tests, with statistical significance defined as $p<0.05$. Partial 2025 data were proportionally adjusted. Percentage changes were calculated to evaluate relative variation between periods.

Results: The mean number of femicides increased from 1,388/year during the pandemic to 1,452/year post-pandemic, representing a 4.6% rise, although this difference was not statistically significant ($p = 0.18$). Hotline reports showed a marked increase, rising from 89,233/year to 110,911/year, corresponding to a 24.3% increase, which was statistically significant ($p = 0.03$). Between 2020 and 2024, femicides increased modestly (1,355 → 1,459), while hotline reports grew substantially (82,991 → 132,084), suggesting more frequent reporting of non-lethal forms of violence.

Discussion: The data indicate that lethal violence against women remained relatively stable across the pandemic and post-pandemic periods, while reporting of non-lethal violence increased significantly after the pandemic. This divergence may reflect increased awareness, improved access to reporting mechanisms, or heightened incidence driven by socioeconomic pressures. Primary care settings—often the first point of contact for women experiencing violence—must adapt to this rising demand by strengthening screening, training, and integrated referral pathways. Moreover, Brazil's experience may inform international strategies, particularly in regions facing similar post-pandemic social vulnerabilities. Limitations include potential underreporting, changes in classification practices, and reliance on aggregated national data.

Conclusion: Post-pandemic Brazil experienced a significant rise in hotline reports of VAW but no statistically significant increase in femicide rates. These findings highlight the need for enhanced post-pandemic surveillance,

community-based prevention strategies, and primary care interventions to address the growing burden of gender-based violence.

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ID 759- Interventions promoting physical activity among general practitioners: a systematic literature review

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Context: Cardiovascular diseases constitute a major group of chronic non-communicable diseases (NCDs) of greatest relevance to public health in xx. Systemic Arterial Hypertension (SAH) is an NCD recognized as one of the leading independent and reversible risk factors for cardiovascular disease. In xx, primary care—owing to its comprehensive, patient-centered, and community-based model—ensures greater accessibility and reach for the prevention and early detection of conditions such as SAH.

Objectives: To characterize the profile of individuals diagnosed with systemic arterial hypertension who were registered with and monitored by a Family Health Strategy (FHS) team in a Primary Health Care Unit in the municipality of xx

Methods: This was a retrospective, cross-sectional epidemiological study with a quantitative approach, based on secondary data extracted from the Integrated Health Management and Services System (SIGSS) of xx. Electronic medical records of 292 individuals with SAH, followed between January 2022 and December 2024, were evaluated regarding sociodemographic variables, clinical characteristics, risk factors, target-organ damage, pharmacotherapy, and cardiovascular risk stratification.

Results: There was a predominance of female participants (64.4%) and of individuals aged 60–69 years, highlighting the association between SAH and aging. Most patients were classified as White (85.3%). Excess body weight was highly prevalent, with 35.3% presenting overweight and 24% class I obesity. Modifiable factors such as smoking, alcohol consumption, and physical inactivity showed a high proportion of missing data. Diabetes mellitus was identified in 28.1% of the sample.

Discussion: Regarding target-organ damage, 29.1% had a history of cardiovascular disease, notably stroke, myocardial infarction, and chronic kidney disease. Antihypertensive therapy was used by 96.7% of participants, with frequent combination regimens involving ARBs/ACE inhibitors, thiazide diuretics, and beta-blockers. However, formal cardiovascular risk stratification was absent in 79.8% of the records. Among those with documented risk classification, most were categorized as high risk, although a portion were not receiving high-intensity statins as currently recommended.

Conclusion: Although clinical follow-up is provided, significant gaps persist in risk stratification and in the recording of essential information, directly affecting primary care's capacity to plan and guide interventions. The findings underscore the need for improved documentation practices, continuous professional development, and the adoption of standardized protocols.

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ID 322- Interventions to reduce Energy Poverty and their impact on Mental Health: a systematic review

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Context: As commercial spaceflight expands globally, primary care physicians may increasingly be asked to assess and clear patients for space tourism or suborbital travel. The medicolegal and ethical landscape for such pre-flight evaluations remains underdeveloped, with implications for liability, informed consent, and cross-border

jurisdiction. No consolidated review exists to guide primary care practice in this context.

Objectives: To examine existing international legal treaties, national regulations, space agency guidance, and published policy literature regarding medical screening, jurisdiction, and informed consent for commercial spaceflight participants, with particular attention to the role of primary care.

Methods: A structured literature review was conducted using databases (PubMed, HeinOnline, Google Scholar) and grey literature from NASA, FAA, ESA, UN COPUOS, UK CAA, and relevant national legislation between 2004–2025. Search terms included “spaceflight participant,” “informed consent,” “aerospace medicine,” “liability,” “primary care,” and “jurisdiction.” Inclusion criteria: legal/policy/scientific publications relating to pre-flight medical screening, patient safety, and clinician responsibility. Sources were qualitatively synthesized to identify regulatory commonalities and gaps.

Results: Global legal frameworks derive from the Outer Space Treaty and Liability Convention, assigning jurisdiction to the launching state. The U.S. and U.K. require informed consent waivers disclosing the risks of unregulated human spaceflight. FAA guidelines recommend—but do not enforce—aerospace medical screening tailored to flight profiles. ESA and ISS partners define standards for “spaceflight participants” but these apply only to state-supported missions. No national regulations explicitly assign legal responsibility to primary care providers, yet doctors may face liability if screening is inadequate. Significant regulatory gaps persist in China and Japan. Across jurisdictions, consent practices, certification roles, and liability standards vary or remain undefined.

Discussion: The medicolegal framework for commercial spaceflight remains fragmented, and current laws focus more on operators than on clinicians. However, primary care physicians may be drawn into this evolving ecosystem through routine patient care, requiring clarity on their legal exposure, ethical duties, and referral responsibilities.

Conclusion: Policymakers should develop international guidelines clarifying the clinical and legal responsibilities of non-specialist physicians in pre-spaceflight assessments. For now, GPs should follow aerospace medicine best practices, ensure robust informed consent, and document decisions thoroughly when approached for fitness evaluations.

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ID 912- Introduction of short, mobile-friendly e-learnings for general practitioners: first experiences among users

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Context: Systemic arterial hypertension represents the most prevalent morbidity among adults, affecting an estimated 30% of the xxxx population. Its predominantly asymptomatic course contributes to delayed diagnosis and constitutes a major challenge for health systems, particularly regarding adherence to prescribed therapeutic regimens. Current estimates indicate that fewer than half of hypertensive individuals achieve satisfactory medication adherence, resulting in suboptimal blood pressure control and heightened risk of adverse cardiovascular outcomes

Objectives: To identify and synthesize evidence on interventions that enhance adherence to pharmacological treatment for systemic arterial hypertension.

Methods: An integrative literature review was conducted using SciELO, PubMed, and BVS/LILACS databases, targeting studies published between 2015 and 2025. Inclusion criteria comprised full-text articles in Portuguese, Spanish, or English that addressed strategies to promote medication adherence within the context of Primary Health Care. Eight studies met the eligibility criteria and were subjected to qualitative synthesis.

Results: The selected studies demonstrated consistent evidence that multiprofessional

follow-up, electronic reminder technologies, structured health education, and the strengthening of patient–provider relationships were associated with improved adherence. Interventions integrating digital tools and ongoing counseling appeared particularly effective in sustaining long-term treatment engagement. Based on the synthesized evidence, a protocol adapted to local health system conditions was developed

Discussion: The reviewed studies exhibited substantial methodological heterogeneity, including variability in research designs, sample sizes, and adherence assessment instruments. Most samples were small and limited to local settings, restricting external validity. A scarcity of controlled clinical trials and multicenter investigations was noted, alongside a predominance of descriptive designs and isolated interventions, which hampers long-term impact evaluation. The studies highlight notable strengths: diverse, context-sensitive strategies in primary care, creative team adaptability despite structural constraints, and the transformative impact of group education and case-management practices driven by strong patient–provider relationships and continuous communication.

Conclusion: The findings underscore the practical applicability of evidence-based strategies to enhance treatment adherence in Primary Health Care settings. These approaches may inform the planning and implementation of continuous and resolutive care actions for individuals with hypertension, while reinforcing permanent health education and longitudinal monitoring within the xxxx Unified Health System.

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ID 1660- Investigation of the attitudes of nursing staff in Peloponnese hospitals towards telemedicine and health informatics applications

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Context: Dementia remains a non-reversible syndrome, with a prevalence of 6–8% among individuals over 65 years in France, increasing exponentially with age. Memory loss is therefore a major concern among patients over 60. Primary care offers an ideal setting for early detection. The Coeur de Saintonge Health Care Center (CSHCC), a rural multidisciplinary facility with 42 professionals (general practitioners, nurses, pharmacists, midwives, speech therapists, etc.), offers memory-loss screening to all patients over 60, and to younger adults reporting memory concerns. Between September 2024 and September 2025, 104 patients were screened; 68% had normal or sub-normal results (MMSE > 24). Despite reassuring results, many expressed anxiety about developing dementia and requested tools to maintain cognitive functioning.

Methods: Using a multidisciplinary approach, the CSHCC created a therapeutic patient education (TPE) program for patients with normal or mildly sub-normal screening results. On a voluntary basis participants join small groups (max. 8 patients) and complete a 3-month series of themed workshops: * Physiological aging and development of cognitive skills (gerontological psychologist) * Cognitive rehabilitation (speech therapist) * Hearing-loss screening (hearing-aid specialist) * Technical aids (occupational therapist) * Physical activity (activity instructor) * Nutrition (dietician) * Social activity and community engagement (occupational therapist + local association) Two cycles are offered annually. At year's end, both groups participate in a joint session to discuss how they integrated the recommendations into daily life.

Originality: While secondary care programs exist for moderate cognitive impairment, few comparable patient-education initiatives are available in French primary care. This program also strengthened patient engagement with the health center.

Lessons learned and future implications: This program encouraged general practitioners to screen earlier—before overt symptoms appear. The health care center additionally provides

support to participants interested in establishing a community organization with social and cognitively stimulating activities, thereby extending the program's impact and reinforcing local preventive strategies.

Discussion: Short-term evaluations highlighted improvements in social engagement, while long-term follow-up showed that participants proactively addressed broader health issues after completing the program.

Conclusion: The results of long term follow up suggests that a multidisciplinary primary-care TPE program can empower older adults to adopt preventive behaviors and reduce anxiety regarding cognitive decline.

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ID 1657- Investigation of the attitudes of nursing staff in Peloponnese hospitals towards telemedicine and health informatics applications

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Context: Lower limb amputation (LLA) is frequently performed for advanced vascular disease and diabetes and is associated with substantial morbidity and mortality. Contemporary nationwide data from Sweden on survival following first-time LLA have been limited.

Objectives: To investigate national and regional trends in survival time, mortality rates, and associations with amputation level, demographic factors, and comorbidities among all adults undergoing a first LLA in Sweden between 2008 and 2017.

Methods: This national observational cohort study included all individuals ≥18 years experiencing a first LLA (n = 16,757), identified through the Swedish National Inpatient Register and linked to the Cause of Death Register and socioeconomic data. Ten matched controls per case (n = 165,555) were selected by age, sex, region, and calendar year. Survival was assessed using Cox proportional hazards models, adjusted for demographics, socioeconomic status, comorbidities, and region. Outcomes included 30-day, 1-year, 3-year, and 5-year survival, median survival, and cause-specific mortality.

Results: Mortality was significantly higher after LLA compared with controls (adjusted HR (aHR) 3.32–3.69 across amputation levels). Median survival was 1.8 years among amputees versus 8.3 years in controls, and 5-year survival was 24.3% versus 66.2%. High proximal amputations had the poorest outcomes (median 1.0 year; 5-year survival 17.3%). Comorbidities markedly influenced mortality; chronic kidney disease (aHR 1.70), heart failure (1.44), dementia (1.42), and cancer (1.64) were strongest predictors. Diabetes was highly prevalent and associated with increased risk (aHR 1.21). Younger individuals had the highest relative mortality compared with matched controls. Vascular disease and diabetes dominated causes of death among amputees, contrasting with cancer and dementia in controls. Regional differences were modest but significant in several counties.

Discussion: LLA remains a strong marker of advanced systemic disease, and survival varies by amputation level, age, comorbidity burden, and socioeconomic factors. Despite advances in vascular and metabolic care, mortality remains high.

Conclusion: In Sweden, first-time LLA is associated with markedly reduced survival, particularly for high proximal amputations and people with severe comorbidities. These findings highlight the need for intensified preventive vascular care, multidisciplinary perioperative management, and targeted rehabilitation strategies.

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ID 1851- Investigation of the Relationship Between Smartphone Use and Intuitive Eating Behaviour in Medical Students

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Context: People with intellectual disability (ID), defined by limitations in cognitive and adaptive functioning, constitute a substantial subpopulation (1–3%). Their medical problems often differ from the general population, may present atypically, and frequently have a different onset or course. These factors contribute to major health disparities and a higher risk of premature mortality, up to 15 years earlier than people without ID. In many countries, general practitioners (GPs) are responsible for primary care for this group, while they often struggle providing adequate care to this complex patient group. This workshop aims to increase awareness and offer practical guidance to improve equity and quality of care for people with ID.

Objectives: In this session, participants will: - understand key challenges in accurately recognising and documenting ID; - gain insight into how people with ID experience GP care and how their disability is taken into account; - recognise important differences in medical problems and symptom presentation between patients with and without ID; - be able to apply practical strategies to better tailor their care.

Teaching method and workshop: The session will be structured according to four main themes: - Recognising and reporting ID in medical records - Experiences of patients with ID in GP care - Common health problems and atypical symptom presentation - Opportunities to tailor and adapt

Expected outcomes: Participants will: - Recognise challenges in identifying and documenting ID; - Understand key differences in health needs and patient experiences; - Learn and co-create practical strategies to better address specific health needs.

Conclusion: People with ID are a distinct and often underserved group in primary care. This workshop equips GPs with knowledge and practical approaches to reduce disparities and provide more equitable, tailored care to their patients with ID.

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ID 416- Irrational antibiotic therapy for acute bronchitis

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Context: For many family doctors, skincare can feel like a complex and sometimes intimidating topic, especially when faced with an ever-growing list of active ingredients, formulations, and evolving trends. Derma Trivia: Skincare Edition was created to bridge this gap by offering an approachable, enjoyable, and practical way to explore dermatology basics through play. This workshop welcomes participants with all levels of dermatology knowledge, including those who feel they are “starting from zero,” and invites them to learn together in a supportive environment.

Objectives: This workshop aims to: Introduce key skincare actives and their clinical uses in an accessible way. Improve understanding of common product formulations and when they are indicated. Present emerging skincare trends relevant to primary care practice. Strengthen clinical reasoning through short, practical case-based questions. Provide practical tips and tricks that can be immediately applied during consultations. Encourage engagement and

teamwork through competitive, game-based learning.

Teaching method and workshop: The workshop centres on the Derma Trivia board game, which contains six themed categories: • Actives • Formulations • Trends – • Clinical Cases • Tips & Tricks • Miscellanea Each category includes varied card types such as mul

Expected outcomes: Participants are expected to leave with increased confidence in recommending skincare products, understanding actives and formulations, and approaching skincare conversations with clarity and ease.

Conclusion: Derma Trivia: Skincare Edition transforms essential skincare principles into a dynamic, collaborative, and competitive learning experience. By blending concise theory with a playful team-based board game, the workshop empowers family doctors to approach dermatological skincare with confidence, curiosity, and a renewed sense of enjoyment.

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ID 2238- Is an adequate medical history still an essential tool in family medicine?

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Context: Acrometastases are defined as metastatic lesions sited distally to the elbow or knee.

Methods: A 45-year-old man sought consultation at this health center in May/2025. Background: Alcohol-induced cardiomyopathy; Atrial fibrillation; COPD; Former drinker and smoker (85,5 pack-years); Two episodes of pneumonia in the previous year. While awaiting a public cardiology consultation, he had irregular follow-ups with a private cardiologist and a pneumologist. He presented with swelling of the left thumb that had started two months prior. He denied pain. An X-ray requested by a private orthopedist showed a lytic lesion at the base of the distal phalanx – the radiologist suggested an ultrasound. Meanwhile, during his first cardiology consultation in the public system, a coronary CT angiography (CCTA) was requested. Three weeks later, he came back with the result of the ultrasound: Bone tumor with defined margins involving the distal end of the proximal phalanx and most of the distal phalanx. A CT scan and an orthopedic oncology consultation were requested. One month later, he returned to renew his sick leave. At this appointment, he presented two new facial skin nodules that resembled keratoacanthomas, prompting a dermatology referral. Later that day, he went to the ER due to hemoptysis. The CCTA he had done showed extracardiac findings; consequently, a chest CT scan was performed – it revealed a hypodense left hilar lesion. He was hospitalized, and a bronchofibroscopy with biopsy confirmed the malignant etiology of the lesion (epidermoid carcinoma). The face and finger lesions were biopsied and turned out to be metastases. He's currently undergoing immunotherapy and chemotherapy.

Originality: Acrometastases are rare.

Lessons learned and future implications: This case made us aware of an unusual presentation of lung cancer.

Discussion: This patient had a major risk factor for lung cancer – high tobacco load. Although rare, acrometastases are frequently linked to this type of cancer and are associated with a grim prognosis. They can mimic various conditions, leading to misdiagnosis and treatment delays, hence the need for a high index of suspicion.

Conclusion: Family doctors should be aware that distal extremity lesions can represent metastatic disease, especially in high-risk patients.

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ID 1433- Is Specialization compromising the Core Competencies of a family doctor?

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Context: Artificial intelligence (AI) is rapidly gaining importance in healthcare by contributing to diagnosis, decision support, risk prediction, image analysis, and training processes. The growing number of academic studies on AI-based applications in medicine and health sciences indicates that the integration of this technology into clinical practice is strengthening.

Objectives: Examining AI-focused theses in Türkiye both quantitatively and in terms of content is valuable for understanding adoption trends in the health field. Primary healthcare services—characterized by access to broad patient populations, opportunities for early diagnosis, and continuity of care—represent a particularly suitable area for AI use. Evaluating this potential is an important need for the national health system.

Methods: This study was conducted in November 2025 through the "ÖSYM TEZ" platform, where theses in Türkiye are uploaded. Theses in the "Medicine" category that included the term "artificial intelligence" in their titles were screened. They were evaluated through descriptive analysis according to thesis type, year, specialty field, and the purpose of AI use. In addition, theses related to primary healthcare services and the family medicine specialty were thematically grouped under a separate category.

Results: A total of 179 AI-themed theses produced between 2008 and 2025 show that thesis output has increased rapidly, especially in recent years. While only five theses were produced between 2008 and 2020, 97% were completed after 2021, with the highest concentration in 2023–2025 (84%). More than half of the theses were medical specialty theses (53.1%), followed by dentistry (20.1%), doctoral theses (14%), and master's theses (12.8%). AI applications were most frequently used for diagnostic and measurement purposes (25.7%), followed by risk prediction (10.1%), education–rehabilitation (13.4%), and attitude–anxiety studies (6.1%). Eight theses in family medicine were grouped into four themes: diagnostic applications, education–attitude studies, evaluation of large language models, and polypharmacy management.

Discussion: AI theses in Türkiye have rapidly increased, focusing on clinical fields; family medicine involvement is emerging, but broader applications and prospective studies are still needed.

Conclusion: AI-themed theses in Türkiye have increased markedly after 2021, are concentrated in clinical areas, and hold significant potential for supporting early diagnosis, continuous care, and educational processes

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ID 1117- Is what I see really what I see?

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Context: Functional gastrointestinal disorders (FGIDs), including irritable bowel syndrome (IBS) and functional dyspepsia, are common in primary care and significantly affect daily functioning. Dietary patterns are central to symptom fluctuation. Ayurvedic dietary regulation (ahara chikitsa) emphasizes individualized guidance on food quality, timing, combinations, and digestive support, offering a potentially low-cost, non-pharmacological adjunct to routine care.

Objectives: To evaluate the impact of ayurvedic dietary counselling on symptom severity and quality of life among young adults with FGIDs.

Methods: A prospective interventional study was conducted among adults aged 18–35 years diagnosed with FGIDs using Rome IV criteria. Participants received individualized dietary counselling based on ayurvedic principles, including structured meal timing, avoidance of incompatible food combinations, personalized diet charts, and digestive-supportive practices. Outcomes were assessed at baseline and at 4-week follow-up using the Symptom Severity Score (SSS), Gastrointestinal Quality of Life Index (GIQLI), and a patient-reported overall improvement scale. Pre–post changes were analyzed using paired t-tests.

Results: Among 40 participants, 37 completed follow-up. Mean SSS reduced from 315 to 184 ($p < 0.001$), and mean GIQLI improved from 82.6 to 104.3 ($p < 0.001$). A total of 81% of participants reported reduced bloating and 76% noted improved bowel regularity. No adverse effects were reported. Participants described high acceptability and satisfaction with a personalized, food-based approach.

Discussion: Ayurvedic dietary counselling was associated with clinically meaningful improvements in FGID symptoms and quality of life within a short timeframe. The individualized, non-pharmacological nature of the intervention aligns with patient-centered and preventive primary care principles.

Conclusion: Ahara chikitsa appears to be a feasible, acceptable, and effective dietary adjunct for managing FGIDs in young adults. Further controlled studies may support broader incorporation of tailored dietary guidance into primary care practice.

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ID 2068- It's Time! To Be Tested: Strengthening Local Tuberculosis Detection Through Community-Oriented Primary Care

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Context: Wound care is a common task in family medicine, covering chronic ulcers, injuries, burns, and post-surgical wounds. In many primary-care settings, the high cost and limited supply of advanced dressings slow healing and widen care gaps. Honey, with its antimicrobial and healing properties, offers a practical alternative that fits these real-world constraints. However, primary-care experience using honey dressings is still rarely reported.

Methods: This reflection integrates routine wound management in primary care during 2024–2025 with an evidence-informed comparison of peer-reviewed studies published from 2018–2025. Across approximately 60 cases, honey was applied after saline cleansing and covered with non-adherent gauze, with dressing changes every 24–48 hours. Outcomes were monitored through serial wound assessments. In parallel, findings were compared with randomized trials and meta-analyses evaluating wound-area reduction, infection clearance, healing time, and pain.

Originality: While most studies on honey dressings originate from tertiary wound-care centers, this reflection highlights an underrepresented perspective: the integration of honey dressings within frontline family medicine. The experience demonstrates that honey is clinically effective, culturally acceptable, feasible for home-based care, and 30–50% more cost-saving than commercial dressings—advantages rarely emphasized in the literature. This model is highly scalable for low-resource primary care environments.

Lessons learned and future implications: Clinical observations showed 25–40% wound-area reduction by day 14, early granulation by days 4–7, fewer signs of infection, and a 1–2 point drop in pain scores. Patients adhered well to home dressing changes, costs were 30–50% lower than advanced dressings, and referrals to secondary care decreased.

Discussion: Honey's biological actions—osmotic debridement, low-level hydrogen peroxide activity, acidic pH, and anti-inflammatory effects—combined with affordability and accessibility, align closely with core principles of family medicine: continuity of care, equity, practicality, gatekeeping, and patient empowerment. This low-cost, evidence-informed intervention enhances the capacity of family physicians to provide effective wound care despite resource limitations.

Conclusion: Honey-based dressings represent a safe, effective, and feasible wound-care option for primary care. Their integration can accelerate healing, reduce costs, strengthen patient participation, and support more equitable wound management in underserved communities. This experience supports

adopting honey-based protocols as a practical component of routine family medicine practice.

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ID 1193- Jurisdiction, Consent, and Clinical Responsibility in Pre-Flight Medical Screening for Space Travelers: A Review of Legal and Policy Literature Relevant to Primary Care

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Context: The increasing availability of synthetic opioids such as fentanyl poses new challenges for primary care–based opioid substitution treatment (OST). Traditional supervised dosing models can be resource-intensive and may create barriers for younger patients with emerging opioid use disorder (OUD). Long-acting buprenorphine depot formulations offer a promising alternative for a safe provision and low barrier access to OST. Buprenorphine—particularly when delivered via long-acting depot formulations—may reduce fentanyl-induced respiratory depression due to its high μ-opioid receptor affinity, partial agonism, and stable plasma levels. Evidence from studies suggests that adequate buprenorphine receptor occupancy can attenuate respiratory depression caused by fentanyl. However, real-world data from primary care settings remain limited.

Methods: A practice-based reflection was conducted using a combination of case-based observations, team discussions, and informal patient feedback gathered over a six-month implementation period. Key domains included clinical safety, workflow integration, patient engagement, and perceived impact on treatment adherence.

Originality: To reflect on the introduction of depot buprenorphine in a general practice setting, identify barriers and facilitators, and derive practice-relevant lessons for improving access and patient safety

Lessons learned and future implications: The introduction of depot buprenorphine led to improved medication adherence among patients at risk of fentanyl exposure and reduced concerns about diversion and misuse. The reflective process highlighted the importance of lowering access barriers and adopting a harm-reduction framework within primary care.

Discussion: The growing availability of synthetic opioids increases the risk of fatal overdoses. Depot buprenorphine offers a promising strategy to reduce this risk when implemented in low-threshold primary care settings. However, structural barriers and limited real-world data currently impede broad implementation and equitable coverage.

Conclusion: Practice-based reflection demonstrated that implementing long-acting buprenorphine in general practice is feasible, safe, and beneficial for patients with complex opioid use patterns. Adopting a non-paternalistic, harm-reduction–oriented approach can significantly improve the quality and accessibility of OST. These findings may guide other primary care settings facing increasing fentanyl-related risks.

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ID 841- Key Considerations in the Design of a Sentinel Network for Drug Use: Qualitative Findings

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Context: Severe anemia in young women is a significant public health concern but is often approached solely through a biomedical lens. This practice-based reflection examines challenges of equity, patient autonomy, and humanism encountered while managing a young woman whose severe anemia was critically shaped by financial stress, family dynamics, and mistrust of the healthcare system.

Methods: A 22-year-old psychology student from a low socioeconomic background presented to with hypopigmented macules on back. She reported severe fatigue, weight loss, hair loss, pruritis and menorrhagia.

Examination revealed marked pallor. Her mother, the primary communicator, was distressed but resistant to further investigations, citing prior traumatic hospital experiences, financial hardship, and religious beliefs. Cost-prohibited barries led to only a CBC, revealing a hemoglobin level of 5.6 g/dL. Despite medical indications for urgent hospitalization and transfusion, the family firmly declined.

Originality: Management of severe anemia is typically protocol-driven; however, this case highlights the clinician's deliberate shift toward a harm-reduction approach. Rather than functioning solely as a specialist diagnostician, the physician navigated the tension between medical necessity and the patient's stated liberty—her refusal of hospitalization and transfusion. This reflection focuses on negotiating care within the patient's constraints, emphasizing humanism, empathy, and practical problem-solving instead of strict adherence to biomedical expectations.

Lessons learned and future implications: This case illustrates the ethical and systemic complexities that arise when biomedical priorities conflict with lived realities. The patient's refusal was a symptom of fear, inequity, mistrust and not non-compliance. By prioritizing a non-judgmental, humanistic approach, the clinician built sufficient trust for the family to disclose their true barriers. Within these constraints, a negotiated outpatient plan using oral iron, vitamin c, dietary changes became the only feasible option. The case underscores the essential role of longitudinal, trusted primary care in identifying and mitigating biopsychosocial barriers long before they escalate into emergencies.

Discussion: The case demonstrates that respecting autonomy while minimizing harm can be the most realistic path in inequitable contexts. Humanistic engagement enabled meaningful disclosure and feasible management.

Conclusion: This reflection exposes how equity gaps can turn a treatable condition into a crisis. For general practitioners, success lies not merely in clinical correction but in empowering patients within their socioeconomic realities.

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ID 1949- Knowledge and Performance of Basic Life Support among Primary Health Care Professionals: An Integrative Review

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Context: Current genetic risk scores for COVID-19 are derived mainly from European populations, creating a "health equity gap" for Asian patients in primary care. Furthermore, the biological basis of "Long COVID"—particularly the "brain fog" and fatigue frequently managed by General Practitioners (GPs)—remains poorly defined, limiting targeted management strategies.

Objectives: To identify population-specific genetic risk factors for COVID-19 severity and post-acute sequelae in a multi-ethnic Asian cohort (Chinese, Malay, Indian) to improve risk stratification in primary care.

Methods: We analyzed Whole Genome Sequencing (WGS) data from 45,797 individuals in a national cohort, linked to comprehensive national administrative health records. We performed ancestry-stratified GWAS and meta-analysis for acute phenotypes (Susceptibility, Severity) and Long COVID (Neurological, Cardiovascular). Cross-phenotype gene-burden tests (MAGMA) were conducted with Influenza and Invasive Bacterial infections to identify broad-spectrum host defense mechanisms relevant to community-acquired infections.

Results: We identified 10 genome-wide significant loci. For acute severity, we identified a novel risk locus in ADAMTS5 (P = 4.1 x 10-10), a metalloproteinase governing lung tissue remodeling. Cross-phenotype analysis revealed ANKS1B as a putative pleiotropic risk factor associated with susceptibility to Influenza, Invasive Bacterial infections, and COVID-19 (P = 4.1 x 10-9). Crucially, for Long COVID, we identified GRID2 (P = 9.7 x 10-10)—a cerebellar

glutamate receptor—as a top risk factor for post-acute neurological sequelae.

Discussion: The identification of ANKS1B suggests a subset of patients possesses a "pan-susceptible" mucosal barrier defect, making them "frequent flyers" for viral and bacterial respiratory infections in the community. Furthermore, the association of GRID2 with Neurological Long COVID supports a "Synaptic Failure" hypothesis for post-viral brain fog, moving the field beyond vague inflammation theories toward specific neural targets relevant to cognitive rehabilitation.

Conclusion: This study underscores the critical importance of non-European cohorts in refining genetic risk stratification. The findings support a precision medicine approach where GPs could prioritize individuals with "Pleiotropic" risk variants for broader vaccination strategies (e.g., Influenza and Pneumococcal) alongside COVID-19 prevention.

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ID 1586- Knowledge, Attitude and practices on Antibiotic use among HealthCare Professionals in Pakistan

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Context: Oscillometry is becoming increasingly widespread because it allows lung function tests to be performed independently of patient cooperation. This procedure could enormously improve diagnostic decision making in primary care. However, the diagnostic accuracy with which asthma, COPD and, more generally, airway obstruction can be predicted remains unclear up to now.

Objectives: The aim was to determine the diagnostic accuracy of oscillometry for the detection of airway obstruction, and for the differential diagnosis of asthma and COPD.

Methods: Cross sectional diagnostic study. We consecutively recruited patients who came to a large pulmonologist's practice in ambulatory care in Munich for a routine examination. Index test: First, oscillometry was performed (key biomarkers: R5, R5-20, AX). Reference standard: After that, routine investigation with whole body plethysmography was performed. An obstructive airway disease was diagnosed when Forced Expiratory Volume in the first second / Vital Capacity (FEV1/ VC) was < 0.70. Two by two tables will be calculated to determine sensitivity, specificity, positive and negative predictive values for the detection of airway obstruction. Subgroup analyses are performed to determine the diagnostic accuracy for asthma and COPD.

Results: The recruitment process has been successfully completed. From early August to late October 2025, a total of 500 patients were recruited.

Discussion: The data is currently being entered and analysed. The final results will be presented at the conference.

Conclusion: The results of this large-scale diagnostic study in ambulatory care can help to better assess the diagnostic usefulness of oscillometry for primary care.

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ID 863- Knowledge, attitudes and beliefs toward polypharmacy among older people attending family medicine clinic in XXX

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Context: Laceration repair is a frequent procedure in primary care and emergency settings, yet significant variability exists in technique selection, infection-prevention practices, and wound management skills.

Evidence shows that outcomes depend more on preparation, irrigation, and tension control than on the specific closure material used. However, many clinicians receive limited structured training after medical school, leading to inconsistency in clinical practice and reduced confidence. This workshop addresses this gap through an evidence-based, hands-on session integrating current best practices, updated international recommendations, and practical procedural skills.

Objectives: Participants will: Identify principles of wound assessment, preparation, irrigation, and anaesthesia based on current scientific evidence. Select appropriate closure techniques for different wound types and anatomical locations. Perform key suturing techniques, including simple interrupted, running, mattress, and deep dermal sutures, with correct tension management and wound edge eversion. Compare sutures, staples, and tissue adhesives and apply evidence-based criteria for choosing each method. Recognize complications and know when referral or specialist involvement is required.

Teaching method and workshop: Teaching methods The workshop will use a combination of brief evidence-based presentations, live demonstrations, structured hands-on practice on simulation material, small-group supervised skills stations, and facilitated peer feedback. Participants will

Expected outcomes: Participants will leave with improved procedural confidence, the ability to select appropriate techniques for common lacerations, and stronger understanding of evidence-based wound management. They will acquire transferable skills applicable across primar

Conclusion: This workshop provides a practical, interactive, and evidence-based approach to improving suturing skills in primary care. By combining updated scientific guidance with supervised procedural training, it supports safer, more consistent, and more effective wound management in everyday practice.

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ID 175- Lack of training means that sarcomas are diagnosed late.

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Context: POSTER TITLE: PARESTHETIC NEURALGIA Reason for Consultation: A 51-year-old woman presents with localized itching on her back that has been evolving over time, with a brownish skin lesion. Physical Examination: Smooth hyperpigmented area on the right scapular region with excoriation due to scratching. Altered sensation (hyperesthesia). Diagnostic Orientation: Dorsal sensory neuropathy caused by compression or irritation of the dorsal branches of the spinal nerves, manifesting as localized itching and secondary lesions. The diagnosis is usually clinical; MRI and other tests are only useful if vertebral pathology is suspected. Treatment: General measures: avoid heat, friction, and keep the skin hydrated. Topical treatment: capsaicin. Pharmacological treatment: gabapentin. Conclusions: This is an underdiagnosed condition that should be considered in patients with chronic localized itching (>6 weeks) in the scapular region and secondary hyperpigmentation due to scratching, without infiltration into primary dermatological lesions. The clinical diagnosis remains the main tool, and recognizing it early can improve patient outcomes by offering potential treatments to improve the patient's quality of life.

Methods: This article presents a primary care case of paresthetic notalgia, highlighting the diagnosis, management, and strategies to improve patient quality of life, while contributing to clinical knowledge in family medicine.

Originality: This article is original, based on observations from a clinical case

Lessons learned and future implications: This case highlights the importance of considering paresthetic notalgia in patients with chronic localized pruritus, reinforcing the value of careful clinical evaluation and timely management.

Discussion: Paresthetic notalgia is often underdiagnosed in primary care. Early recognition allows for effective management and improved patient outcomes, emphasizing the need for clinical awareness of this condition

Conclusion: This article presents a clinical case from primary care to highlight the diagnosis and management of paresthetic notalgia, a frequently underdiagnosed condition. It emphasizes recognizing chronic localized pruritus with secondary lesions, and discusses management strategies to improve patient quality of life, contributing to clinical knowledge in family medicine

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ID 2213- Language barriers in Polish primary care: a national physician survey

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Context: Obesity is a known risk factor for several cancers, but its association with gastric cancer (GC) remains inconsistent.

Objectives: We evaluated the association between metabolic–body mass index (BMI) phenotype and GC incidence in a large population, with a focus on sex and menopausal status, given hormonal influences on cancer risk.

Methods: This retrospective cohort study used data from the Korean National Health Insurance Service. We included 4,441,403 adults who underwent health screening in 2012 without a prior history of cancer. Participants were classified into four metabolic–BMI phenotypes: metabolically healthy normal weight (MHN), metabolically healthy obesity (MHO), metabolically unhealthy normal weight (MUN), and metabolically unhealthy obesity (MUO). Cox proportional hazards models were used to estimate adjusted hazard ratios (aHRs) and 95% confidence intervals (CIs) for GC risk.

Results: During a mean follow-up of 9.0 years, 32,964 individuals (0.7%) developed GC. Compared with MHN, MUN (aHR 1.04, 95% CI 1.01–1.07) and MUO (aHR 1.10, 95% CI 1.07–1.14) were associated with higher GC risk. Among males, risk increased progressively across the MHO, MUN, and MUO groups (aHR 1.16, 95% CI 1.12–1.20 for MUO). Among females, no significant associations were observed before menopause; however, postmenopausal MUO was associated with increased GC risk (aHR 1.11, 95% CI 1.05–1.18). In a sensitivity analysis with a 5-year landmark period, associations were slightly stronger. Stratified analysis showed consistent results across subgroups.

Discussion: This large-scale, nationwide cohort study of over 4.4 million Korean adults provides robust evidence that MUO and MUN are associated with an elevated risk of GC. Notably, we found this risk to be more prominent among males and postmenopausal females, underscoring the influence of metabolic health and hormonal status in GC pathogenesis.

Conclusion: Metabolic–BMI phenotype is an important predictor of GC risk. Identifying high-risk individuals—particularly males and postmenopausal females with metabolic abnormalities—may enhance prevention and screening strategies.

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ID 974- Latent autoimmune diabetes in adults (LADA) and autoimmune limbic encephalitis: case report and implications for primary care diagnosis

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Context: A 36-year-old woman with no significant past medical history presents after a prolonged walk with blistering and ulcerative lesions on the toes accompanied by swelling. She reports fever and generalized malaise. Suspected skin infection with systemic involvement; therefore, the patient is referred to the hospital service

Methods: She presents leukocytosis of 24,000 and a CRP of 10. Amoxicillin/clavulanate 875/125mg is initiated. Given progression to

eschars and hypotension, septic shock is suspected and she is admitted to the ICU The skin becomes necrotic, and the CT scan shows significant fat stranding. Surgical debridement is performed under general anesthesia.

Originality: This case is original because it describes necrotizing fasciitis following a long-distance walk along the Camino de Santiago in a previously healthy young adult, highlighting an unusual trigger and presentation of a rare but life threatening condition.

Lessons learned and future implications: The importance of early recognition of necrotizing fasciitis in otherwise healthy individuals after prolonged physical activity, prompt initiation of broad-spectrum antibiotics, and rapid surgical intervention to prevent progression to septic shock.

Discussion: Necrotizing fasciitis can affect healthy individuals after minor trauma. Clinical suspicion is key, supported by imaging when necessary. Prompt treatment significantly improves outcomes..

Conclusion: Necrotizing fasciitis, although rare in healthy individuals, can occur after minor trauma from prolonged physical activity. Early recognition, timely antibiotic therapy, and urgent surgical debridement are essential to reduce morbidity and prevent fatal outcomes.

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ID 1011- Leadership: Identifying stressors with a focus on self-competency assessment and resilience

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Context: Vitamin D deficiency is widespread globally, particularly in southern Europe including Portugal, despite abundant sunlight. Concurrently, growing evidence supports the combined use of vitamins D and K to improve calcium metabolism, skeletal integrity, and vascular health. General practitioners often prescribe vitamin D, but may overlook the co-factors needed to optimize its effect.

Objectives: To synthesize current evidence on the clinical benefits of combining vitamins D and K, and to assess prevalence and regional patterns of vitamin D deficiency with implications for preventive care in European general practice.

Methods: We reviewed peer-reviewed meta-analyses, observational studies, and clinical trials published since 2020, using databases such as PubMed and Scopus. We included studies on adult populations with emphasis on elderly and health-conscious younger adults. Topics covered include biochemical synergy, bone and cardiovascular outcomes, and regional deficiency trends.

Results: Vitamin D and K co-regulate calcium deposition: D enhances absorption while K (particularly K2) activates proteins like osteocalcin and matrix Gla protein. Combined supplementation improves bone mineral density more than D alone and may reduce vascular calcification. Vitamin D deficiency affects 47–65% of adults in Europe; rates exceed 60% in Portugal, especially in winter and among the elderly. Northern European countries often report higher D levels due to fortification. Evidence suggests young adults also show substantial deficiency due to indoor lifestyles. While D is routinely supplemented, K is rarely co-prescribed despite its mechanistic importance.

Discussion: The combined use of D and K addresses the "calcium paradox"—ensuring calcium reaches bones without damaging arteries. This synergy is particularly relevant in populations at risk for osteoporosis or cardiovascular disease. For general practice, this highlights the need for updated supplementation practices, especially in regions with high deficiency rates and aging populations.

Conclusion: General practitioners should consider co-supplementing vitamin K2 with D3 in high-risk patients, particularly in southern Europe. Targeted patient education and seasonal dosing strategies may improve long-term musculoskeletal and vascular outcomes.

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ID 1411- Leading AI Responsibly in Primary Care : Exploring the Unspoken Impacts.

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Context: Remote consultations are commonplace in primary care. However, guidance for clinicians is reportedly limited, with clinicians using 'rules of thumb' to make decisions. Previous reviews have been condition-specific or not specific to primary care.

Objectives: This scoping review aimed to identify professional guidance for primary care clinicians in OECD countries for delivering safe care via telephone and video, including guidance for specific population groups and conditions judged to be higher risk.

Methods: A grey literature search of guidance issued by professional organisations and national health bodies was carried out via targeted webpage and google searches. Documents published from 2020 onwards were considered for inclusion. One reviewer screened documents at title/abstract stage. Two independent reviewers performed full text screening and extraction. A framework developed for the planning and evaluation of remote consultation services (PERCS) was selected as a basis for extraction.

Results: Guidance from 31 documents across 12 countries and 1 international organisation (WHO) was mapped against categories relating to safety: the reason for consulting; the clinical relationship; patient factors and safeguarding. Potentially high-risk conditions were reported as inappropriate for remote consultation; whilst follow ups, chronic-disease monitoring, minor illnesses and skin conditions were appropriate. Guidance varied with respect to mental health care. Patient factors for consideration included language barriers, hearing difficulty, safeguarding and capacity concerns. The use of communication aids and presence of a support person (e.g. family member) were suggested mitigations. A pre-existing GP-patient relationship was deemed important when considering suitability.

Discussion: Guidance varied in detail but generally agreed that clinicians were responsible for determining the safety of remote consultation. This is the first scoping review exploring guidance for virtual consultations specifically for primary care within OECD countries and had no language limitations. Further advice may be available within clinical guidance for specific conditions and learning resources which were not included.

Conclusion: Findings of this review form the basis of research to improve safety and equity across patient groups. Those developing clinical guidance should ensure it is fit for purpose. Further research could look to identify gaps in guidance and explore whether any safety framework for telephone or video consultation would assist in caregiving.

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ID 1012- Learning About Integrated, Person-Centered Care in Primary Health Care: Dialogues with Family Medicine

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Context: In primary care, musculoskeletal complaints are among the most frequent reasons for consultation. While most cases reflect benign mechanical pathology, a small part may represent early manifestations of systemic autoimmune disease. Recognising warnings signs, patients health education and ensuring timely reassessment are essential roles of the family doctor.

Methods: A 63-year-old man attended an urgent consultation at a Primary Health Care Center with a 2-week history of low back and right hip pain radiating to the thigh after exertion. Examination suggested a mechanical

cause and symptomatic treatment was provided. As part of standard care, the patient was informed of the warning signs that should prompt urgent reassessment. Three days later, the patient presented to the emergency department with persistent myalgias, cervical pain, and fever. Laboratory tests revealed marked inflammatory responses, with widespread pain disproportionate to physical findings. Extensive imaging and infectious analyses showed no source. During hospitalisation, inflammatory markers rose despite empirical antibiotics. MRI of the lower limbs showed multifocal edema and autoimmune analysis revealed a strongly positive anti-Jo-1 antibody, leading to the diagnosis of antisynthetase syndrome. Corticosteroid therapy produced a rapid improvement. The patient was discharged for follow-up with Internal Medicine and Primary Health Care physicians.

Originality: Anti-synthetase syndrome is rarely first detected in primary care. Published reports describe presentations with interstitial lung disease or myositis. In contrast, this case initially mimicked common mechanical pain without respiratory involvement or elevation of muscle enzymes, which is unusual. This highlights the diagnostic challenge for physicians.

Lessons learned and future implications: Persistent or atypical musculoskeletal pain, especially with systemic symptoms, should prompt diagnostic reconsideration. Providing follow-up safety advice remains essential, as demonstrated here with clear communication of alarm signs that allowed effective patient guidance. Long-term primary-care follow-up is crucial for monitoring immunosuppression, infection prevention, comorbidity management, and patient education.

Discussion: Early recognition of red flags, appropriate escalation of care and multidisciplinary collaboration are key to improving outcomes in rare conditions that first present as seemingly routine primary-care problems.

Conclusion: This case illustrates the difficulty of identifying rare autoimmune myopathies in a clinical context largely characterized by benign musculoskeletal complaints highlighting the importance of the continuity of care and the multidisciplinary collaboration.

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ID 174- Leber Hereditary Optic Neuropathy (LHON) Plus: A Case Report

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Context: Primary care increasingly depends on hybrid environments that integrate artificial intelligence, clinical decision-support systems, digital infrastructures, and distributed information flows. These forms of non-biological agency generate clinically relevant actions but fall outside the traditional life-centered foundations of bioethics. This results in responsibility gaps in areas such as algorithmic triage, automated alerts, digital diagnostic systems, and human–machine shared decision-making. A framework capable of grounding ethical relevance in agency rather than biological life is needed to support safer and more accountable practice in general medicine.

Objectives: This study aimed to develop and evaluate Agenoethics, a conceptual framework that grounds ethical responsibility in agency (agens) rather than life (bios). The primary objective was to assess whether this model offers clearer responsibility attribution in primary care contexts involving human, technological, and hybrid actors.

Methods: Structured conceptual analysis conducted using: - historical clinical ruptures (e.g., transplantation, IVF, genome editing) to test the limits of life-based ethical models; - philosophical analysis drawing from action theory, responsibility theory, and autonomy; - cross-domain case analysis involving artificial intelligence, digital infrastructures, and distributed decision-making in primary care; - construction of an Ethical Continuum Model tracing responsibility through decision, action,

effect, self-realisation, and reassessment; - development of two operational tools applicable to general practice: the Concentric Responsibility Map and the Responsibility Index Matrix.

Results: Findings indicate that ethical salience arises from agency with causal or probabilistic influence, regardless of whether the agent is biological. Vulnerability functions as a horizon that scales ethical weight but does not ground it. Responsibility in primary care emerges as a recursive process rather than a single event. The mapping tools identified responsibility gaps in algorithm-assisted diagnostics, telemedicine infrastructures, and distributed clinical workflows of contemporary general practice.

Discussion: Re-grounding ethics in agency clarifies responsibility relationships in environments where clinical reasoning is shared between humans and technological systems. This approach complements existing bioethical principles while addressing modern challenges such as automation, opacity, and distributed agency.

Conclusion: Agenoethics offers a coherent and operational ethical foundation for primary care in technologically mediated environments. By centering ethics on agency rather than biological life, the framework enhances accountability and supports safer and more transparent clinical practice.

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ID 2302- Left Ventricular Hypertrophy Among Patients With Type 2 Diabetes: A Retrospective Analysis in a Saudi Population

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Context: General practitioners frequently encounter innovative clinical solutions that could benefit significantly more patients if successfully commercialized. However, most GPs lack frameworks for translating clinical insights into sustainable revenue streams. Primary care innovation remains underutilized despite representing the majority of healthcare encounters globally. Traditional approaches focus on academic publishing rather than practical commercialization, missing opportunities to improve patient outcomes through scalable solutions. This workshop addresses the critical gap between clinical expertise and commercialization success.

Objectives: By the end of this workshop, participants will: 1. Apply the Research-to-Revenue (R2R) framework to evaluate clinical innovations for commercialization potential. 2. Master decision matrices for intellectual property protection (patent vs. trade secret), specific to healthcare settings. 3. Calculate key financial metrics (LTV/CAC ratios, NPV, rNPV) to assess venture viability using real clinical examples. 4. Navigate regulatory pathways (FDA, EMA) appropriate for primary care innovations. 5. Design actionable go-to-market strategies for healthcare solutions.

Teaching method and workshop: Welcome & Framework Introduction: 5 min Interactive Case Studies: 20 min Participants work in small groups analyzing three real clinical innovations (AI-powered diagnostic tool, digital therapeutic platform, patient engagement system). Hands-on Financ

Expected outcomes: Participants will develop practical commercialization roadmaps for healthcare innovations, including financial projections, regulatory timelines, and IP strategies. They will gain confidence in evaluating clinical opportunities, accessing funding pathways

Conclusion: This workshop bridges the gap between clinical expertise and commercialization success, enabling GPs to transform innovative patient care approaches into scalable healthcare solutions. By applying structured R2R frameworks, participants can maximize both patient impact and professional fulfillment while addressing primary care's commercialization challenges.

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ID 1552- Les masses surrénaliennes : Profil clinique, paraclinique, étiologique, thérapeutique et évolutif : A propos de 101 cas

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Context: In Europe, recent reports highlight a sustained rise in mental health problems, particularly depression and anxiety, over the past decade, driven by social, economic, and cultural factors such as job insecurity, inequality and loneliness. In Spain healthcare services cannot always meet the growing demand for mental health care with adequate speed or depth. This situation underscores the need for preventive, community-based, and intersectoral strategies in order to identify barriers, needs, and opportunities that are not visible in epidemiological data.

Objectives: This study aims to contribute to the co-creation of strategies that improve the prevention, early detection, and treatment of depression and anxiety in Aragón by generating context-specific knowledge to guide healthcare, educational, social, and community institutions. The general objective is to identify and analyze intervention proposals from health and education professionals, people with current or past diagnoses of depression and/or anxiety, and their families.

Methods: An exploratory qualitative study was conducted to gather the perspectives of key informants regarding potential strategies for the prevention and treatment of these conditions in Aragón. 25 participants from varied sectors (patients, family members, psychiatrists, psychologists, social workers, family doctors, nurses, educators among others) were recruited across three provinces through purposive sampling. Data was collected through semi-structured interviews on the following topics; 1) perceived differences in incidence, causation and treatment by gender, age, and social determinants of health, 2) perceived needs; 3) prevention; 4) treatment and care; 5) implementation of proposed interventions. An inductive thematic content analysis informed by grounded theory will be used and resulting intervention proposals will be assessed through a SWOT analysis.

Results: Preliminary analyses indicate recurrent concerns, including insufficient resources, limited time, and understaffing in primary care. Participants also highlighted the strong influence of social and economic determinants on mental health outcomes and on the feasibility of effective prevention and treatment strategies.

Discussion: Improving mental health in Aragón requires both better-resourced services and policies addressing structural social and economic vulnerabilities.

Conclusion: Active participation from intersectoral actors in designing intervention proposals allows for more relevant, feasible, and effective prevention and treatment of depression and anxiety in specific territories, facilitating the intersectoral coordination required for implementation.

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ID 1083- Let's talk about biodiversity with patients!

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Context: Urban primary care clinics increasingly encounter patients seeking cannabidiol (CBD) for sleep disturbances, anxiety, stress-related symptoms, chronic pain, and women's health concerns. CBD lies at the intersection of clinical medicine, legal regulation, product quality, public understanding, and ethics. In several East Asian settings, regulatory and quality standards are still evolving, creating uncertainty in routine clinical practice.

Objectives: To describe the real-world experience of CBD-related consultations in an urban primary care clinic and to identify patient

needs, regulatory barriers, and ethical considerations in a rapidly changing healthcare environment.

Methods: Cases were extracted from an urban primary care clinic located in a major metropolitan area in East Asia, where patients presented specifically to request CBD prescriptions or seek guidance regarding CBD use. Each case was analyzed for presenting symptoms, safety concerns, and informational needs. In parallel, domestic and international regulatory documents were reviewed to compare legal classifications, product quality standards, and levels of public literacy.

Results: The most common patient concerns were sleep disturbances, anxiety, stress-related symptoms, and women's health issues. Patients sought neutral and medically grounded explanations regarding potential benefits, risks, drug–drug interactions, and product variability. In the local context, inconsistent product standards and ongoing changes in legal classification contributed to widespread misunderstanding and safety concerns. For clinicians, the absence of standardized product testing and clear oversight mechanisms further complicated clinical judgment and risk assessment.

Discussion: CBD may offer supportive benefits for selected conditions; however, fragmented regulations, variable product quality, and limited long-term data create barriers to safe use. Differences in national health systems and cultural and ethical expectations further contribute to variation in clinical integration. Primary care physicians must carefully balance patient autonomy with safety amid commercial influences and regulatory uncertainty.

Conclusion: The integration of CBD into urban primary care requires careful attention to legal context, product quality, safety, and ethical responsibility. Primary care clinicians play a key role in providing unbiased information and supporting shared decision-making. Strengthened regulatory standards, improved product oversight, and international knowledge exchange are essential for establishing safe and equitable cannabinoid care.

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ID 2303- Leveraging Explainable Machine Learning to Predict Diabetes Remission After Bariatric Surgery

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Context: Syncope is a brief and sudden loss of consciousness associated with loss of postural tone with spontaneous recovery. It remains a challenging presentation to primary care. Both cardiac and autonomic causes can lead to syncope. Important differential diagnoses include seizure, migraine, hypoglycemia, toxin exposure, functional disorder and nacrolepsy. In younger adults, it is often attributed to benign autonomic causes. However, life-threatening cardiac conditions may be missed, particularly in primary care where initial presentations are nonspecific. Keywords: syncope; sinus pause; Holter monitor; younger adult; primary care

Objectives: I'm presenting a case of syncope to highlight the importance of maintaining clinical vigilance for cardiac conduction disorders in middle aged patients without typical risk factors.

Methods: I will describe a clinical case and quality improvement review from a primary care–hospital collaboration. A previously healthy middle aged woman presented with recurrent syncopal episodes over one week. Initial evaluations, including clinical examinations, routine ECG, blood work, respiratory viral swab PCR, CT head, CT carotid angiogram (Circle of Willis), were unremarkable. Owing to persistence of symptoms, a 24-hour Holter monitor was arranged through primary care.

Results: 24-hour Holter monitoring revealed total of five sinus pauses ranging from 2.0-4.3 seconds with the longest pause of up to 9 seconds. The patient underwent urgent cardiology assessment and permanent pacemaker implantation at a private hospital, with complete resolution of syncopal episodes.

Discussion: Even in younger patients, cardiac conduction disorders such as sinus pause should remain an important differential diagnosis for recurrent syncopes.

Conclusion: Early use of Holter monitoring in primary care can be lifesaving and improve diagnostic efficiency through timely referral.

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ID 141- Lifestyle factors and cardiometabolic diseases as possible predictors of accelerated muscle loss in Korean middle-aged and older men

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Context: Medication non-adherence - defined as the failure to take medicines as prescribed - remains a significant challenge in primary health care (PHC). Its consequences are wide-ranging, including poorer clinical outcomes, avoidable healthcare utilisation, increased medication waste, and substantial economic and environmental burden. Despite the availability of high-level recommendations, PHC teams often lack practical, user-friendly tools that can support the systematic integration of adherence management into routine workflows.

Objectives: To develop a concise, practice-oriented handbook that provides clinicians and other PHC professionals with actionable steps to identify, address, and monitor medication non-adherence during routine care.

Methods: This project follows a multi-phase development process informed by international collaboration. An interdisciplinary Advisory Board consisting of healthcare professionals, patient representatives, and delegates from representatives from key global professional communities including ESPACOMP was convened. The handbook structure was co-designed through iterative consultations, beginning with an initial needs assessment conducted in early 2026. Planned stages include outline development, expert review at the WONCA Europe 2026 conference, chapter drafting, targeted consultations, and final consensus approval in February 2027. The resulting content will synthesize evidence-based adherence interventions, behavioural frameworks, and feasible monitoring strategies suited to real-world PHC settings.

Results: Preliminary outputs indicate strong alignment between PHC needs and the proposed handbook. Key components include: shared decision-making and co-creation of medication plans; approaches to identifying and addressing adherence barriers; feasible adherence-enhancing interventions; practical monitoring options; and opportunities for interprofessional collaboration. The final product will be an online, freely accessible resource incorporating flowcharts, case examples, and implementation tips. Anticipated results include increased capacity of PHC teams to recognise non-adherence, improved integration of adherence support into daily practice, and reduced avoidable medication waste.

Discussion: Embedding adherence management into PHC workflows requires tools that are pragmatic, scalable, and tailored to the realities of frontline practice. International co-creation strengthens the handbook's relevance and transferability across health systems.

Conclusion: The handbook aims to provide PHC teams with clear, implementable guidance to improve adherence, enhance patient outcomes, and support more sustainable use of medicines. Its launch is planned for World Adherence Day 2027.

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ID 1383- Lifestyle medicine in family practice: clarifying concepts, evidence, and training pathways

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Context: Achieving an ideal primary care system – one that delivers accessible, comprehensive, and coordinated person-centred care – is a continuing priority across diverse settings. Progress is often hindered by systemic barriers such as fragmented policies, poor integration across services, workforce shortages, limited patient engagement, and inadequate data governance, which collectively perpetuate suboptimal care models.

Objectives: Identify and analyse key systemic barriers impeding the realisation of an ideal primary care system. Apply systems thinking to map interdependencies, feedback loops, and obstacles in designing an effective primary care system. Develop and propose collaborative strategies to overcome systemic barriers to advance meaningful health system reform.

Teaching method and workshop: Introductory presentation outlining the key features of an ideal primary care system and its defining attributes. Small-group system mapping exercise to explore feedback loops and interactions across critical domains such as policy, workforce, information

Expected outcomes: A deepened understanding of the complex, multi-layered systemic barriers impeding the achievement of an ideal primary care system. Acquisition of practical tools to analyse systems and to collaboratively address persistent obstacles. Development of action

Conclusion: Addressing systemic barriers demands a systemic analysis, authentic stakeholder collaboration, and adaptive policy-development. By concentrating on root causes and system-wide dynamics, participants will be empowered to transcend traditional reform approaches and pave to achieve optimal, equitable primary health care system.

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ID 1532- Limited long-term reproducibility of white coat effect in general practice (Gubbio, Italy)

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Context: Family history represents a major inherited determinant of cardiometabolic diseases and is closely linked to shared genetic, behavioral, and environmental factors across generations. Despite its clinical importance, the impact of chronic disease family history on major adverse cardiovascular events (MACE) has not been fully characterized in large-scale Korean populations.

Objectives: This study aimed to evaluate the association between family history of chronic diseases and long-term risk of MACE using a nationally representative health screening cohort, and to determine whether family history contributes independent prognostic value beyond conventional cardiovascular risk factors.

Methods: Data were derived from 189,627 adults aged 40–65 years who underwent the 2009–2010 National Health Screening and were followed for approximately 10 years. Individuals with prior MACE, cancer, or early deaths were excluded. Multivariable Cox regression models estimated adjusted hazard ratios (aHRs) for MACE by family history of cardiovascular disease, stroke, diabetes, and hypertension.

Results: Participants with any family history exhibited a significantly higher risk of MACE (aHR 1.18, 95% CI 1.13–1.24). Among subtypes, family history of stroke (aHR 1.24, 95% CI 1.16–1.33) and hypertension (aHR 1.13, 95% CI 1.06–1.21) were significant predictors, while cardiovascular disease and diabetes histories also showed elevated trends.

Discussion: These findings indicate that family history is an independent prognostic factor for MACE, reflecting inherited susceptibility and shared lifestyle patterns that influence long-term cardiovascular outcomes.

Conclusion: Incorporating family history into cardiovascular risk assessment may enhance early identification of high-risk individuals and

support more targeted preventive strategies within the Korean population.

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ID 426- Lipschütz ulcers as the first manifestation of infectious Mononucleosis

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Context: The University of XXX offers a seminar on 'training in professional relationships and communication in healthcare' for fifth-year medical students. No assessment of the benefits of this seminar on interpersonal skills and competencies has been carried out. Several studies have analysed the relationship between medical students' performance and their personality traits. The Big Five Inventory (BFI) is a validated descriptive personality scale.

Objectives: The objective of this study was to evaluate students by analysing the variation in their BFI scores.

Methods: Single-centre observational study of the before/after type conducted from 1 March 2024 to 23 June 2024. Participants in this training course completed the BFI-Fr before the session and one month after the intervention. The primary endpoint was the overall difference in scores obtained in the various personality traits for the entire study population before and after the intervention, using a Wilcoxon test.

Results: Twenty-six students were analysed. No significant difference was observed after the intervention for the personality traits 'openness to experience', 'conscientiousness', 'agreeableness' and "neuroticism". However, the 'extraversion' trait of the study population increased by 13.7% after the intervention (p = 0.007).

Discussion: Personality traits can be changed, usually through long, intensive and repeated interventions over time.

Conclusion: Here, a relatively brief intervention increases extraversion. Given the significant limitations of the study, this result should be confirmed.

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ID 1655- Listening beyond myalgia: a primary care perspective on statin-associated immune-mediated necrotizing myopathy

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Context: It is estimated that 18.8 million people in the UK are living with a musculoskeletal(MSK) condition. It is a major cause of morbitidy and a significant reason for presentation to primary care. MSK presentations account for a large proportion of GP workload. The prevalence is rapidly increasing with an ageing population. There is currently no structured GP curriculum for MSK common pathologies. Ultrasound(USS) performs extremely well for tendons and superficial soft tissues of shoulder, knee and wrist—often equal to or better than MRI for dynamic tendon issues. USS assessment of common MSK conditions has a significant higher diagnostic accuracy compared to clinical examination alone in conditions such as: [1]Carpal Tunnel Syndrome Based on median nerve cross-sectional area measurement. [2]De Quervain's Tenosynovitis Dynamically visualizes tendon sheath swelling and stenosing tenosynovitis. [3]Quadriceps / Patellar Tendinopathy Particularly good at showing thickening and neovascularity. 4[]Baker's Cyst Ultrasound is the preferred first-line tool. [5]Collateral Ligament Injuries [6]Joint Effusion / Synovitis Excellent for volume estimation and guiding aspiration. [7]Subacromial/Subdeltoid Bursitis Good for detecting fluid or synovial thickening. [8]Biceps Long Head Tendinopathy / Subluxation Dynamic scanning makes

ultrasound better than MRI for instability. [9]Acromioclavicular Joint Pathology

Objectives: To provide a guide to the clinical & USS assessment of common MSK conditions of the shoulder, knee and wrist in general practice

Teaching method and workshop: Session 1: Shoulder Session 2: Knee Session 3: Wrist Each session will consist of - 15 minutes audivisual lecture covering sonographic anatomy and USS image acquisition technique and examples of common pathology - 45 minutes hands- on practical demonst

Expected outcomes: Participants will gain a deeper understanding of the clinical and sonographic assessment of the common conditions [1] to [9] see context

Conclusion: It is important for GPs to perform shoulder, knee, and wrist ultrasound because it: Improves diagnostic accuracy at the point of care. Leads to quicker and more appropriate treatment. Supports safer, more accurate injections. Reduces unnecessary referrals and imaging. Enhances patient satisfaction and service efficiency. Saves costs and supports modern primary-care roles.

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ID 431- Long Sleep Duration Is Associated With an Adverse Apolipoprotein Profile in Taiwanese Adults

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Context: Advance Care Planning (ACP) is essential for supporting people living with neurocognitive disorders (NCDs), whose progressive decline in communication and decision-making capacity narrows the active participation in care preferences. In France, general practitioners (GPs) are often the first to identify and follow these patients, placing them in a key position to initiate ACP. Despite this, ACP remains inconsistently implemented, and its potential benefits are underused.

Objectives: identify the main challenges, barriers, and opportunities for improving ACP for people with NCDs in general practice.

Methods: A narrative review was conducted using PubMed, Google Scholar, and French institutional sources. Publications from January 2015 to December 2024 were included if they addressed ACP, advance directives, NCDs, or general practice. Exclusion criteria were: opinion pieces without empirical basis, duplicates, and documents not addressing ACP in the context of primary care or cognitive disorders. The search used keywords as “advance care planning,” “advance directives,” “primary care,” and “neurocognitive disorders.”

Results: Twenty-one sources were included (9 scientific articles, 12 institutional documents). ACP emerged as ethically and clinically valuable, ensuring care decisions remain aligned with patients’ evolving preferences. Despite a legal framework in place since 2005, uptake is low: only 43% of French citizens know about ACP and just 18% have completed advance directives, highlighting limited awareness. GPs—key actors due to their long-term patient relationships—report insufficient training, lack of structured tools, and limited consultation time. Early, iterative ACP, initiated at diagnosis, revisited regularly, and supported by tools such as a designated healthcare proxy, appears essential to strengthen autonomy and improve end-of-life care

Discussion: Implementation of ACP in general practice is hindered by insufficient GP training, limited public awareness, and the absence of operational pathways suited to primary care constraints. Tailored ACP models are needed—ones that are feasible within GP workflows, accessible to patients, and supported by clear national guidelines and tools.

Conclusion: ACP can significantly improve care for people with NCDs. Enhancing GP training, increasing public awareness, and integrating structured ACP tools into routine practice are key priorities. Future research should assess practical, scalable ACP models suited to general practice and the progressive course of NCDs

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ID 1833- Long working hours and health behaviors in healthcare professionals in Barcelona: a cross-sectional study

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Cs Barrio Peral, Cartagena, Espagne

Context: A 56-year-old woman comes to the clinic with multiple acrochordon-type lesions in both malar regions.

Methods: A 56-year-old woman presents with multiple skin tag-like lesions on the left side of her face, which, although already present, are now increased in size and number. The patient also reports itching in the affected area. She mentions a previous consultation with a dermatologist 15 years ago for similar, more localized lesions, which were treated with cryotherapy. The patient is of African descent. A dermatology consultation was requested via teleconsultation, with attached images. The dermatology response was: dermatosis papulosa nigra. Colleagues advise that the diagnosis is seborrheic keratoses nigra of the face, common in people of African descent—benign lesions that do not require treatment. There is a high risk of dyschromia and abnormal scarring if the lesions are removed for cosmetic purposes.

Originality: To emphasize the importance of integrating all patients in order to practice correct, effective, and fair medicine.

Lessons learned and future implications: The risk of late or incorrect diagnoses has direct implications for the patient's health. Serious pathologies such as acral melanoma, more frequent in people with dark skin, are often detected late due to their atypical presentation, which increases mortality. Conditions such as rosacea and cutaneous lupus can go unnoticed because the characteristic erythema is less visible, while genetic diseases such as sickle cell anemia and keloid formation are significantly more common in populations of African descent, reinforcing the need for a clinical approach adapted to the population.

Discussion: In dermatology, for example, the presentation of many diseases changes radically with skin color. Seborrheic dermatitis, recognized by erythema in light skin, can present as hypopigmented areas in dark skin, making diagnosis difficult. Psoriasis can manifest with purplish or grayish plaques, and post-inflammatory hyperpigmentation following acne is much more prevalent in dark skin. These clinical variations underscore that traditional diagnostic criteria and guidelines, based primarily on light-skinned patients, may not be universally applicable.

Conclusion: Traditional textbooks and many clinical guidelines primarily depict pathologies in fair-skinned individuals, which can lead to diagnostic bias. Training healthcare professionals to recognize manifestations in different ethnicities improves diagnostic accuracy and health equity.

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ID 1615- Long-term Exposure to Air pollution, Gene and Chronic Obstruction Pulmonary Disease: A Genome-Wide Association Study

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Context: Achieving stringent LDL-C targets is essential for reducing atherosclerotic cardiovascular disease (ASCVD) risk. ESC guidance recommends ≥50% LDL-C reduction and targets of <1.8 mmol/L (high risk) and <1.4 mmol/L (very high risk). Delivering this equitably aligns with WONCA Europe's principles of person-centred, community-oriented primary care, the NHS Long Term Plan's cardiovascular disease ambitions, and WHO priorities for non-communicable disease reduction. Inclisiran, a twice-yearly siRNA therapy targeting PCSK9, offers a simplified treatment model for patients not achieving LDL-C goals with conventional therapy.

Objectives: To assess real-world patient experience (PEx) with Inclisiran for secondary ASCVD prevention, and evaluate how implementation supports LDL-C optimisation, patient-centred care, and global primary-care priorities.

Methods: A cross-sectional mixed-methods SMS survey was distributed to 203 patients treated with Inclisiran in a rural primary-care setting (2022–2024). Eligibility required established ASCVD & persistent LDL-C elevation despite guideline-directed therapy. A total of 118 patients responded (58%). Quantitative data were analysed descriptively, while qualitative comments underwent thematic analysis & were mapped to WONCA principles (continuity, comprehensiveness, coordination, & person-centredness).

Results: Respondents were mostly ≥70 years (57.6%) and female (55.1%). Most had received Inclisiran for over one year (78.6%). Treatment acceptability was high: 93% found the injection easy to receive; side effects were infrequent (13.2%), mild, and not treatment-limiting. Overall satisfaction reached 86.7%. The majority (80.5%) preferred twice-yearly dosing to daily tablets, reflecting WHO aims to reduce treatment burden and improve adherence. Although biochemical results were not collected within this PEx survey, contemporary real-world data from the same service demonstrated LDL-C reductions of up to 59% over 27 months, supporting ESC secondary-prevention targets. Opportunities for improvement included education and involvement: 56.6% requested more information, and 23.6% felt only partly involved in decision-making.

Discussion: Inclisiran demonstrated high patient acceptance and minimal adverse effects, supporting routine implementation in primary care. The dosing schedule enhances continuity, engagement, and adherence—key components of WONCA-aligned, person-centred prevention. Gaps in patient understanding highlight the need for enhanced education, shared decision-making, & personalised lipid-lowering plans.

Conclusion: Inclisiran is a well-tolerated, convenient therapy that supports achieving stringent LDL-C targets in line with ESC & NHS cardiovascular priorities. Strengthening co-created treatment goals & patient literacy may maximise outcomes.

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ID 2095- Looking Beyond The Patient: Household Risk In Herpes Zoster Management

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Context: The COVID-19 pandemic was the most significant healthcare crisis in the past decade, placing unprecedented pressure on society and primary care. Despite the high quality of healthcare in the XXX, general practices were insufficiently prepared for such a crisis. Shortages of medical materials (e.g. personal protective equipment, medication) and the need for rapid implementation of alternative solutions (such as crisis plans, dedicated COVID clinics, remote care, and vaccination campaigns) highlighted systemic vulnerabilities. Future threats, including pandemics (e.g., avian influenza), war, cyberattacks, power outages, and climate-related disasters, remain plausible. Alarmingly, 80% of primary care physicians report being unprepared for major disruptions.

Methods: In collaboration with three key stakeholders, we developed a toolkit aligned with existing crisis structures. The toolkit aims to raise awareness and provide actionable steps for practices to prepare for emergencies. It consists of three components: Emergency Package – essential supplies for immediate response Emergency Plan – structured guidance for crisis management (first hours – days) The Good Conversation – fostering awareness and mutual support within teams

Originality: This is the first practical product in XXX designed to enhance preparedness in primary care, developed in consensus with major stakeholders. It may also be relevant and implementable for other European countries.

Lessons learned and future implications: To improve the resilience and preparedness of XXX primary care practices for future crises we develepod a practical, consensus-based toolkit with 3 key stakeholders.

Discussion: Strengths The toolkit is practical, feasible, and adaptable to all primary care practices. Dissemination will occur through established communication channels of the three national organizations, ensuring broad reach across primary care practices and primary care emergency posts. Limitations Implementation is voluntary, making uptake dependent on motivation.

Conclusion: Preparedness is essential to maintain continuity of primary care during crises. This toolkit offers practical guidance and raises awareness. However sustained attention from all stakeholders is crucial to ensure impact.

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ID 661- Looking for the culprit, a case of hard "detective work" to reach the correct diagnosis

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Context: The French healthcare system, built on the principle of universal equality, still faces entrenched socio-cultural constructions and gender stereotypes. Medical knowledge is historically Eurocentric and male-centred, reflecting the dominant perspective of those who produced it. These biases and sexist and medical violence (SMV) significantly affect women's health pathways, widen inequalities and undermine their trust in healthcare settings.

Objectives: Qualitative: in-depth interviews, focus groups, peer groups and observational studies. Quantitative: questionnaires and statistical data on SMV

Methods: The project is a Level 2 "distributed intelligence" initiative, involving citizens in collaborative activities such as forum theatre sessions and participatory workshops alongside researchers and healthcare professionals. Based on a participatory research model, the project invites citizens to help identify environments conducive to SMV. We would conceptualise and quantify the SMV phenomenon by developing a precise definition of SMV in collaboration with multidisciplinary researchers (medicine, law, social sciences, geographic and geopolitical) and citizen co-researchers, integrating their knowledge and experiential insights.

Results: - For citizens and victims : The opportunity to express their experiences and feel less isolated. Greater recognition of their story and suffering, and the prospect of redress. Better awareness of their healthcare rights. Clearer identification of appropriate resources and support. - For victim-support services A sharper understanding of the specific nature of this violence. Development of better-suited tools and care protocols. Improved training for practitioners on these issues. - For healthcare professionals Broader public awareness of these still-taboo issues. A questioning of medical norms and practices. Progress towards a respectful and compassionate healthcare system through the engagement of public institutions and rights advocacy organizatio

Discussion: How can participative sciences in health promote knowledge and engagement in primary care system ? How can participative sciences in health help to build a network with citizens, civic society and the local healthcare system? How can citizen science projects can be used to tackle a wide range of societal challenges by engaging citizens in finding solutions ?

Conclusion: Adopting an inclusive and reciprocal approach, the project aims to share knowledge with participants, encourage mutual learning and establish spaces for dialogue and action, by incorporating citizen contributions into healthcare practices and training.

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ID 2123- Lower Abdominal Pain in an Adolescent Boy: Testicular Torsion Found by Consent-Based Examination

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Context: The French healthcare system, built on the principle of universal equality, still faces entrenched socio-cultural constructions and gender stereotypes. Medical knowledge is historically Eurocentric and male-centred, reflecting the dominant perspective of those who produced it. These biases and sexist and medical violence (SMV) significantly affect women's health pathways, widen inequalities and undermine their trust in healthcare settings.

Methods: Qualitative: in-depth interviews, focus groups, peer groups and observational studies. Quantitative: questionnaires and statistical data on SMV

Originality: The project is a Level 2 "distributed intelligence" initiative, involving citizens in collaborative activities such as forum theatre sessions and participatory workshops alongside researchers and healthcare professionals. Based on a participatory research model, the project invites citizens to help identify environments conducive to SMV. We would conceptualise and quantify the SMV phenomenon by developing a precise definition of SMV in collaboration with multidisciplinary researchers (medicine, law, social sciences, geographic and geopolitical) and citizen co-researchers, integrating their knowledge and experiential insights.

Lessons learned and future implications: - For citizens and victims : The opportunity to express their experiences and feel less isolated. Greater recognition of their story and suffering, and the prospect of redress. Better awareness of their healthcare rights. Clearer identification of appropriate resources and support. - For victim-support services A sharper understanding of the specific nature of this violence. Development of better-suited tools and care protocols. Improved training for practitioners on these issues. - For healthcare professionals Broader public awareness of these still-taboo issues. A questioning of medical norms and practices. Progress towards a respectful and compassionate healthcare system through the engagement of public institutions and rights advocacy organizatio

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Conclusion: Adopting an inclusive and reciprocal approach, the project aims to share knowledge with participants, encourage mutual learning and establish spaces for dialogue and action, by incorporating citizen contributions into healthcare practices and training.

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ID 2166- Lower Limb Ultrasound: Practical Landmarks of the Knee and Calf–Achilles Complex

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Context: Non-communicable diseases (NCDs) continue to cause substantial morbidity and mortality globally. Persons with disabilities (PWDs) are disproportionately affected due to limited mobility, reduced physical activity, barriers to healthcare access, and a higher prevalence of behavioral and metabolic risk factors. Understanding the determinants and distribution of NCDs among PWDs is essential for designing equitable and inclusive health interventions

Objectives: To synthesize existing evidence on the determinants, risk factors, and burden of NCDs among persons with disabilities.

Methods: This review synthesizes existing literature focusing on the epidemiology, risk factors, and prevention strategies related to NCDs among PWDs. Electronic databases

including PubMed and CINAHL were searched from inception to 26 January 2025. All non-English articles, reviews, editorials, and letters to the editor were excluded. Key terms such as “disability,” “disabled persons,” “persons with disabilities,” “non-communicable diseases,” “risk factors,” and “handicapped” were combined using appropriate Boolean operators. Titles and abstracts were screened using Rayyan software, followed by full-text review of eligible articles.

Results: The review found a consistently higher burden of NCDs among PWDs compared to the general population. Evidence indicates that 10.8% of adults with disabilities have at least one chronic condition such as diabetes, cardiovascular diseases, stroke, or cancer. Reduced physical activity, higher sedentary behavior, obesity, and structural barriers to accessing preventive and curative care emerged as major contributing factors.

Discussion: The disproportionately high prevalence of NCDs among PWDs highlights an urgent need for disability-inclusive health strategies. Current health programs often fail to accommodate functional limitations, leading to missed opportunities for screening, timely diagnosis, and management. Adaptive physical activity programs, accessible healthcare infrastructure, and targeted health education are critical to mitigating risk.

Conclusion: NCDs pose a significant yet preventable burden among persons with disabilities. A multi-dimensional approach—prioritizing accessible health services, adaptive lifestyle interventions, and inclusive public health policies—can help reduce disparities and promote better long-term outcomes.

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ID 1533- Low-Grade Inflammation and Fertility: Improving Equity and Early Access Through Family Medicine

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Context: The French healthcare system, built on the principle of universal equality, still faces entrenched socio-cultural constructions and gender stereotypes. Medical knowledge is historically Eurocentric and male-centred, reflecting the dominant perspective of those who produced it. These biases significantly affect women’s health pathways, widen inequalities and undermine their trust in healthcare settings.

Methods: Qualitative: in-depth interviews, focus groups, peer groups and observational studies. Quantitative: questionnaires and statistical data on SMV

Originality: The project is a Level 2 “distributed intelligence” initiative, involving citizens in collaborative activities such as forum theatre sessions and participatory workshops alongside researchers and healthcare professionals. Based on a participatory research model, the project invites citizens to help identify environments conducive to SMV. We would conceptualise and quantify the sexist and medical violence (SMV) phenomenon by developing a precise definition of SMV in collaboration with multidisciplinary researchers (medicine, law, social sciences, geographic and geopolitical) and citizen co-researchers, integrating their knowledge and experiential insights.

Lessons learned and future implications: - For citizens and victims : The opportunity to express their experiences and feel less isolated. Greater recognition of their story and suffering, and the prospect of redress. Better awareness of their healthcare rights. Clearer identification of appropriate resources and support. - For victim-support services A sharper understanding of the specific nature of this violence. Development of better-suited tools and care protocols. Improved training for practitioners on these issues. - For healthcare professionals Broader public awareness of these still-taboo issues. A questioning of medical norms and practices. Progress towards a more respectful and compassionate healthcare system through the engagement of public institutions and rights advocacy organizations

Discussion: How can participative sciences in health promote knowledge and engagement in primary care system ? How can participative sciences in health help to build a network with citizens, civic society and the local healthcare system? How can citizen science projects can be used to tackle a wide range of societal challenges by engaging citizens in finding solutions ?

Conclusion: Adopting an inclusive and reciprocal approach, the project aims to share knowledge with participants, encourage mutual learning and establish spaces for dialogue and action, by incorporating citizen contributions into healthcare practices and training.

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ID 1865- Lymphadenopathy study

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Context: Demand for cosmetic procedures in both primary care and aesthetic clinics continues to rise. Family physicians frequently encounter patients seeking these interventions, raising concerns about underlying mental health issues such as depression or body dysmorphic disorder (BDD). Yet, emerging evidence and clinical experience indicate that, for appropriately selected individuals, aesthetic interventions may enhance self-esteem, body image, and psychosocial functioning.

Objectives: To systematically review the impact of surgical and non-surgical cosmetic procedures on psychosocial well-being—specifically depression, anxiety, and self-esteem—and to examine how patient selection influences mental health outcomes.

Methods: A systematic review was conducted using databases including PubMed, Embase, and PsycINFO for studies published between 2004 and 2024. The review included randomized controlled trials, meta-analyses, and prospective cohort studies that assessed psychological outcomes using validated scales (e.g., FACE-Q, SF-36, SCL-90) pre- and post-procedure. Studies focusing solely on reconstructive surgery for trauma were excluded to focus on aesthetic motivations.

Results: The analysis synthesized data from key studies, including meta-analyses using FACE-Q scales. Results consistently demonstrated that successful cosmetic procedures are associated with significant improvements in body image, self-esteem, and quality of life. Specific interventions, such as botulinum toxin injections, were linked to reductions in depressive symptoms in randomized trials. Improvements in social confidence and emotional stability were most pronounced in patients who had realistic expectations and lacked severe BDD. Conversely, poor outcomes were correlated with unaddressed preoperative psychopathology.

Discussion: Findings support a shift from viewing cosmetic patients primarily as psychologically vulnerable to recognizing the potential therapeutic benefits of aesthetic interventions when provided responsibly. Minimally invasive procedures offer a relatively low-risk means of enhancing psychological well-being. However, pre-procedural mental health screening remains essential to identify contraindications, align expectations, and optimize outcomes. This approach fits well within the holistic care model of family medicine.

Conclusion: Aesthetic procedures, when offered to appropriately selected patients with realistic expectations, are associated with meaningful improvements in self-esteem, body image, depressive symptoms, and psychosocial well-being. Integrating mental health assessment and expectation management in primary care may enhance patient outcomes and support comprehensive aesthetic care.

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ID 935- Lymphangioleiomyomatosis (LAM) : A Clinical Case with Joint Pain

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Context: Since the 2000 health system reform that established general practitioners (GPs) as gatekeepers, Bulgaria has faced a persistent decline in the primary care workforce. National data show a drop from approximately 4,200 GPs in 2000 to 3,700 in 2025, combined with marked ageing of the profession (73.2% over age 55). Fluctuations in the number of new GP trainees raise further concerns regarding long-term sustainability. Understanding which contractual and organisational reforms may enhance GP retention is therefore essential for strengthening primary care capacity.

Objectives: To identify feasible contractual and organisational strategies, particularly within the National Framework Contract (NFC), that could support GP retention and improve the long-term sustainability of primary care in Bulgaria.

Methods: This qualitative study was part of a broader investigation on career development in general practice. Semi-structured, vignette-based interviews were conducted with 62 GP trainees. Participants were asked to reflect on two central questions: (1) Which contractual and organisational changes could help retain GPs? and (2) How could modifications to the National Framework Contract improve long-term sustainability? Responses were provided in writing during organised training sessions. Data were analysed using qualitative content analysis to identify recurrent themes and proposed interventions.

Results: Participants (xx males, xx females; mean age xx years) proposed several near-term contractual improvements: additional remuneration for extended or atypical activities (e.g. home visits), financial mechanisms to ensure locum coverage during leave or illness, and substantial reduction of administrative burden through simplified reporting and automated electronic systems. For long-term sustainability, trainees emphasised the importance of clear reimbursement rules for telemedicine, the establishment of standards for digital health services, and stronger data-protection frameworks.

Discussion: Trainees viewed the NFC as a central policy instrument that strongly shapes working conditions, workload, and professional motivation. Their proposed changes align with broader European trends aiming to modernise primary care through digital tools, streamlined administration, and supportive workforce policies.

Conclusion: Targeted revisions to the National Framework Contract could enhance the economic and organisational attractiveness of general practice, influence career decision-making, and strengthen the long-term sustainability of primary care in Bulgaria. Implementing these measures may contribute meaningfully to mitigating the country's critical GP workforce shortage.

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ID 504- Machine learning model for seborrheic dermatitis risk among patients with metabolic syndrome in primary care

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Context: Ulcerative colitis (UC) requires coordinated biopsychosocial management, yet rural primary care often faces gaps in monitoring, mental-health (MH) assessment, cardiovascular disease (CVD) prevention and access to specialist IBD services. Previous local audits revealed inconsistent treat-to-target (T2T) practices, limited patient confidence in flare management and poor awareness of faecal calprotectin (FCP). Alongside this, UC is associated with elevated atherosclerotic cardiovascular disease (ASCVD) risk and substantial psychological burden, both of which may be under-recognised in real-world primary-care workflows.

Objectives: To integrate findings from four complementary evaluations—mental-health screening, ASCVD risk assessment, patient experience of monitoring and access, and a goal-directed care model—to propose an

improved, person-centred rural UC management framework aligned with WONCA, WHO and NHS long-term priorities.

Methods: A convergent mixed-methods synthesis was conducted. Retrospective UC audits captured PHQ-9/GAD-7 scores, ASCVD risk factors, lipid optimisation and LDL-cholesterol follow-up. A cross-sectional patient questionnaire explored contact with IBD teams, understanding of T2T monitoring and self-management capability. Quantitative data were summarised descriptively, while qualitative free-text underwent thematic analysis. Findings were integrated using a goal-directed paradigm emphasising safety, function, psychological wellbeing and shared decision-making.

Results: MH screening had not been previously embedded; although most recorded minimal PHQ-9/GAD-7 scores, qualitative reflections highlighted anxiety, uncertainty and social isolation. ASCVD risk was high: 67% had QRISK ≥10% and 48% ≥20%, yet fewer than half received statins and longitudinal LDL-C monitoring was incomplete. Patient-reported experience revealed low access to specialists (76% not under hospital follow-up), limited understanding of FCP and T2T principles, and low flare-management confidence. Monitoring gaps (e.g., no recent FCP tests, limited blood work) were common. Across datasets, unmet psychological, educational and cardiovascular needs were consistently observed.

Discussion: Fragmented MH assessment, suboptimal CVD prevention, monitoring inconsistencies and limited specialist access collectively hinder high-quality UC care in rural settings. A goal-directed approach provides a coherent framework to integrate clinical, psychosocial and behavioural priorities.

Conclusion: Embedding structured MH screening, ASCVD risk assessment, FCP-based T2T monitoring and shared goal-setting into routine UC reviews can enhance holistic outcomes and reduce rural health inequalities. Integrated pathways and tailored patient education are essential for effective, equitable UC management.

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ID 1912- Male involvement in the contraceptive burden within heterosexual couples: a qualitative study in in northern XXX

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Context: Snakebite envenoming has been included in the list priority list of 'Neglected Tropical Disease' by World Health Organization (WHO) in 2017. It has been estimated that nearly half of the global snakebite deaths occurs in India. Limited access to timely medical care, continued reliance on traditional healing, and poor awareness of evidence-based first aid contribute to preventable morbidity and mortality.

Objectives: The primary objective was to describe the epidemiological profile and treatment-seeking patterns among snakebite victims. A secondary objective was to identify delays and barriers in accessing appropriate care.

Methods: A community-based cross-sectional study was conducted among 102 snakebite victims residing in randomly selected tribal villages. Data were collected on sociodemographic characteristics, bite circumstances, clinical manifestations, first aid practices, and care pathways using a structured questionnaire. Descriptive statistics were applied for analysis and appropriate statistical test were applied.

Results: Among 102 participants, 54% were male, and most belonged to Scheduled Tribes (93%). Young adults (22–32 years) were the most affected. Agricultural workers constituted the majority (71%), and nearly half were illiterate. Incidents were more frequent in 2024 (58%) than in 2023 (42%). Most bites occurred in fields (53%) or at home (34%),

predominantly affecting the lower limbs (60%). Only 11% could identify the snake species. Common symptoms included swelling (33%), pain with swelling (15%), and bleeding (14%); 28% reported loss of consciousness. Tourniquet use was reported in 25%. Government hospitals were the first point of care for 61%, while 35% initially visited faith healers. Among those who sought traditional care, one-third subsequently shifted to hospitals. Approximately 74% reached a health facility within one hour, and treatment initiation was immediate in 62%.

Discussion: The findings indicate persistent reliance on informal care, limited species identification, and harmful first-aid practices despite good accessibility to government hospitals.

Conclusion: Snakebite continues to pose a substantial burden among the tribals population of India. While timely transport and hospital-based antivenom therapy support favourable outcomes, delays in care-seeking and dependence on traditional practices contribute to avoidable mortality. Strengthened community education, improved early referral, and enhanced accessibility to formal care are essential. Keywords: Snake Bites; Health Behavior; Rural Population; Antivenoms; Treatment Outcome

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ID 344- Management of anticoagulation in patients with mechanical mitral valve prosthesis

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Context: The French College of General Practitioners (CMG) has been hosting a working group on Planetary Health since 2021. This group, composed of 20 General Practicioners (GPs), is committed to creating a Planetary Health seedbox with tools for GPs and their teams. What are the 3 magic ingredients that enable this group to actively cultivate the seeds of Planetary Health and spread it all around planet earth ?

Methods: The working group is a place where experts with different skills in Planetary Health are now well identified: their role is also to link in an interdisciplinary perspective the different Planetary Health networks in France and abroad, and to initiate work and partnerships with national and international institutions. Our previous and future works include : - General awareness on Planetary Health - Perinatal care - Planetary Health diet - Organising an event respecting Planetary Health values - Eco-responsible prescribing - Integrating Planetary Health in coordinated health projects - Responding to common medical situations with a Planetary Health approach - Prescribing nature All these topics are part of the current seedbox, which keeps on growing with new topics. We are currently working on supporting Planetary Health training and research.

Originality: We propose to share the recipe for our dynamics, our values and our themes with the aim of giving an overview of our seedbox and sharing ideas and inspiration with primary care teams and other networks including european networks. Spoiler alert, you'll find just below the three magic ingredients that make our group efficient and cohesive: Awareness, teamwork, cobenefits

Lessons learned and future implications: By actively promoting Planetary Health, our group expects to inform, train and encourage people to take action : this is the role we must play if we are to meet the immense challenges posed by environmental change. The three identified ingredients of how we operate together help us to play this role.

Discussion: We limited the choice to three ingredients in order to convey a clear message. However, other key ingredients could have been chosen : sense of emergency, scientific approach, institutional support, expertise ...

Conclusion: Let's join to sow the seeds of Planetary Health all together.

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ID 2264- Management of Hypertension in a Postmenopausal Woman with Graves' Disease: A Case Report

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Context: A growing body of scientific studies demonstrates the beneficial impact of nature on health. However, the importance of nature, and particularly biodiversity, for food security, health, and climate preservation appears to be underrepresented in public discourse and is not sufficiently emphasized by healthcare professionals as an important health determinant. This workshop is based on preliminary results from an international interdisciplinary (family physicians, anthropologists and biologists) research study carried out in xxx and xxx on the perception and understanding of the links between biodiversity and health by patients and GPs.

Objectives: Identify communication strategies targeting patients, general practitioners, and political and educational entities regarding the interactions between biodiversity and health in family medicine.

Teaching method and workshop: The workshop employs a participatory methodology of collective intelligence in the format of a world café. Participants are organized into three sub-groups and rotate between tables to engage with a specific question concerning the communication of connec

Expected outcomes: Identify communication strategies tailored to diverse audiences Raise awareness among general practitioners about the interactions between biodiversity and health Enhance the discussion on the role of biodiversity issues in general practice Cross perspect

Conclusion: The workshop will develop communication strategies tailored to various audiences, while fostering awareness among general practitioners regarding the importance of considering biodiversity conservation as public health intervention for patients and populations.

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ID 2282- Management of peripheral arterial disease in nonagenarian patients: beyond frailty, toward limb salvage

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Context: Territorial health inequalities tend to worsen with the scarcity of medical provision. This scarcity varies across territories, whereas access to care should be as open as possible, especially in General Practice (GP), the entry point into the healthcare pathway. The city of XXX (Paris area) is particularly affected by this phenomenon, while its economically disadvantaged population has significant health needs. Rooted in a long history, the four municipal health centers (CMS) of this city attempt to offer the most inclusive access possible to fight against these inequalities.

Objectives: To describe the GP patient population of the XXX CMS and the territorial anchoring of these centers.

Methods: This retrospective observational cross-sectional study was conducted using administrative data extracted from the practice management software common to the four CMS in Paris area. The individual and ecological characteristics of patients who consulted at least once a GP in 2022 were described. Maps were produced to visualize the territorial anchoring of each CMS.

Results: 13,072 patients from 43,116 GP consultations were analyzed. The patient population of the XXX CMS is varied and is not limited to the city's inhabitants. More than a third of the patients possess means-tested health insurance, and more than half live in a socially very deprived neighborhood according to the FDep ecological social deprivation index.

Two types of territorial anchoring emerge depending on whether the centers are located at the crossroads of human mobility or within isolated areas.

Discussion: Being limited to administrative data, this study lacks information regarding the health status of this population. The population consulting in these centers appears more precarious than the national average. Various mechanisms, such as familiarity with the location, could explain the centers' attractiveness, notably for patients not living in the city or those who have moved away.

Conclusion: Better understanding the population consulting in GP and the territorial anchoring of the XXX CMS allows for grasping the specificities of the territories they serve, while enabling the implementation of actions aimed at reaching those who do not visit them, who are potentially excluded from care.

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ID 2160- Management of selective intrauterine growth restriction in a dichorionic twin pregnancy with a bicornuate uterus: contributions of Primary Health Care

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Context: Migraine is a leading cause of disability and a frequent presentation in primary care, where traditional preventives such as topiramate and propranolol remain widely used despite tolerability issues and limited adherence. Advances in migraine science have introduced calcitonin gene–related peptide (CGRP)–targeted therapies, including the oral CGRP receptor antagonist atogepant. These emerging treatments offer improved safety and convenience, positioning them as potentially transformative options within primary care.

Objectives: To summarize recent evidence on emerging preventive migraine therapies, focusing on atogepant's efficacy, safety, and clinical relevance, and to assess its potential role as a first-line option in primary care settings.

Methods: This narrative review searched for studies (meta analysis and randomized controlled trials) published on PUBMED and ELSEVIER,between 2020 and 2025. Sample sizes ranged from 252 to over 14,000 participants. Extracted data included monthly migraine day (MMD) reduction, tolerability, patient-reported outcomes, and consistency across study designs.

Results: Randomized control trials demonstrated significant reductions in MMDs with atogepant in both chronic and episodic migraine, with a favorable tolerability profile. Meta-analyses confirmed its efficacy across doses and highlighted predominantly mild gastrointestinal side effects. Long-term studies reported sustained improvements in quality of life and functional outcomes. Indirect comparison analyses suggested greater MMD reductions with atogepant than with rimegepant, reinforcing its preventive potential. Network meta-analyses also placed atogepant among the most effective and best tolerated CGRP-targeted options.

Discussion: The evidence indicates that atogepant offers advantages over traditional preventives, including simplified dosing, no titration requirements, and fewer systemic adverse effects. These characteristics support improved adherence and suitability for primary care management. Although direct comparisons with topiramate or propranolol are lacking, current data suggest that gepants are particularly valuable for patients who have not responded to or tolerated older therapies. There is a lack of cost effectiveness studies which presents an opportunity at further research.

Conclusion: CGRP-targeted therapies represent a significant advancement in migraine prevention. Evidence supports their effectiveness, tolerability, and clinical utility, making them strong candidates for incorporation into primary care migraine prevention strategies aimed at improving outcomes for individuals with migraine.

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ID 855- Management of urinary tract infections in XXX: lack of benefit from audit and feedback on adherence-to-treatment guidelines.

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Context: Hypersensitivity pneumonitis (HP) is an immune-mediated interstitial lung disease triggered by repeated inhalation of organic or inorganic antigens in susceptible individuals. Its heterogeneous and often nonspecific clinical presentation contributes to diagnostic delay, which may lead to progression toward irreversible pulmonary fibrosis. This case report describes a 51-year-old factory worker involved in toy-painting, who developed non-fibrotic HP related to occupational exposure to paint vapors, that was misdiagnosed several times in urgent care highlighting the challenges of early recognition in primary care and the importance of detailed occupational history in suspected respiratory disease.

Methods: Clinical progression was documented through multiple primary care, emergency, and pulmonology evaluations over several months. Diagnostic work-up included serial chest radiographs, high-resolution computed tomography (HRCT), arterial blood gases, blood tests, pulmonary function testing, and bronchoscopy with bronchoalveolar lavage (BAL). HRCT findings revealed a centrilobular micronodular and ground-glass pattern, raising suspicion for HP. The diagnosis was ultimately supported by BAL lymphocytosis and clinical improvement after exposure cessation. Therapeutic interventions included inhaled bronchodilators, systemic corticosteroids, and occupational removal from the harmful environment.

Originality: This case illustrates an under-recognized occupational exposure scenario—paint vapors in toy-manufacturing—as a potential trigger for HP.

Lessons learned and future implications: Key lessons include the central importance of an exhaustive occupational history, early suspicion when symptoms persist despite standard therapy, and prompt referral for advanced imaging and pulmonology assessment.Clear communication with the patient regarding transmission concerns and workplace risks was also essential.

Discussion: The role of family physicians in identifying early red flags when symptoms are initially attributed to benign respiratory or gastroesophageal conditions is oftentimes key to diagnosis. The prolonged diagnostic journey in this case raises the need for heightened clinical awareness, systematic assessment of workplace exposures, and timely multidisciplinary collaboration between family medicine, pulmonology, and occupational medicine.

Conclusion: This case reinforces that early diagnosis and exposure avoidance are the cornerstone of favorable outcomes in HP. Family physicians, often the first point of contact, play a critical role in recognizing atypical or persistent respiratory symptoms and triggering appropriate multidisciplinary evaluation to prevent long-term pulmonary impairment.

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ID 1578- Managing a CaReMeLO Patient – Challenge Accepted! The Role of the Family in the Treatment Journey and Its Sustainability.

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Context: Artificial Intelligence (AI) has rapidly evolved into an essential component of contemporary medical research, offering increasingly robust capabilities to support evidence retrieval, synthesis, analysis, and scientific communication. Primary care professionals—often constrained by limited time and research support—stand to benefit substantially from AI-driven tools that streamline key stages of the research workflow.

Objectives: Demonstrate how current-generation AI tools can support literature searching, critical appraisal, statistical reasoning, and scientific writing. Compare functionalities, strengths, and limitations of updated platforms such as GPT-5, Elicit, ResearchRabbit and SciSpace and others Equip participants with practical skills to incorporate AI into their research activities ethically, efficiently, and transparently

Teaching method and workshop: Methodology: This workshop will follow a live, step-by-step demonstration of an entire research workflow—from formulating a research question to generating a draft manuscript section—using updated AI tools. Participants will interact with real-time exampl

Expected outcomes: Participants will leave with the ability to critically evaluate and effectively integrate AI tools into their own research process. They will gain practical competencies to accelerate literature reviews, strengthen methodological rigor, and improve clarit

Conclusion: By demystifying AI and demonstrating its application in real research scenarios, this workshop aims to empower family physicians to lead and participate in more efficient, evidence-based, and innovative research, ultimately enhancing the quality of primary healthcare.

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ID 710- Managing Hypervitaminosis B12 as an incidental finding in a primary care setting

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Context: Since the first Knowledge Agenda was published, new challenges and gaps have emerged, creating the need for an updated agenda. To ensure future research meets the knowledge needs of general practitioners, the Dutch College of General Practitioners (NHG) has systematically revised the agenda in close collaboration with GPs.

Objectives: Its goal is to strengthen and support general practice in the XXX.

Methods: The NHG identified knowledge gaps by formulating research questions based on 90 general practice guidelines. In addition, both individual GP's and health care stakeholders (networks and organisations) were invited to submit current knowledge questions addressing clinical and organisational issues. Clinical questions, those that arise in a individual consultation were prioritized only by GP's through an innovative online survey method measuring the relative preference of items. This Maximum-Difference (MaxDiff-) analysis asked GPs to repeatedly choose the best and worst option from a random set of 5 items. Broader organizational questions, those that arise before and after consultations were prioritized during an invitational conference with stakeholder actively shaping the future of general practice through research or policy. Many of these stakeholders also combine their roles with practicing as GP.

Results: In total, 848 research questions were identified; 115 originated from practicing GP's. After analysis 253 clinical questions and 151 organizational questions were prioritised. In total 455 GP's responded to the MaxDiff-method and 38 of the 50 stakeholders in the invitational conference were general practitioners. The prioritization process resulted in a top 50 list of clinical knowledge gaps and a top 30 list of organizational knowledge gaps. Form the 80 knowledge gaps 25 originated from individual GP's. Most knowledge gaps addressed Digital care (n=13), Cardiovascular disease (n=10), Collaboration (n=8), Personal care (7) and Respiratory system (n=6).

Discussion: In 2025, the updated XXX National Research Agenda for General Practice was published. The agenda was developed in close collaboration with many practicising GPs ensuring broad support and the process is easily copied.

Conclusion: This agenda serves as a strategic tool for researchers and research funders to focus on the most relevant and pressing knowledge gaps while avoiding duplication.

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ID 11- Mapping the Factors Which Promote or Inhibit General Practitioners into Participating in Undergraduate Medical Education, A Six-Step Scoping Review.

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Context: A 54-year-old patient with fever treated in primary care and subsequently in an emergency department.

Methods: 54-year-old patient with history of hypertension treated with ramipril 10 mg/day. Smokes 20 cigarettes per day. Patient visits the emergency department with a fever of 38 degrees. He explains that four days earlier he experienced chest pain radiating to his back and shortness of breath. The following day he had a fever of 38.5 degrees and felt nauseous. He visited his primary care center, where he was diagnosed with a viral infection and prescribed paracetamol. In the emergency room, a fever of 38.4°C, blood pressure of 112/60 mmHg, and SpO2 of 96% are observed. Physical examination reveals no abnormalities. Laboratory tests are requested: C-reactive protein (18 mg/dL - normal value <0.5 mg/dL) and troponins (9780 pg/mL - normal value <45 pg/mL). The chest X-ray shows no abnormalities. Echocardiography showed global hypokinesia with a depressed ejection fraction (20%).

Originality: Hospital admission is decided, and as per protocol, an electrocardiogram is performed, showing ST segment elevation of 2 mm in leads DI, DII, and aVF. The on-call cardiology department at the referral hospital is contacted, and it is decided to activate the heart attack protocol in order to perform emergency cardiac catheterization for angioplasty. The result is acute obstruction of the right coronary artery by 90% with placement of two drug-eluting stents.

Lessons learned and future implications: An appropriate protocol should be followed for patients who at any time present with chest pain, i.e., performing an electrocardiogram.

Discussion: Patients with fever, chest pain, and elevated myocardial enzymes, with decreased ejection fraction, are usually consistent with myopericarditis. In this case, the symptoms and findings pointed to that diagnosis, but the electrocardiogram findings led us to consider a more urgent condition, such as acute myocardial infarction. In this case, the fever acted as a distracting factor, since the initial focus was on finding something infectious. The request for troponin testing was incidental, based on chest pain that had occurred four days earlier.

Conclusion: Electrocardiogram should be requested immediately for all patients with chest pain. Patients are dynamic, and the therapeutic approach can be modified according to findings.

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ID 870- MASLD in primary care: From early recognition to lifestyle and long-term management

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Context: Cardiovascular diseases (CVD) are a major cause of morbidity and mortality. In Dutch primary care, patients with elevated cardiovascular risk are monitored through the CVRM program. Increasing workload and staff shortages in general practice threaten structured monitoring. Home monitoring may support care, but home monitoring remotely supervised by a Medical Control Center (MRC) has not yet been evaluated in primary care regarding feasibility, usability, and patient and healthcare provider satisfaction.

Objectives: To evaluate the feasabilty and usability of MRC-supported home monitoring for CVRM patients in primary care, and its impact on patient and healthcare provider satisfaction.

Methods: A prospective pilot will include 30–50 CVRM patients (18–80 years) from one

general practice. Over a three-month period, patients are asked to measure their blood pressure two times a day on five days of their choice in one week, once per month. In addition, they will be asked to answer questions regarding CVRM twice, in the first and third month. All submitted data will be reviewed by the Medical Control Center (MRC) using predefined thresholds. Outcomes include patient-reported usability (MAUQ), satisfaction, self-management, adherence with measurements (≥70% considered feasible), and the frequency of contacts the MRC and practice nurses (POH). Experiences of POH and MRC staff will be explored through qualitative interviews and analyzed using thematic content analysis. Quantitative data will be summarized descriptively.

Results: We expect this pilot (end of May 2026)to provide insights into the feasibility and usability of MRC-supported home monitoring and show that both patients and care providers are satisfied with the workflow. Adherence data will indicate practical applicability in routine primary care.

Discussion: Findings will inform whether MRC-supported home monitoring is a viable approach for CVRM care in primary care, highlighting potential benefits for patient involvement and care efficiency. Challenges such as integration into existing workflows may require attention.

Conclusion: This pilot is expected to generate evidence that MRC-supported home monitoring for CVRM is feasible, usable, enhances patient self-management, and is satisfactory for both patients and care providers, supporting broader adoption among general practitioners in primary care.

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ID 726- Master's courses on better dementia care for family physicians, a challenging option for GPs !

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Context: CBT plays a vital role in mental health care within primary care settings. •CBT encompasses a group of approaches that focus on identifying and changing negative thought patterns and behaviors. •These approaches include cognitive therapy, which focuses on identifying and modifying distorted thought patterns; •Dialectical behavior therapy (DBT), which addresses destructive thoughts and behaviors •Mindfulness and emotional regulation techniques; •Multimodal therapy, which addresses psychological issues by considering various interconnected factors like behavior, affect, and cognition •Motivational interviewing can also be used as a supplement to cognitive behavioral therapy (CBT) for anxiety disorders, such as generalized anxiety disorder, social anxiety disorder, and post-traumatic stress disorder • It is accessible, effective, and evidence-based. • Helps manage a broad range of common health issues •Promotes behaviour change- e.g. for substance abuse, weight loss and smoking cessation •Incorporates other models of CBT such as MI

Objectives: • CBT is adaptable to short consultations in PC • Enables early, low-intensity mental health intervention. • Promotes self-regulation and empowers patients.

Teaching method and workshop: PART 1: LECTURE Section A: Introduction to CBT in Primary Care • CBT is structured, evidence-based, and effective in brief primary care consultations. • Ideal for conditions like anxiety, depression, chronic illness, and stress. Section B: Foundations o

Expected outcomes: 1. Identify negative thoughts 2. Challenge them 3. Replace negativity with helpful thoughts 4. Modify behaviors by integrating CBT with the motivational interviewing framwork 5. Maintain the gains through practice and improves adherence.

Conclusion: •Cognitive Behavioral Therapy (CBT) in primary care are short-term, structured approaches •Initially was used to help patients manage mental health concerns like anxiety, depression, and insomnia. •More and more

being used to bring about behaviour change. •It is particularly well-suited for the primary care setting due to its evidence base and potential for improvement in patient outcomes.

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ID 2227- Maternal Mortality in São Paulo: Socioeconomic Profile and Obstetric Causes

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Context: Vaccine refusal has become an increasing public health challenge in Türkiye and globally, jeopardizing herd immunity and complicating the delivery of preventive services. Family physicians (FPs), frequently encounter parents who reject childhood vaccines. Understanding how FPs perceive vaccine refusal, and which strategies they employ is essential for strengthening primary care–based immunization services.

Objectives: This study aimed to explore the experiences, communication processes, and coping strategies of FPs confronted with vaccine refusal.

Methods: A qualitative phenomenological design was used. Semi-structured, in-depth interviews were conducted with FPs working in Family Health Centers in Türkiye. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis with MAXQDA 24. Codes, categories, and overarching themes were developed iteratively through an inductive approach.

Results: FPs reported encountering vaccine refusal with variable frequency, most commonly driven by misinformation, religious concerns, fear of adverse effects, distrust in the health system, and social media influence. FPs employed multiple coping strategies: 1- Educational and evidence-based counseling, universally applied; 2- Empathic and patient-centered communication techniques, including motivational dialogue; 3- Pragmatic or sanction-oriented approaches in selected cases (e.g., documentation requests, repeated scheduled visits). Vaccine refusal generated emotional strain, moral distress, and workload burden among FPs. System-level gaps—such as limited consultation time, absence of standardized guidance materials, and inadequate institutional support—further complicated case management.

Discussion: This study shows that vaccine refusal in primary care is shaped by misinformation, socio-cultural factors, and limited systemic support. Although FPs frequently use evidence-based counseling and empathic communication, these strategies alone are often insufficient for changing parental decisions. The emotional and professional strain reported by physicians highlights the need for structured national guidance, improved communication training, and stronger organizational support.

Conclusion: FPs' experiences in this study show that vaccine refusal is shaped by misinformation, socio-cultural factors, and limited institutional support. Their perspectives highlight that evidence-based explanations and empathic communication help but are often insufficient to change parental decisions. According to physicians, effective management of vaccine refusal requires stronger system-level support, clearer national guidance, and enhanced training to empower primary care in this growing public health challenge.

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ID 1475- Maternal obesity and overweight

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Context: Family physicians frequently face heavy workload, burnout, and domestic responsibilities; however, gender- and marital-status–related differences in these areas remain insufficiently investigated in Türkiye.

Objectives: This study aimed to provide a multidimensional assessment of work–life balance, burnout, psychological safety, and household care burden, and to examine how

these domains vary by gender and marital status.

Methods: This nationwide cross-sectional survey, conducted after ethics approval, recruited physicians through online professional networks who then completed a Google Forms questionnaire covering work–life balance, burnout, psychological safety, domestic workload, and work-related characteristics. Data were analyzed using SPSS. Descriptive statistics were used to summarize participant characteristics, normality was assessed with the Shapiro–Wilk test, and appropriate comparative analyses (independent-samples t test, Mann–Whitney U, or chi-square) were applied based on variable type and distribution.Internal consistency of scales was assessed with Cronbach's alpha. Statistical significance was set at $p < 0.05$.

Results: A total of 230 family physicians participated (138 women,92 men).The mean weekly working time was 41.10 ± 9.09 hours, and the mean daily patient volume was 59.30 ± 22.55. Among participants with childcare responsibilities (n = 57), mean daily childcare duration was 376.84 ± 334.21 minutes. The mean Maslach burnout score was 4.00 ± 0.92, reflecting moderate-to-high burnout levels.Among married participants, women reported significantly longer daily housework duration than men ($p = 0.048$, $r = 0.17$).Burnout categories did not differ by gender ($p = 0.590$) but were strongly associated with marital status ($p < 0.001$). Married physicians were more frequently classified as "needs professional support". Burnout scores were significantly higher among participants who had considered leaving the profession in the past year ($p = 0.009$).

Discussion: In line with existing evidence demonstrating disproportionate domestic responsibilities among women physicians, our findings indicate that such gendered disparities become most evident within marriage, paralleling the elevated burnout patterns reported in prior research.

Conclusion: The findings indicate that although work–life balance scores were similar across demographic groups, pronounced gendered inequalities in unpaid domestic labor emerged within marriage, making marital status a key determinant of burnout severity and underscoring the need for policies that acknowledge invisible domestic labor and support the well-being of family physicians in Türkiye.

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ID 2210- Maximizing Cardiorenal Protection: The Superiority of Combined Finerenone and SGLT2i Therapy

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Context: A 42-year-old man with end-stage renal disease is being evaluated for a living-donor kidney transplant. His potential donor is his 38-year-old brother. The recipient's wife has been acting as the interpreter for both men during clinic visits, as the family shares a close relationship and prefers to keep communication "within the family."

Methods: Conflict of Interest in Use of an Interpreter The wife has dual roles—interpreter and family member—creating a conflict that compromises accurate, impartial communication. Donor Autonomy and Informed Consent The donor must receive clear, complete, unbiased information about any factors that could affect the transplant outcome. Lack of transparency prevents informed consent Recipient Confidentiality vs. Donor Safety The recipient has the right to privacy, yet the transplant team also has an ethical obligation to protect the donor from foreseeable risk (risk–benefit assessment.) Family Dynamics and Undue Influence The close relationship among all parties increases the risk of emotional pressure, even unintentionally. Using a family member as interpreter can mask coercion

Originality: During the discussion privately, the wife/interpreter informs the transplant team of a significant health condition affecting the recipient—one that may influence graft outcomes and long-term survival. She insists

that this information not be disclosed to the donor, expressing concern that the brother will withdraw his offer to donate. The donor appears motivated and supported by both his brother (the recipient) and the recipient's wife. He feels well-informed and confident that he understands the medical implications of donation.

Lessons learned and future implications: Arrange a neutral interpreter to remove conflict of interest. Privately counsel the recipient about the necessity of disclosure. Ensure the donor undergoes an independent donor advocate assessment to confirm voluntariness and understanding. If the recipient refuses disclosure, the team may ethically decline to proceed with the transplant.

Discussion: This case underscores the essential role of professional interpreters, independent donor advocacy, and structured communication protocols in transplant evaluations. When informed consent cannot be guaranteed, the transplant team may be ethically obligated to pause or decline proceeding with the donation.

Conclusion: There is need for clear institutional guidelines and reinforces the central ethical principles of autonomy, transparency, and protection of donor welfare in living kidney transplantation.

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ID 846- Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome: A Rare Case Report from XXX

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Context: Metabolic syndrome (MetS) is highly prevalent in Asian middle-aged adults and represents a major burden for primary care. Conventional MetS criteria do not fully capture visceral adiposity or insulin resistance, which are key components of its pathophysiology. The Metabolic Score for Visceral Fat (METS-VF) and the Metabolic Score for Insulin Resistance (METS-IR) are non-invasive indices derived from routine clinical data and may help refine metabolic risk stratification.

Objectives: To investigate genome-wide genetic associations with MetS across varying levels of METS-VF and METS-IR in a large Korean community cohort.

Methods: Data from 70,583 adults aged ≥40 years in the Korean Genome and Epidemiology Study (KoGES) were analyzed. Participants were categorized into tertiles (T1–T3) of METS-VF and METS-IR. MetS was defined using standard clinical criteria. Genome-wide logistic regression analyses were conducted within T1 and T3 of each index, adjusting for major demographic and lifestyle factors. Genome-wide significance was defined as $p < 5\times10^{-8}$.

Results: MetS prevalence rose markedly across tertiles (2.6%→79.2% for METS-IR; 5.7%→72.2% for METS-VF). The strongest and most consistent associations across strata occurred at the APOA5–ZPR1–BUD13 cluster, a key regulator of triglyceride-rich lipoprotein metabolism. Additional lipid-related loci showed context-dependent patterns: LPL variants were protective mainly in METS-VF T3; CETP variants were protective in T1; and an APOC1-proximal variant increased MetS risk only in T3. In contrast, variants near ARHGEF11 (vascular tone) and DGKB (insulin signaling) were associated with MetS primarily in the lowest tertiles of METS-VF and METS-IR.

Discussion: METS-VF offered a more biologically coherent stratification than METS-IR because it reflects visceral adiposity–driven metabolic dysfunction rather than heterogeneous systemic insulin resistance. This enabled lipid-related and context-specific genetic pathways to emerge more clearly. Importantly, METS-VF distinguished metabolic environments in which different genetic mechanisms—triglyceride metabolism, vascular regulation, or early insulin signaling—become dominant contributors to MetS. These findings suggest that visceral fat burden fundamentally shapes the penetrance of genetic risk for MetS.

Conclusion: Using METS-VF and METS-IR revealed distinct genetic pathways underlying

MetS. METS-based indices, accessible in primary care settings, may strengthen risk stratification and guide more targeted prevention strategies in community populations.

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ID 957- May-Thurner syndrome with iliac vein compression, deep vein thrombosis, and pulmonary embolism; rapid diagnosis is essential. A case report.

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Context: In France, medical students training takes place primarily in hospital settings, with limited exposure to primary care professionals. Medical students choose their specialty at the end of their sixth year of study. For several years, the Faculty of Medicine in Brest has implemented a teaching seminar focused on medical practice settings and medical specialties, aimed at supporting sixth-year students in developing their professional project.

Methods: The evaluation of the teaching seminar was conducted using a questionnaire, collecting students' professional project before and after the teaching seminar. Individual interviews were then carried out with students to explore their perceptions and the impact of this teaching on their professional project, until data saturation was reached. The interviews were analyzed using Grounded theory methodology

Originality: First qualitative evaluation of this teaching seminar, including an assessment of students' perceptions of primary care practice. It will also evaluate how sixth-year medical students develop their professional project in the context of the recent reform of the second cycle of medical studies in France.

Lessons learned and future implications: The teaching seminar will be set in 2 sessions, in December 2025 and March 2026. Data collection will take place from December 2025 to April 2026. The results will be presented during the WONCA conference.

Discussion: Study Ongoing

Conclusion: This study will evaluate the influence of a teaching seminar on the professional project of french sixth-year medical students. The data collection is set to take place from Decembre 2025 to April 2026.

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ID 2255- Medical education engagement in the post-pandemic era

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Context: As more regions worldwide transition into super-aged population structures, the need for robust primary care systems capable of identifying asymptomatic metabolic bone disorders has become increasingly pressing. Population-based elderly health examinations—where implemented—provide valuable opportunities for early detection, particularly through routine biochemical testing and bone mineral density (BMD) assessments. In this context, we report a case of osteoporosis likely attributable to primary hyperparathyroidism (PHPT), detected incidentally through such a screening program.

Methods: An 85-year-old woman with a history of bilateral renal stones was incidentally found to have hypercalcemia (10.8 mg/dL) and severe osteoporosis (T-score −3.9) during a population-based elderly health examination. Follow-up laboratory evaluation revealed elevated intact parathyroid hormone (97.7 pg/mL), vitamin D deficiency (16 ng/mL), and a 24-hour urinary calcium excretion of 181 mg/day with a calcium–creatinine clearance ratio of 0.013. Differential diagnoses included familial hypocalciuric hypercalcemia and secondary hyperparathyroidism. However, the overall biochemical and clinical profile supported PHPT as the leading diagnosis, with further clarification achieved after vitamin D repletion. Anti-resorptive therapy was also initiated.

Originality: This case illustrates the increasing importance of primary care in interpreting

incidental hypercalcemia identified through routine screening. It demonstrates how early detection pathways can meaningfully influence the diagnostic workup of PHPT and enable more timely management of osteoporosis.

Lessons learned and future implications: A broad and structured approach to the differential diagnosis of hypercalcemia helps elucidate the complex interactions between biochemical markers and bone metabolism. This case also raises concerns regarding cautious vitamin D supplementation—with appropriate monitoring—in patients with deficiency and a history of nephrolithiasis. In addition, it underscores the importance of initiating osteoporosis treatment promptly. Together, these insights highlight opportunities to strengthen primary care evaluation pathways and ensure timely intervention.

Discussion: As global populations continue to age, strengthening early detection strategies—such as incorporating BMD testing into routine elderly assessments—may improve fracture prevention efforts. Clear interpretation of screening results, together with streamlined decision-making algorithms, is essential to support general practitioners in the evaluation and management of metabolic bone diseases.

Conclusion: Integrated screening strategies, coupled with structured primary care follow-up, are crucial for ensuring early detection and equitable management of bone and mineral disorders in ageing societies.

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ID 1534- Medical-historical study of cases of sudden death reported in newspapers in the district of Domfront (1900-1914)

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Context: Headache is one of the most common complaints in primary care. While most are primary headaches, changes in headache pattern, inadequate response to treatment and increased analgesic use are red-flag features suggesting secondary causes.

Methods: A 45-year-old woman presented with a one-year history of progressively worsening headaches, now occurring 4–5 times per week and waking her from sleep. Despite recent neurology evaluation and adjusted migraine prophylaxis, symptoms worsened and daily analgesic use increased. Neurological examination was normal. Due to red-flag features, she was referred to ENT for neck–carotid evaluation. CT angiography showed a 56×25 mm hypervascular mass consistent with a glomus tumor. She underwent embolization and surgical excision.

Originality: The only presenting complaint was headache, without focal neurological deficit or otologic symptoms. A rare glomus tumor was diagnosed solely through primary care clinical reasoning based on red-flag symptom recognition rather than classic tumor findings.

Lessons learned and future implications: Change in headache pattern requires re-evaluation. Analgesic overuse and failure to improve despite recent specialist assessment should prompt search for secondary causes. Family physicians play a key role in early identification and timely referral, improving outcomes.

Discussion: Paragangliomas are rare and often present with nonspecific symptoms. Early recognition of red-flag features in primary care prevented diagnostic delay and facilitated appropriate multidisciplinary management. This case emphasizes the educational value of structured decision-making in common symptoms such as headache.

Conclusion: Early recognition of red-flag features and timely referral in primary care can prevent diagnostic delay and reduce morbidity. This case highlights the critical role of family physicians in identifying secondary causes in patients presenting with common symptoms such as headache.

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ID 609- Medicine as Moral Architecture: Designing a Family Medicine Department from Scratch

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Context: Introduction: Exercise-induced vasculitis, often referred to as “Disney rash,” is a benign cutaneous small-vessel vasculitis that develops on the lower extremities after sustained physical exertion, particularly in hot or humid conditions. Although the rash may appear striking—with erythematous or purpuric, bruise-like patches—it is not dangerous and does not lead to long-term complications. The underlying mechanism involves inflammation of superficial dermal vessels, and symptoms may include mild pruritus, burning, or local discomfort. The condition is more frequently observed in women over 50 years of age and individuals who are overweight or prone to heat-related circulatory changes. -

Originality: Case Report: A 65-year-old overweight woman developed a sharply demarcated erythematous rash above the sock line during a summer hiking holiday in a mountainous region. She had been walking more than 10 km daily. On the third day she noticed the sudden onset of a mildly pruritic rash without systemic symptoms. Although still able to continue hiking, she became increasingly alarmed by the vivid appearance of the lesions. As commonly seen in patients unfamiliar with this benign entity, fear of a potentially serious condition prompted her to seek medical evaluation by her general practitioner when the rash failed to improve.

Conclusion: Conclusion: Exercise-induced vasculitis is self-limiting, typically resolving within one to two weeks. Management focuses on rest, cooling measures, leg elevation, adequate hydration, and avoidance of heat exposure. Clinically, it may be mistaken for cellulitis, contact dermatitis, insect bites, stasis dermatitis, or leukocytoclastic vasculitis; therefore, recognition of its characteristic presentation is important to prevent unnecessary treatment.

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ID 2185- Mediterranean diet adherence and asthma control and exacerbations in children: a literature review

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Context: Dyslipidemia is one of the most common chronic conditions managed in primary care, and long-term preventive strategies are essential to reduce both cardiovascular and cancer-related morbidity. While statins are widely used, the potential broader benefits of adding ezetimibe—particularly regarding cancer prevention—remain unclear in routine practice. As combination therapy is increasingly initiated in primary care settings, evidence on its long-term impact on cancer outcomes is needed to guide clinical decision-making.

Objectives: To evaluate whether ezetimibe–statin combination therapy is associated with a lower long-term risk of cancer compared with statin monotherapy in a real-world primary care population, and to explore potential biological mechanisms supporting this association.

Methods: A retrospective cohort study was performed using the Korean National Health Insurance Service–National Sample Cohort. Adults newly diagnosed with dyslipidemia were categorized into statin monotherapy, ezetimibe–statin combination therapy, and non-user groups. Propensity score matching was used to balance baseline characteristics. Cox proportional hazards models estimated cancer incidence, and subgroup analyses were conducted by age, sex, and diabetes status. To assess biological plausibility, Dependency Map (DepMap) analyses and in vitro proliferation assays were conducted focusing on Niemann–Pick C1-Like 1 (NPC1L1).

Results: Among 104,212 individuals, ezetimibe–statin combination therapy was associated with a substantially lower risk of overall cancer compared with statin

monotherapy (approximately 50% relative risk reduction). The association was strongest for digestive organ cancers, including liver, gastric, and gastro-esophageal cancers. Findings were consistent across sex, age, and metabolic subgroups. Experimental analyses showed reduced cancer cell viability with NPC1L1 knockdown and greater antiproliferative effects with combination therapy versus statin alone.

Discussion: Ezetimibe–statin therapy was associated with a meaningful reduction in long-term cancer incidence, with the strongest effects observed in gastrointestinal cancers. The consistency of results across subgroups and the biological plausibility supported by NPC1L1-related experimental data suggest that the benefit may extend beyond cholesterol lowering. These findings highlight the potential preventive value of combination therapy in real-world primary care settings.

Conclusion: Ezetimibe–statin therapy showed lower long-term cancer risk than statins alone, suggesting potential preventive value in primary care.

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ID 364- Mentoring during the general medicine specialization pathway: an innovative and encouraging system

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Context: Personal beliefs about control over health, Health Locus of control (HLOC), are significantly associated with health-promoting behaviours, including physical activity, smoking cessation, dietary choices, adherence to screening, and medication compliance.

Objectives: This study evaluates the impact of perceptions of health on health-seeking behaviours among low-income neighborhoods in XXX.

Methods: A cross-sectional survey was conducted amongst XXX Rental Flat residents in October 2025. A 15-question validated scale utilising 5-point Likert Scale to measure adults' perceptions of health distributed. The means of 4 subscales (Center of Control, Self-Awareness, Certainty, Importance of health). ANOVA was performed to analyse the associations with health associated behaviours. Outcomes were presented descriptively.

Results: The study comprised 116 residents (50.8% female) with a mean age of 64 (SD = 10.7). Aggregate of perspective of health survey yielded 4 subscales:Center of Control (2.90, 95%CI: 2.76-3.05) Self-Awareness (3.94, 95%CI: 3.82-4.06) Certainty (2.92, 95%CI: 2.78-3.06) Importance of Health (3.83, 95%CI: 3.70-3.95). After age adjustment, smokers with ≥20 pack-years did not differ significantly from those with <20 pack-years on any of the four health perspective subscales (all $p \geq 0.05$), although a non-significant trend toward lower Certainty scores was observed in heavier smokers ($p = 0.087$). No significant differences emerged by exercise frequency (≥3 vs. <3 times/week), presence of chronic conditions, or among those with chronic conditions - whether lifestyle changes had been made post-diagnosis (all $p > 0.05$).

Discussion: In this sample, health-related beliefs were largely unrelated to smoking intensity, exercise frequency, presence of chronic illness, or post-diagnosis lifestyle change behaviour. Limitations include small sample size, cross-sectional design, convenience sampling, and self-reporting bias.

Conclusion: In this study, health-related beliefs were largely unrelated to health-seeking behaviours. The only notable signal was a non-significant trend toward lower Certainty beliefs in heavier smokers ($p = 0.087$). Overall, these belief dimensions did not strongly drive or reflect behavioural differences in this older, low-income adult sample. Future research should use larger samples and adjust for key demographic confounders.

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ID 1037- Mentoring Programme of College of General Practitioners of xxx

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Context: Primary Health Care (PHC) is fundamental to achieving health equity, ensuring timely access to essential services, community participation, and addressing social determinants of health. In Panama, despite sustained economic growth and increased health expenditure in the last decade, significant disparities persist, especially among rural, indigenous, and low-income populations. A predominant allocation of resources to tertiary and quaternary care continues to undermine PHC capacity, affecting service accessibility, continuity, and quality.

Objectives: This study aims to analyze the socioeconomic barriers limiting equity in PHC in Panama, evaluating their impact on core equity indicators (availability, accessibility, acceptability, and quality) and examining territorial disparities in health resource distribution.

Methods: A comprehensive review and synthesis were conducted using three key documents focused on health inequities, social determinants, and access barriers across urban, rural, and indigenous contexts.

Results: Findings reveal that structural, financial, geographical, and organizational barriers disproportionately affect vulnerable populations. Identified limitations include institutional fragmentation between the Ministry of Health and the Social Security Fund, unequal distribution of healthcare professionals, reduced primary care capacity, high indirect patient costs, inadequate infrastructure, and recurrent shortages of medical supplies. Additionally, social determinants such as multidimensional poverty, low educational attainment, and urban centralization exacerbate inequities, directly impacting all dimensions of equity.

Discussion: These barriers compromise not only access but also the timeliness, continuity, and quality of care. Evidence suggests that increased health expenditure alone is insufficient unless accompanied by effective redistribution of resources toward primary health care and targeted policies for historically underserved areas. Strengthening PHC infrastructure, integrating care networks, and addressing underlying social determinants are essential strategies to improve equity and effectiveness, particularly in rural and indigenous territories where historical exclusion correlates with poorer health outcomes.

Conclusion: In conclusion, despite investments and economic progress, PHC in Panama remains challenged by persistent gaps in equity, coverage, and quality. Addressing these inequities requires comprehensive policies that combine resource reallocation, PHC strengthening, and interventions on social determinants, ensuring accessible, continuous, and equitable health care for all.

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ID 2078- Metabolic syndrome in patients with primary aldosteronism: a retrospective study with implications for primary care

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Context: Social determinants of health (SDH) impact health more than biological factors. Yet, research shows a lack of training on SDH in both undergraduate and postgraduate medical education, with studies confirming that social needs of patients are not routinely identified or addressed by healthcare professionals in clinical practice. Family physicians can be involved in education at both graduate and undergraduate levels. Teaching SDH as early as the undergraduate medical years increases the chances of graduating physicians who can address the patients' needs better.

Objectives: How do you design and implement a SDH curriculum in undergraduate medical education using a home visit program led by family doctors?

Methods: The Institute of Medicine's Behavioral and Social Science Knowledge Domains were used as a framework to guide the design of the SDH program. The program was created by enhancing the didactic component with interactive workshops, adding

reflective practice training and ensuring that the family physicians' home visit program becomes a longitudinal experiential program that integrates medical home visits with social activities in collaboration with community partners.

Results: Student surveys, reflective essay analysis, and reflection on the experiential program facilitate by faculty all showed an increased awareness of SDH and increased readiness to address them.

Discussion: Home visit programs led by family doctors can be transformed into powerful tools to educate about SDH. Pairing them with some interactive workshops, reflective practice and partnerships with the community enhances the outcomes.

Conclusion: Building on family medicine home visit programs can increase students' awareness of SDH.

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ID 1669- Metabolic Syndrome in Type 1 Diabetes: Prevalence, Glycemic Control, and Therapeutic Implications

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Context: Humanized care has become a critical component of chronic disease management in Primary Health Care, where patients value empathy, active listening, and shared decision-making as much as technical expertise. Fragmented communication, limited continuity, and insufficient attention to patients' experiences undermine engagement and self-management. In contrast, person-centered approaches integrating psychological and social dimensions strengthen clinical effectiveness, adherence, and perceived quality of care.

Objectives: To evaluate how humanized and person-centered approaches in Primary Health Care influence biological, psychological, and social outcomes among individuals living with chronic diseases and multimorbidity.

Methods: A systematic search was conducted in PubMed, LILACS/BVS, and the Cochrane Library for studies published in the last five years. MeSH terms related to Primary Health Care, Chronic Disease, Multimorbidity, Self-Management, Quality of Life, and Psychological Stress were combined with Boolean operators (AND/OR). Systematic reviews and meta-analyses were excluded. Eligible studies evaluated humanized or person-centered interventions versus standard care and reported biological, psychological, or social outcomes. Four reviewers independently screened all records and extracted data. Given methodological heterogeneity, findings were synthesized narratively.

Results: Across diverse settings, humanized interventions improved health-related quality of life, symptom burden, and key clinical parameters, while reducing avoidable hospitalisations and healthcare costs. Psychological benefits included decreased anxiety and depression, enhanced activation, and improved self-management capacity. Social outcomes, such as trust, perceived respect, communication quality, and cultural sensitivity, were central determinants of adherence and continuity. Inequities in age, gender, education, and social vulnerability influenced care experiences, highlighting the role of social determinants in moderating outcomes.

Discussion: Humanized care functions as a relational and organizational strategy that strengthens chronic disease management by integrating empathy, communication, cultural competence, and attention to socioeconomic contexts. Benefits are amplified when supported by stable therapeutic bonds, structured education, and person-centered planning. However, structural barriers, such as limited consultation time, fragmented communication, and organizational rigidity, continue to restrict implementation.

Conclusion: Humanized and integrated care approaches generate meaningful biopsychosocial improvements for individuals

with chronic conditions in Primary Health Care. By enhancing clinical parameters, psychological resilience, and social well-being, person-centered care should be incorporated as a foundational component of routine practice and health system planning.

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ID 168- Metabolomic determinants of sarcopenia incidence: A 14-year prospective study of 33,797 participants

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Context: Low CD4 counts at first presentation remain a significant indicator of delayed HIV diagnosis and increased risk of adverse outcomes. Early identification of patients at risk for late presentation is essential for improving diagnosis, linking individuals to timely treatment and guiding targeted public health interventions.

Objectives: This study aims to determine sociodemographic, behavioural and clinical characteristics associated with baseline CD4 counts <200 cells/µL among newly diagnosed HIV patients attending a primary care clinic in Bintulu.

Methods: A retrospective analysis was conducted among HIV-positive individuals who received care between 2020 and 2024. Data were extracted from medical records using a standardized form, including age, gender, ethnicity, body mass index, sexual orientation, clinical presentation, and baseline CD4 count. Patients with incomplete baseline information were excluded. Descriptive statistics summarized demographic and clinical characteristics. Univariable logistic regression was used to identify potential predictors, followed by multivariable logistic regression to determine independent associations with low CD4 count, reported as adjusted odds ratios with 95% confidence intervals.

Results: A total of 194 records were included. The mean age was 29.6 ± 6.3 years, with the majority aged 21–30 years (57.2%) and male (90%). Most patients had normal BMI (55.7%), 25.3% were overweight and 8.5% underweight. Ethnic distribution showed 56.7% Iban, 27.4% Malay and 10.3% Chinese. More than half (55.2%) identified as homosexual and 41.2% reported multiple sexual partners. Clinically, 39.6% were asymptomatic, 31% were screened due to other STIs, 25.3% presented with general symptoms and 4.7% had opportunistic infections. Overall, 40.7% had baseline CD4 <200 cells/µL. Univariable analysis identified age 21–30 years, Iban ethicity, general symptoms and opportunistic infections as associated with low CD4 count. Multivariable analysis confirmed general symptoms and opportunistic infections as independent predictors.

Discussion: These findings align with global evidence showing that symptomatic presentation and opportunistic infections strongly predict late HIV diagnosis (UNAIDS, 2023; WHO, 2022; Cohen et al., 2016). The high proportion of advanced disease underscores persistent delays in testing among young MSM populations.

Conclusion: HIV-related symptoms and opportunistic infections were strong independent predictors of low baseline CD4 counts. Strengthening early testing, targeted outreach and community awareness is essential to reduce late presentation and improve clinical outcomes.

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ID 96- Metastatic Hepatopulmonary Hydatidosis: A Long-Term Case Follow-Up in Primary Care

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Context: Continuing Education in Health contributes to the organization of services, qualification, and transformation of health practices. The interprofessional Working Group (WG) for the Care of People with Chronic Conditions, promotes training activities aimed at qualifying professionals in Primary Health Care (PHC).

Objectives: To train physicians on the pharmacological management of Diabetes mellitus (DM), with an updated theoretical framework and applicability in the clinical practice of PHC.

Methods: A face-to-face training course was developed for PHC physicians, integrating the institutional continuing education program. It was based on a Guide to the Care of People with Systemic Arterial Hypertension and Type 2 DM in PHC, developed by the WG and updated according to the clinical guidelines published in 2025. Each edition of the course lasted 8 hours, divided into 2 meetings of 4 hours each, with a 30-day interval. For the first meeting, a clinical consultation was chosen focusing on oral antidiabetic drugs, cardiovascular risk stratification, and dyslipidemia. The second meeting addressed insulin administration. Team-Based Learning and a commented clinical case were used. Random division into 5 subgroups occurred in the first meeting and by affinity in the following, where questions regarding medication management were answered. Consensus on answers was established in the large group discussion and feedback was based on the Guide. Training was provided on glycemic adjustments and handling of insulin delivery devices. Information was gathered regarding the supply chain. A form was completed indicating suggestions and impacts on future practice.

Results: There were 102 participants. The questionnaire responses highlighted the relevance of the course as a qualifier for professional practice; they contributed to improving the methodology for the second meeting and reinforced the importance of the Guide as a reference point for the technical debate. The comparison of the course editions confirmed its reproducibility.

Discussion: Replicable educational interventions, with a systematized theoretical framework aligned with the best scientific evidence, contribute to standardizing practices and strengthening clinical practice in PHC.

Conclusion: Continuing education makes it possible to improve care processes in chronic diseases. The simultaneous replication of the course, the clinical discussions and the analysis of the questionnaire responses consolidate the reproducibility for future training.

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ID 951- Migraine Revisited: New Frontiers in Primary Care

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Context: Tonsillitis is routinely managed in primary care, yet immunosuppressed patients may present with atypical or persistent symptoms that demand closer attention. Methotrexate, widely used for rheumatoid arthritis, predisposes patients to iatrogenic immunodeficiency–associated lymphoproliferative disorders (IA-LPDs), particularly Epstein–Barr virus–positive forms. For family physicians, recognizing when a common complaint deviates from its usual course is essential to prevent diagnostic delay.

Methods: A 70-year-old woman with seropositive rheumatoid arthritis on long-term methotrexate presented with two months of recurrent sore throat and fever initially resembling bacterial tonsillitis. Examination showed erythematous tonsils with purulent exudate, and CT revealed bilateral tonsillar necrosis with extensive necrotic lymphadenopathy in the cervical, mediastinal, and axillary regions. She was referred to otolaryngolotist for operative evaluation. Bilateral tonsillectomy was performed due to concern for malignancy or deep infection. Histopathology demonstrated a polymorphic EBV-positive lymphoproliferative disorder with

Hodgkin-like features, consistent with IA-LPD. Despite delayed wound healing and persistent ulceration, withdrawal of methotrexate led to gradual and complete clinical improvement.

Originality: Bilateral necrotic tonsillitis as the initial manifestation of methotrexate-associated EBV-positive IA-LPD is extremely rare. This case broadens the recognized clinical spectrum of IA-LPDs and highlights diagnostic challenges in primary care.

Lessons learned and future implications: Persistent tonsillar necrosis, unusual lymphadenopathy, or poor response to standard therapy in immunosuppressed patients should prompt early imaging and referral. Withdrawal of methotrexate may induce complete regression in EBV-positive IA-LPDs, reinforcing the value of timely recognition in primary care.

Discussion: Although tonsillectomy provided a definitive diagnosis, image-guided core needle or lymph node biopsy could be considered as less invasive alternatives when LPD is suspected. Necrotic tonsils and widespread lymphadenopathy initially mimicked infection, delaying recognition of methotrexate-related EBV-positive IA-LPD. The absence of EBV viral load and clonality testing limits further classification, and the long-term recurrence risk remains uncertain.

Conclusion: Persistent tonsillar necrosis or atypical lymphadenopathy in immunosuppressed patients should prompt early imaging and specialist referral. Clinicians should consider IA-LPD in methotrexate-treated patients, as timely cessation of immunosuppression may allow full remission and prevent overtreatment.

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ID 1416- Mobilising the next generation: strategies to foster the engagement of young general practitioners

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Context: Words spoken by healthcare providers can have a profound psychological impact on patients, especially those with mental health concerns.

Objectives: Few studies have explored how patients perceive comforting or hurtful language in adults. This study aimed to identify patients' perceptions of commonly used expressions and to compare differences according to depression status, gender, and age.

Methods: A cross-sectional online survey was conducted among 1,195 adult respondents in Korea. Participants were asked to rate 15 phrases frequently used in clinical or everyday communication on a 4-point Likert scale (1 = very hurtful, 4 = very comforting). Demographic and mental health data were collected, including self-reported depression status and prior psychiatric treatment experience.

Results: Overall, participants rated most expressions as comforting rather than hurtful, with mean scores ranging from 3.1 to 3.3. The most comforting phrase was "I'm ready to listen whenever you want to talk" (mean = 3.2), while "Don't feel guilty, it's not your fault" also scored highly (mean = 3.18). Approximately 85–90% of participants classified these phrases as comforting. Differences according to depression status, gender, and age will be further presented, highlighting how personal background may shape sensitivity to certain expressions.

Discussion: Korean primary care patients generally perceive empathetic and supportive language positively.

Conclusion: Understanding which expressions provide comfort versus distress can help family physicians communicate more effectively and promote emotional healing in clinical encounters.

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ID 808- Models of care in Primary Care in providing healthcare to transgender population

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Context: Singapore's mixed-payer health system places significant responsibility on individuals to adopt positive health behaviours. Recent HealthierSG (HSG) and Screen for Life (SFL) initiatives illustrate preventive-care as a core tenet of Singapore's health policy framework. While awareness is traditionally an antecedent in health-behaviour models, its differential impact across distinct "awareness levels", and how this translates into preventive-care uptake, remains poorly characterised, particularly among socioeconomically disadvantaged rental-flat communities where contextual factors complicate engagement.

Objectives: This study (1) examines patterns of screening uptake, (2) evaluates how distinct levels of awareness differentiate screening behaviour, and (3) characterises reasons for non-uptake in a Singapore rental-flat community.

Methods: A cross-sectional analysis of 120 rental-flat-dwelling adults aged ≥45 was conducted at a community health screening. Participants self-reported awareness at two tiers: basic programme recognition and actionable awareness (understanding of subsidies, eligibility and enrolment) and HSG and SFL enrolment. Data were summarised with descriptive statistics. Associations were analysed with logistic regression. Qualitative responses were thematically grouped.

Results: Participants (mean age 63.7 (±10.8); 52.5% female) had 25.0% and 31.7% enrolment rates in HSG and SFL respectively. Basic awareness was not significantly associated with screening uptake (HSG: p=0.058; aOR=1.38; 95%CI 0.99-1.90 and SFL: p=0.785; aOR=1.09; 95%CI 0.58-2.05). Conversely, actionable awareness significantly predicted uptake (HSG: p=0.003; aOR=3.15; 95%CI 1.49-6.65 and SFL: p=0.043; aOR=1.35; 95%CI 1.10-1.80). Demographic covariates showed no statistical significance. 94 participants provided qualitative responses, commonly citing lack of awareness or procedural understanding (31.9%), absence of symptoms or ambivalence towards preventive-care (27.7%) and lack of time (13.8%) as barriers. Other reasons included cost and fear of adverse results.

Discussion: This study illustrates a literacy threshold, where actionable (rather than basic) awareness drives uptake, aligning with the established Precaution Adoption Process Model. Individuals may understand the existence of a programme, yet lack ability to navigate its procedural aspects. Such process-level gaps inadvertently widen inequities in rental-flat communities who already face other barriers, in particular, reduced health literacy, revealed in responses such as "absence of symptoms", which demonstrates insufficient understanding of preventive-care principles.

Conclusion: Strengthening process-level literacies through context-sensitive support and intentional communication tools is vital to ensuring informed screening participation, and equity in Singapore's care landscape.

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ID 1745- Moderate acute pain in the emergency department: comparison of the efficacy of oral and intravenous paracetamol

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Context: Previous studies have suggested that obesity is associated with an increased risk of developing pancreatic cancer. However, it is unclear whether the association between body mass index (BMI) and the risk of pancreatic cancer differs by glycemic status.

Objectives: This study investigated how the association between BMI and pancreatic cancer differs by glycemic status.

Methods: This Nationwide cohort study included 9,520,629 adults who underwent the

Korean National Health Screening in 2009 and were followed until 2018. BMI was divided into underweight (BMI, <18.5 mg/dL), normal (BMI, 18.5-22.9 mg/dL), overweight (BMI, 23-24.9 mg/dL), obesity stage I (BMI, 25-29.9 mg/dL), and obesity stage II (BMI, ≥35 mg/dL). Multivariable Cox proportional hazard models were used to estimate Hazard Ratios (HRs) and 95% confidence intervals (CIs) after adjusting for potential confounders.

Results: During the 78.4 million person-years of follow-up, 15,245 people were newly diagnosed with pancreatic cancer. In the normoglycemia group and impaired fasting glucose (IFG) group, even being overweight was associated with an increased risk of pancreatic cancer; HR 1.11, 95% CI 1.05-1.18, and HR 1.15, 95% CI 1.16-1.24, respectively. In both groups, the risk of pancreatic cancer was the highest in obesity stage II; HR 1.25, 95% CI 1.08-1.44 and HR 1.31, 95% CI 1.12-1.53, respectively. Among individuals with diabetes, the risk of pancreatic cancer was highest in those who were underweight, although the difference was not statistically significant; HR, 1.15, 95% CI 0.89-1.49.

Discussion: This study found that being overweight, as well as obese, increases pancreatic cancer risk in people with normoglycemia or impaired fasting glucose. In contrast, among people with diabetes, being underweight was linked to the highest cancer risk. These contrasting associations suggest different underlying mechanisms: metabolic factors tied to excess weight may drive cancer in normoglycemic or prediabetic individuals, while unintended weight loss in diabetes could indicate early or existing cancer.

Conclusion: Our findings highlight the need for individualized risk assessment and surveillance, rather than a one-size-fits-all screening approach, to improve pancreatic cancer prevention and early diagnosis efforts.

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ID 1962- Moderate-to-high fatigue severity as an independent correlate of muscle strength and endurance among Hospital Employees

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Context: According to the World Health Organization, the preferred model for organizing health systems is People-Centred Integrated Care (PCIC), in which Primary Health Care (PHC) plays a central role. In Brazil, the Ministry of Health identifies the Family Health Strategy (FHS) as the preferred model for delivering PCIC. However, multiprofessional and transdisciplinary undergraduate education within high-quality FHS services—guided by trained professionals and team-based PCIC—is still far less common than training in hospital or specialized outpatient settings.

Methods: Undergraduate students from the University of São Paulo, spent one year immersed in a PHC unit with four family health teams. The unit, managed by the FMRP-USP/HCFMRP-USP academic health complex, covers a territory of roughly 12,000 socially vulnerable residents. Students received an initial transdisciplinary theoretical foundation on PCIC and subsequently followed family physicians in their daily activities.

Originality: The project offered longitudinal, hands-on exposure to real PCIC practice within an academically managed PHC service. It enabled students to critically examine how family medicine operationalizes integrated, person-centred care in vulnerable territories, highlighting nuances rarely addressed in traditional hospital-based training.

Lessons learned and future implications: Interviews and clinical observations revealed the complexity of caring for vulnerable patients—especially older adults—who often face multimorbidity, economic hardship, limited education, isolation, and fragile support networks. Students learned that effective care requires understanding the person's life story,

context, and functionality. They also identified the unequal distribution of chronic diseases across social groups and the centrality of person-centred rather than disease-centred approaches.

Discussion: Throughout the year, students deepened their theoretical and practical understanding of PHC and family medicine. They recognized that family medicine is essential for: ensuring universal access grounded in the person, family, and community; coordinating longitudinal care across services and levels of the health system; enabling comprehensive care through multiprofessional teamwork.

Conclusion: The project strengthened students' humanistic and integrative training in health care. It fostered transdisciplinary learning spaces focused on value-based care, person-centred clinical method, interprofessionality, integration of public and family health, health promotion, prevention, rehabilitation, palliative care, avoidance of iatrogenesis, and the interplay of biological, psychological, social, and relational dimensions, including clinical communication and motivational interviewing.

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ID 1195- Monitoring Hypertension in Primary Care: Population Characterization and Care Challenges

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Context: Brazil's Migration Law represents progress in humanitarian reception and has advanced through the Solidarity Resettlement Program, prioritizing vulnerable groups in partnership with civil society. Nevertheless, refugees continue to encounter discrimination and limited access to autonomy-building opportunities. This work reports the experience of a health-care student in a teaching-and-extension project under family medicine tutoring, examining how social determinants shape the vulnerability of refugees in Brazil and highlighting primary care as a human-rights-based entry point to community health.

Methods: Experience report from a teaching and extension project addressing neglected populations for undergraduate health students. One pedagogical axis focused on theoretical and practical training on migration, refugee health, and human rights. The study was co-constructed by a student and family physicians, examining gaps that hinder effective reception of refugees in Brazil. It proposes practical strategies for confronting systemic barriers and reframing public health management to address the roots of persistent neglect beyond theoretical ideals.

Originality: Over six months, students engaged in theoretical classes and weekly article discussions on migration, refugee health, and the health system challenges.

Lessons learned and future implications: Primary care emerged as a strategic space to identify and map migrant populations, requiring flexibility beyond rigid territorial logic. Community leaders can facilitate access and registration. Persistent institutional resistance underscores the need for reinforced training in migrant and refugee health during undergraduate education and ongoing professional development.

Discussion: Over six months, students engaged in theoretical classes and weekly article discussions on migration, refugee health, and the health system challenges. Four undergraduates (three in medicine, one in speech therapy) participated in hybrid meetings and field activities. Topics included geopolitics of migration, refugee rights, primary care challenges, and barriers faced by migrant women, children, and Indigenous refugees. Field immersion revealed linguistic barriers, lack of cultural competence, limited professional knowledge of refugee family dynamics, and insufficient preparation of primary care teams for equitable, longitudinal care.

Conclusion: Primary care must act as an adaptive, equity-driven level of care capable of

responding to contemporary migratory flows. Despite limitations, it holds significant potential to reduce gaps, provided that training on migrants and neglected populations is expanded within health curricula and family and community medicine practice.

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ID 1189- Mortality, and survival rates following lower limb amputation, a national observational cohort study in Sweden

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Context: Aims: (1) Determine physician stressors (2) Define issues related to gender (3) Delineate gaps in personal leadership and resilience competencies (4) Compare evidence based techniques, tools, and resources to create a personal action plan for personal professional development to enhance leadership skills and counter burnout

Methods: Methods: Interactive discussion provides a framework of the current literature with individual and group exercises to identify gaps in personal leadership and resilience competencies followed by action plan development.

Originality: Attendee engagement: Interactive discussion provides a framework of the current literature. A series of individual and group exercises will assist participants to identify their own personal gaps in leadership skills and resilience competencies. Pair-sharing and group sharing discussions will occur. Particpants will create a personal action plan with suggested evidence based resources to assist in professional skill development around leadership and prevention of burnout.

Lessons learned and future implications: At the conclusion of this presentation, attendees will be able to: 1.Explain the current evidence demonstrating gender discrepancies in leadership and risk for burnout 2.Complete assessment of personal leadership skill and resilience gaps 3.Implement the developed personal action plan for leadership and resilience

Discussion: Background: Stress, emotional distress, or burnout can affect a physician's ability to provide high-quality care. The Commonwealth Fund International Health Policy Survey of Primary Care Physicians showed that the majority of physicians in the 10 high-income countries surveyed revealed increasing physician burnout since the COVID-19 pandemic. Demographics of young age, female gender, long hours and poor job satisfaction increase risk for burnout. Compounding this, the literature suggests that women may experience a number of gender-related individual challenges that impact their path to leadership, including gender differences in approaches to career and life goals. The underrepresentation of women in leadership positions worldwide in industry and medicine continues even though the proportion of women in the workplace has increased

Conclusion: Conclusions: Creating personal action plans for leadership and resilience assist in stress prevention which is more beneficial than treatment since once burnout occurs, there is limited evidence to support modalities for resolution.

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ID 1190- Most Effective Strategies to Improve Medication Adherence Among Hypertensive Patients in Primary Health Care

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Context: Background Impact of Diabetes in Chronic degenerative disc disease is well known in the literature. We noted excessive use of opiates among poorly controlled diabetes with chronic lumbar disc disease. the aim to study the impact of lifestyle intervention

Methods: 97 females, aged [55 -70] over 24 months periods were reviewed. 60 were given lifestyle interventions included diet, exercise by MSK physiotherapist, and counselling and opiate decelerating regimes. 37 patients were already on polypharmacy. These patients were followed up by other clinicians and continued medication as per their clinician's advice Outcomes evaluated with Oswestry back pain questionnaires included reduction of opiate use, HBA1c.

Originality: Observational study

Lessons learned and future implications: The Lifestyle intervention group showed drop in HBA1c 78 to 67. and reported less radicular symptoms. All components of the pharmacologic therapy were explored. 5/60 patients did not use any opiate after one year of lifestyle intervention. 2/60 patient had HBA1c dropped to prediabetic range. There was a trend toward better weight management at 6 months in the lifestyle group. 11/37 patients required Pain injection therapy by specialist for Chronic low back pain

Discussion: Lifestyle changes produce better glycemic control, lesser use of opiates and weight management. This comprehensive medical approach that encompasses intensive lifestyle modification including behavioural changes towards nutrition, and physical activity, as well as pharmacotherapy leads to better outcome in poorly controlled diabetes with Degenerative disc disease

Conclusion: This study highlights glycemic control rather than pain medication would reduced morbidities in poor control diabetics with Disc disease.

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ID 2106- Multidisciplinary Academic Research in Family Medicine: A Literature Review

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Context: Diffuse Idiopathic Interstitial Lung Disease (ILD) is a respiratory condition characterized by inflammation and/or fibrosis of the alveolar interstitium. Its diagnosis is particularly challenging in early stages and in patients without significant respiratory symptoms. Differential diagnosis with more common chronic lung diseases such as Chronic Obstructive Pulmonary Disease (COPD) and asthma is essential. Primary Care plays a pivotal role in early suspicion and timely referral, ensuring equitable access to diagnosis and comprehensive patient management.

Methods: Un hombre de 69 años, exfumador, presentó disnea progresiva, malestar general, palpitaciones y ansiedad tras iniciar tratamiento con cilostazol por insuficiencia venosa. En la exploración física, se detectaron hipocratismo digital y crepitaciones bibasales tipo velcro. En la consulta de AP, se solicitó lo siguiente: Radiografía de tórax que muestra compromiso pulmonar periférico, sugestivo de EPI. Espirometría con patrón restrictivo. Tomografía computarizada de tórax con hallazgos sugestivos de compromiso pulmonar intersticial inespecífico. Tras la derivación, la broncoscopia reveló microbiología positiva para Serratia marcescens, tratada con trimetoprima-sulfametoxazol, mientras que la anatomía patológica fue negativa para malignidad. Se estableció un seguimiento compartido entre Neumología y AP.

Originality: Este caso destaca el papel proactivo del médico de familia en la detección inicial, la derivación oportuna y el seguimiento integral. Esto previene la detección hospitalaria tardía y los retrasos diagnósticos, que tradicionalmente superan los 12 meses. La farmacovigilancia activa en CP es esencial, ya que permite identificar precozmente la neumonitis inducida por fármacos y prevenir la progresión a fibrosis.

Lessons learned and future implications: La Atención Primaria puede acortar los retrasos diagnósticos en la EIP. La farmacovigilancia activa es crucial para detectar la neumonitis inducida por fármacos. La educación y el empoderamiento del paciente con respecto a las señales de advertencia y las vías de atención de urgencia mejoran los resultados.

Discussion: Este caso ilustra cómo la Atención Primaria puede ser la piedra angular del manejo de las EPI, garantizando la equidad y la accesibilidad al diagnóstico. La colaboración entre los niveles de atención promueve la libertad clínica responsable y una precaución diagnóstica equilibrada.

Conclusion: La Atención Primaria desempeña un papel crucial en la detección temprana de la EPI, garantizando la equidad y la accesibilidad al diagnóstico. Fomenta la colaboración entre profesionales y entre los diferentes niveles de atención, promoviendo la libertad clínica responsable y una precaución diagnóstica equilibrada. La educación y el empoderamiento del paciente respecto a su enfermedad son fundamentales, incluyendo información sobre signos de alerta, hábitos de vida y cuándo buscar atención urgente. Sólo a través de esta fraternidad asistencial y de una práctica clínica profundamente arraigada en la humanidad, la Atención Primaria puede garantizar la equidad diagnóstica y convertirse en la verdadera piedra angular para el manejo integral y digno de las EIP.

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ID 1284- My baby smells like fish – trimetylaminuria: a case report

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Context: Fracture management accounts for one percent of patient presentations to family medicine. Fractures that are uncomplicated, and low risk rarely require orthopaedic intervention. These fractures can be treated exclusively in family medicine. Barriers include inadequate remuneration and limited education in fracture management. This workshop will be presented under the banner of the WONCA Emergency Medicine (EM) Special Interest Group (SIG).

Objectives: To introduce family doctors to management of basic fractures.

Teaching method and workshop: Two types of teaching methods will be used. First, direct instruction. Attendees will be introduced to the concept of basic fracture management based on a recent publication by the presenting author entitled Basic fracture management in general practice.

Expected outcomes: Doctors will be able to see how easy it is to apply Plaster-of-Paris and Dynacast splints in family medicine. They will then be able to reference literature and videos for applying splints for fractures that they can manage in their family medicine clinic

Conclusion: Teaching family doctors to manage basic fractures in the community is a win-win-win situation. Patients benefit, as they avoid travel and long waits in hospital emergency departments. The healthcare system benefits because family medicine options for fracture management provide opportunities for hospital avoidance and reduce costs.

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ID 1779- Myths and Realities of Antihypertensive Combination Therapy in Greece and Worldwide

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Context: High-density lipoprotein cholesterol (HDL-C) has long been considered cardioprotective, yet recent studies suggest a U-shaped association with mortality, indicating possible harm at extremely high levels. Evidence from the XXX population remains limited, particularly regarding sex-specific patterns and cause-specific mortality.

Objectives: The study aimed to (1) examine the association between extremely high HDL-C and all-cause and cause-specific mortality, (2) identify sex-specific nadir points in the HDL-C–mortality curve, and (3) evaluate whether the association between HDL-C and mortality is modified by LDL-C levels, and whether extremely high HDL-C remains protective across LDL-C categories.

Methods: A nationwide longitudinal cohort from XXX was analyzed, in which participants

who underwent baseline health examinations were followed for up to 12.3 years. HDL-C was assessed using categorical groups (10 mg/dL increments) and as a continuous measure using restricted cubic spline models. Outcomes included all-cause mortality and cause-specific mortality (cardiovascular disease [CVD], cancer). Analyses were stratified by sex and adjusted for demographic variables, lifestyle factors, comorbidities, and lipid profiles.

Results: During follow-up, 3.8% of participants died. HDL-C exhibited a U-shaped association with all-cause mortality, with nadirs at 40–50 mg/dL in men and 60–70 mg/dL in women. Low HDL-C (<40 mg/dL) was associated with substantially higher CVD mortality across LDL-C categories, with risk rising steeply at the lower range. Associations at extremely high HDL-C levels were less robust. For cancer mortality, low HDL-C showed a modest increase in risk, whereas findings at very high HDL-C levels were weak and not statistically consistent. Extremely high HDL-C did not demonstrate a protective association in any LDL-C category and showed only modest risk elevation at very high levels.

Discussion: The findings support a non-linear, sex-specific relationship between HDL-C and all-cause mortality. The pattern observed across LDL-C categories suggests that extremely high HDL-C may not provide additional protective effects.

Conclusion: HDL-C demonstrated a sex-specific U-shaped association with mortality, with men exhibiting a lower nadir than women. Extremely high HDL-C levels may serve as a potential risk indicator rather than a protective marker. These findings highlight the need for careful clinical assessment of HDL-C in the context of overall lipid profiles.

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ID 563- Narrative medicine and professional development: physicians' views ten years post-training

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Context: Clinical skills and competencies are fundamental for strengthening Primary Health Care (PHC), but they require structured training. This teaching experience report addresses the use of clinical case discussions through the SOAP (Subjective-Objective-Assessment-Plan) and SNAPPS (Summarize-Narrow-Analyze-Probe-Plan-Select) tools, in addition to structured feedback, within a primary care specialization program in Brazil.

Methods: Forty clinical case presentations brought by the students during class were analyze. The students used the SOAP and SNAPPS methodologies to organize their clinical reasoning and presentation. After each presentation, structured feedback was provided using the Preceptor-Minute technique, which follows five established steps to ensure good clinical discussions and improve learning.

Originality: It is a rich experience in clinical case discussion with a pre-established structure for strengthening clinical reasoning, presentation, and feedback in a large-scale public health training program for providing physicians for Primary Health Care in Brazil.

Lessons learned and future implications: It was possible to observe that the students initially had difficulty understanding and applying the structured method of presentation. After the first few presentations, the students felt more confident and showed an improvement in the organization of their thought process and reasoning, as well as in their receptivity to feedback. The focus should be on structured methodologies with feedback to ensure high-quality training.

Discussion: The results suggest that although some of the students were able to report the cases, they lacked an adequate technique for discussion, presentation, and receiving feedback. This experience was important for the students to identify their knowledge deficits, improve their practice, and offer better health care for their patients.

Conclusion: The use of a specific methodology, which includes tools that adequately structure clinical reasoning, case presentation, and discussion, made it possible to clearly perceive

which clinical skills each student needed to improve, demonstrating that the learning process must be combined with effective teaching and learning techniques.

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ID 226- Narrative review, methods for creating and developing a prevention intervention for runners to improve the relevance and safety of dietary supplement use

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Context: Home-based interventions are patient-centered models of care for adults with cardiometabolic diseases.

Objectives: To map randomized clinical trials (RCTs) of home-based interventions in adults with cardiometabolic risk factors or cardiometabolic diseases.

Methods: A systematic search of RCTs was conducted in the electronic databases of Pubmed and CENTRAL (July - September 2024). RCTs of interventions that were delivered remotely or through home visits by health professionals in community dwelling adults with cardiometabolic risk factors or cardiometabolic diseases evaluating patient or health services use outcomes were included. Non-English studies, studies that addressed transitional care, and studies conducted in institutionalized populations were excluded from the review. To illustrate potential research gaps, tables were created, grouping the studies by intervention category, by outcome category, according to clinical condition, and according to reference to frailty, disability and social vulnerability.

Results: 102 RCTs (118 interventions) were found. Eighty-five (83.4%) were related to the chronic care of patients with a disease, mainly hypertension and type 2 diabetes mellitus. Four (3.9%) focused on frail older adults, 9 on patients with disabilities (10.8%) and 36 (35.3%) on patients with social vulnerability. Of the 118 interventions, 87 (73.7%) had multiple components. Eighty-six (72.9%) included behavioral intervention, 66 (55.9%) device use, 23 (19.5%) intervention on structure, 10 (8.5%) service process change, 10 (8.5%) physical exercise, 7 (5.9%) medication use, and 6 (5.1%) diet. In 79 (67%) , guidance and monitoring of the home intervention was provided remotely exclusively [50 (42.4%)] or in combination with in-person meetings in a health facility or at home [68 (57.6%)]. In addition to effectiveness [99 (99%)], 68 RCTs also assessed patient-centered outcomes (66.7%), 46 safety (45.1%) and 29 (28.4%) health service utilization outcomes.

Discussion: Evidence from RCTs suggests that home-based interventions have potential improvements for patients with cardiometabolic disease and those at risk.

Conclusion: RCTs of home-based interventions in patients with cardiometabolic diseases or cardiometabolic risk factors focus on the care of a limited number of individual chronic diseases and rarely include patients with frailty, disability or social determinants of health.

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ID 889- Nasal Dorsum Non-Healing Wound: A Case of Basal Cell Carcinoma

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Context: Clinical skills and competencies are fundamental for strengthening Primary Health Care (PHC), but they require structured training. This teaching experience report addresses the use of clinical case discussions through the SOAP (Subjective-Objective-Assessment-Plan) and SNAPPS (Summarize-Narrow-Analyze-Probe-Plan-Select) tools, in

addition to structured feedback, within a primary care specialization program in Brazil.

Methods: Forty clinical case presentations brought by the students were analyzed. The students used the SOAP and SNAPPS methodologies to organize their clinical reasoning and presentation. After each presentation, structured feedback was provided using the Preceptor-Minute technique, which follows five established steps to ensure good clinical discussions and improve learning.

Originality: It is a rich experience in clinical case discussion with a pre-established structure for strengthening clinical reasoning, presentation, and feedback in a large-scale public health training program for providing physicians for Primary Health Care in Brazil.

Lessons learned and future implications: It was possible to observe that the students initially had difficulty understanding and applying the structured method of presentation. After the first few presentations, the students felt more confident and showed an improvement in the organization of their thought process and reasoning, as well as in their receptivity to feedback. The focus should be on structured methodologies with feedback to ensure high-quality training.

Discussion: The results suggest that although some of the students were able to report the cases, they lacked an adequate technique for discussion, presentation, and receiving feedback. This experience was important for the students to identify their knowledge deficits, improve their practice, and offer better health care for their patients.

Conclusion: The use of a specific methodology, which includes tools that adequately structure clinical reasoning, case presentation, and discussion, made it possible to clearly perceive which clinical skills each student needed to improve, demonstrating that the learning process must be combined with effective teaching and learning techniques.

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ID 1600- National epidemiological overview of LGBTQIAPN+ health inequalities in Brazil: insights from public datasets to guide primary care policies

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Context: Menopause is a physiological transition that may lead to distressing climacteric symptoms, including vasomotor hot flashes, vaginal dryness, and urinary incontinence. Despite several therapeutic options, menopausal hormone therapy (MHT) remains controversial after the 2002 Women's Health Initiative study, and heterogeneous guidelines complicate prescribing decisions for general practitioners (GPs).

Objectives: This study aimed to characterize GPs' therapeutic approaches to climacteric symptoms.

Methods: A cross-sectional observational study was conducted using a self-administered questionnaire distributed between April and July 2024 to licensed GPs in XXX, excluding those working exclusively in hospitals. Data analysis included Chi-square tests and Mann–Whitney tests for age and years of practice.

Results: Among 379 respondents, 282 questionnaires were eligible; 70 were excluded due to missing data and 27 due to contradictory responses. MHT had been initiated by 69% of GPs and renewed by 90%, mainly for disabling vasomotor symptoms (74%) and severe vaginal dryness (54%). First-line management of vasomotor symptoms included phytotherapy or homeopathy (70%) and lifestyle modifications (50%). Severe vaginal dryness was treated primarily with non-hormonal (62%) and local hormonal therapies (53%), while urinary incontinence was managed mainly with pelvic floor rehabilitation (82%) and specialist referral (32%). Specialist referral was the most common second-line option across all symptom categories. Age, years of practice, university supervising role, and gynecology training were significantly associated with MHT initiation, while only sex and supervising status were linked to renewal. Main barriers to prescribing MHT were

insufficient training, perceived unfavorable risk–benefit balance, and the belief that management should be under gynecologists' care.

Discussion: Potential selection and self-reporting biases and limited sample representativeness are acknowledged. Strengths included a large sample, carefully designed questionnaire, and mixed online and in-person distribution, supporting the reliability of the findings. Other studies also show interest of some GPs in homeo-phytotherapy, despite its lack of superiority over placebo.

Conclusion: GPs in XXX reported prescribing MHT mainly for distressing climacteric symptoms, particularly for treatment renewal. Non-hormonal approaches and specialist referral remained widely favored, resulting in practices not always aligned with current guidelines. Further research is needed to understand determinants of GPs' reluctance to prescribe MHT. Keywords: Menopause; Climacteric; Estrogen Replacement Therapy; General Practitioners; Primary Health Care

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ID 518- Natural pregnancy following regular running in a subfertile couple: a practice-based reflection by a family physician

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Context: Forestier syndrome, also known as Diffuse Idiopathic Skeletal Hyperostosis (DISH), is a rheumatological disorder characterized by ectopic calcification and excessive bone formation in the ligaments and tendons, particularly along the spine. Due to its subtle clinical manifestations and overlap with degenerative spinal diseases, the condition is often underdiagnosed in primary care. Early recognition is crucial due to its association with increased risk of metabolic syndrome, vertebral fractures, and, rarely, dysphagia or myelopathy.

Methods: A 61-year-old male presented with a 3-week history of progressive dorsal back pain, without accompanying symptoms of dysphagia, neurological deficits or radiation of pain. He denied any recent trauma. He reported a history of self-resolving complaints of dysphagia ten years prior. No other significant past medical history was identified. Physical examination revealed tenderness in the bilateral dorsal paravertebral muscles, but no pain was elicited upon palpation of the spinous processes of the vertebral bodies. There were no focal neurological deficits, and muscle strength and sensation in the lower extremities were intact bilaterally. Plain x-rays of the thoracic spine revealed flowing ossification along the anterior longitudinal ligament spanning multiple contiguous vertebral bodies, with no evidence of fracture or acute osseous injury. These radiographic findings are consistent with the diagnostic criteria for Forestier syndrome.

Originality: This case report highlights the diagnosis of Forestier syndrome, emphasizing radiographic diagnostic criteria, clinical presentation, and the importance of early recognition to prevent potential complications.

Lessons learned and future implications: Forestier syndrome is an uncommon disorder in primary care and can be overlooked if its presentation and basic diagnostic criteria are unknown. Radiographic imaging is essential for diagnosis, as clinical symptoms can be mild or absent.

Discussion: Undiagnosed Forestier syndrome in primary care can result in progressive spinal stiffness and pain, often misattributed to more common spinal conditions, leading to suboptimal management. Hyperostotic segments fracture easily, and missed injuries can cause significant neurological damage. It may also cause dysphagia, airway obstruction, or myelopathy, occasionally becoming life-threatening.

Conclusion: This case underscores the importance of primary care physicians recognizing the radiographic features of Forestier syndrome and considering it in the differential diagnosis when evaluating older adults presenting with spinal pain and stiffness.

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ID 689- Navigating a New System: Helping New Resident Doctors Adapt, Learn, and Lead

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Context: Primary care plays a vital role in continuity, patient-centred follow-up, and long-term disease monitoring. NICE provides guidelines on a comprehensive annual review, including an assessment of functional ability, comorbidity risk and complications. General practitioners (GPs) are well-equipped to deliver personalised care by addressing the patient's unique needs, concerns, and preferences. By engaging in patient education and shared decision-making, patients are empowered to take an active role in managing their own health. Additionally, the GP's holistic approach facilitates access to social care, caregivers, and council services – addressing wider emotional and social determinants of health.

Methods: This audit reviews the existing clinical practice for RA annual reviews compared to the NICE guidelines. It particularly focuses on identifying opportunities to enhance medication adherence, comorbidity detection, and holistic follow-up.

Originality: Forty-seven patients were randomly reviewed for documentation of annual RA monitoring, comorbidity screening, and complications. Functional ability was assessed using a Health Assessment Questionnaire (HAQ), which was completed by 24 patients over the telephone.

Lessons learned and future implications: Only 5 patients had a coded annual RA review. CVD risk screening was consistent; however, osteoporosis and depression screening were under-recorded. Only 15% of patients underwent all three risk assessments. The mean HAQ score was 2, indicating moderate functional disability. Approximately 10% of patients had no contact with the practice despite repeated outreach.

Discussion: This audit highlights multiple challenges specific to primary care. A high workload, competing long-term conditions, and tight time constraints limit the depth of review, reducing opportunities for thorough, patient-centred follow-up. Non-attendance further restricts the clinician's ability to identify deterioration early.Addressing health literacy and patient education is crucial in combating this issue. The HAQ revealed functional decline that was not clear in routine consultations. This highlights the value of structured assessments in unmasking unmet needs. These, however, are time-consuming, exaggerating the time bottleneck that GPs already face.

Conclusion: Delivering holistic care through better patient education, improved comorbidity screening and technology implementation through pre-appointment digital HAQs, will vastly improve RA follow-up in primary care.

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ID 803- Navigating Ambiguous Child Neglect in Primary Care: Balancing Mandated Reporting and Rapport

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Context: Research in primary care has been on the rise in recent years, and specific calls for projects are encouraging primary care caregivers to set up and run ambitious projects. The scientific approach in primary care is often based on qualitative studies, which benefit from integrating the notion of multi-professionality. The applicability of results requires the use of consensus methods.

Objectives: Know how to bring together and lead a multi-professional team during a nominal group consensus method.

Teaching method and workshop: 1- Plenary presentation (10 min) : - Introduction of the 3We hope that this workshop will encourage participants to organize and conduct pluri-

professional nominal group. experts - Reminder of the importance of a multi-professional team in primary

Expected outcomes: - Know how to bring together a multi-professional team around a consensus method - Gain tips for optimizing teamwork - Know the mistakes to avoid when setting up and leading a nominal group

Conclusion: We hope that this workshop will encourage participants to organize and conduct pluri-professional nominal group.

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ID 1488- Navigating clinical uncertainty in primary care: communication, safety-netting and reflective practice

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Context: Occult fractures are real fractures not initially visible on standard X-rays, but are later identified through advanced imaging such as CT scans or MRIs. They are often clinically suspected based on disproportionate pain, localized tenderness, swelling, or functional limitations. Although less common than visible fractures, they hold significant clinical importance.

Methods: A 58-year-old man presented with persistent, localized pain in his left knee following a minor injury sustained after falling from his parked motorcycle. Medical history: No known allergies. Former smoker. Non-toxic consumption. COPD. Hypercholesterolemia. Sleep apnea. Chronic renal failure. Physical examination: The left knee displayed normal symmetry, with no signs of ecchymosis, edema, or structural deformity. Minor superficial abrasion located at the inferior pole of the patella. Patellar ballottement was positive, consistent with a mild joint effusion. There was no tenderness on palpation along the medial or lateral femoropatellar joint lines nor patellar mobilization. Knee flexion was restricted secondary to pain. Ligamentous stability was preserved, as indicated by negative anterior and posterior drawer tests. Meniscal provocative tests were negative, suggesting no clinical evidence of meniscal injury. Follow-up: Persistent pain one month after the injury, which showed no significant improvement despite rest and non-steroidal anti-inflammatory drugs (NSAIDs). Initial X-rays revealed no evidence of acute bone injury. Physical examination: minimal synovial effusion. Given the ongoing pain and functional limitations, the patient was referred for advanced imaging, requesting an MRI. Evolution: Left knee MRI results: Non-displaced linear fracture of the posterior aspect of the external tibial plateau, accompanied by bone edema.

Originality: This case emphasizes the diagnostic value of integrating the patient's symptoms and clinical judgment when assessing trauma in primary care.

Lessons learned and future implications: Even in the absence of radiological signs of acute injury, persistent symptoms and functional impairment warrant further investigation, particularly with high clinical suspicion of an occult fracture.

Discussion: Highlighting the necessity of a comprehensive, patient-centered approach in primary care, humanism and clinical acumen play vital roles in recognizing red flags that could indicate occult fractures.

Conclusion: This case is a reminder of core principles in family medicine: continuity of care, knowing the patient, patient-centered communication, and diagnostic skills through active listening and thorough evaluation.

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ID 1128- Navigating Systemic Challenges to Achieve Optimal Primary Health Care

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Context: Achieving an ideal primary care system – one that delivers accessible, comprehensive, and coordinated person-centred care – is a continuing priority across diverse settings. Progress is often hindered by systemic barriers such as fragmented policies,

poor integration across services, workforce shortages, limited patient engagement, and inadequate data governance, which collectively perpetuate suboptimal care models.

Objectives: Identify and analyse key systemic barriers impeding the realisation of an ideal primary care system. Apply systems thinking to map interdependencies, feedback loops, and obstacles in designing an effective primary care system. Develop and propose collaborative strategies to overcome systemic barriers to advance meaningful health system reform.

Methods: Introductory presentation outlining the key features of an ideal primary care system and its defining attributes.Small-group system mapping exercise to explore feedback loops and interactions across critical domains such as policy, workforce, information, and patient engagement. Facilitated whole-group brainstorming sessions to identify systemic solutions and discuss approaches for adapting reforms to local contexts.

Results: A deepened understanding of the complex, multi-layered systemic barriers impeding the achievement of an ideal primary care system. Acquisition of practical tools to analyse systems and to collaboratively address persistent obstacles. Development of actionable strategies to engage stakeholders, build essential partnerships, and lead the collaborative efforts to begin primary care reform.

Conclusion: Addressing systemic barriers demands a systemic analysis, authentic stakeholder collaboration, and adaptive policy-development. By concentrating on root causes and system-wide dynamics, participants will be empowered to transcend traditional reform approaches and pave to achieve optimal, equitable primary health care system.

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ID 538- Navigating the landscape of online learning resources: could medical students benefit from guidance?

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Context: Liver enzyme abnormalities are frequently detected in routine primary care testing. In patients with obesity and dyslipidemia, these abnormalities are often attributed to metabolic causes. However, when autoantibodies are present, the differential diagnosis must be broadened to include autoimmune liver disease and drug-induced liver injury. Statins, although safe, can rarely trigger immune-mediated hepatitis.

Methods: A 52-year-old woman with obesity, mixed dyslipidemia, elevated Lp(a), and hepatic steatosis was receiving atorvastatin. Routine blood tests revealed persistent elevation of AST, ALT, GGT, and IgG. Autoimmune screening showed ANA 1/1280, AMA positive, and anti–smooth muscle antibodies 1/640. An abdominal ultrasound was normal. Elastography measured 9.6 kPa. Given the mixed analytical pattern, a liver biopsy was performed. Atorvastatin was discontinued and serial blood tests were monitored.

Originality: This case illustrates how statin-induced hepatotoxicity may present with positive autoantibodies, closely resembling Primary Biliary Cholangitis (PBC) or autoimmune hepatitis. Such autoimmune-like drug reactions are rare and poorly recognized in primary care

Lessons learned and future implications: Primary care clinicians should consider statins as a potential cause of immune-mediated liver injury—even when autoantibodies suggest autoimmune disease. Liver biopsy and temporal correlation with medication exposure are key to establishing the correct diagnosis. Future protocols could incorporate earlier evaluation of drug-related causes in atypical autoimmune serologies.

Discussion: The coexistence of AMA positivity, elevated IgG, and steatosis initially suggested PBC. However, the biochemical pattern was not predominantly cholestatic, symptoms were absent, and imaging was normal. Liver biopsy revealed findings consistent with drug-induced hepatitis rather than autoimmune disease. Importantly, liver enzymes and IgG improved markedly after stopping atorvastatin, confirming causality. Recognizing this pattern prevents misdiagnosis and unnecessary immunosuppressive treatment.

Conclusion: In patients with metabolic risk factors on statin therapy, elevated liver enzymes with autoantibodies require careful interpretation. This case highlights that statin-induced hepatitis can mimic PBC or autoimmune hepatitis. Biopsy and drug withdrawal were decisive for diagnosis and full recovery. Primary Care plays a crucial role in identifying, evaluating, and correctly attributing these abnormalities.

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ID 1854- Neck problem incapacity problem an example of quality problem.

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Context: Papillary renal cell carcinoma (PRCC) is a malignant tumour arising from the renal tubular epithelium, representing 10–15% of renal cell carcinomas, with a male predominance. It may present with paraneoplastic symptoms, including constitutional syndrome in one-third of patients, typically fever, weight loss, and nausea. These manifestations are mediated by cytokines such as IL-1, interferons, and prostaglandins, which may also contribute to diarrhoea, flushing, and fever.

Methods: A 47-year-old man with type 1 diabetes mellitus presented to Primary Care with one week of non-bloody diarrhoea. Stool cultures excluded infection. He subsequently developed constitutional symptoms, including unintentional weight loss of 10 kg, disproportionate to stool frequency. Laboratory tests revealed hypoproteinemia, and he developed bilateral lower limb oedema, asthenia, and bendopnea. He was admitted to Gastroenterology. CT imaging identified a mass in the upper pole of the left kidney, and a renal tumorectomy was performed. Histopathology confirmed papillary renal cell carcinoma (pT1a Nx Mx). Strengths included close follow-up in Primary Care, enabling early recognition of red-flag signs and timely referral. Limitations involved prolonged waiting times for other specialist consultations and diagnostic procedures, which delayed definitive diagnosis.

Originality: Chronic diarrhoea in a patient with type 1 diabetes typically suggests autoimmune gastrointestinal disease. In this case, however, diarrhoea was a paraneoplastic manifestation of PRCC. Literature describes such syndromes but they remain rare and difficult to recognize in routine practice.

Lessons learned and future implications: This case underscores the importance of considering paraneoplastic syndromes in atypical presentations, maintaining vigilance for red-flag symptoms, and strengthening coordination between Primary Care and hospital services to avoid diagnostic delays.

Discussion: PRCC accounts for 15% of renal cell carcinomas and occurs more frequently in men. Epidemiologic studies suggest increased cancer risk in patients with diabetes, including kidney malignancies, though evidence specific to type 1 diabetes and PRCC remains limited.

Conclusion: This case highlights the critical role of family physicians in detecting atypical presentations, maintaining broad differentials, and ensuring effective communication across specialties to improve patient outcomes.

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ID 1026- Necrotic Tonsillitis as a Warning Sign: A Primary Care Presentation of Methotrexate-Associated EBV-Positive Lymphoproliferative Disorder

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Context: Subacute thyroiditis is an uncommon diagnosis in primary care and may initially resemble upper respiratory infections. Its nonspecific symptoms—such as odynophagia, anterior neck pain, and constitutional manifestations—often lead to repeated consultations and ineffective treatments. This case illustrates the importance of clinical suspicion and the role of point-of-care ultrasound in evaluating persistent throat-related symptoms that do not align with typical ENT findings.

Methods: A 51-year-old woman presented with a three-week history of persistent odynophagia, neck pressure, low-grade fever, malaise, and unintentional weight loss, despite multiple evaluations and antibiotic courses. A detailed history and focused cervical examination revealed tender bilateral lymphadenopathy and a painful thyroid mass mobile with swallowing. Point-of-care ultrasound was performed to assess for structural abnormalities, and laboratory tests were ordered, including thyroid hormones, CRP, ESR, and thyroid autoantibodies. Corticosteroid therapy was initiated with a gradual taper planned over six to eight weeks. Follow-up laboratory studies and a formal cervical ultrasound were scheduled to monitor disease progression and treatment response.

Originality: This case presents an atypical clinical picture in which odynophagia predominated despite a normal oropharyngeal examination. It demonstrates how subacute thyroiditis can be overlooked when symptoms overlap with more common infectious conditions. The case also highlights the expanding diagnostic capability of primary care through bedside ultrasound, a tool increasingly accessible to frontline clinicians.

Lessons learned and future implications: This case underscores the need to consider thyroiditis in patients with persistent throat pain and anterior neck tenderness that do not respond to standard therapies. Point-of-care ultrasound is a valuable tool that enhances diagnostic accuracy and may reduce unnecessary treatments. Future applications include broader implementation of ultrasound training in primary care and the development of standardized diagnostic pathways for evaluating prolonged cervical discomfort.

Discussion: Laboratory findings confirmed subacute thyroiditis, with suppressed TSH, elevated T4, and markedly increased inflammatory markers. Rapid clinical improvement after corticosteroid initiation aligned with expected disease behavior. The case underscores how early recognition prevents delays and avoids unnecessary medications, while bedside ultrasound supports real-time clinical decision-making.

Conclusion: Subacute thyroiditis, though uncommon, should be included in the differential diagnosis of persistent odynophagia. Strengthening ultrasound competencies in primary care may improve earlier detection and outcomes.

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ID 1153- Necrotizing Fasciitis after the Camino de Santiago

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Context: Effective communication is crucial in Primary Health Care (PHC) but often lacks structured training in in-service programs. This report describes the implementation of video analysis using the Calgary-Cambridge Observation Guide (CCOG) within a specialization course for a large-scale national primary care provision program in Brazil.

Methods: We analyzed 20 video-recorded consultations from 10 family medicine trainees. The 28-item version of the CCOG was used as a

formative assessment tool. Following established feedback protocols, sessions prioritized the learner's agenda and anchored comments to specific guide items , avoiding clinical judgment to focus strictly on communication skills. The process aimed to identify specific behavioral gaps in a safe learning environment

Originality: This experience is innovative in its systematic application of the CCOG within a massive public health training program. It differentiates itself by using quantitative video data to deconstruct the common assumption among professionals that "politeness" is equivalent to "technical communication competence."

Lessons learned and future implications: Data revealed a distinct pattern: while 100% of participants excelled in politeness and initial rapport (Items 1-3), significant technical gaps were identified. Notably, 85% failed to use internal summaries (Item 17), 75% did not negotiate the agenda (Item 5), and 55% used unclear language (Item 10). Furthermore, 40% missed exploring the patient's perspective (Items 13-14). Future training must shift focus from general humanization to specific structuring techniques

Discussion: The results suggest that physicians in this context possess strong relational skills but lack structural techniques. The high failure rate in "agenda setting" and "summarizing" indicates reactive rather than proactive consultation management. Video evidence was pivotal in highlighting these deficits, including non-verbal interferences like computer use, observed in 25% of cases.

Conclusion: Using the CCOG on video recordings transformed subjective perceptions into actionable educational data. It proved effective in diagnosing specific skill gaps, demonstrating that empathy must be paired with structured communication techniques to improve quality of care.

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ID 1799- Needling The Numb: A Case Report of A 57-Year Old Female with Right Sided Facial Numbness Treated with Acupuncture

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Context: Ustekinumab is a monoclonal antibody targeting the p40 subunit of interleukins IL-12 and IL-23. It has demonstrated efficacy in mucosal healing and is indicated for moderate to severe Crohn's disease in adults with poor response to anti-TNF therapy or contraindications. Common adverse effects include upper respiratory infections, nausea, and dizziness. Although generally well tolerated, rare reactions such as facial paralysis have been reported.

Methods: A 63-year-old male with supraglottic squamous cell carcinoma (cT3 cN2 M0), treated with radical chemoradiotherapy and cisplatin, complicated by severe hematologic toxicity, also had Crohn's disease managed with ustekinumab. Two days after the first dose, he presented to Primary Care with left facial paraesthesia and deviation of the mouth. Neurological examination revealed left peripheral facial palsy without otalgia, otorrhea, or dysphagia. Differential diagnoses included idiopathic Bell's palsy, stroke, post-viral infection, Lyme disease, oncologic toxicity, Ramsay Hunt syndrome, and neoplastic involvement of the facial nerve. Strengths of the case included a thorough neurological assessment in Primary Care, guiding appropriate referral. Limitations were the inability to confirm etiology without imaging. At hospital level, ENT pathology was excluded, and treatment with corticosteroids and ocular protection was initiated. The patient was diagnosed with House-Brackmann grade IV–V peripheral facial palsy, considered a possible adverse reaction to ustekinumab.

Originality: The originality lies in the onset of facial paralysis shortly after ustekinumab initiation, a rare adverse effect documented in limited reports. The coexistence of immunomodulatory therapy, oncologic immunosuppression, and acute neurological symptoms required an expanded differential diagnosis.

Lessons learned and future implications: This case highlights the importance of early neurological evaluation and vigilance for rare adverse effects of biologics, especially in immunosuppressed patients. It underscores the need for continuous updating on emerging drug reactions and reinforces the value of coordination between Primary Care and hospital services.

Discussion: The case illustrates the challenges of managing neurological symptoms in immunosuppressed patients with multiple comorbidities, particularly in resource-limited settings.

Conclusion: This case emphasizes the crucial role of the family physician in early detection of neurological signs and comprehensive assessment of complex patients. The possibility of facial paralysis associated with ustekinumab underscores the need for up-to-date knowledge regarding biological therapies and vigilant monitoring in Primary Care.

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ID 1313- Neuroethical dimensions of AI-assisted clinical decision-making in primary care

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Context: Acute focal bacterial nephritis (AFBN) is a rare pre-suppurative complication of acute pyelonephritis that can be severe, particularly in elderly patients.

Objectives: Describe the epidemio-clinical, microbiological, radiological, therapeutic characteristics and outcomes of AFBN.

Methods: We conducted a cross-sectional study including elderly patients who were hospitalized in our department for AFBN between 2014 and 2024.

Results: Twelve patients were included, eight women (75%) and four men (25%), with a mean age of 67 years (range 65–80 years). The most common comorbidity was diabetes mellitus (58.3%). Clinical manifestations were dominated by fever (83.3%), flank pain (66.7%), and dysuria (50%). Leukocytosis and a C-reactive protein level > 200 mg/L were noted in 83.3% and 66.7% of cases respectively. Escherichia coli was the most frequently isolated pathogen (58.3%). Radiological assessment was primarily based on CT urography (66.7%) and renal ultrasonography (33.3%). Focal bacterial nephritis was multiple in three cases (25%). All patients were treated with dual antibiotic therapy: a combination of a third-generation cephalosporin and an aminoglycoside in nine cases (75%) and a combination of a third-generation cephalosporin and a fluoroquinolone in three cases (25%). The clinical and radiological course was favorable in all patients (100%) after a mean duration of antibiotic therapy of 19.1 days (14–21 days).

Discussion: AFBN in the elderly is likely underdiagnosed, as its clinical presentation closely mimics that of uncomplicated acute pyelonephritis based on clinical features alone. AFBN in the elderly occurs more frequently in women with diabetes mellitus being the most common associated comorbidity. Escherichia coli remains the predominant pathogen. Diagnosis relies on radiologic imaging. The uniformly favorable outcomes observed with prompt dual antibiotic therapy underscore the importance of early recognition.

Conclusion: AFBN requires early diagnosis and prompt appropriate management, with heightened vigilance in elderly patients to preserve renal function.

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ID 2294- Neuromeiningeal manifestations in patients living with HIV

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Context: Breastfeeding is a significant public health issue, offering well-established benefits for both mother and child. The experience of breastfeeding is shaped not only by biological and social factors, but also by the quality of medical and emotional support received after childbirth. The general practitioner (GP) plays a pivotal role in continuity of care, yet their involvement in providing breastfeeding support is not well understood.

Objectives: To explore the meaning of the GP–parent relationship in supporting breastfeeding through an approach that focuses on lived experiences.

Methods: A qualitative interpretative phenomenological analysis (IPA) was conducted with six mothers living in XXX who had exclusively breastfed their full-term children under the care of a GP. Participants were recruited via posters in medical practices, social networks, and personal contacts. Data were collected through non-directive interviews, which were recorded and fully transcribed. Analysis was performed according to IPA stages in symmetrical triangulation between two researchers until data saturation was achieved.

Results: Breastfeeding was found to be a complex experience, incorporating physical, emotional and social elements. The GP–mother relationship fluctuated between recognition and misunderstanding, depending on the physician's capacity to listen, validate emotions, and customise guidance. Mothers valued relational qualities such as empathy, trust, and recognition of their expertise as mothers, perceiving these qualities as therapeutic in themselves. Conversely, a lack of acknowledgement or a prescriptive stance from the GP often reinforced maternal guilt and isolation.

Discussion: This study provides an original exploration of the breastfeeding experiences of mothers in relation to their GP. Its methodological strengths include in-depth, rich interviews; a reflexive stance; and rigorous triangulation. The study highlights relational factors that shape breastfeeding and supports the public health relevance of the topic. However, limitations relating to sampling, contextual specificity, timing, researcher influence and the lack of clinical observation mean that there are several avenues for future research.

Conclusion: This study highlights the importance of the relationship between GPs and mothers in determining whether they continue to breastfeed. The GP's role extends beyond providing medical advice to encompass offering emotional and symbolic support. Training programmes should therefore integrate experiential and phenomenological approaches to strengthen the relational foundations of primary care.

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ID 1734- Next-Gen Precepting: Insights from a Hybrid Student-Run Clinic

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Context: Primary healthcare with referral to Dermatology.

Methods: Woman, 33 years old, with no previous medical history, goes to her Family Medicine physician with blister-like cutaneous lesions that emerge and resolve spontaneously and intermittently, predominantly involving her hands, arms, anterior chest and lower extremities for the last seven years. In the past year, she has exhibited the same type of lesions in a persistent pattern, primarily affecting arms and hands. Any other symptoms where denied. Initially a diagnosis of scabies was made, starting permethrin as treatment. Due to lack

of clinical improvement, the patient consult again at a Primary Care, so she was referred to Dermatology. At Dermatology in the physical exam it was described blistering and crusted skin lesions in the back of the hands and forearms. Urine and blood where analyzed, in urine elevated uroporphyrin was found and in blood elevated liver enzymes where reported, with those findings, porphyria cutanea tarda (PCT) was made and the patient started a follow-up.

Originality: This was a typical PCT case, but is interesting that initially an scabies diagnosis was made. Since the lesions of the patient had an intermittent pattern and she'd never consult for this before, it was difficult to make a proper diagnosis in the first consult, in her second visit to consult, a new physical exam was made and the patient was referred to Dermatology.

Lessons learned and future implications: In Primary Care, PCT should be suspected in adults presenting with fragile, photosensitive skin on sun exposed areas specially in hands with blisters, erosions, milia, and hypertrichosis.

Discussion: PCT is a common type of porphyria and results from decreased activity of uroporphyrinogen decarboxylase, leading to porphyrin accumulation in the skin and liver. It typically presents with photosensitive, fragile skin on sun-exposed areas, causing vesicles, bullae, erosions, and scarring after minimal trauma. Risk factors include alcohol use, hepatitis C, HIV, estrogen therapy, sun exposure, and iron overload. The Primary Care physician, should control those risk factors in patients with PCT.

Conclusion: Early recognition of PCT in Primary Care is essential to prevent ongoing skin damage. Prompt referral, targeted investigations, and trigger avoidance enable effective management and improve long-term outcomes.

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ID 1873- Non-cortical indicators to improve respiratory polygraphy interpretation in primary care

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Context: Community-acquired pneumonia (CAP), particularly caused by Streptococcus pneumoniae, is an important cause of morbidity and mortality. Early and accurate diagnosis is crucial for effective treatment, particularly for selecting the appropriate antibiotic therapy, to combat antimicrobial resistance (AMR). Rapid antigen tests can improve the accuracy of bacterial etiology diagnosis and facilitate targeted therapy. This study evaluates the feasibility of implementing a rapid antigen test for pneumococcal pneumonia in primary care settings across Poland.

Objectives: The aim of this study is to assess the preliminary outcomes of implementing a rapid antigen test for diagnosing pneumococcal pneumonia in primary care. We focus on the impact of training primary care teams on the number of patients tested, the confirmation rate of bacterial etiology, and the appropriateness of antibiotic therapy with respect to AMR.

Methods: Ten primary care teams from various regions in Poland were trained in using a rapid antigen test to diagnose pneumococcal pneumonia. Data were collected via online monitoring and a Computer-Assisted Web Interview (CAWI) survey of healthcare staff, which gathered information about the number of patients with suspected pneumonia who were tested, the number of confirmed positive and negative cases, and the subsequent antibiotic treatment prescribed. Data analysis will compare the diagnostic and antibiotic management outcomes before and after the introduction of the test.

Results: In the initial phase 75 patients with suspected pneumonia will be enrolled. Of these the authors suspect that 37% were confirmed

positive for pneumococcal antigen (according to Polish morbidity data). The proportion of patients receiving narrow-spectrum antibiotics increased in the tested group, compared to the non-tested group. Barriers to the use of the test will be identified via survey. Hypothetically there will include time limitations, logistical challenges, and cost-effectiveness concerns.

Discussion: Preliminary results suggest that implementing a rapid antigen test in primary care improves pathogen-directed therapy and may contribute to better antibiotic stewardship, potentially reducing AMR. However, overcoming operational barriers is key for broader adoption.

Conclusion: The rapid antigen test for pneumococcal pneumonia shows promise in improving diagnosis and antibiotic selection in primary care. Further analysis will provide insights into its full potential for enhancing patient outcomes and combating AMR.

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ID 718- Non-specific back pain and a normal X-ray: using VAS and clinical judgement to detect hidden malignancy in Primary Care

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Context: I've been in Recovery from opioid & benzo addiction for 16years now. I am now heavily involved in RCGP Scotland & Chair for my faculty, as well as UK Rep. I have been telling my story to UK conferences - the last time was to RCGP UK National Conference, main stage, which received a standing ovation. The feedback is always excellent. I plan to highlight drug-addiction behaviours & how to signpost addicts towards Recovery. Many of the suggestions can be used in day-to-day practice & help doctors establish rapport with addicted patients.

Objectives: Play the "A to Z" game of drug misuse - actual names, street names or ways of taking - to highlight drug trends. Always a fun interactive experience. Then I tell my own addiction/recovery story, highlighting how to avoid pitfalls in prescribing to addicts. Finish with Q&A session.

Teaching method and workshop: Interactive game, then presentation, then Q&A.

Expected outcomes: Reduce stigma & prejudices in dealing with addicts. Increased knowledge of why addicts behave in certain ways, & how to help them by using boundaries. Signposting Recovery pathways, & how to stay in Recovery.

Conclusion: This session always has the highest feedback for evry conference I've ever done it at, including RCGP UK conference, Drug & Alcohol conference, Secure environment conference & Medical Indemnity conference. I'm happy to send you my 16 minute TED-type talk if requested. Hugs not drugs

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ID 1571- Not just symptoms: the hidden psychosocial cost of LUTS awareness

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Context: Scotland has among the highest drug misuse death rates in Europe, and the crisis is deeply stratified by socioeconomic deprivation. Understanding how drug misuse deaths vary by deprivation, geography, age, and drug type is critical for targeted interventions in general practice to reduce mortality and address health inequalities. Scotland is currently trying to address many of these issues, including naloxone provision, increasing rehab beds & the opening of the UK's first drug-consumption room. Of particular note, I am a GP (& RCGP Chair of West Scotland faculty, including Glasgow!) in recovery for 16 years from opioid/benzodiazepine addiction. During this time I have sat in hundreds of Narcotics Anonymous meetings & heard about all the mistakes that GPs make in dealing with addicts. Using this "insider knowledge" in my practice I have implemented policies that drastically reduce these opportunistic "polypharmacy" requests.

Objectives: To examine recent trends and inequalities in drug misiuse deaths in Scotland, highlight which populations and areas are most affected, and outline implications for general practice in prevention, early detection, and engagement.

Methods: Analysis of published statistics from National Records of Scotland (2023-2024) and related Police Scotland reports. Key metrics include total deaths, age-standardised mortality rates, deprivation quintiles, geographical distribution, substance implicated, and age/sex breakdown. Also, personal communication with rehab centres & consumption room lead (67 drug-related overdose interventions in < 12 months so far).

Results: In 2024, there were 1,017 drug misuse deaths in Scotland, a 13% decrease (155 fewer deaths) compared with 2023. People in the most deprived areas are 12x as likely to die from drug misuse compared to those in the least deprived areas. Substances implicated: opiates/opioids in ~80% of deaths: benzodiazepines ~56%; cocaine ~47% (increasing trend). Average age of death has increased from 32 years in 2000 to approx. 45 in 2024...

Discussion: Drug trends in Scotland past/present, & what we are doing to mitigate primary care's part in this by reducing prescriptions for opioid painkillers, benzodiazepines & gabapentinoids especially.

Conclusion: My "insider knowledge" from my own addiction/recovery has helped addicts, & those working in Primary Care to be more mindful when dealing with inappropriate requests for addictive medications.

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ID 2198- Nursing digital influencers and health misinformation: a quanti-qualitative analysis of public profiles and audience connection justifications

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Context: Down syndrome (DS) is the most common chromosomal abnormality. Various combinations of biological, ultrasound, and genetic markers are used to calculate the risk of fetal DS. The recent use of circulating free fetal DNA (cfDNA) has revolutionized screening policies by increasing the sensitivity and specificity of screening and limited the number of invasive tests.

Objectives: The objective is to describe the strategies adopted by the 27 EU countries in 2024 and to investigate possible harmonization following the discovery of cfDNA.

Methods: A descriptive review of the literature was conducted and supplemented by expert contributions from several European countries contacted specifically. The results were synthesized to answer twelve research criteria.

Results: Combined screening is used in all European countries, and used as a first line test in 21 countries. cfDNA testing is used as a first-line test in four countries, and recommended after risk calculation by combined screening in 13 countries. The prevalence of screening is over 80%. The strategy comes as an official national programme for 16 countries. Some form of antenatal screening is at least partially reimbursed in 25 countries. The methods used to inform couples about screening vary : dedicated consultation, information guide or routine test. In most countries, DNA analysis has been extended to include the detection of other genetic abnormalities. The termination of pregnancy after antenatal diagnosis of DS is authorised in 24 countries, mostly up to 22 or 24 weeks of pregnancy and performed in 70 to 100% of cases.

Discussion: Since the discovery of cfDNA, practices have evolved and two prenatal screening techniques remain : combined screening and cfDNA. The societal context varies : in several countries, screening is perceived as mandatory and the inclusion of people with disabilities is difficult. The widespread and extensive use of cfDNA raises ethical questions about access, legal framework for its use, preparatory information and ultimate purpose of this screening.

Conclusion: European harmonisation has been successful from a technical standpoint, but remains illusory on other aspects. General practitioners face numerous challenges : provide information helping couples to make enlightened decisions, discuss the use of cfDNA, and encourage inclusion while respecting couples' choices.

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ID 1943- Nutritional status of newly diagnosed hiv patients prior to initiation of antiretroviral drug treatment

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Context: Dengue is a leading cause of illness in Brazil and a common reason for Primary Health Care (PHC) visits. Early detection and proper risk assessment are critical to avoid complications. Training healthcare professionals requires both technical skills and empathetic communication. This report outlines a simulation-based educational approach to enhance these competencies for managing dengue without warning signs

Methods: A clinical simulation was held in a PHC Unit with a standardized patient showing typical non-severe dengue symptoms. Groups of 3 or 4 medical students completed triage, focused history, warning sign examination, patient education, and disposition planning. The session followed an advocacy inquiry debrief and national dengue guidelines.

Originality: The originality of this approach lies not only in its focus on dengue in Primary Health Care (PHC), but also in the combination of technical and interpersonal skills, preparing future professionals to offer more comprehensive and person-centered care, aligned with the health needs of the Brazilian population.

Lessons learned and future implications: Students showed improved confidence in distinguishing dengue without warning signs from potentially severe presentations, and provided more structured, empathetic communication during debriefing. The experience highlighted the need to reinforce recognition of clinical red flags and safety-net instructions. Plans include development of progressively complex scenarios, incorporation of practicing PHC teams and structured evaluation metrics to assess impact.

Discussion: The simulation proved effective for training in dengue case management, providing a valuable practical experience. The debriefing was crucial toconsolidate learning, allowing reflection on decisions made and review of dengue management protocols.

Conclusion: The activity demonstrates the positive impact of simulation in preparing future clinicians to deliver empathetic, safe and evidence-based care for high-prevalence conditions in community settings.

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ID 670- Obesity and female infertility : a literature review with focus on XXX

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Context: Managing acute suicidal crises in individuals with bipolar disorder is a critical challenge in Primary Health Care (PHC). Effective care requires rapid risk identification, crisis de-escalation, communication skills, and coordinated safety planning. This practice-based reflection describes a simulation-based strategy designed to strengthen these competencies.

Methods: A simulation was conducted in a PHC unit using an actor portraying a 28-year-old man with bipolar disorder who exhibited psychomotor agitation, explicit suicidal intent, and a defined self-harm plan. Groups of six to ten students from multiple health disciplines conducted structured risk assessment,

environment control, safety interventions, communication with family members, and referral to mental health services. A structured advocacy inquiry debriefing followed the scenario, promoting reflection aligned with evidence-based protocols.

Originality: Few simulation exercises in Brazil address suicidal crisis management within PHC. This scenario integrates clinical, psychosocial, and ethical components while emphasizing multidisciplinary collaboration, core to Family Medicine.

Lessons learned and future implications: Participants demonstrated improved rapport-building, structured suicide assessment, and safety-planning skills. Training gaps included verbal de-escalation strategies and coordination with specialized teams. Plans include telemedicine elements, expanded crisis scenarios, and structured evaluation metrics.

Discussion: The simulation proved to behighly effective in training critical skills in the management of suicidal crises. The structureddebriefing was fundamental to consolidate the learning, allowing for reflection on the decisions madeand discussion of evidence-based protocols. The experience highlighted the importance of integrating mental health training into the education of primary care professionals

Conclusion: This simulation-based activity effectively prepares future clinicians to manage high-risk suicidal crises in PHC. It reinforces technical, communicational, and humanistic competencies essential for safe, empathetic mental health crisis care.

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ID 730- Obesity and influenza vaccination: a comparative analysis using Korea national health and nutrition examination survey (KNHANES) 2019-2023

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Context: In the 21st century, family medicine goes far beyond curing diseases. Faced with chronic conditions and not-communicable diseases, mental health challenges, and complex social issues, general practitioners increasingly act as guides and partners in their patients' health journeys. Our mission now includes promoting health, preventing illness, and empowering patients to care for themselves. The distinction between what is normal and what is pathological as well as the boundaries between our professional and the patient's private life makes the question of what is medical or not medical increasingly complex. Developing the ability to demedicalize whenever appropriate is emerging as a core competency for the future of general practice.

Objectives: Critical reflection on our own practices and what we include in our professional role or not. Discussion about how we deal with this evolving and complex professional role. Explore ways to manage this and how collaboration with the patients and other health professionals can help.

Teaching method and workshop: Clinical cases, small groups discussion, interactive wrap-up 1) Brief introduction of the context and the objectives (10 min) 2) Clinical cases guided discussion in small groups (20 min) 3) Interactive wrap-up (20 min) 4) Conclusion (10 min)

Expected outcomes: Critical reflection on one's own practice. Exploring how others do. Draft definition of our professional role.

Conclusion: The boundary between what is "normal" and what is "pathological" is neither fixed nor binary. It has shifted throughout history and continues to vary across socio-economic and cultural contexts.In the end, the role of the general practitioner is not defined by a disease but by the patient.

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ID 866- Obesity and Metabolic Dysfunction - Associated Steatotic Liver Disease (MASLD) Education Program for Family Physicians

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Context: May-Thurner syndrome (MTS) is an uncommon clinical entity that requires treatment to prevent complications.

Methods: A 45-year-old man presented to the emergency department with a one-week history of pain in the quadriceps muscle of the left lower limb, which had worsened over the previous 24 hours, accompanied by swelling and violaceous discoloration. He reported a 12-hour car- trip two weeks previously, at symptom onset. His medical history was notable for a sister who had three deep vein thromboses (DVT). Complementary tests showed: - Blood Test: D-dimer 4,900 ng/mL. - Thoracic CT-scan: Bilateral Pulmonary Embolism (PE). - Left leg ultrasound: Extensive thrombosis of the common, superficial, deep femoral veins, popliteal vein and tibioperoneal trunk. Subcutaneous oedema. The initial diagnosis was left femoropopliteal DVT with secondary bilateral PE. He began intravenous anticoagulation at the hospital. Oral anticoagulation and follow-up assessment post-discharge, including an abdominal ultrasound to rule out cancer. Two weeks later, he returned due to fever and increased pain: antibiotics initiated for possible cellulitis. After two months, patient received a final diagnosis of bilateral PE and MTS with associated DVT. Phlebography was performed, followed by venous revascularization and iliac stenting.

Originality: Among the differential diagnoses, scientific literature highlights: Phlegmasia cerulea dolens, Phlegmasia alba dolens, DVT, Aortoiliac Aneurysm, Cellulitis, Osteoarthritis, Gout, Heart failure, Abdominal cancer, Metastases and Pelvic diseases (Klein, 2024; Mousa, 2025). MTS is very uncommon, particularly in men. This case could easily have been missed due to patient being an atypical candidate.

Lessons learned and future implications: This case expands the range of conditions to rule out when DVT is suspected. Detailed anamnesis and additional diagnostics are advisable to determine aetiology and prevent complications.

Discussion: In MTS, the left common iliac vein is compressed between the spine and the right common iliac artery, causing venous obstruction and thrombus formation. Phlebography is the diagnostic gold standard while treatment involves thrombectomy and endovascular stenting.

Conclusion: When DVT is suspected, MTS may be present. This pathology should be considered due to its potentially complicated course and the need for specific treatment. In cases of DVT, underlying causes may range from simple triggers to anatomical abnormalities. Entity may appear in primary care.

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ID 991- Occult Tibia Fracture: clinicoradiological dissociation

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Context: Nutritional education is a key lever for health promotion. In France, the National Nutrition Health Program provides specific

recommendations to support general practitioners in promoting healthy dietary habits. However, patient adherence to these recommendations remains variable and depends on the quality of the informational tools available to them. The brochure “50 petites astuces pour manger mieux et bouger plus" (50 small tips to eat better and move more”) appears to meet the quality criteria defined by the French National Authority for Health (HAS).

Objectives: The primary objective of this study is to assess the impact of this brochure on participants’ dietary behaviors.

Methods: This is an interventional, prospective, and longitudinal study conducted in two general practice offices in the Hauts-de-France region. Participants were recruited in the waiting room and upon the suggestion of the physician or the researcher. They were asked to complete a questionnaire assessing their adherence to recommendations using the PNNS-MG score, adapted from the PNNS-GS2 score. Two weeks after receiving the brochure, participants were contacted again to complete the same questionnaire. An additional question was included to evaluate their satisfaction with the brochure, using a scale from 1 to 10.

Results: The analyses show a significant improvement in the score after reading the brochure, with a mean difference of +0.9 and a moderate effect size. The average satisfaction score was 8.1 out of 10.

Discussion: There is a significant improvement in adherence scores, and patients appear to appreciate the brochure. There was a large number of participants. The score used was a validated score. However there was a 39% loss-to-follow-up rate, as well as desirability and participation biases.

Conclusion: Although the effect size is modest, it should be interpreted within a public health context. Further work to explore potential ways to improve the quality of the brochure would be valuable.

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ID 2112- Occupational Health in Family Medicine: Practical Tools for Safer, Healthier Work

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Context: Lymph-oleiomyomatosis (LAM) is a rare and chronic disease that mainly affects women of childbearing age. It is characterized by the abnormal proliferation of smooth muscle cells in the lungs, which can lead to the formation of cysts and the destruction of lung tissue.

Methods: Descripcion

Originality: The patient presented with joint pain for no apparent cause. After diagnostic tests, AML was confirmed by high-performance computed tomography (CT) and lung biopsy. Joint pain was attributed to the disease due to the presence of cystic lesions in the lungs and histological confirmation of the disease. Test results: High-resolution CT scan: showed cystic lesions in the lungs compatible with LAM. Lung biopsy: confirmed the presence of smooth muscle cells in the lungs. Treatment plan: - Pharmacological treatment: sirolimus to reduce the progression of the disease and relieve symptoms. - Follow-up: to monitor lung function and detect possible complications.

Lessons learned and future implications: The most relevant problems that a patient with AML may present include: Recurrent pneumothorax: This is one of the most common complications, affecting approximately 69% of patients. It is characterized by repeated episodes of lung collapse that require medical intervention. Chylothorax: Present in approximately 23% of patients, it consists of the accumulation of lymphatic fluid in the pleural space. Hemoptysis: Approximately 20% of patients may present with blood in the sputum. Progressive respiratory problems Renal angiomyolipomas Other less frequent manifestations: Ascites (accumulation of fluid

in the abdominal cavity) Pleuropericcardial effusion Chiloptysis (sputum of lymphatic fluid) Chiluria (presence of lymph in the urine)

Discussion: Lymphangioleiomyomatosis (LAM) presents significant diagnostic challenges for several key reasons: Diagnostic challenges of AML Rarity of the disease: Overlapping of symptoms with common conditions. Variable clinical presentation. Radiological similarities with other cystic lung diseases Initial presentation as isolated pneumothorax Association with Tuberous Sclerosis Complex (TSC) Limited knowledge among healthcare professionals

Conclusion: This case highlights the importance of considering AML in the differential diagnosis of unexplained joint pain in women of childbearing age. A thorough evaluation and timely diagnosis are crucial to initiate appropriate treatment and improve patients' quality of life.

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ID 2304- Older driver medical assessment: Validating a screening toolkit for use in general practice

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Context: Chronic exposure to biomass smoke is a major contributor to obstructive respiratory disease in rural and resource-limited settings. In southern Costa Rica, many Indigenous Ngöbe-Buglé households rely on indoor wood-burning cooking fire, with minimal access to diagnostic tools or standard inhalation devices. This case illustrates how structural and environmental determinants shape the clinical management of chronic respiratory symptoms in a remote primary care context.

Methods: In May 2025, a 65-year-old woman living in a home with an indoor wood cooking fire experienced a mild bronchospasm during a domiciliary primary care visit in an Indigenous Ngöbe-Buglé settlement. She had recurrent bronchospasm, with suspected chronic obstructive pathology linked to prolonged wood-smoke exposure. No complementary diagnostic tests or inhalation spacers were available. The episode was clinically oriented as mild bronchospasm based on symptom assessment, chest auscultation with a stethoscope, and normal peripheral oxygen saturation measured with a pulse oximeter. Inhaled therapy were indicated. An improvised inhalation chamber was constructed using a small plastic water bottle: a lateral opening was created to insert the inhaler, and the bottle's mouthpiece served as the patient interface, reinforced with a bandage to reduce air leaks. Clinical information and photographs were collected with consent, focusing on relevant clinical and environmental information. Treatment was delivered despite material constraints, though the inability to confirm diagnosis or adress environmental triggers.

Originality: Although improvised spacers have been described in low-resource environments, reports grounded in Indigenous home contexts in Central America are scarce. This provides insight into how environmental exposures and inequities affect respiratory care.

Lessons learned and future implications: The case highlights the need for adaptable, context-sensitive solutions in primary care. It emphasizes acknowledging environmental determinants, patient education, and ethical responsibility to provide equitable care in structurally disadvantaged settings. Such approaches may be transferable to other remote or underserved populations lacking chamber devices.

Discussion: This experience underscores the gap between ideal evidence-based management and the practical limitations of marginalized environments, encouraging reflection on feasibility, equity, and the clinician's role in adapting care.

Conclusion: The case illustrates persistent inequities and shows how primary care clinicians can deliver essential treatments through creative strategies, informing broader discussions on equity in global healthcare.

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ID 2288- On the road to family medicine

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Context: Person-centered anamnesis is vital for adolescent care in Primary Health Care, especially when pregnancy is suspected. Adolescents face stigma and limited confidential support, so empathetic communication is crucial. This reflection introduces an escape-room educational strategy to enhance person-centered communication and structured anamnesis skills in suspected pregnancy situations.

Methods: an escape room scenario was implemented in a PHC unit featuring a simulated 16-year-old adolescent with suspected pregnancy. Groups of eight to twelve students from multiple health disciplines conducted anamnesis using the SOAP (Subjective, Objective, Assessment, Plan) method. To progress through the escape room, students were required to establish rapport, explore the adolescent's narrative, identify psychosocial determinants, address confidentiality, and construct an appropriate care plan. Embedded clues guided learners toward essential elements of person-centered history-taking, therapeutic communication, shared decision-making, and cultural sensitivity. A structured advocacy inquiry debriefing followed the scenario.

Originality: Using escape-room methods for adolescent communication training in PHC is rare. This scenario reflects real practice by combining cognitive, relational, and contextual care elements. The immersive approach boosts engagement, teamwork, and collaborative problem-solving, supporting Family Medicine's focus on continuity, patient-centeredness, and community orientation.

Lessons learned and future implications: Participants improved their skills in sensitive anamnesis, managing expectations, and creating adolescent-focused plans while upholding confidentiality. Training needs remain in motivational interviewing, stigma reduction, and collaboration with adolescent health networks. Future improvements will add telehealth, long-term follow-up cases, and tools to measure communication and emotional readiness.

Discussion: The escape room significantly strengthened communication skills, cultural sensitivity, and clinical reasoning relevant to adolescent PHC. The structured debriefing promoted deeper reflection and application of evidence-based approaches.

Conclusion: This escape-room scenario proved to be a powerful pedagogical method for developing empathetic, person-centered anamnesis skills in adolescent PHC, reinforcing essential technical and interpersonal competencies for humane, high-quality care.

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ID 1776- Opening the Digital Frontdoor: Person-Centred Digital Health to Support Communities and Primary Care

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Context: Matching insulin injection timing with meals remains a challenge for individuals with insulin-treated diabetes (ITD) using multiple daily injections (MDI). Suboptimal timing may worsen postprandial glucose dynamics. Digital insulin-support devices such as connected insulin pen caps may enhance adherence and timing accuracy. This collaborative study between Primary Care and Endocrinology evaluated the clinical impact of using a connected insulin pen cap (Insulclock® v2.0) in real-world settings.

Objectives: To assess whether the use of Insulclock® v2.0 improves: Injection timing relative to meals, CGM-based metabolic

outcomes, and Patient-reported treatment experience.

Methods: A pragmatic multicenter, prospective, open-label observational study was conducted including a run-in week, a masked two-week phase, and a four-week active feedback phase. Injection timing and CGM metrics were automatically recorded. Meal events and rapid-acting insulin doses were analyzed using ROC methodology. Treatment satisfaction was measured using ITSQ and DTSQ questionnaires.

Results: Fifty-two participants were included (mean age 54.4 years; 56.6% women; 60.4% T1D; mean baseline HbA1c 7.91%). Sites included three hospitals and one Primary Care center. Comparing masked vs active phase: GMI: 8.1 → 7.8% (p=0.034) TIR (70–180 mg/dL): +5.0% (p=0.0054) TBR (<70 mg/dL): –0.74% (p=0.0015) TAR (>180 mg/dL): –5.3% (p=0.016) On-time injections improved from 45.5% to 54.4% (p=0.0017), and timing shifted from +5.6 minutes post-meal to –5.9 minutes pre-meal (p=0.023). ITSQ and DTSQ scores indicated reduced treatment burden.

Discussion: The integration of a connected insulin pen cap into routine diabetes care resulted in clinically meaningful improvements in insulin administration behavior and CGM outcomes. The shift toward pre-meal timing suggests behavioral change facilitated by digital feedback. Improvements occurred across both Primary Care and Endocrinology settings, demonstrating feasibility, scalability, and value in multidisciplinary diabetes management. These findings support the role of digital adherence tools as complementary strategies to optimize MDI-based therapy.

Conclusion: Insulclock® v2.0 improved insulin timing and glycemic outcomes while reducing perceived treatment burden in real-world practice.

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ID 1097- Opportunities to reduce the critical workforce shortage in primary care in Bulgaria

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Context: Few studies have investigated the prevalence of feeding difficulties among children in the general population. These difficulties are estimated to affect up to 25% of children, according to Chatoor (2003), and up to 80% of children with neurodevelopmental disorders, as reported by Manikam.

Objectives: This study aimed to evaluate the prevalence of pediatric feeding disorders in a general population sample in France using the Montreal Children's Hospital Feeding Scale (MCH-FS).

Methods: The questionnaire included the MCH-FS, as well as additional items regarding child follow-up characteristics, age, comorbidities, and the presence of a previously known pediatric feeding disorder (PFD). Data were analyzed for the full sample and across subgroups according to MCH-FS score and PFD status.

Results: A total of 210 children were recruited through a self-administered questionnaire distributed in the general population. The MCH-FS demonstrated acceptable validity parameters, with a sensitivity of 65% and a specificity of 79%. Using the threshold score of 45, 27% of children screened positive, while only 12% had an existing diagnosis of PFD. Mean scores differed significantly between children with a diagnosed PFD and those without. Significant differences in comorbidities were also observed between children without a PFD and those with a previously diagnosed PFD.

Discussion: The MCH-FS appears to be a valid screening tool for identifying feeding disorders in children within the general population. Feeding disorders and PFDs seem to be underdiagnosed in the general population. Clinical data from the children should be collected to better characterize affected

individuals. This study presents a selection and participation bias. Moreover, the MCH-FS is a screening tool for pediatric feeding disorders and not a diagnostic test.

Conclusion: The MCH-FS appears to be a valid instrument for screening feeding disorders in children within the general population. Pediatric feeding disorders seem to be underdiagnosed, suggesting a need for improved identification and follow-up. Future studies should include clinical data to better characterize affected children. Despite potential selection and participation biases, the study highlights the value of the MCH-FS, which could be particularly useful in targeted populations, especially those with comorbidities.

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ID 714- Optimizing Timing for Colorectal Cancer Screening Implementation

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Context: A multisite private provider in the XXX, introduced remote care in 2019 as a small pilot to test physician readiness and workflow feasibility. The COVID-19 pandemic rapidly expanded adoption and normalized telemedicine within primary care. When pandemic-related demand decreased, the organization needed to convert improvised remote services into a sustainable and clinically anchored component of routine care.

Methods: The six-year development occurred in three phases. 1. Adoption (2019–2020): identification of use cases, documentation standards, and support systems enabling safe remote care 2. Monetization (2021–2022): establishment of pricing structures, evaluation of sustainability, and creation of unified operational processes 3. Integration (2023–2025): development of a dedicated Virtual Clinic staffed by physicians working exclusively in structured remote care, fully linked to physical practices through shared documentation, standardized triage, referral pathways, and defined follow-up processes Data were collected on utilization, demographics, and operational performance. Strengths included organizational continuity and strong linkage between remote and physical care. Limitations involved uneven physician adoption, initial workflow variability, and minimal national benchmarks. Measurable outcomes included changes in capacity, accessibility, efficiency, and cost.

Originality: This is one of the first documented long-term implementations of fully integrated remote care in XXX primary care. Unlike pandemic-driven telemedicine expansions, this case establishes remote care as an autonomous and organized service line with defined staffing, governance, and quality processes. The Virtual Clinic model differs from typical hybrid setups by integrating remote care into all physical care pathways.

Lessons learned and future implications: Clear triage rules, shared documentation, and robust clinical governance were essential for safety and efficiency. Physician training and cultural acceptance were crucial success factors. Future priorities include expanding clinical scope, improving digital interoperability, and enhancing chronic care pathways.

Discussion: By 2025, remote care functioned as a stable service covering administrative tasks, triage, acute consultations, and chronic follow-up. Seventy-five percent of utilization came from urban areas. Integrated workflows increased overall capacity by approximately 33% and reduced costs by 9.2%, primarily through more efficient physician time use.

Conclusion: When systematically organized and fully connected to physical care, remote care becomes a sustainable medical discipline that increases capacity, improves access, and reduces costs in primary care systems.

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ID 2263- Oral history as a tool for community based intervention and health improvement in older adults

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Context: The French Headache Society (Société Française d'Etudes des Migraines et Céphalées: SFEMC) published in 2021 the Revised Guidelines for the Diagnosis and Management of Migraine in Adults on Diagnosis and Assessment, then Pharmacological Treatment and wished to take into account and evaluate some Non-Pharmacological Treatments including Non-PharmacologicalInterventions (NPI), MedicalDevices and Surgery. Acupuncture method is one of non-pharmacological treatment.

Objectives: The development process consisted in five stages: 1) literature review within each writing sub-groups (writing group members and invited experts); 2) draft update within each sub-groups; 3) review of the whole draft by the writing group; 4) review by the reading group; 5) final editing by the writing group in the light of all comments.

Methods: The questions asked regarding NPI were: - Is physical exercise effective for migraine prophylaxis? - What is the evidence concerning,dietary supplements and plants? - What is the evidence concerning diets? - What neuromodulation therapies are effective in migraine? - What is the efficacy of acupuncture for migraine prophylaxis? -What is the efficacy of behavioral interventions and mindfulnesstherapy for migraine prophylaxis?

Results: Acupuncture for migraine management is recommended in several Clinical Practice Guidelines (CPG) : • Duodecim EBM Guidelines (Finland) 2022 • Istituto Superiore di Sanità (ISS, Italy) 2022 • Taiwan Headache Society (THS, Taiwan) 2022 • Committee for Clinical Practice Guideline for the Management of Chronic Pain (Japan) 2021 • Japanese Society of Neurology, Japanese Headache Society, Japanese Society of Neurological Therapeutics (Japan) 2021 • Australian and New Zealand College of Anaesthetists (ANZA) 2020 • Ministry of Public Health of Qatar (MOPH, Qatar) 2020

Discussion: Acupuncture for migraine management is recommended in several Clinical Practice Guidelines (CPG) : Since 2021, publication of a French CPG : Strength of Recommendation= Strong : "In patients with episodic migraine asking for non-pharmacological treatments or achieving insufficient efficacy with pharmacological treatments, propose acupuncture as an alternative or a supplement to pharmacological prophylaxis." But who knows this recommendation ? GP, neurologists ?

Conclusion: Acupuncture can be integrated into a multidisciplinary approach • Strong recommendation for migraine prevention • Interest for comorbidities management • Reduce drugs use • Safety • Respect of patient (and practitioner) values

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ID 1209- Organization of Smoking-Cessation Groups in Primary Health Care within a Tobacco-Producing Municipality

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Context: La schizophrénie et la bipolarité font parties des troubles psychiatriques sévères (TPS) et concernent respectivement 0,4% et 2% de la population générale. L'espérance de vie de ces patients est réduite d'environ 13 ans en comparaison au reste de la population générale. Les pathologies cancéreuses représentent la deuxième cause de mortalité. Cependant, ils bénéficient plus rarement des programmes de dépistages organisés des cancers.

Objectives: Cette étude avait pour objectif de comprendre les représentations et les expériences des médecins généralistes concernant les patients présentant des TPS, ainsi que leurs effets sur la mise en œuvre des dépistages organisés.

Methods: Etude qualitative inspirée de la théorisation ancrée, menée à l'aide d'entretiens semi-dirigés auprès de médecins généralistes libéraux assurant le suivi de patients présentant une schizophrénie ou un trouble bipolaire. Les entretiens ont été enregistrés, transcrits et analysés selon une approche thématique inductive.

Results: Vingt-cinq entretiens ont été réalisés entre octobre 2023 et février 2024. Les médecins interrogés ont évoqué les difficultés rencontrées pour établir une alliance thérapeutique solide avec ces patients. Ils ont pu exprimer leurs représentations des TPS, ainsi que les obstacles spécifiques liés aux dépistages organisés. Enfin, l'étude a mis en évidence plusieurs élèments— tels que l'anticipation d'un refus ou la crainte d'une prise en charge complexe en cas de dépistage positif — qui pouvaient conduire à ne pas proposer systématiquement les dépistages organisés à tous les patients et de fait provoquer une sorte de sélection des patients à dépister.

Discussion: Les résultats de cette étude pourraient expliquer les difficultés d'accès au dépistage organisé rencontrées par ces patients. En revanche, ces inégalités d'accès ne semblent pas suffire à expliquer la différence de mortalité liée aux pathologies cancéreuses par rapport à la population générale. Les résultats confirme la nécessité d'un accompagnement personnalisé de ces patients. Evaluer l'impact d'une visite médicale de prévention systématique dès l'instauration de la prise en charge psychiatrique pourrait être particulièrement pertinent.

Conclusion: Cette étude a mis en lumière les représentations que les médecins généralistes avaient des patients présentant des TPS, ainsi que les conséquences possibles de ces représentations sur le dépistage organisé, pouvant conduire à une sélection des patients à dépister.

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ID 109- Osteoporosis prevention in perimenopausal women; Screening and lifestyle prevention advice in primary care.

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Context: Introducció: Una burocràcia excessiva en l'atenció primària pot provocar insatisfacció entre pacients i professionals sanitaris, reduint l'eficiència i la qualitat de l'atenció. Aquest estudi avalua l'impacte d'una intervenció de desburocratització en l'atenció primària.

Objectives: L'objectiu principal de l'estudi és avaluar l'impacte d'una intervenció de desburocratització en l'atenció primària en l'eficiència i la qualitat de l'atenció. Objectius específics: - Millorar l'eficiència de l'atenció, mesurada pel nombre de pacients vistos per hora. - Reduir el temps dedicat a tasques administratives. - Avaluar l'eficàcia d'assignar un coordinador, un metge i personal administratiu per resoldre les visites burocràtiques.

Methods: - Es va implementar un programa de desburocratització en 8 centres d'atenció primària, incloent: - Un metge coordinador diari que revisa horaris i resol visites burocràtiques (per exemple, resultats d'analítiques, receptes electròniques, cites duplicades). - Simplificació dels processos administratius. - Implementació de tecnologies de la informació i la comunicació (TIC). - Formació del personal en gestió del temps i priorització de tasques.

Results: Les dades obtingudes al llarg d'un mes es van comparar amb les dades obtingudes el mes anterior, treballant amb els mateixos professionals per evitar la variabilitat interprofessional. La intervenció va reduir el temps administratiu en un 30% i va augmentar l'eficiència de l'atenció en un 20% (mesurat pels pacients vistos per hora). El metge coordinador va resoldre una mitjana de 25 visites burocràtiques diàries, permetent als metges centrar-se en l'atenció clínica.

Discussion: Els resultats positius de l'estudi es poden atribuir a diversos factors: - Assignació d'un metge coordinador. - Assignar un personal administratiu competent - Ús de les tecnologies de la informació i la comunicació

Conclusion: La desburocratització en l'atenció primària és una estratègia eficaç per millorar l'eficiència i la qualitat de l'atenció. Assignar un metge coordinador amb suport administratiu ha estat crucial per implementar i mantenir el programa de desburocratització.

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ID 56- Outcome of Early Insulin Administration on Anxiety Associated Newly Diagnosed Type 2 Diabetes Mellitus Patients: A Case Control Study

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Context: Many of our patients have commenced GLP1 analogue injections for weight loss via private providers. As per NICE, GP must provide follow up care for 12 months after completion of treatment regime. We believe this increases in practice workload in future due to clinical monitoring and investigations in NHS practices

Methods: Aim: 1.Document number of patients are in weight loss injection from private providers. As per NICE recommendation 2. To check BMI recorded at least 12 months prior to start of the medications 3. To check any blood parameters are available within last 12 months 4. To formulate a pathway for future monitoring within surgery

Originality: The private letters received are checked and the medication is coded in patient records as hospital only prescription. This led to total of 190 patients are taking the weight loss injections. 50 are males and 140 are females

Lessons learned and future implications: 47 patients are treated in private sector. 3 diabetic patients are having injections via surgery. 18 are males and 32 are females. The age range is 24 years to 82 years. BMI recorded within 12 months prior to start of treatment is for 32 patients. 18 patients have no BMI recorded in last 12 months. There were few patients who are less than BMI of 30 are in these injection regime

Discussion: The coding of private letters has helped us to understand the perception of our patients willing to use the weight loss injections and it created a subset. Unfortunately, many of our studied patients have no recorded blood tests within last twelve months for liver, renal function, FBC and HbA1C as prerequisite for commencing GLP1 analogue injections for obesity management.

Conclusion: These patients are approaching NHS General practices for evaluation of adverse events as many private providers do not have proper mechanism for clinical monitoring and most of the patients are self paying for their treatment. It is important to maintain safety of our patients, so we have collabrated the use of technology by online self-reporting for monitoring the adverse events.This leads to better care in follow up of these patients.

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ID 559- Overview of births and prenatal care in Brazil in 2024 by macro-regions

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Context: According to the French Public Health Code, every doctor undertakes to provide patients with conscientious, dedicated care based on scientific evidence, calling on the assistance of competent third parties where necessary. The practice of acupuncture in France is regulated and reserved for medical professionals, doctors and midwives. There are still misconceptions and a lack of knowledge about the validated indications for acupuncture. In a patient-centred approach, scientific literature shows that acupuncture can be a therapeutic option for many indications in general medicine

Methods: Analysis of the activities of a general practitioner who practises acupuncture and, based on feedback, reflection on the place of acupuncture in the therapeutic arsenal. Example of the management of migraine patients.

Originality: In certain cases, acupuncture can offer general practitioners a non-drug-based therapeutic response that is relevant, effective and safe.

Lessons learned and future implications: Acupuncture is an additional therapeutic option in general medical practices. It is

recommended by national and international professional guidelines for certain indications.

Discussion: Liberty, equality, fraternity! How can we offer access to care, including acupuncture, in a coordinated pathway? How can we strengthen exchanges between the various healthcare stakeholders?

Conclusion: Dispelling misconceptions Optimising access to healthcare as a whole without excluding a relevant approach. The validated indications for acupuncture should be better known to general practitioners.

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ID 359- Overview of electric breast pumps prescriptions in France between 2014 and 2024 based on national health insurance open data.

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Context: Antimicrobial resistance (AMR) is a natural phenomenon that arises as microorganisms adapt and evolve, human activity also accelerates the process when antimicrobials are used inappropriately. The UK government has developed guidance regarding antimicrobial prescribing and stewardship (APS). As part of the APS competency framework, healthcare professionals are urged to perform antimicrobial prescribing audits and use the results to inform prescribing practices and improve patient care

Methods: Consultations at Sangam Surgery from October 13th- 31st 2025 was accessed via EMIS web. Basic information regarding patient demographics, presenting complaints (cough or sore throat), and consultation type (face-to-face or telephone) was recorded. Further information required to evaluate prescribing practices against NICE's URTI antimicrobial guidelines and the RCPG TARGET audit toolkits was also recorded. All data processing was performed on Microsoft Excel.

Originality: We aim to review prescribing practices of Senior doctors at our practice and one of the authors who was not involved in clinical care reviewed and analysed the data of patients presenting with acute coughs, and sore throats. Each set includes a graphic of the decision-making process for antimicrobial prescribing, followed by tables outlining the antibiotics of choice for different age groups.

Lessons learned and future implications: 19/65 of them not prescribed anything, 11 of them were prescribed back-up/delayed antibiotics, 35 of them were prescribed immediate antibiotics 34 /46 with appropriate antibiotic, dose, and duration. 46 of them were appropriately managed in regard to antimicrobials. 4/15 of them were not prescribed anything, 1 of them were prescribed back-up/delayed antibiotics, 10 of them were prescribed immediate antibiotics

Discussion: Use of NICE URTI prescribing guidance by all doctors in the practice . Choice of antibiotic, dose, and course length should always take into consideration the patient's demographics Documentation of clinical examinations and recording of fever, cough, tonsillar exudate, and cervical lymphadenopathy should be present in the notes Clinicians should discuss the Natural history and average length of their suspected infection b. Appropriate antibiotic use and the consequences of antimicrobial resistance

Conclusion: Advice given to patients and should include fluids, temperature control, and pain management and safety-netting documentation Encourage use of "Treating Your Respiratory Tract Infection" leaflet available via the RCGP TARGET website

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ID 250- Overview of parental knowledge on newborn's health in general practice

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Context: Ulcerative colitis (UC) increasingly requires shared-care delivery across primary& secondary services, yet rural health systems

face additional barriers including sparse specialist access, inconsistent monitoring infrastructure, and variation in capability. WONCA priorities emphasise continuity, equity, person-centredness, and strengthening the role of primary care in chronic-disease management—areas highly relevant to UC. This project integrated epidemiology, patient-journey insights, and healthcare-professional (HCP) learning needs to design pragmatic treat-to-target (T2T) maintenance& flare pathways for rural general practice.

Objectives: To combine real-world epidemiological evaluation, analysis of patient experiences, &assessment of HCP learning needs to co-produce structured UC pathways supporting personalised, equitable care in rural primary care.

Methods: Three workstreams were undertaken. 1. Epidemiology: A retrospective mixed-methods review of 64 adults with UC examined demographics, multimorbidity, disease-activity coding, biomarker utilisation, prescribing patterns, &referral behaviour. Qualitative free-text records underwent analysis to identify unmet needs/ barriers to care. 2. Patient Journey: Longitudinal review characterised relapse patterns, corticosteroid exposure, psychological burden, delays in biomarker testing, and difficulty accessing remote gastroenterology services—issues disproportionately affecting rural populations. 3. HCP Learning Needs: A digital questionnaire evaluated confidence, knowledge gaps, and preferred educational formats. Quantitative data were summarised descriptively; free-text underwent inductive analysis. Triangulation of the three data sources informed pathway development through multidisciplinary workshops aligned to NICE NG130, BSG guidance, &IBD-UK standards.

Results: The epidemiological review highlighted inconsistent disease-activity documentation, low utilisation of faecal calprotectin, and limited visibility of postoperative states. Patient-journey analysis revealed delays in recognising deterioration, inadequate safety-netting,& significant uncertainty about accessing specialist input. HCPs reported strong confidence identifying symptoms but limited confidence monitoring remission or managing flares; priority learning needs included differentiating inflammatory from functional symptoms, interpreting biomarkers,& safe steroid use.

Discussion: Integrating these findings enabled the co-design of two linked pathways: • A T2T maintenance pathway incorporating systematic biomarker-guided monitoring, structured coding,& optimisation of 5-ASA. • A flare pathway including early biomarker testing, rapid GP review, escalation criteria,& clear safety-netting information for patients.

Conclusion: A coordinated, mixed-methods programme integrating epidemiology, patient experience, and workforce development can strengthen UC management in rural primary care. The resulting pathways support WONCA priorities by improving continuity, reducing inequity, and enabling person-centred, proactive care across the chronic disease trajectory.

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ID 115- Overview of the care and monitoring of people living with HIV by their general practitioners.

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Context: The Dutch College of GPs (NHG) has been developing accredited e-learnings since 2007, based on NHG guidelines, to support implementation in daily practice. These e-learnings were originally designed for desktops/laptops and take up to two hours to complete. A 2022 survey among users indicated a need for shorter, mobile/tablet-friendly e-learnings, especially among younger GPs.

Objectives: To develop shorter e-learnings suitable for all devices.

Methods: In 2023, NHG launched a pilot to develop short e-learnings lasting no more than 30 minutes and suitable for all devices,

including smartphones.During development, we found these modules are most suitable for small, straightforward topics. Based on this insight, we created 10 e-learnings on subjects such as measles, scabies, head injury, herpes zoster, emergency care, and psoriasis. User experiences were evaluated through an online questionnaire.

Results: Evaluation occurred on two levels: - Content and process: We assessed feasibility and topic suitability during development. - User experience: Initial feedback from users was highly positive, particularly regarding the convenience of mobile access.

Discussion: Further quantitative evaluation—such as comparing usage rates of short versus traditional e-learnings—is planned. We are interested in the opinion from our colleagues abroad.

Conclusion: We are happy to share that developing concise, mobile-friendly e-learnings for GPs proved both feasible and valuable. By enabling learning on any device, we act for more liberty in professional development, ensuring equality of access for all practitioners regardless of location or schedule. Building on these first experiences, we will continue to expand and evaluate this format and invite international colleagues to join us in creating accessible, high-quality education for all.

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ID 1916- Pancreatic Cancer, a Case Study

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Context: Recommendations of international societies as well as the Standard Diagnostic and Therapeutic Procedures for Arterial Hypertension in Slovakia explicitly recommend measuring blood pressure in both upper extremities. A value of pressure difference higher than 10 mmHg is considered prognostically unfavorable in determation of cardiovascular risk. The symptomatic upper extremity peripheral artery disease is poorly studied compared with the lower extremity.

Methods: We describe the case of an 87-year-old woman, The case is an example of the long-standing ignoring of the recommendation regarding measuring blood pressure in both arms.

Originality: Patient with arterial hypertension, dementia, and adenocarcinoma of the uterus was repeatedly hospitalized for collapses in the last 10 years. The patient was a hairdresser. Her work was also her hobby and she practically until nowdays does hairstyles for her friends and neighbors. The pain in the right limb, which she reported during the last years both in the outpatient clinic and during numerous hospitalizations, was therefore quite logically attributed to right omarthrosis. During last hospitalization in the long-term care department was it found that the pressure difference between the right and left arm was 40 mmHg. Color duplex sonography and CT angiography were performed. The examinations confirmed critical stenotization of the right subclavian artery with the presence of subclavian steal syndrome. Subsequently the vascular team attempted to patency the stenosed right subclavian artery, but the calcified lesion resisted. The patient was discharged to the nursing house.

Lessons learned and future implications: In the discharge report, the general practitioner was alerted to inter arm pressure difference, which he must take into account in the management of arterial hypertension. A follow-up examination is planned with consideration of further intervention

Discussion: Health insurance companies in Slovakia reimburse preventive examinations every two years (blood donors every year). A self-evident part of the preventive examination should be measurement in both arms. Similarly, during the first visit to the department or hospital, in case of difficulties - dizziness, headaches and shoulder pain, or collapses.

Conclusion: This patient's story reminds us that the recommendation to blood pressure

measure in both arms is worthy of our attention in the interest of our patients.

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ID 834- Parental perception of Use of steroid in atopic eczema – how to improve health literacy

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Context: Basal cell carcinoma (BCC) is the most common skin cancer, typically arising in sun-exposed areas. It rarely metastasizes but may cause substantial tissue destruction through local invasion. Family physicians play a key role in recognizing non-healing skin lesions early and referring patients in a timely manner instead of prolonging unnecessary topical treatments.

Methods: E.N., a 73-year-old male, presented to family medicine with a 4–5-year history of a non-healing wound on the nasal dorsum that intermittently crusted and never fully resolved, requesting "an antibiotic cream prescription." Examination revealed a shiny nodular lesion on the nasal dorsum with a central ulcer/necrosis and prominent peripheral telangiectasias. Suspecting malignancy, the patient was referred to plastic surgery. Incisional biopsy confirmed basal cell carcinoma, followed by surgical excision and regular wound care.

Originality: This case is noteworthy in demonstrating that a long-standing lesion in a sun-exposed area, previously managed with multiple topical therapies, should not be repeatedly approached as a "simple infection" in primary care. Instead, a malignancy-oriented evaluation and timely referral can accelerate diagnosis and treatment.

Lessons learned and future implications: In primary care, all chronic, crusted, ulcerated, or unexplained bleeding skin lesions should prompt consideration of BCC and other skin cancers in the differential diagnosis. Family medicine training curricula should include practical education, algorithms, and encouragement of dermoscopy use for recognizing suspicious skin lesions.

Discussion: BCC is more common in older adults, individuals with chronic sun exposure and fair skin, and often presents on the face, particularly the nasal dorsum, as nodular, pearly, telangiectatic lesions. In this case, the 4–5-year non-healing course and resistance to repeated topical antibiotics were warning signs of an unfavorable healing pattern.

Conclusion: Family physicians should keep BCC in mind in long-standing, treatment-resistant nasal lesions and remember that timely referral to an appropriate specialty can prevent severe cosmetic and functional tissue loss.

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ID 2173- Parents' concerns about endocrine disruptors in perinatal health

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Context: Mortality prediction models may support medical decision-making in older individuals. However, these models often involve manual scoring, are hindered by methodological issues, and their performance in persons with dementia is unknown.

Objectives: This study aims to leverage machine learning techniques in a large routine care database to automate identification of those with high mortality risks.

Methods: We utilized routine primary care data from a large nationally representative cohort of 355,958 community-dwelling older adults in

XXX. We developed three manually defined models, an automated machine learning model and a model including time series to predict 1- and 5-year mortality based on the electronic health record. A split-sample design was used evaluate discrimination and calibration, while using method specific internal validation procedures. Model performance was specifically assessed among individuals with dementia.

Results: The best models for both 1- and 5-year mortality were the time-series models with AUC-ROCs of respectively 0.861 and 0.846. Performance in people with dementia was lower with AUC-ROCs of 0.727 and 0.748. Calibration was good but slightly overestimated the risks for individuals with dementia. Although the time-series models performed best, there was no significant performance difference compared to the manually defined models.

Discussion: We developed accurate, interpretable, and potentially easily implementable models for mortality prediction based on routine primary care data in older adults. The model could help primary care physicians automatically identifying individuals at risk and facilitating timely advanced care planning, but external validation remains needed. Caution is needed when applying the model to persons with dementia.

Conclusion: This study demonstrates the feasibility of developing accurate, interpretable, and potentially implementable mortality prediction models using routinely collected primary care data. Our findings show that (electronic) primary health care records contain important predictive information, especially regarding diagnostic codes and contact information, and that they can contribute to automating individual risk assessments. However, the captured information varies among subgroups such as those with dementia. Following research should focus on the robustness of the models through external validation and the implications for practice.

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ID 1155- Paresthetic Notalgia: A Case Report

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Context: The project aimed to improve the care and continuous monitoring of patients with hypertension, increase their motivation, foster a responsible attitude toward health, and create a long-term monitoring system in two rural villages of XXX (V1 and V2).

Methods: Medical records in V1 revealed 45.4% of hypertensive patients had not visited the Center in three years. In V2, hypertensives were not registered in the Health Information System and did not receive necessary monitoring or treatment. The population lacked sufficient awareness about early signs and consequences, and many only visited a doctor when symptoms and complications arose. The family physician collaborated with nurses and directors of the health centers. Active identification, registration, and periodic monitoring of patients was implemented. Patients were invited to the respective Center, blood pressure measured, patient education provided, data recorded, and medications adjusted. Obstacles included lack of motivation among patients and lack of trust towards doctors. In V2 the existing records did not reflect reality.

Originality: According to WHO data, more than 7.5 million deaths occur globally yearly due to hypertension. A similar problem exists in almost all regions of XXX. This project ensured the development of a system for proper follow-up of hypertensive patients.

Lessons learned and future implications: Hypertension management requires not only pharmacologic management but also continuous communication/coordination, teamwork, and a systematic approach for data recording and analysis. Attention and individualized care make patients more motivated and responsible. For sustainability, patient visits will be organized every three months to prevent complications; awareness activities will be carried out; and data will be recorded for continuous monitoring. The

experience will be shared with other healthcare facilities for overall improvement.

Discussion: In V1, over 4 months, out of 50 previously uncontrolled patients, 23 visited the center, received consultations, medication adjustments, and follow-up monitoring, with all achieving control. In V2, over 3 months, 142 patients were screened, 56 hypertensives were identified (from a baseline of zero), received appropriate counseling and treatment.

Conclusion: Patients' attitudes were positively impacted, their trust increased, and health improved through continued collaboration. Community interest in healthy lifestyle increased, people began monitoring their diet, reduced salt intake, and regularly measure their blood pressure.

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ID 1766- Participation in organized cancer screening among patients receiving opioid substitution treatment

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Context: Diabetes mellitus is a common chronic disease, and early diagnosis is essential to prevent cardiovascular and microvascular complications. Family medicine practices follow high-risk individuals longitudinally and occupy a key position in diabetes screening. This case illustrates the consequences of omitting HbA1c and fasting plasma glucose (FPG) screening for years in a patient with multiple cardiovascular risk factors.

Methods: I.E., a 57-year-old man, presented to his family physician on 07.10.2025 for routine prescription renewal. As no biochemical tests had been performed for a long time, HbA1c and FPG were ordered, revealing HbA1c 14% and FPG 495 mg/dL; the patient was referred to the emergency department. He was hospitalized with insulin-requiring diabetes mellitus, acute kidney injury, and hyponatremia, and discharged after treatment. Retrospective review of electronic records showed that during the previous 5–6 years, he had been repeatedly seen in cardiology and other outpatient clinics with atherosclerotic heart disease, hypertension, hyperlipidemia, heart failure, and COPD, and had undergone four coronary interventions. No further diabetes screening had been performed after an HbA1c value of 5.9% in 2017.

Originality: This case demonstrates systematic neglect of diabetes screening in both primary and secondary care despite high cardiovascular risk and frequent healthcare encounters.

Lessons learned and future implications: Annual HbA1c/FPG screening should be standard practice for patients with risk factors such as coronary artery disease, hypertension, hyperlipidemia, and obesity. Electronic reminders and prompts within chronic disease follow-up forms stating "at least one HbA1c or FPG per year" may reduce delayed diagnoses and reinforce continuity and holistic care in primary care.

Discussion: Despite guideline recommendations for high-risk groups, workload and problem-oriented visits may lead clinicians to overlook screening, so diabetes may first be diagnosed in the setting of severe hyperglycemia.

Conclusion: Failure to use simple and accessible tests in a systematic way can delay diabetes diagnosis for years; strengthening screening processes may help reduce complications and the burden on healthcare systems.

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ID 1106- Participative sciences in health : an active research project for improving women’s healthcare pathway

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Context: Various complementary and alternative medicines (CAM) are allowed in the Brazilian Unified Health System (SUS). The Health Ministry, based on local experience, has financed a course of auriculotherapy - non-

invasive, with skin adherent plant seeds - for primary care (PC) professionals, since 2016.

Methods: The course is free and blended. The distance learning portion of the course (75 hours) is self-instructional, and in five modules: introduction; ear reflexology; auriculotherapy according to Traditional Chinese Medicine; auriculotherapy in science; clinical use in PC, and it ends with a 5-hour in-person practical lesson. Results from a 2023 research showed that 56.31% of the course's graduates practiced auriculotherapy after the course. The acceptance of auriculotherapy among users is high/very high (73.6%) and the effectiveness of the technique perceived by professionals is very high/high (79.72%).

Originality: The course is innovative in providing contextualized rapid training in PC clinical practice. 25 thousand professionals were trained, working in approximately 50% of the Brazilian municipalities. Auriculotherapy became the most performed CAM in the SUS. There is no similar case to compare.

Lessons learned and future implications: 1) Supported local initiatives can produce results on a large scale; 2) Professionals are open to learning CAM. 3) Some CAM, such as auriculotherapy, may enter professional training and on-the-job training needs to be disseminated.

Discussion: Do CAM have evidence of effectiveness and safety? Regarding auriculotherapy, good effectiveness is suggested by scientific evidence, although their quality is not good. This must be confronted with its great security, low cost, character of complementary therapy, additional security of auriculotherapy due to easy access, the longitudinality and biomedical expertise present, the great potential of its effect in most of the low gravity cases (greater potential for improvement due to self-regulation), the positive experience of the practitioners and great acceptance from users. This confrontation allows recommendations favoring the use of auriculotherapy in PC.

Conclusion: The course is a successful case of continued education, which made auriculotherapy the most performed CAM in SUS. This safe, cheap and easy-to-learn technique increases plurality and can reduce the iatrogenicity of care. The course could be translated and offered outside of Brazil.

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ID 1104- Participative sciences in health : an active research project for improving women's healthcare pathway

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Context: Obstructive sleep apnea–hypopnea syndrome (OSAHS) is a common respiratory disorder frequently associated with obesity and increased cardiometabolic morbidity.While continuous positive airway pressure (CPAP) is the standard treatment, nutritional assessment and management are still insufficiently integrated into routine clinical practice.

Objectives: To evaluate the nutritional status of obese patients with OSAHS and compare their clinical and polygraphic characteristics across two obesity levels.

Methods: We conducted a cross-sectional, descriptive, and analytical study in April 2024 at the Pulmonology and Endocrinology Departments of Hedi Chaker University Hospital, Sfax, including 40 adults with overweight or obesity (BMI ≥25 kg/m²) and confirmed OSAHS, who underwent a full dietary evaluation. Patients were grouped by BMI (group 1:<40kg/m²; group 2: ≥40 kg/m²). Clinical, polygraphic, anthropometric, bioimpedance, and dietary data were collected. Statistical analysis used SPSS 25, with $p < 0.05$ considered significant.

Results: The population was predominantly female (75%) with a median age of 56 years. Cardiometabolic comorbidities were frequent: hypertension (57.5%), diabetes (32.5%), and dyslipidemia (32.5%). All patients reported typical OSAHS symptoms. The median AHI was

22.55, and the median BMI was 37.7 kg/m², with 37.5% having morbid obesity. Mean daily energy intake was 2177.5 kcal, with 55.5% carbohydrates, 33.4% lipids, and 11% proteins; median fiber intake was 14.5 g/day, while calcium (402.4 mg/day) and iron (7.065 mg/day) intakes were below the recommended levels. Group 2 reported more insomnia (66.7% vs 32%, p = 0.033) and exertional dyspnea (86.7% vs 52%, p = 0.027), while polygraphic parameters showed no significant differences.

Discussion: In our study, OSAHS predominantly affected women ,with low exposure to tobacco and alcohol, reflecting Tunisia's sociocultural context. Nutritional assessment revealed severe obesity with excessive lipid and simple carbohydrate intake, and insufficient fiber and micronutrient consumption, dietary patterns that may contribute to OSAHS onset or progression. Morbid obesity was associated with higher rates of dyspnea and insomnia, but was not linked to increased AHI severity, consistent with previously reported inconsistencies in the relationship between BMI and polygraphic severity.

Conclusion: Obese Tunisian patients with OSAHS showed poor dietary quality and morbid obesity was associated with greater dyspnea and insomnia, highlighting the need for systematic screening and structured nutritional management.

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ID 1092- Participative sciences in health : an active research project for improving women's healthcare pathway

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Context: Diabetic nephropathy constitutes one of the foremost causes of end-stage renal disease. Health literacy plays a fundamental role in enabling effective self-care.

Objectives: To analyze the impact of a diabetic nephropathy educational video among individuals with diabetes and limited health literacy.

Methods: The study was conducted at a university-based diabetes outpatient clinic. Individuals with diabetes aged 18 years or older who attended the clinic during a two-week period in 2025 were invited to participate. A sociodemographic questionnaire was administered, followed by the application of the Health Literacy Assessment Test (HLAT). Participants then viewed a validated diabetic nephropathy educational video, after which the HLAT was reapplied without administrator interference. Questions 17 and 18 were excluded from scoring. Participants were classified as Level 1 (functionally illiterate) or Level 2 (functionally literate) according to their pre-test responses. Level 1 corresponded to questions 1, 3, 5, 7, 15 and 16 of the HLAT, while Level 2 corresponded to questions 2, 8, 10, 12, 13 and 14. Sociodemographic variables and tests scores were analyzed.

Results: Among the 21 individuals evaluated, 52% were women, with ages ranging from 27 to 79 years; among men, ages ranged from 42 to 77 years. Regarding years of study, 13 participants (62%) had incomplete primary schooling, 8 of whom were women. Additionally, 33% of the total sample had completed secondary schooling. Within the group with incomplete primary schooling, 31% (n = 4) were classified as Level 1, and 69% (n = 9) as Level 2. Those at level 1 had 1 to 3 correct answers and those at level 2 had 2 to 6 additional correct answers in the post-test.

Discussion: In country XXX (2024), among individuals with incomplete primary schooling, 51% achieved Level 1 and 19% reached Level 2 literacy. Level 1 participants were of particular interest for evaluating post-test changes, as HLAT performance at this level more effectively identifies limited health literacy.

Conclusion: Functional literacy classification positively influenced post-test performance among individuals with incomplete primary

schooling. Identifying limited health literacy and implementing strategies such as educational videos enhanced participants' understanding of disease processes, thereby supporting improvements in care provided to patients under follow-up.

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ID 1267- Participatory Approaches in Primary Care: Challenges and Solutions

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Context: Neurofibromatosis (NF) is genetically inherited autosomal dominant disorder with incidence of 1 in 3,000 live births. Two types are recognized: NF1 and NF2, with NF1 being the most common. Solitary giant neurofibromas are rare and present significant surgical challenges due to extensive infiltration and high vascularization, often resembling normal tissue. These complexities are further compounded when patients present with nutritional risk, requiring holistic management.

Methods: A 50-year-old female patient diagnosed with NF1 and giant neurofibroma of the right lower posterior leg underwent total excision biopsy. Prior to surgery, comprehensive laboratory and imaging studies were conducted. Nutritional screening and assessment guided creation of tailored nutrition care plan, including daily food intake monitoring, oral nutrition supplements, multivitamins, and trace elements. Family members were actively engaged in preparing the patient physically and emotionally, ensuring adherence to the care plan and strengthening psychosocial resilience.

Originality: This case is distinctive for its integration of biomedical management with nutrition-focused interventions and family-centered psychosocial support. While surgical excision of giant neurofibromas has been documented, the deliberate prioritization of correcting undernutrition and mobilizing family involvement as active partners represents a novel multidisciplinary approach. It highlights equity in care by addressing both biological and psychosocial determinants of health.

Lessons learned and future implications: The case underscores nutrition as cornerstone of surgical readiness and emphasizes the role of family engagement in enhancing resilience. Future directions include advocating structured nutrition protocols in surgical pathways, strengthening community-based nutrition education, and embedding psychosocial support into perioperative care. These strategies align with 30th WONCA's theme liberty, equity, and fraternity.

Discussion: The successful outcome of this case illustrates how liberty in health achieved when patients are empowered through adequate nutrition, equity is advanced when multidisciplinary care addresses vulnerabilities, and fraternity is embodied when families and healthcare providers collaborate. It demonstrates that surgical success is not solely technical but deeply dependent on holistic preparation.

Conclusion: This case exemplifies how biomedical, nutritional, and psychosocial integration can transform outcomes in rare NF1 presentations. It advocates for liberty through patient empowerment, equity through comprehensive care, and fraternity through family and community solidarity, principles that resonate with 30th WONCA Eurooe Conference theme and global primary care values.

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ID 1868- Patient advocacy in diagnosing an occult isolated posterior malleolus fracture: A case report

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Context: In this country, the mortality rate from diabetes is the highest in the region, with 50.9 cases per 100,000 population annually. In this Polyclinic, serving 38,000 patients, medical

staff's attention was focused on managing already diagnosed cases, with no measures for early detection and prevention. Previous years' data showed poor screening rates and low population awareness. The project aimed to increase early detection, enhance public awareness, and strengthen involvement and organization of the medical staff.

Methods: The response involved identifying and noting high-risk groups amongst 35-68 year-olds, introducing a mobilization method through calls by nurses to invite patients for screenings, and providing healthy lifestyle counseling. Obstacles included renovation of the polyclinic (which created accessibility issues, impacting screening numbers), people's fear of getting tested, or not considering it necessary. These were overcome by providing screening and counseling sessions in accessible rooms.

Originality: Quality Improvement and team-based care are very new concepts in this country. This project broke from the previous passive provider-dependent approach, ensured increased coverage and improved teamwork. Staff became involved in medical examinations as well as informational and organizational phases.

Lessons learned and future implications: The success of any prevention initiative depends on accessibility and trust. A personalized approach increases participation rates and creates a stronger connection. Community-based mobilization, active phone calls, and awareness-raising activities can become effective tools for the early detection of other diseases. For sustainability, the Polyclinic will establish a permanent screening schedule continuous training of healthcare workers, and ongoing community awareness activities.

Discussion: Screening rates increased from 23% in 2023-24 to 38% in 2024-25, despite two months with low numbers due to building construction. The screenings identified 20 cases of type 2 diabetes, and 18 cases of prediabetes, with some referred to endocrinology, while others were treated by their family doctor, based on state guidelines. Many patients noted that if it were not for this initiative, they would not have been screened, creating new levels of trust in primary health care in the community.

Conclusion: Data collection, adherence to planned schedule, and monitoring of results contributed to success. This community-based approach demonstrated that active population engagement can increase participation rates in screening.

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ID 345- Patients' experiences one year after hypnotherapy: qualitative survey using semi-structured interviews

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Context: A 14-month-old previously healthy girl living in a rural area was brought to a primary care facility. Her caregivers reported several months of progressive pallor, abdominal distension, irritability, constipation, night sweats and mild weight loss. They denied dog ownership or direct contact with dogs, although they lived in an environment where vector exposure was possible. Due to limited specialist availability and delayed consultation, the symptoms were initially attributed to recurrent viral illnesses.

Methods: Physical examination revealed marked pallor and non-tender hepatosplenomegaly. Initial laboratory testing yielded only a normal biochemical profile because the haemogram sample had coagulated. These reassuring results led the caregivers to believe that no further investigations were required. However, the discordance between the clinical findings and the incomplete laboratory information prompted repetition of the haemogram. The repeat analysis showed pancytopenia with a

leucoerythroblastic smear, leading to urgent referral for specialised assessment. Bone marrow aspirate demonstrated intracellular amastigotes, and polymerase chain reaction identified Leishmania infantum. The patient received liposomal amphotericin B with favourable clinical evolution, requiring an additional dose to address persistent splenomegaly.

Originality: Visceral leishmaniasis is considered uncommon in Europe, yet endemic transmission persists in certain Mediterranean regions, including areas of XXX. Importantly, infection can occur without direct canine exposure, illustrating the role of asymptomatic reservoirs and vector-mediated transmission. This case highlights how partial reassurance from incomplete testing and delays inherent to rural healthcare may obscure early recognition of severe disease.

Lessons learned and future implications: Key lessons include correlating physical examination with diagnostic decisions, repeating essential tests when clinical and analytical findings diverge, and considering epidemiological patterns when evaluating cytopenias and organomegaly. The case reinforces the importance of maintaining a high index of suspicion for visceral leishmaniasis in paediatric patients presenting with non-specific but persistent symptoms.

Discussion: Primary care plays a crucial role in detecting rare but clinically significant infections. Early identification of visceral leishmaniasis requires awareness of regional endemicity, recognition of non-specific presentations and a high index of suspicion when initial investigations are incomplete.

Conclusion: This case highlights the essential role of primary care in identifying rare but significant infections and demonstrates how structured evaluation and repeated testing can overcome diagnostic limitations in rural healthcare.

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ID 2010- Patients' with Severe Mental Disorders' Experiences with Access to General Medical Care

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Context: Selon le code de la santé publique, chaque médecin s'engage à assurer personnellement au patient des soins consciencieux, dévoués et fondés sur les données acquises de la science, en faisant appel, s'il y a lieu, à l'aide de tiers compétents. La pratique de l'acupuncture en France est réglementée et réservée aux professions médicales, médecins, sages-femmes. Il existe encore des idées reçues et une méconnaissance des indications validées de l'acupuncture. Dans une approche centrée sur le patient, les données de la littérature scientifique montrent que l'acupuncture peut constituer une option thérapeutique dans de nombreuses indications en médecine générale.

Methods: Analyse de l'exercice d'un médecin généraliste pratiquant l'acupuncture et à partir du retour d'expériences, réflexion sur la place de l'acupuncture dans l'arsenal thérapeutique. Exemple de la prise en charge du patient migraineux.

Originality: La pratique de l'acupuncture peut offrir au médecin généraliste, dans certaines indications, une réponse thérapeutique non médicamenteuse, pertinente, efficace et sécure.

Lessons learned and future implications: L'acupuncture constitue une option thérapeutique supplémentaire dans les cabinets de médecine générale. Elle bénéficie de recommandations professionnelles nationales et internationales dans certaines indications.

Discussion: Liberté, égalité, fraternité ! Comment offrir un accès aux soins, y compris à l'acupuncture, dans un parcours coordonné ? Comment renforcer les échanges entre les différents acteurs de soins ?

Conclusion: Chasser les idées reçues. Optimiser l'accès aux soins dans leur globalité sans

exclure une approche pertinente. Les indications validées de l'acupuncture devraient être mieux connues des médecins généralistes.

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ID 215- Patients' knowledge about antibiotic use in family medicine: a cross-sectional study in Romania

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Context: Workplace exercise programs are structured physical activity sessions implemented during the workday to promote musculoskeletal health, reduce sedentary behavior, and improve overall well-being. As modern work environments increasingly involve prolonged sitting and repetitive tasks, these programs have emerged as an accessible strategy to improve workers' physical and mental health.

Objectives: To summarize the benefits, implementation strategies, and impact of workplace exercise programs on employee health, productivity, and organizational outcomes.

Teaching method and workshop: Short lecture:20 minutes A narrative review of recent literature on workplace exercise interventions, focusing on musculoskeletal outcomes, mental health indicators, absenteeism, presenteeism, and employee satisfaction All group workplace exercases-20 min

Expected outcomes: Workplace exercise programs consistently demonstrate reductions in musculoskeletal pain—especially cervical, lumbar, and shoulder discomfort—and improvements in posture, flexibility, and functional capacity. Evidence also shows positive effects on stress

Conclusion: Workplace exercise programs are a low-cost, high-impact intervention that contribute to healthier work environments and improved employee performance. Integrating short, accessible physical activity routines into the workday can play a key role in promoting occupational health and preventing lifestyle-related conditions. Keywords: workplace exercise, occupational health, musculoskeletal pain, physical activity, productivity, health promotion.

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ID 876- Pediatric Chest Pain: A Literature Review for Primary Care

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Context: To address escalating care demands in a rapidly super-aged society and persistent post-pandemic hospital capacity constraints, XXX launched a government-led Hospital-at-Home (HaH) pilot program in July 2024.

Methods: The program enabled functionally dependent patients with urinary tract infection, pneumonia, or soft-tissue infection to receive intravenous antibiotics at home rather than in hospital. Our community-based public hospital enrolled 206 patients during the first 15 months of implementation, through which we identified practical issues involving eligibility criteria, antibiotic decision-making, and patient autonomy.

Originality: Among the 206 patients (mean age 80.19 years; 85 male, 121 female), 109 had urinary tract infection, 64 had pneumonia, and 33 had soft-tissue infection. A total of 37.37% were long-term care facility residents, and 36.4% were referred from the emergency department. The recovery rate was high (90.77%), while 7.77% were readmitted and 1.46% died. The mean duration of intravenous treatment was 6.87 days (SD = 2.31). Clinicians showed a preference for once-daily antibiotic regimens. In the subgroup of UTI cases, frequently prescribed agents included Amikacin (33.3%), Ertapenem (21.21%), and Ceftriaxone (21.21%).

Lessons learned and future implications: UTIs dominated admissions, a pattern inconsistent with national epidemiology. This may reflect restrictive pneumonia eligibility criteria within the pilot program; expanding these criteria could improve equitable access and overall program efficiency. Antibiotic choices were shaped not only by dosing convenience—critical in the context of limited nursing manpower—but also by pathogen profiles, resistance trends, and patient-specific risk factors. These insights underscore the need to align clinical pathways with the operational realities of home-based acute care.

Discussion: In practice, HaH functioned as more than a substitute for hospitalization. It reduced avoidable transfers for homebound patients, aligned with patient and family preferences for treatment in familiar settings, and lowered the risk of hospital-acquired infections. Delivering acute care at home also offered clinicians a clearer understanding of patients' daily environments and mobility constraints, thereby supporting more individualized care.

Conclusion: Our reflections suggest that HaH represents not only an alternative clinical pathway but a model that restores autonomy, preserves familiarity, and supports aging-in-place in meaningful and dignified ways which respects the rhythms of patients' daily lives.

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ID 212- Perceptions and Attitudes of XXXXXX General Practitioners Towards Their Potential Role in Medical Assistance in Dying

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Context: Chest pain is a common presenting complaint among children and adolescents and accounts for a significant number of visits to Primary Care and Emergency departments. Despite its alarming nature for patients and families, pediatric chest pain is most often benign, frequently resulting in school absences, activity limitations, and heightened anxiety. A structured and informed approach in Primary Care can reduce unnecessary healthcare utilization and improve family reassurance.

Objectives: This literature review aims to summarize the current evidence on pediatric chest pain, focusing on epidemiology, common etiologies, and the role of the Family Doctor in clinical evaluation, diagnosis, and management.

Methods: A literature review was conducted using UpToDate and PubMed, focusing on publications from 2011 and 2012. The MeSH terms "chest pain" and "children" were applied to identify relevant studies addressing causes, frequency, and diagnostic approaches.

Results: In pediatric populations, chest pain is overwhelmingly benign, with only about 10% of cases associated with underlying organic disease. Musculoskeletal causes are the most common, while cardiac etiologies are rare even in chronic presentations. Chronic symptoms may recur every two weeks and persist for years without cardiac involvement. In the majority of cases, a thorough history and targeted physical examination provide sufficient diagnostic clarity. When the physical exam is normal or consistent with musculoskeletal origin, further diagnostic testing is generally unnecessary.

Discussion: Although the symptom often raises concern for serious disease—particularly cardiac pathology—the evidence indicates that most cases can be safely evaluated and managed in Primary Care. A holistic approach that includes family context, psychosocial contributors, and reassurance is central to reducing anxiety and preventing unnecessary referrals or investigations.

Conclusion: Pediatric chest pain is rarely cardiac in origin and can be effectively assessed by Primary Care clinicians through thorough history-taking and physical examination. Early recognition of benign patterns and appropriate reassurance support improved quality of life for patients and families while preventing overuse of healthcare services. Keywords: Chest Pain, Child, Adolescent

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ID 1019- Perceptions of Hurtful and Comforting Words Related to Mental Health Among Primary Care Patients in Korea

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Context: Obesity and metabolic dysfunction–associated steatotic liver disease (MASLD) represent two of the most rapidly growing global health challenges, with significant implications for primary care. Family physicians are uniquely positioned to identify individuals at risk, initiate early interventions, and coordinate long-term management; however, many report limited confidence in diagnosing MASLD, interpreting non-invasive liver assessment tools, or integrating evidence-based obesity treatment strategies into routine practice. To address this gap, we developed a comprehensive education program aimed at enhancing family physicians' knowledge, diagnostic skills, and clinical decision-making related to obesity and MASLD.

Objectives: As Polish Society of Family Medicine we recognized the need to develop education strategies for family physicians based on current international guidelines and focused on translating emerging evidence into practical, patient-centered approaches.

Teaching method and workshop: We have designed online courses, performed webinars and prepared adequate materials. These included updated diagnostic criteria for obesity as well as MASLD and the MASLD–MASH spectrum, use of non-invasive tests such as FIB-4, liver elastography, and bioc

Expected outcomes: Improvement of participants role security and therapeutic committment through training. Not only in regard to peer to peer education but also to increase confidence in diagnosing obesity and MASLD, interpreting fibrosis risk scores, prescribing anti-obes

Conclusion: This education program equips family physicians with the competencies needed to recognize, prevent, and manage obesity-related liver disease more effectively. By strengthening primary care capacity, the initiative has the potential to reduce the burden of obesity, MASLD, improve patient outcomes, and promote earlier, more equitable access to evidence-based treatment.

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ID 2258- Performance in the management of respiratory disease in PHC: an analysis of the organizational characteristics of health units in Portugal

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Context: In the Netherlands, access to care for people with mental health problems is under pressure. Waiting times for patients are too long, psychological complaints are medicalized too easily, and there is insufficient collaboration between different levels of care. National parties have therefore established an Integral Care Agreement with commitments to provide care that fits the patient's needs in the most suitable setting, recovery-supporting practices with an emphasis on postitive health instead of illness, an integrated approach to psychological problems, and improved cooperation between general practitioners, mental health services, and social domain. Recovery-supporting care in general practice focuses on health rather than illness. This means moving away from the conventional medical disease model and DSM-based diagnostic thinking and instead creating space for the patient's story and for what he or she needs to recover.

Objectives: The recovery-supporting network intake, developed at UMC Utrecht by Prof. Dr. Floortje Scheepers, is a powerful method that can be effectively used in general practice to gain a complete picture of the situation and the unique story of the patient and their context.

Step by step, you work together with the patient to develop a tailored recovery plan, specifying which actor can contribute to support the patient. The result is increased patient autonomy, more collaboration and support from the patient's environment, greater involvement of the social domain, and referral to specialized mental health care only when truly necessary.

Teaching method and workshop: In this workshop, we will discuss the strengths of the network intake in everyday general practice. We will explain how the method works, and you will have the opportunity to practice using it.With the goal of being able to a pply this new approach in you

Expected outcomes: You will learn how to conduct a network intake with a patient

Conclusion: Working with the network intake is a powerful instrument with which you can help and guide the patient with mental complaints from strength and positive health instead of illness

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ID 304- Periodic health examinations by general practitioners: waste of time or life-saving?

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Context: Life expectancy has increased over the last century among older people, particularly those over 60 years. Aging is associated with increased disability, multiple chronic conditions and increased use of health services managed with polypharmacy. There are few studies on the knowledge and attitudes of patients regarding polypharmacy in XXX, hence it is unclear about the attitudes and what older people know about polypharmacy.

Objectives: The study aimed at obtaining an understanding of older people's knowledge, attitudes and beliefs about polypharmacy.

Methods: A qualitative study using in-depth interviews of 15 patients aged 60 years and older taking more than five medications per day. The study was conducted at the Family Medicine Clinic of the XXX University Hospital in XXX. Data were analysed using NVivo 12 software.

Results: Most participants had a good understanding of their underlying health conditions but could not recall the specific names of the medications they were taking. Participants had diverse attitudes toward polypharmacy, with both positive and negative perceptions. Although adverse side effects were being reported, participants remained positive because they believed these medicines were beneficial. Religion, faith and living healthy lifestyles were perceived to contribute to their positive attitude toward polypharmacy. Stigma and the cost of medications were reported as barriers.

Discussion: This study carried out in a private tertiary care institution, provided valuable insights into the complexities of polypharmacy in older people. It highlighted the importance of patient education, fostering strong patient-provider relationships, de-stigmatization of medical conditions and the need for improving medication affordability and accessibility.

Conclusion: Addressing the factors associated with polypharmacy can contribute to an effective and improved quality of life for older people managing polypharmacy. Further research could explore the knowledge, attitudes and beliefs regarding polypharmacy in older people attending public institutions in rural XXX

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ID 982- Peripheral Facial Paralysis Associated with Ustekinumab in a Patient with Crohn's Disease and Supraglottic Carcinoma

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Context: Loneliness, social isolation, and loss of meaning in life are increasingly recognized as drivers of chronic disease. Many patients present to family physicians with symptoms rooted in their social context, lack of purpose, and limited support networks. Drawing on Viktor Frankl's Man's Search for Meaning, this workshop highlights how purpose, belonging, and motivation influence health outcomes. Social prescribing, integrated with lifestyle medicine, provides a practical clinical approach to address these determinants. Link workers are essential in this process: they bridge healthcare and the community, personalize support, and maintain patient engagement, reducing GP workload and enhancing adherence.

Objectives: Participants will be able to: 1. Explain the synergy between social prescribing and lifestyle medicine in chronic disease management. 2. Recognize loneliness and loss of meaning as clinical issues. 3. Apply the ASSESS model to initiate social prescribing conversations. 4. Develop action plans integrating lifestyle advice, community resources, and potential referral pathways. 5. Identify strategies to overcome implementation barriers in primary care.

Teaching method and workshop: 10 min – Introduction & Setting the Scene Short presentation illustrating how social prescribing and lifestyle medicine complement each other. A clinical case (e.g., diabetes, isolation, poor diet) demonstrates how meaning and motivation shape outcomes. 2

Expected outcomes: Participants gain practical tools for integrating social prescribing and lifestyle medicine, understand the importance of meaning and connection in patient health, and learn effective collaboration with link workers.

Conclusion: By combining Frankl's meaning-centred approach with link worker support, family physicians can address loneliness, disconnection, and lifestyle challenges while improving long-term health outcomes.

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ID 413- Persistent Headaches: When Obstructive Hydrocephalus Hides in Plain Sight

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Context: Pica syndrome is an eating disorder in which indigestible substances are repeatedly consumed, in this case soil. The number of hospitalizations due to the consumption of indigestible substances is increasing. Pica syndrome frequently occurs during pregnancy or in association with certain nutritional deficiencies.

Methods: A 2-year-old patient was referred to the pediatrics department of the Pediatric Clinic after experiencing abdominal pain and vomiting. The main reason for seeking medical attention was the ingestion of soil, as reported by the parents. The disease had begun insidiously several weeks earlier. The case was managed according to hospital protocol. Investigations revealed microcytic, hypochromic, iron-deficiency anemia, with no parasites present in the stool. An empty abdominal X-ray revealed radio-opaque material in the colon and rectum, as well as rectal ampulla distension. These results are suggestive of the ingestion of indigestible objects. Following interdisciplinary consultations in pediatric surgery and psychology, a diagnosis of constipation was made and an association with autism spectrum disorder was ruled out. Treatment consisted of enemas and oral administration of iron hydroxide-polymaltose complex. The patient responded well to treatment, with no notable complications.

Originality: Iron deficiency is commonly associated with Pica syndrome. In this case, the presence of gingivostomatitis was an early sign of eating disorder. The case was managed by a multidisciplinary team consisting of a pediatric gastroenterologist, pediatric surgeon, and psychologist.

Lessons learned and future implications: Diagnosing this condition requires a high

degree of suspicion on the part of the clinician. Parents need to be involved in supervising recreational activities and educating the child about behaviors that are acceptable or inappropriate for their age. X-rays are absolutely essential for evaluating patients with Pica syndrome.Despite autism being excluded, children still need comprehensive developmental assessments.

Discussion: This case of pica involving soil ingestion highlights diagnostic challenges and shares similarities with other non-nutritive eating behaviors across disorders presentations. Complications can have serious health consequences, such as intestinal obstruction or toxic effects of the substances.

Conclusion: A thorough investigation is recommended in such cases of eating disorder. Early identification and immediate correction of micronutrient deficiencies. The involvement of a multidisciplinary team can lead to favorable outcomes in the treatment of these cases.

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ID 2131- Persistent hoarseness as an initial presentation of laryngeal cancer: A case report

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Context: 56 years-old female patient with hipertension and hipothiroidism. Later on, we also discovered she's a usual alcohol drinker. Sent by his doctor for abdominal ultrasound, she refers symptoms of anroxia, asthenia, refluxes and billy vomiting for the lasta six months with hypertransaminasemia. No fever or infectious symptoms.

Methods: Ultrasound iin Primary Care: hepatomegaly and signs of chronic hepatopathy, moderate ascitis and splenomegaly that suggest portal hypertension.

Originality: The results of the ultrasound with the symptons and blood test results, we decided to send the patient to the emergency services in order to confirm the results and considerer hospital admission. The patient stayed for two months at the hospital where, she also had a liver biopsy and ended up being study in hematology service due to leukocytosis with neutrophilia, after an immunophenotype they found monocystosis at the expense of classical monocytes that suggests chronic myelomonocytic leukemia.

Lessons learned and future implications: Obviously, it was not in primary health care where all the estudies and the final dignose of the patient was done, but we did the ultrasound and found symptons of portal hypertension, that allowed us to submit the patient inmediatly to the hospital.

Discussion: So the ultrasound in our day to day practice is very useful resource that can help to detect patients that needs an urgent attention

Conclusion: If we couldn't have done an ultrasound in primary care, the diagnose of portal hypertension could have been delayed for months, so having acces to imaging studies as ultrasound as well as training family doctors in its use, is very valuable tool not only for the patient, but for the healthcare system.

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ID 1294- Persistent Itching After Scabies Treatment: Avoiding Diagnostic Delay Through Sexual History-Taking: Case Report

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Context: Acute uncomplicated urinary tract infections (UTIs) are common, however, treatment is not optimal. Few studies on antibiotic use for specific diagnoses have been done in XXX. Information is sparce about prescribing patterns in the region.

Objectives: Outpatient management of urinary tract infections by medical officers in XXX.

Methods: The Aga Khan University hospital has 16 outpatient clinics in XXX run by medical-officers. A baseline assessment of evaluation

and treatment of suspected UTI was performed from medical records. A medical-officer from each clinic was recruited with eight randomised to control vs. feedback groups. Both groups were given a multimodal educational session (CME) including locally adapted UTI guidelines and emphasis on problems identified in the baseline assessment. Each record was scored using a scoring system that was developed for the study according to adequacy of history, physical examination, clinical diagnosis matching recorded data, diagnostic workup and treatment. Three audits were done for both groups: baseline (audit 1), post-CME (audit 2), and a final audit, which was after feedback for the feedback group (audit 3). Primary analysis assessed overall guideline adherence in feedback group versus the CME only group.

Results: Overall scores in both groups showed significant improvement after the CME in comparison to baseline and for each group, the scores in most domains also improved. However, audit 3 showed persistence of the gains attained after the CME but no additional benefit from the feedback. Some deficiencies included lack of workup of possible STI and excess use of non-UTI laboratory tests such as Complete Blood Count, stool culture and H. pylori Ag. After the CME, the use of nitrofurantoin rose from only 4% to 8% and cephalosporin use increased from 49 to 67%, accompanied by a drop in quinolone use.

Discussion: This study is one of the few in XXX to study the effect of A&F on physician adherence to UTI guidelines for doctors trained at the medical officer level.

Conclusion: This study has demonstrated the challenges in persuading physicians to use nitrofurantoin, the drug of choice for UTI treatment. The CME led to modest improvements in patient care in the categories of history taking, treatment and investigations.

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ID 2025- Persistent postpartum symptoms revealing Sheehan syndrome: a case diagnosed in family practice

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Context: Cardiovascular diseases (CVDs) remain the leading cause of morbidity and mortality worldwide, yet a significant proportion of cardiovascular risk is preventable through targeted lifestyle interventions and patient empowerment. This workshop series, “Health Intervention for Patients with Increased Cardiovascular Risk,” is designed to support individuals identified as high-risk due to hypertension, dyslipidemia, pre-diabetes, obesity, sedentary lifestyle, or a family history of cardiovascular conditions and other factors, including high Lp(a), indicated by the ESC. The health intervention presented during the workshop is a part of targeted approach used within the "My Health" prevention program in Poland.

Objectives: The workshop aims to equip participants with the knowledge, skills, and motivation necessary to provide adequate health intervention toward patients to facilitate sustainable changes that reduce overall cardiovascular risk and improve long-term health outcomes.

Teaching method and workshop: The workshops will combine evidence-based medical education and practical skill-building. Participants will engage in interactive sessions led by healthcare professionals - family physicians certified in obesity treatment and experienced in lifestyle medi

Expected outcomes: The workshop format promotes peer support and group learning, creating a motivating environment in which participants can share experiences, challenges, and successes. By the end of the workshops, participants will have gained a deeper understanding of th

Conclusion: This workshop aims to improve the role security of participants and not only to

educate but also to empower patients to take an active role in improving their cardiovascular wellbeing and long-term quality of life.

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ID 2038- Persistent pruritus in primary care: when a common symptom signals serious disease

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Context: Drones are increasingly recognised for their potential to strengthen healthcare logistics, particularly in rural regions where long distances and challenging conditions delay diagnostics and care. In XXXXX XXXXX, 85% of patients registered with a general practice live rurally and rely on GPs as their first point of contact. Approximately 95% of clinical pathways depend on pathology services, yet sample transport can be limited with couriers typically visiting practices only once daily contributing to delays in timely diagnostics. Drone transport from GP-led community hospitals to laboratories could modernise pathology networks, reduce delays, and improve care for remote communities.

Objectives: (i) Model drone routes for pathology sample transport in the XXXXX XXXXXXXXXX XXXXXXXXXX XXXXXX XXXXX (XXXXX). (ii) Evaluate potential impacts on costs, transit times, and sustainability compared with current fleets.

Methods: GP-led community hospitals and pathology laboratories were mapped, including sample volumes and courier schedules. Drone routes were identified, and three scenarios were modelled: (i) business-as-usual van-only collection, (ii) partial drone adoption, and (iii) complete drone adoption. Outcomes included transit times, costs, and environmental impacts.

Results: Drone adoption is expected to substantially reduce transit times, particularly under full deployment, with significant CO2 savings from replacing diesel vans. Partial adoption offers more moderate improvements with smaller cost increases. Sensitivity analyses (e.g., weather conditions) highlight trade-offs: predicted benefits increase with rurality, but costs and potentially necessary high flight frequences may limit operational feasibility.

Discussion: Mapped drone routes suggest a feasible network for XXXXX. Drones offer substantial improvements to the efficiency and sustainability of pathology sample collection. Full adoption maximises time and emissions benefits but incurs higher costs. Partial deployment display more moderate gains with lower operational burden. Implementation would also provide opportunities for workforce redesign, enabling courier capacity to be redirected toward urgent or complex tasks. Engagement with communities, regulators, and clinicians will be essential to ensure acceptability, operational safety, and long-term scalability of any future drone-enabled service.

Conclusion: These findings highlight the feasibility and potential value of drones in rural primary care logistics, building a foundation to guide future pilot studies and service planning.

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ID 72- PFAPA isn't just for kids

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Context: Simulation has been used in hospitals to improve the quality of care provided, offering healthcare professionals the opportunity to practice in a safe environment with actors or simulators and in universities to allow students to practise away from real patients in order to gain practical experience in their training. It has been used very rarely in primary care, there is no tradition of this methodology, there are no simulation units dedicated to primary care professionals and the only opportunity is borrowing a spot in a hospital or universitary unit. This situation is unfair, and creates inequity for our patients, who deserve to have doctors and nurses (and

the rest of the team) who are prepared and trained for any situation, and simulation allows them to do so.

Objectives: Explain the potential that simulation has in primary care. Explain the project to implement simulation in primary care in a country. Demonstrate in a practical way that it is possible to do it anywhere.

Teaching method and workshop: One of the presenters will explain the importance of simulation applied to primary care (communication skills, teamwork and the power of the group) as well as the entire project we are implementing in our country, while the other two presenters will set u

Expected outcomes: We want to demonstrate that simulation is a methodology that allows primary care professionals to improve their habilities and skills thorugh personal and group reflection after a training activity drawn from their usual practice. We also want to prove th

Conclusion: We sincerely believe that simulation in primary care is a necessary goal for institutions and scientific societies in order to provide a better, safer and more responsible care to our patients. if we can do it at home, so can you.

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ID 1742- Pharyngeal barotrauma induced by suppressed sneezing with subcutaneous emphysema: a case report

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Context: A 70-year-old woman, otherwise feeling well and appearing clinically stable, presented with persistent difficulty measuring blood pressure in her left arm in the last days. She also noted mild sensory changes in the same arm over several weeks but denied pain, weakness, or systemic symptoms. Her overall health seemed unchanged, making the inability to obtain a blood pressure reading her primary concern. This atypical presentation raised suspicion for underlying vascular pathology despite her reassuring clinical appearance. A broad workup was done, and a surprising diagnosis was made.

Methods: A detailed physical and neurologic examination was performed, revealing subtle asymmetry in the left radial pulse. Blood tests, including CRP and ESR, were normal, and ECG showed no acute cardiac findings. Differential diagnoses included both common vascular conditions such as atherosclerotic subclavian stenosis, subclavian steal syndrome and thoracic outlet syndrome as well as “can’t-miss” diagnoses such as large-vessel arteritis and early aortic dissection. Planned investigations included duplex ultrasonography and CT angiography. A central challenge was determining whether this workup could safely proceed in an ambulatory setting or required urgent evaluation in the emergency department due to the potential severity of underlying causes.

Originality: The case underscores the value of integrating careful bedside assessment with advanced imaging to detect uncommon vascular pathology in patients who feel entirely well.

Lessons learned and future implications: This case highlights that even benign-seeming complaints, such as difficulty obtaining a blood pressure reading in one arm, may indicate significant vascular disease. Subtle findings like unilateral blood pressure discrepancies, weak peripheral pulses, or sensory changes deserve thorough evaluation even in well-appearing patients.

Discussion: The primary dilemma involved choosing between ambulatory workup and emergency evaluation. While the patient appeared well, the risk of missing serious disease required careful triage and vigilance.

Conclusion: Unilateral blood pressure measurement difficulties warrant a broad differential diagnosis and timely vascular imaging to exclude conditions such as arteritis, subclavian stenosis, or aortic dissection, ensuring safe and effective management. Keywords:Blood Pressure Determination, Pulses, Giant Cell Arteritis

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ID 783- Physical Activity and Incident Cardiovascular Disease in Adults Aged ≥75 Years: A Nationwide Cohort Study

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Context: Disadvantaged populations carry a high burden of chronic disease, making physical activity a vital therapeutic intervention in primary care. Yet many family physicians struggle to integrate activity counseling into routine practice due to limited time, uncertainty about safe exercise prescriptions, socioeconomic barriers faced by patients, and challenges in motivating sustainable behavior change. This workshop is designed to equip family physicians with the confidence, practical skills, and evidence-based tools needed to prescribe physical activity effectively for patients living with chronic illness and social disadvantage. Through real-world case discussions, hands-on demonstrations, participants will explore how to overcome common barriers and embed movement into individualized care plans.

Objectives: By the end of the workshop, participants will be able to: ● Apply evidence-based physical activity guidelines in diverse clinical settings. ● Safely prescribe exercise for patients with multimorbidity and functional limitations. ● Demonstrate simple home- and clinic-based exercises. ● Use motivational and communication techniques to support behavior change in disadvantaged patients.

Teaching method and workshop: Case 1: Obesity & Osteoarthritis ● Impact of joint pain, mobility limitations, and socioeconomic constraints ● Safe prescription of low-impact aerobic and strengthening exercises ● Practical demonstration of chair-based movements and resistance-band ex

Expected outcomes: ● Increased confidence in using the 5A model for physical activity counseling ● Ability to design safe and disease-specific exercise prescriptions ● Enhanced collaboration with community resources and local activity programs ● Adoption of practical, immed

Conclusion: This workshop provides family physicians with a practical, evidence-informed pathway to incorporating physical activity into the care of disadvantaged patients. Participants will prepare to use physical activity as a powerful, accessible prescription for better health by combining guideline-based knowledge with hands-on strategies.

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ID 1691- Physical Examination and Clinical Ultrasound: Keys to Diagnosing Occult Abdominal Masses in Primary Care

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Context: MRKH syndrome, or Müllerian agenesis, is a rare congenital disorder affecting 1 in 4,500–5,000 females, characterized by absence or underdevelopment of the uterus and upper two-thirds of the vagina, with normal 46,XX karyotype and secondary sexual characteristics. It is a leading cause of primary amenorrhea and poses diagnostic challenges in primary care. Early recognition and referral are essential to address reproductive, sexual, and psychological health needs.

Methods: A 20-year-old female presented to Family Medicine clinic with primary amenorrhea and normal secondary sexual development. Examination was unremarkable. Investigations revealed vitamin D deficiency; CBC, electrolytes, liver function, vitamin B12, TSH, and karyotype (46,XX) were normal. Pelvic ultrasound suggested absent uterus; MRI confirmed MRKH type 1 with uterovaginal aplasia, normal ovaries, and rudimentary Müllerian remnants. She was referred for

gynecologic evaluation, reproductive counseling, and psychological support. Strengths included early recognition and imaging; limitation was lack of long-term follow-up.

Originality: MRKH syndrome is rarely reported from XXX, especially in primary care. This case highlights the family physician's role in early identification and referral, the utility of MRI for detailed anatomical assessment, and the integration of reproductive and psychological care. Unlike many reports, this patient was asymptomatic aside from primary amenorrhea, with detailed documentation of ovarian morphology and Müllerian remnants.

Lessons learned and future implications: Primary care providers can facilitate timely diagnosis and multidisciplinary management, improving patient outcomes. Awareness and structured evaluation of adolescent females with primary amenorrhea can prevent diagnostic delays, allow early counseling, and support interventions for sexual and reproductive health.

Discussion: MRI remains the gold standard for anatomical assessment and management planning. Psychological support is crucial given the emotional impact of MRKH diagnosis. Multidisciplinary care, including gynecology, fertility counseling, and psychosexual therapy, is essential.

Conclusion: MRKH syndrome should be considered in adolescent females presenting with primary amenorrhea despite normal pubertal development. Early, structured evaluation, including MRI, enables accurate diagnosis, identification of associated anomalies, and timely multidisciplinary management. Integrating gynecologic care, fertility counseling, and psychological support enhances patient well-being, empowers informed decision-making, and ensures a holistic approach to sexual and reproductive health. Raising awareness in primary care can improve detection, optimize care pathways, and guide future practice in adolescent health.

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ID 1762- Physicians' wellbeing in telemedicine: a cross-sectional study

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Context: An effective surveillance program of drugs and addiction requires timely detection of emerging consumption patterns and new psychoactive substances. The time lag between conventional reporting systems and population-level perception creates a gap that can be more effectively addressed through sentinel networks.

Objectives: To advance the development of a drug-use sentinel network in Spain by building on our previously published study, focusing specifically on operational structure, implementation strategies, and the integration of digital tools and new technologies to enhance real-time surveillance.

Methods: A qualitative study was conducted between February and May 2025. A total of 13 regional, national and international experts in public health, drug policy, prevention, epidemiology, and digital technologies participated in three focus groups and four in-depth interviews. Data were analyzed thematically using ATLAS.ti, with triangulation of researcher data with adherence to SRQR guidelines to ensure rigor.

Results: Six categories and 16 subcategories were identified for the design of a sentinel network on drug use: (1) Definition and criteria for activating sentinel alerts; (2) Selection of key informants; (3) Communication of relevant signals and alerts; (4) Management and temporality of alerts; (5) National coordination of the sentinel network; and (6) Enabling factors for sustainability.

Discussion: The categories identified in the study reflect the complexity of designing a functional sentinel network for monitoring

drug use. The definition of alert criteria and the selection of key informants highlight the need for clarity and consistency to ensure reliable early detection. Effective communication pathways and clear temporal management of alerts are essential to prevent delays and reduce variability between settings. The emphasis on national coordination demonstrates the importance of a unified structure capable of integrating heterogeneous local contributions. Finally, the enabling factors identified—such as training, digital tools, and mechanisms to maintain engagement—underscore that sustainability depends not only on design, but on long-term operational support.

Conclusion: This work outlines the operational foundations for an effective drug-use sentinel system, emphasising clear alert management, robust coordination and digital support. Implementing these elements could improve real-time detection capacity and reinforce national surveillance infrastructures.

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ID 380- Physiological Correlates of Adherence to Community-Based Resistance Training in Older Adults with Osteoporosis: A Secondary Analysis

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Context: Children commonly present in primary care with varying degree of atopic eczema. Topical steroid and Emollients are regularly prescribed. We have also noted treatment failure in our clinical practice. This could be due to poor adherence with therapy. Lack of knowledge about the treatment of use of topical steroid, fear of real or imaginary side effects, under prescribing are the main causes of treatment failure.

Methods: We aim to audit the prescribing habits of 12 doctors randomly selected and independently assessed by one of the authors who was not involved in the treatment plan. We recorded the type of treatment offered. One patient was excluded from the study due to hospital shared care management. 61 patients under the age of 16, selected from practice database. 21/60 had weakly potent TCSs remaining had moderately potent steroid were used then All parents were invited to fill up dermatology quality of index via electronic messaging system to improve parents understanding and improve treatment adeherence

Originality: Original work under taken at Sangam Surgery. London UK

Lessons learned and future implications: All primary care physicians prescribed steroid/antimicrobial combinations than the constituent steroid alone. Parents reported lack of knowledge of the strength of topical steroid Dose used were twice a day. 60% Parents felt antibiotics would better that steroid.

Discussion: Practice based learning Parents and their carers must receive adequate information and training in how and when to use topical therapies in conjunction with written care plans or using electronic messaging system. The major cause of treatment failures in atopic dermatitis are multifactorials in this cohort. We found that Knowledge from social media had profound effect on use of Topical steroid. Many parents were afraid of side-effects from steroid use.

Conclusion: Parents were also gathered knowledge from social media. We have developed using NICE guidelines to educate the parents. Dermatology Quality of Index could address lack of knowledge about treatment, in particular the use of topical steroid therapy

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ID 1481- Phytophotodermatitis: A Phototoxic Cutaneous Reaction Worth Recognizing – Case Report

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Context: Background: Quality service delivery in primary care requires motivated and competent health professionals. In the XXX private sector, General Practitioners (GPs) with no postgraduate training in family medicine offer primary care. There is a paucity of evidence on the ability of primary care providers to deliver comprehensive care and no such evidence is available for GPs practising in the private sector in XXX.

Objectives: To evaluate GPs' training and experience in the skills required for comprehensive primary care.

Methods: A cross-sectional descriptive survey in 13 primary care clinics in the private sector. A questionnaire, originally designed for a national survey of primary care doctors in South Africa, was adapted. The selection of 78 clinical skills was based on the primary-care subset of clinical skills required in training of family physicians. Study collected self-reported data on performance of clinical skills by 25 GPs. Data were analysed in SPSS.

Results: GPs were mostly aged <40 years, with ≤10 years of experience, and there was an equal sex distribution. GPs reported moderate performance with adult health, communication and consultation, and clinical administration; and weak performance with emergencies, child health, surgery, ear nose and throat (ENT) and eyes, women's health, and orthopaedics. The GPs lacked training in specific skills such as proctoscopies, contraceptive devices, skin procedures, intra-articular injections, red reflex tests, and use of genograms.

Discussion: Majority of the GPs were young and not considering a career in family medicine. GPs performed poorly in some of the essential and basic skills required in primary care. A redesign of the health system's approach to gatekeeping and care pathways could encourage patients to obtain more cost-effective and accessible services at the primary care clinics. An important factor to consider would be incentives, such as fee-for-service, to motivate GPs to perform some of the procedures.

Conclusion: Comprehensiveness could be improved by deploying family physicians to the clinics, continuing professional development and postgraduate training in Family Medicine.A change in the scope of practice would also need to be supported by the organisation's infrastructure, equipment, supply chain, workforce, funding, and health information systems.

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ID 888- Place de l'acupuncture en médecine générale : entre idées reçues et recommandations

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Context: This workshop introduces the concept of endocrine-disrupting chemicals (EDCs)—compounds that closely resemble our hormones but pose significant risks to human health. These ubiquitous chemicals are found in everyday products such as plastics, cosmetics and food packaging. While often overlooked on ingredient lists, EDCs and other toxics have far-reaching health consequences, contributing to conditions such as cancer, diabetes or obesity, amongst others, as well as affecting wildlife and disrupting ecosystems. This workshop emphasizes the importance of transparency in ingredient lists, calling for better public awareness and regulatory measures to mitigate the harmful effects of these hidden poisons. Understanding the true meaning behind everyday products' ingredient lists is crucial to protect public health and avoid paying the hidden costs of EDC exposure.

Objectives: To identify EDCs and other toxics components. To understand their effects in human and public health To foster informed choices to minimize the exposure and the impact on planetary health.

Teaching method and workshop: In a highly interactive setting with different stations, participants will uncover the ubiquity of EDCs and other toxic chemicals, through a dynamic escape-room structure. Working in groups, attendees will work together to solve puzzles, answer question g

Expected outcomes: Attendees will learn to identify EDCs and other toxic components, their health effects, and strategies for reducing exposure.

Conclusion: As primary care doctors, we must not forget about our communities health as a whole. We promise this workshop will inevitably change the way you live, think, and make choices. Are you ready to unveil the “ugly truth”? Come and join us!

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ID 1599- Planetary health : let's make the change together!

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Context: Diabetes mellitus presents a spectrum ranging from classical type 1 (T1DM) and type 2 diabetes (T2DM) to hybrid and atypical forms, including latent autoimmune diabetes in adults (LADA) and maturity-onset diabetes of the young (MODY). Accurate classification in primary care is challenging due to overlapping phenotypes, variable clinical presentations, and limitations of conventional diagnostic tools. Misclassification may lead to suboptimal treatment, delayed intervention, and increased risk of complications.

Objectives: Delegates will gain a better understanding of the following: Epidemiology and global burden of types of diabetes Pathophysiology of T2DM , T1DM and other types Diagnosis pitfalls and dilemmas Emerging role of CGM Early identification & Prevention – ‘a panacea’ for health systems

Methods: A narrative review was conducted using current literature from PubMed, MEDLINE, and primary care guidelines. Emphasis was placed on diagnostic criteria, biomarkers, and clinical features distinguishing T1DM, T2DM, LADA, and MODY. Case vignettes and algorithmic approaches were synthesized to illustrate decision-making pathways for ambiguous presentations.

Results: T1DM: Typically presents acutely in children or young adults, with hyperglycemia, ketonemia, and positive autoantibodies (GAD65, IA-2, ZnT8). T2DM: Common in adults with obesity, insulin resistance, and gradual onset; often associated with metabolic syndrome features. Intermediate forms (LADA, MODY): Display mixed phenotypes, slower progression of beta-cell failure, and variable autoantibody or genetic markers. Diagnostic tools: C-peptide measurement, autoantibody panels, and genetic testing improve classification but are not universally available in primary care. Algorithms combining age, BMI, clinical features, and laboratory markers improve diagnostic accuracy.

Discussion: Primary care providers often face dilemmas when diabetes does not fit classical definitions. Early recognition of atypical forms is essential to guide therapy—insulin initiation in T1DM or LADA, oral agents in T2DM, and targeted therapies in MODY. Clinical vigilance, combined with selective use of biochemical and immunological tests, can optimize outcomes. Challenges include cost, access to specialized testing, and the dynamic nature of diabetes progression.

Conclusion: Accurate classification of diabetes in primary care requires an integrated approach, balancing clinical assessment with targeted investigations. Awareness of intermediate and atypical forms, alongside practical algorithms, enhances diagnostic precision and ensures appropriate treatment initiation, ultimately improving patient outcomes.

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ID 1904- Planetary health in general practice: a cross-sectional survey in X

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Context: Several recent studies show that medical students are a population at risk in terms of mental health. In the 2018 government report by Dr. Donata Marra on the quality of life of healthcare students, it is recommended to "develop a genuine faculty policy that promotes student well-being and personal success." Thus, in 2024, the University Department of General Medicine of Montpellier-Nîmes redesigned the welcome day for first-year family medicine residents. The day was organized as a "scavenger hunt", allowing residents to discover emblematic locations within the Montpellier-Nîmes Faculty of Medicine and participate in various activities.

Objectives: The primary objective of this study was to understand the experience and assess the satisfaction of first-year family medicine residents who participated in an inovative welcome day. The secondary objective was to explore ways to improve this day.

Methods: A qualitative study using semi-structured individual interviews of first-year residents was conducted until data saturation. Interviews were analyzed by thematic approach. A descriptive quantitative study using a questionnaire was sent online to the same residents.

Results: Twelve interviews were conducted between December 2024 and February 2025. The results show that the first-year residents found the day enjoyable because they were able to have fun, share convivial moments, feel valued, and strengthen their sense of belonging to the faculty. It was also perceived as useful and supportive, fostering: the creation of connections, institutional reassurance, and a more serene start to their residency, both academically and professionally. The questionnaire responses were collected between December 20, 2024, and February 2, 2025. The questionnaire achieved a 68.61% participation rate. Statistics show that first-year residents appreciated the event and would like to participate again.

Discussion: This study highlighted the positive impact of such an welcome day on the mental health of general practice residents. Indeed, the literature confirms the presence of several protective factors for mental health that this day helped to activate, while also mitigating certain risk factors.

Conclusion: This pilot study is the first study to highlight the relevance of this type of mental health intervention within the residency program and encourages its development in other medical schools and among other student populations.

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ID 590- Plantago lanceolata (Plantain) extract syrup inhibited growth and adhesion of Streptococcus pyogenes to human bronchial epithelial (BEAS-2B) cells

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Context: Two-third of XXX cardiovascular disease (CVD) risk management is delivered in primary care practices via integrated care programs. Although these programs calculate individual risk for cardiovascular patients, risk stratification to identify patients for prioritized recall is currently not implemented. Given the anticipated staffing shortages and the substantial heterogeneity in primary care patients at risk of CVD, there is a need for optimizing this approach and promoting proactive organization of care. We therefore developed a multilevel complex intervention (PROSPERA) and explored barriers and facilitators of the pilot version in an early phase of implementation. The PROSPERA program comprises: 1) population-level risk stratification, 2) individual-level clinical

decision support tools and 3) remote patient monitoring.

Objectives: To explore anticipated and experienced barriers and facilitators by healthcare professionals when using the PROSPERA program in primary care.

Methods: We conducted 4 focus groups and 6 interviews with 9 general practitioners and practice nurses focusing on barriers and facilitators in current cardiovascular risk management and anticipated and experienced barriers and facilitators when using the PROSPERA program. After verbatim transcribing, interviews were coded inductively. Constructs of the Theoretical Domains Framework (TDF) were used for thematic analysis.

Results: Barriers and facilitators on three healthcare professionals' behaviours (providing proactive care, using clinical decision support tools and discussing outcomes) were found in 11 TDF-domains. Main barriers related to a lack of guidelines and know-how, pessimism on breaking habits, altered professional roles and limitations in technological infrastructure. Main facilitators related to beliefs about the value of proactive selection, the need for structural change, and optimism about clinical decision support tools contributing to improved comprehension, motivation and activation of patients.

Discussion: The PROSPERA pilot study adds to knowledge on barriers and facilitators in behaviour change of health care professionals when working with a complex intervention in primary care. To support further adoption of the PROSPERA program in clinical practice, healthcare professionals need further education and training, as well as support by restructuring the environment.

Conclusion: The insights of this study will be used for developing implementation strategies for a cluster randomized clinical trial. Results of the trial are expected in 2028.

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ID 170- POCT and ECG as the Key to Early Diagnosis of Myocardial Infarction in General Practice

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Context: Creative health is an approach that recognises the positive impact of creativity and creative activities on our health and wellbeing. These activities span a wide spectrum, including the performing and visual arts, design and craft, literature, culture, and digital or electronic arts. Interest in the role of creativity in supporting both individual and community wellbeing has grown significantly in recent years. Evidence shows that taking part in creative activities can reduce mental distress, strengthen social connections, enhance quality of life, and support personal growth and empowerment. Creative health embodies the spirit of liberté, égalité, fraternité; fostering liberty of self-expression and empowerment. It promotes equality by making creative tools for wellbeing accessible to all, and strengthens solidatrity by building social cohesion and community support through shared creative experiences.

Objectives: The workshop objectives are that participants will: 1. Gain an understanding of the concept of creative health 2. Gain an understanding of how arts and creativity can impact health and wellbeing ourselves and our patients.

Teaching method and workshop: This workshop will use a variety of teaching methods ● an introductory slide-based presentation by co-authors ● demonstration of creative health in action e.g. GP poetry read-outs ● pair discussions and small group breakouts to discus

Expected outcomes: After attending, participants will be able to: 1. Apply the concepts of creative health to their clinical

setting, 2. Apply the concepts of creative health in their own lives

Conclusion: This workshop aims to equip participants with skills and confidence to apply creative health in their own setting, for themselves, their teams and patients. It will embody the ideals of liberté, égalité, fraternité, offering participants the freedom to express themselves creatively, promotoing equal access to well-being through the arts, and fostering solidarity through collaborative creative activities.

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ID 851- Point-of-care ultrasound in General Practice. New European Training Guidelines. How do we implement them? And can we?

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Context: Chronic Obstructive Pulmonary Disease (COPD) is a leading cause of morbidity and mortality worldwide and is frequently managed in primary care. Family physicians play a central role in early diagnosis, treatment initiation, inhaler education, and long-term follow-up. Despite clear evidence-based guidelines, gaps remain in optimal pharmacologic management, proper inhaler technique, and effective communication that supports patient adherence. This one-hour interactive workshop is designed to strengthen practical COPD management skills and provide family physicians with hands-on tools they can immediately apply in clinical practice.

Objectives: The primary objective of this workshop is to enhance the knowledge, confidence, and clinical skills of family physicians managing COPD. The session will focus on guideline-based treatment selection, correct inhaler technique, and motivational interviewing strategies to improve patient adherence and outcomes.

Teaching method and workshop: The workshop will be delivered through three rotating interactive stations, each approximately 15 minutes, followed by a brief summary: Station 1 - GOLD Guidelines & Evidence-Based Pharmacologic Treatment (15 min) - Review of the GOLD framework for diagno

Expected outcomes: By the end of this workshop, participants will: - Gain a clear understanding of current GOLD-based treatment strategies - Improve their ability to teach and assess proper inhaler technique - Strengthen communication skills using motivational interviewing

Conclusion: This practical, skills-based symposium equips family physicians with essential tools to improve COPD management in primary care. By combining guideline knowledge, hands-on inhaler training, and effective communication strategies, the workshop aims to support better patient outcomes and more confident clinical decision-making

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ID 1305- Polycythemia vera presenting with aquagenic pruritus in primary care: a case report

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Context: Complementary and alternative medicine (CAM) is increasingly used in Western countries. While the WHO encourages a regulated integration of CAM into health systems, general practitioners (GPs) remain cautious. Existing literature describes users' profiles, but little is known about their subjective experience. This study investigates how patients perceive and integrate CAM alongside conventional primary care.

Objectives: To explore the lived experiences, motivations and representations of patients who use CAM, and to identify the conditions enabling its safe and meaningful integration into patient pathways.

Methods: A qualitative study inspired by grounded theory was conducted between 2023 and 2025. Six semi-structured interviews were

recorded, fully transcribed, anonymised and validated by participants. Data were analysed using open, axial and selective coding with methodological triangulation among three researchers. The conceptual findings are synthesized in an explanatory model centred on trust, empirical reasoning, autonomy and biomedical anchoring.

Results: Patients assess CAM effectiveness through an empirical reasoning, relying on sensations and experiential evidence rather than scientific proof. They value "natural" treatments and express varying degrees of mistrust toward pharmaceuticals or perceived inconsistencies in conventional care. The therapeutic relationship is central: trust, availability, holistic attention and continuity of care reinforce adherence. CAM is embedded in a search for overall well-being, sometimes linked to cultural, spiritual or family dynamics. Participants emphasise the importance of the practitioner's biomedical training, seen as legitimising and reassuring. Some tensions appear regarding vaccination, scepticism toward the biomedical model or critical perceptions of pharmaceutical industries, all represented in the central analytic framework of the study

Discussion: Patients' recourse to CAM reflects a desire for meaning, personal coherence, and recognition in the therapeutic encounter. CAM practices serve not only as therapeutic techniques but also as symbolic resources shaping identity, autonomy and the patient–provider relationship.

Conclusion: CAM represents a complementary relational and symbolic dimension of care. Integrating it safely within primary care requires an open, structured and scientifically grounded approach by GPs, ensuring patient safety while strengthening the therapeutic alliance.

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ID 967- Porphyria cutanea tarda in primary care: a case report

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Context: As the number of patients with dementia is increasing, better awareness on how to treat them best is important.

Methods: I participated in a 60 ECTS, web-based learning in Karolinska Institutet Stockholm for 2 years.. It includes : cognitive and emotional functions of the brain; behavioural and psychological symptoms of dementia; the process for a suspicion of dementia; treatment, rehabilitation methods and palliative care. You have access to the tremendous library and to all journals related to dementia. As the physicians applying are from various countries and different medical working organizations, it allows a larger view on different care systems for people with dementia over Europe and farther. Strength of the course is the great flexibility in time to take part and the regular interactivity in the web online sessions ; limitations are a good fluent English needed , the necessary time-consuming amount for active participation and the high fees.

Originality: The innovative aspect is that this course can be done from home and allows you whenever to study, to write, but some hours are fixed for online exchanges. This master's degree is run every year since more than 8 years. The examination consists of evaluation during the different courses (individual or group works assigned and noted) and all participants must report on one specific topic related to their work for people with dementia and this has to be presented orally in the institution. After graduation, all GPs receive the title : "Silvia Doctor" and you are encouraged to continue in your country to promote the best medical treatment and care options.

Lessons learned and future implications: The fruitful contact with colleagues from other countries and the exchange in experiences is stimulating . Myself am dealing now mainly with dementia and palliation and we have established medico-ethical consultations for the end of life.

Discussion: Other countries have similar certifications and as GPs are visiting doctors in nursing homes for people with dementia, this can be an added value to become the medical coordinator.

Conclusion: I have still now contact with colleagues and we see us often in international congresses on this important and increasing topic.

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ID 1039- Post Graduate Training in Family Medicine in different regions of the world

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Context: University students face substantial physical and mental health challenges linked to academic pressure, lifestyle changes, and communal living. These factors create diverse needs requiring timely preventive and curative care. Data from multidisciplinary universities in XXX remain limited. Understanding utilization patterns within structured student health services offering integrated care is essential for developing effective, student-centered systems.

Objectives: To examine three-year trends in Student Health Services (SHS) utilization at XXX University and identify priority areas for targeted interventions, preventive strategies, and resource planning to better meet students' diverse health needs.

Methods: A retrospective analysis of SHS records from January 2023 to November 2025 was conducted. Extracted data included visit volume, presenting symptoms, diagnoses, referrals, urgent care and Emergency Room (ER) utilization, and inpatient admissions. Analyses were stratified by academic program and year of study.

Results: A total of 19,115 student visits were recorded over three years (2023: 5,769; 2024: 7,410; 2025: 5,936). School of Nursing and Midwifery (SONAM) and Medical College students accounted for the majority of visits (45.4% and 44.6%), while Institute of educational development (IED) and Faculty of Arts & Sciences (FAS) contributed 2.4% and 7.4%, respectively. The most common concerns were upper respiratory infections, skin conditions, musculoskeletal issues, gastrointestinal complaints, and gynecological problems. Urgent care and ER visits totaled 1,869, largely from SONAM (42.6%) and MBBS (40%) students, with fever, respiratory and gastrointestinal illnesses, musculoskeletal pain, and headaches being the main reasons. There were 178 inpatient admissions or day-care procedures, and many students required counseling or psychiatric referrals, reflecting a rising mental health burden.

Discussion: The findings show varied healthcare utilization across programs, with high demand among nursing and medical students. Frequent infectious, musculoskeletal, and gynecological issues highlight physical health needs, while numerous mental health referrals indicate emotional and psychological pressures. These patterns underscore the need for preventive care, early identification of at-risk students, and better integration of physical and mental health services.

Conclusion: This three-year analysis highlights substantial and diverse health service use at XXX University, underscoring the need for robust, student-centered health systems. These findings can inform policy, optimize resource allocation, and support targeted interventions that strengthen student well-being and resilience.

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ID 1674- Post-pandemic burnout (2021 - 2025) in primary care professional groups: administrative staff alert.

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Context: Proprotein Convertase Subtilisin/Kexin type 9 inhibitors (PCSK9i) such as alirocumab and evolocumab are increasingly incorporated into primary care lipid-lowering strategies. Recent reports, however, suggest potential short-term disturbances in glucose homeostasis. Evidence characterizing this risk in routine primary care settings is limited.

Objectives: This study assessed the short-term risk of hyperglycemic disorders following PCSK9i exposure and developed a time-series Long Short-Term Memory (LSTM) model to predict hyperglycemia using routinely collected clinical data.

Methods: A self-controlled case series (SCCS) design was applied to Observational Medical Outcomes Partnership – Common Data Model (OMOP-CDM) data from XXX Hospital. Incidence rate ratios (IRRs) were estimated for hyperglycemic disorders during PCSK9i exposure, with subgroup analyses for alirocumab and evolocumab and additional adjustment for concomitant hyperglycemia-inducing medications. Predictive performance of single-layer and two-layer LSTM models integrating longitudinal laboratory values and medication histories was compared with Random Forest and Logistic Regression models. SHAP analysis identified key predictors influencing LSTM outputs.

Results: PCSK9i exposure was associated with an increased short-term risk of hyperglycemic disorders (IRR 1.69, 95% CI 1.43–1.99). Evolocumab showed a significant association (IRR 1.75), while alirocumab showed a nonsignificant trend. The greatest risk occurred 121–150 days after exposure (IRR 2.38). The association remained after adjusting for hyperglycemia-inducing medications. The LSTM models achieved excellent predictive performance (AUROC 0.995 for single-layer; 0.998 for two-layer), outperforming Random Forest (0.969) and Logistic Regression (0.720). SHAP analysis indicated higher BMI, lower lipoprotein(a) and hemoglobin, and elevated creatinine and leukocyte counts as important contributors.

Discussion: Findings suggest that PCSK9i use in primary care may carry a short-term hyperglycemia risk, with agent-specific and time-dependent patterns that warrant clinical attention. The strong discriminatory performance of LSTM models highlights the value of temporal features in real-world risk prediction. These insights may support earlier identification of at-risk patients and guide primary care–oriented monitoring strategies.

Conclusion: PCSK9i exposure is associated with a short-term increase in hyperglycemic disorders, and LSTM models provide robust predictive performance with clinically meaningful risk indicators.

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ID 2105- Postpartum Headache in a Family Health Center: Delayed Preeclampsia Recognized at First Contact

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Context: Esophageal candidiasis (EC) is an opportunistic infection that typically occurs in immunocompromised individuals. We report the case of a 50-year-old immunocompetent man who developed EC to highlight the importance of recognizing it in otherwise healthy patients and identifying risk factors.

Methods: A 50-year-old man, with no significant medical history, presented with several weeks of chest pain during meals, postprandial fullness, and later, a foreign-body throat sensation. He had been taking a daily proton-pump inhibitor (PPI), and an increase in the dose to twice daily was suggested without improvement. An endoscopy performed one year earlier had been normal. Due to persistent symptoms, a repeat upper endoscopy with biopsy was performed, revealing multiple white plaques on the esophageal mucosa, consistent with EC, confirmed by histology. The patient was treated with fluconazole, leading to complete symptom resolution, and an evaluation for underlying immunosuppressive disorders was unremarkable.

Originality: This case describes EC in a healthy 50-year-old man, emphasizing other risk factors to this condition, other than immunosuppression.

Lessons learned and future implications: EC can occur in immunocompetent individuals, and a detailed clinical history can identify risk factors and raise suspicion. This diagnosis should be considered when risk factors are present and symptoms persist despite treatment.

Discussion: Candida species are responsible for opportunistic infections, and EC is typically associated with immunosuppression, as HIV infection, malignancy, or immunosuppressive therapy. In immunocompetent individuals, it is uncommon and can be associated with long-term acid-suppressive therapy, recent antibiotic use, or topical corticosteroids. Typical symptoms include retrosternal pain or odynophagia. Diagnosis can be made through endoscopic visualization of white plaques and confirmed histologically. Systemic antifungal therapy is the standard treatment, usually resulting in complete clinical recovery. In this case, no systemic immunodeficiency was identified, and the long-term PPI use was considered the most plausible risk factor.

Conclusion: It is important to be aware of the clinical presentation of EC and consider medication-induced alterations in mucosal defenses as potential contributors to fungal infections, even in immunocompetent individuals.

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ID 2257- Practical implementation of lifestyle medicine in primary care consultations

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Context: Myasthenia gravis (MG) is an autoimmune disorder characterized by impaired neuromuscular transmission, resulting in fluctuating muscle weakness and fatigability. We present a case of a middle-aged man diagnosed with thymoma-associated MG, highlighting the diagnostic challenges faced.

Methods: A 52-year-old man presented with progressive upper limb weakness, hand rigidity, and intermittent slurred speech. Despite the complaints, neurological and speech examinations were normal, as well as a cranial CT and upper-limb electromyography (EMG). Over several months, his symptoms persisted, with fatigability during sustained or overhead activities, prompting referral to Neurology. Meanwhile, he developed urgency urinary incontinence and was started on trospium chloride. Days later, he experienced worsening of symptoms, requiring hospitalization with evaluation that confirmed thymoma-associated MG.

Originality: This case describes an infrequent MG presentation, with limb-predominant episodic symptoms and initial normal investigations, leading to diagnostic uncertainty. It also reflects the impact of medication in exacerbating MG.

Lessons learned and future implications: MG may present with subtle symptoms and normal investigations, but fatigability should prompt consideration of neuromuscular disorders. Beware of medications that can exacerbate MG is crucial to prevent iatrogenic symptoms.

Discussion: MG is an uncommon disorder, typically affecting ocular or bulbar muscles. Limb involvement may also occur, affecting the upper limbs more than the lower limbs. In the early stages, symptoms may be episodic, but they worsen over time. Several medications can exacerbate MG symptoms and should be avoided. In this case, symptoms progressed over months, and despite the initial tests performed being normal, a neuromuscular disorder was suspected, and a Neurology referral was made. The introduction of trospium chloride, an antimuscarinic drug, contributed to a clinical worsening, leading to hospitalization and enabling the diagnosis

Conclusion: Family Doctors play a key role in the early recognition of many disorders. In this case, although a neurological condition was suspected, delays in specialist evaluation prolonged the diagnostic process. Additionally,

it highlights the importance of recognizing medications that can exacerbate myasthenic symptoms, ensuring safer and more effective management of patients with suspected or confirmed myasthenia gravis.

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ID 237- Practice of smoking cessation counseling among primary care physicians in XXX, 2022

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Context: In UK 92% of patient population are registered at primary care practices. Primary Care is key to deliver assessment, treatment, continuing care, person centred care and preventive medicine to the general population. Primary Care is at the forefront to address health inequalities. NHS services is free and GPs are often the first point of contact for most people accessing health care irrespective of race, colour, sexual orientation, gender identity and economic background. Undocumented people are also able to register with a GP in the UK. In Germany 90% of the population are insured through health insurance companies. Access to Primary Care is available and every patient has a free choice of doctor. There has been a strong trend in the last few years towards Primary care with multidisciplinary (MDT} cooperation. In France primary care is mostly based on the Convention Nationale, with the specific objectives of improving coordination and quality of care, maintaining and improving access to care, respecting the choice of patients. Primary care coverage is universal and undocumented immigrants are covered through the State Medical Aid. Primary care workforce in France is self-employed with a growing tendency towards a comprehensive MDT team.

Objectives: There are different models of care where primary care worldwide has been providing gender care services in a friendly, safe, confidential, non- judgemental and accessible space both in person and online. The provision of care in a MDT setting is key to provide an excellent service with good clinical governance. The model of care has shifted from a psychiatric model, focussing on providing a comprehensive care. In the UK, Germany and France the wider primary care network plays a crucial role in supporting transgender people by providing ongoing hormone therapy prescriptions, routine general medical care, preventive health interventions such as cancer screening, and end-of-life care. An integrated IT system enables health care professionals to capture data to measure health inequalities and thus improving patients care.

Teaching method and workshop: roundtable discussion

Expected outcomes: Our workshop aims to share best practices to improve healthcare to trans people in a primary care setting.

Conclusion: Primary Care has the expertise to deliver healthcare to transgender population

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ID 664- Practice what you preach

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Context: Colorectal cancer (CRC) remains a leading cause of cancer-related morbidity and mortality worldwide. Early detection through screening significantly improves prognosis, yet adherence to preventive strategies remains suboptimal in many populations. Primary care plays a pivotal role in identifying alarm symptoms and initiating timely diagnostic pathways.

Methods: A 52-year-old male with a history of hypercholesterolemia and controlled hypertension presented to primary care with hematochezia, rectal bleeding, and altered bowel habits for eight months. He reported a 5 kg weight loss over two months and had previously declined CRC screening. Physical

examination was unremarkable except for blood on digital rectal examination. Laboratory tests revealed microcytic, hypochromic anemia; CEA 2.56 ng/mL and CA 19-9 19.21 U/mL. Urgent colonoscopy demonstrated an irregular rectal mass 3 cm from the anal verge; biopsy confirmed enteric-type adenocarcinoma. Staging CT revealed locally advanced disease. Neoadjuvant chemoradiotherapy was administered, followed by total mesorectal excision and terminal colostomy. Pathology: pT3 pN0 M0. Adjuvant capecitabine was initiated. Two years later, hepatic progression occurred, followed by pulmonary metastases surgically resected. The patient remains disease-free on surveillance.

Originality: Early detection through screening remains the most effective intervention. However, this case teaches that coordinated, multidisciplinary care can still offer meaningful survival and quality of life in advanced CRC.

Lessons learned and future implications: It emphasizes the need for persistent patient education in primary care to overcome screening refusal.

Discussion: This case illustrates the clinical consequences of delayed CRC screening. Despite presenting with classic alarm symptoms, the patient's initial refusal of preventive screening led to diagnosis at an advanced stage, requiring multimodal therapy and subsequent management of metastatic disease. Primary care providers are essential in reinforcing screening adherence and recognizing early warning signs such as hematochezia, unexplained anemia, and weight loss.

Conclusion: CRC screening is a cornerstone of early detection and improved survival. Primary care must emphasize patient education and adherence to screening protocols to prevent late-stage diagnoses and reduce the need for aggressive interventions. This case underscores the critical role of vigilance in primary care and the impact of timely preventive strategies on long-term outcomes.

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ID 501- Predictive Factors of Mortality in Upper Gastrointestinal Bleeding Due to Vitamin K Antagonist Overdose in the Emergency Department

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Context: The health system not always aligns with the intrinsic drive of GPs to provide good patient care. For transformation to a future health system that better aligns, collective action is needed. Taking the liberty to initiate bottom-up change may provide a health system that allows for better patient care and being proud of one's profession. How GPs contribute to system change is not widely understood.

Objectives: This study examines GPs' perceptions on how they contribute to collective change in the health system. With a better understanding of the environment in which GPs contribute to change, we might be better equipped to aid (future) GPs in contributing to health system change.

Methods: Using purposeful sampling, we conducted individual interviews with thirteen GPs who contributed to change in the health system. Using the Rich Picture method, GPs first drew a situation in which they contributed to change in the health system. The use of a Rich Picture allowed for deeper reflection. Next, they elaborated on the environment where their contributions to change took place. We used an inductive and deductive thematic analysis informed by Cultural Historical Activity Theory, looking at the health system as closely linked environments that GPs work in.

Results: Most GPs became involved in changes in the health system because of tensions between the closely linked environments, that limited them in providing good patient care or being proud of their profession. Individual initiatives evolved into collective actions for structural change by making tensions debatable and urgent. Often someone helped them recognize the possibility of questioning

long-standing practises and taking action. Current GP training in the Netherlands was perceived to be less important for becoming change agents.

Discussion: This research shows how GPs initiate health system change by questioning long standing practices and co-constructing a new practice. GP training could do more to prepare (future) GPs for contributing to health system change.

Conclusion: Enabling GPs to contribute to health system change allows for improved patient care and proud professionals. Postgraduate training and continuing professional development that stimulate questioning current practices and make GPs' potential for change visible, may enable GPs.

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ID 1793- Predictors for Early Detection of Dementia, the Importance of Testing and Early Identification of Mild Cognitive Impairment in the Practice of the Selected Physician

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Context: This is regarding an unsure, very ambiguous, yet not totally unlikely child abuse case that I confronted as a 2nd year family medicine resident. It was a very difficult case for me to take any definitive action, and I wanted to share this case with fellow primary care physicians and hear from them what they would have done.

Methods: I reviewed the clinical encounters, medical records, and growth and developmental history of a 27-month-old boy who presented with severe malnutrition and Salmonella sepsis. The case was analyzed in terms of mandated reporting, caregiver capacity, and potential consequences on rapport. I also reviewed patient's previous medical visits, emergency department records, and the circumstances surrounding the patient's mother's recent death to assess the likelihood of neglect versus contextual vulnerability.

Originality: This case highlights a rarely discussed dilemma in primary care: how to approach highly ambiguous yet concerning signs of possible child neglect when caregiver instability, recent family trauma, and limited social support complicate mandated reporting. Unlike typical child abuse cases with clear physical injury, this case involves chronic malnutrition, repeated missed follow-up, and contextual vulnerability after the mother's unexpected death, all factors that blur the boundary between neglect and inadequate caregiving capacity. A primary care perspective on such borderline cases is underrepresented in current literature, which focuses largely on emergency evaluations.

Lessons learned and future implications: The case highlights the need for clearer guidelines to support primary care physicians facing ambiguous child abuse cases. This case emphasizes the importance of early multidisciplinary collaboration, reliable social support pathways, and systems that prevent high-risk families from being lost to follow-up.

Discussion: Ambiguous suspected child abuse poses unique challenges in primary care, where the risk of damaging rapport must be weighed against the responsibility to report. Sharing similar cases may help primary care physicians refine responses to these ethically complex scenarios.

Conclusion: Making clear guidelines for ambiguous child abuse cases in primary care settings would be worthwhile.

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ID 2140- Preliminary evaluation of biotinidase deficiency screening results in Igdir province: an ongoing retrospective analysis

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Context: Refusal of a medical act is one of the most complex ethical dilemmas in

contemporary practice, positioned at the intersection of patient rights, physician autonomy, and the moral obligations embedded in the therapeutic relationship. In family medicine—where continuity, trust, and long-term engagement define care—situations requiring a justified "no" may generate significant ethical tension. Increasing social, legal, and administrative pressure on clinicians further complicates these situations, making it essential to clarify the ethical boundaries of refusal to protect professional integrity and maintain high-quality medical care.

Objectives: To analyse the conditions under which refusal of a medical act is ethically justified in family medicine, to differentiate ethical refusal from abusive or discriminatory denial, and to propose a practical decision-making framework to support clinicians facing such dilemmas.

Methods: A narrative analysis of national and international literature was conducted, including WONCA statements, the Romanian College of Physicians' Code of Ethics, and key World Medical Association declarations. Three illustrative case scenarios from everyday family medicine practice were examined: requests for non-evidence-based prescriptions, patient demands conflicting with the clinician's moral or religious convictions, and expectations for interventions beyond the physician's competence or legal remit. These cases helped identify recurrent ethical criteria relevant to refusal.

Results: The analysis suggests that ethical refusal may be justified when the requested act contradicts scientific evidence or accepted standards of practice, poses a credible risk of harm to the patient or others, exceeds the physician's competence or legal authority, or conflicts with the physician's deeply held moral convictions, provided a reasonable alternative ensuring continuity of care is available.

Discussion: Ethical refusal emerges as a form of professional responsibility, ensuring that clinical decisions remain aligned with evidence, patient safety, and the physician's moral integrity. Maintaining transparent communication and offering reasonable alternatives allows physicians to preserve trust while upholding the ethical standards of family medicine.

Conclusion: Ethical refusal, when exercised within legal and ethical boundaries, represents a legitimate expression of professional judgment and respect for both patient welfare and the integrity of medical practice. A simplified ethical decision-making model is proposed to guide family physicians when a justified "no" constitutes the most responsible clinical response.

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ID 342- Prenatal screening for Down syndrome : A review of current practices in the European Union

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Context: People living with diabetes and chronic kidney disease (CKD) face a substantially elevated risk of atherosclerotic cardiovascular disease (ASCVD), yet uptake of lipid-lowering therapy (LLT) remains suboptimal across UK primary care.1 In the UK, high-risk primary prevention patients are defined as those with a QRISK3 score ≥10%, indicating a predicted 10-year cardiovascular risk ≥10% and representing the NICE-recommended threshold for offering statin therapy for primary prevention.2 Contemporary clinical guidance strongly supports proactive LLT initiation in diabetes and CKD. However, persistent treatment gaps, especially in rural and socioeconomically deprived areas, limit the effectiveness of ASCVD prevention efforts.3

Objectives: To assess the impact of integrating routine lipid testing into health checks, new-patient reviews, and long-term condition (LTC) reviews to improve LLT uptake among patients with diabetes, CKD, or QRISK ≥10%, and to compare performance against Primary Care Network (PCN) and national averages.

Methods: This quality-improvement initiative was conducted in a rural, deprived primary care practice. Lipid testing was incorporated into

health checks, new-patient assessments, and LTC reviews. Following testing, patients were reviewed by a clinician to optimise LLT, glycaemic control (HbA1c), estimated glomerular filtration rate (eGFR), and albumin–creatinine ratio (ACR) where indicated. Performance was evaluated using CVD PREVENT (June 2025), focusing on patients without diagnosed CVD but with QRISK ≥10%, diabetes, or CKD who received LLT.

Results: Practice LLT uptake: 76.62% PCN average: 57.44% National average: 56.98%

Discussion: Our practice substantially exceeded both local and national benchmarks.

Conclusion: Integrating routine lipid testing into LTC and new-patient reviews markedly increased LLT uptake within a high-risk population, despite the challenges of a rural, deprived setting. This model demonstrates a practical, scalable approach for family doctors aiming to close prevention gaps in ASCVD. The findings align with recent evidence emphasising the importance of proactive lipid optimisation in diabetes and CKD.1,2,3

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ID 2089- Prescribing Change: The Physician's Guide to Effective Advocacy

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Context: Inflammaging—defined as chronic, low-grade systemic inflammation associated with aging—is a major underlying driver of multimorbidity, metabolic dysfunction, frailty, and early cognitive decline. Despite its increasing recognition in gerontology and immunology, there is no simple, clinically applicable method for assessing inflammaging in family medicine. Given the central role of primary care in prevention and management of chronic disease, a pragmatic screening tool is needed to identify patients at risk of accelerated biological aging and to guide timely lifestyle-based interventions.

Objectives: To develop and pilot-test a feasible, patient-friendly Inflammaging Risk Score (IRS) designed for routine use in family medicine consultations.

Methods: A cross-sectional feasibility study was conducted in a family medicine practice in Romania. Adults aged 35–75 years were assessed using the IRS, a 10-item composite score integrating anthropometric indicators (BMI, waist circumference), lifestyle factors (dietary quality, sleep duration, physical activity, smoking), stress, digestive symptoms (proxy for gut dysbiosis), and available laboratory markers (Vitamin D and CRP). Each domain was scored 0–2 (low/moderate/high risk). Primary outcomes were feasibility (completion time, ease of use), patient acceptability, and identification of predominant modifiable risk patterns.

Results: Fifty patients were included. IRS completion required 5–7 minutes, with 93% patient acceptability and full completion for all non-laboratory domains. The most frequent high-risk domains were: dietary inflammatory patterns, abdominal obesity, poor sleep, and digestive dysbiosis symptoms. Patients with ≥4 high-risk domains demonstrated higher prevalence of multimorbidity, including hypertension, dyslipidemia, and prediabetes.

Discussion: Both patients and clinicians reported that the IRS supported personalised discussions and increased awareness of modifiable risk factors. IRS may support structured preventive counselling, early stratification of multimorbidity risk, and implementation of personalised, lifestyle-based anti-inflammaging interventions in family medicine practice.

Conclusion: The Inflammaging Risk Score is a feasible, rapid, and clinically intuitive tool for identifying modifiable drivers of chronic inflammation and accelerated biological aging in primary care.

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ID 2018- Prescribing connection in the digital age: AI companionship as treatment or risk factor for undesired loneliness

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Context: A 38-year-old male cyclist with a history of paranoid schizophrenia treated with Aripiprazole, obesity, and obstructive sleep apnea treated with CPAP, visited Primary Care Clinic in October 2024 for annual check-up, where a glycosylated hemoglobin (HbA1c) of 9.4% was detected.

Methods: Patient was then diagnosed with Type 2 Diabetes. Social environment and previous dedication to sports were explored and was encouraged to resume exercise given his strong motivation and family support. Treatment was initiated with semaglutide as there are articles (Ganeshalingam et al., Sass et al., or Manepalli et al.), where it´s been observed to improve glycemic control in patients with schizophrenia and antipsychotics without worsening psychiatric symptoms and improving adherence to treatment. Within 3 months patient resumed cycling and had considerably modified his habits. However, due to a lack of supply, semaglutide 1mg/ml subcutaneous once a week was replaced by semaglutide 14mg oral daily dosis, to which patient did not adhere. Nevertheless, tirzepatide was prescribed. Thanks to family support and after considering the economic burden it entailed, as this medication in not covered by Social Security, a significant improvement of HbA1c 5.4% by June 2025 was achieved. Medication was maintained until semaglutide SC could be restarted, upholding excellent control of his diabetes.

Originality: This case of successful metabolic control was achieved thanks to the combination of pharmacological and psychosocial factors, opting for a holistic approach and seen our patient as a whole, implicating much more than simply medication. Our purpose is to emphasize the importance of including all parts of our patients´ lives during follow up for a better and complete outcome.

Lessons learned and future implications: As Luciano et al. suggest, continued psychosocial support and exercise promote treatment adherence, helping both glycemic control and mental health in patients with these health problems.

Discussion: In Primary Care lack of time sometimes leads to prioritize pharmacological treatment, overlooking socioeconomic factors. However, in patients with mental illnesses, these factors can make a vast difference in treatment adherence and effectiveness.

Conclusion: The combination of pharmacological and psychosocial factors allows for glycemic control in complex patients, demonstrating, once again, that a comprehensive approach is key in the management of chronic illness.

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ID 374- Prevalence and correlates of inappropriate use of benzodiazepines in Kosovo

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Context: An 86-year-old woman with a history of arterial hypertension, dyslipidemia, heart failure, glaucoma, anxiety-depressive disorder, and blindness (visual acuity in the right eye 0.05% and left eye 30%). She previously underwent cataract surgery. Current treatment includes sacubitril/valsartan, nebivolol, furosemide, and atorvastatin. No toxic habits. She presents to the primary care consultation due to visual hallucinations—seeing trees and flowers on the walls of her living room for the past two days.

Methods: The patient was conscious, oriented, without amnesic failures, and with coherent and fluent speech. Physical and neurological examination was unremarkable except for

reduced visual acuity. She had not started new treatments, nor had she suffered trauma or other neurological focality. Blood tests, serologies, urinalysis, toxicology screening, dementia tests, and a cranial CT scan were performed, all with unremarkable results. An ophthalmology consultation was requested, where fundus examination and macular optical coherence tomography were performed, with no relevant findings. The most likely diagnosis was Charles Bonnet syndrome.

Originality: Charles Bonnet syndrome (CBS) is a phenomenon characterized by vivid, complex visual hallucinations—well-defined, realistic images of objects or people—that occur when the patient is awake and mostly with eyes open, in individuals with visual impairment and no neurological deficits, as described by Rojas LC, Gurnani B et al. The most widely accepted current theory suggests that visual sensory deafferentation leads to disinhibition of cortical regions involved in vision, which results in spontaneous activation and produces hallucinations.

Lessons learned and future implications: This syndrome may go unnoticed and can be misdiagnosed as early dementia or psychosis. Cognitive dysfunction, social isolation, and sensory deprivation are the main causes of this syndrome, although other diseases and toxins may also be involved.

Discussion: CBS is widely underdiagnosed, and multidisciplinary involvement from different specialists is necessary.

Conclusion: Patients with this syndrome may experience fear. Psychological treatment and/or pharmacotherapy such as antipsychotics is recommended. In a patient presenting with hallucinations, a thorough examination and broad differential diagnosis must be performed to rule out any underlying neurological disorder.

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ID 2030- Prevalence and severity of anxiety, stress, and depression among adults with long COVID in Barcelona: a cross-sectional study

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Context: Malaria is rarely encountered in Taiwan, making early recognition challenging for primary care physicians. Travelers returning from endemic regions without prophylaxis remain at risk for severe Plasmodium falciparum infection. This case illustrates the importance of systematic travel history–taking and identification of red-flag symptoms in primary care.

Methods: A 66-year-old healthy man presented to primary care with five days of anorexia, fever, gastrointestinal discomfort, dark urine, and malaise after returning from the Congo. He had not taken malaria prophylaxis. Examination revealed jaundice, icteric sclera, and lower limb edema. Laboratory testing showed thrombocytopenia, acute kidney injury, hepatic dysfunction, metabolic acidosis, and coagulopathy. A malaria smear confirmed P. falciparum parasitemia. As his condition deteriorated with oliguria and respiratory distress, he was promptly referred for intensive care, artesunate therapy, and continuous renal replacement therapy. Strengths: Early recognition of severity and timely referral. Limitations: Lack of initial point-of-care testing and incomplete pre-travel counseling opportunities.

Originality: Severe falciparum malaria is rare in non-endemic regions like Taiwan, and few reports highlight its initial presentation in primary care settings. Unlike typical fever presentations, this case underscores multi-organ involvement occurring rapidly in a traveler without prophylaxis. The case adds to limited Asian literature on imported malaria requiring intensive care.

Lessons learned and future implications: This case reinforces the importance of routinely asking about travel history, recognizing red flags such as jaundice, dark urine,

thrombocytopenia, and early organ dysfunction, and providing pre-travel malaria prophylaxis counseling. Primary care protocols could better integrate travel screening and risk stratification for febrile patients.

Discussion: Febrile returning travelers require a broad differential diagnosis. Severe malaria can mimic common viral or gastrointestinal illnesses but rapidly progresses to life-threatening complications. Early suspicion, diagnostic testing, and urgent referral are essential in primary care.

Conclusion: This case highlights the critical role of family physicians in early recognition of severe malaria and the importance of preventive travel counseling. Timely referral and appropriate management can prevent mortality in imported malaria cases.

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ID 551- Prevalence Assessment of Hyperventilation Syndrome (HVS) in Chronic Pain

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Context: As primary care physicians, we advise patients to quit smoking. However, BMI gain often follows smoking cessation, and managing the potential negative impacts of BMI gain also falls within our clinical responsibilities. Meanwhile, Alzheimer's dementia and vascular dementia are growing disease entities that are major concerns among elderly patients. It has not been clarified whether BMI changes following smoking cessation influence the risks of Alzheimer's or vascular dementia. Therefore, we conducted a retrospective cohort study to investigate this association.

Objectives: To clarify the association between BMI changes following smoking cessation and the risks of Alzheimer's dementia and vascular dementia

Methods: We performed a retrospective cohort study using a nationwide health screening database that included 224,588 adults aged 40 years or older who underwent health screenings between 2009 and 2012. Smoking behaviors were self-reported, and BMI changes were calculated over time. Our primary outcomes were overall dementia, Alzheimer's dementia, and vascular dementia, which were tracked until the end of 2019. Primary outcomes were defined using the International Classification of Diseases codes along with outpatient clinic and hospital admission records.

Results: Never smokers showed a significantly lower risk of dementia compared to continual smokers (aHR 0.85, 95% CI 0.73-0.97). Compared to quitters with minimal BMI change (net BMI change < 1.0), quitters with BMI gain (BMI change ≥ +1.0) showed a reduced Alzheimer's dementia risk (aHR 0.52, 95% CI 0.29-0.93). Further stratifying BMI gain (+1.0, +2.0, +3.0 or more) did not change this trend of reduced dementia risk.

Discussion: BMI changes did not significantly alter the general beneficial impacts of smoking cessation on dementia risks. Also, when compared among quitters, BMI gain was associated with further decreasing dementia risks, and this pattern remained consistent even with substantial BMI gain (≥+3.0). This aligns with previous literature that has demonstrated protective effects of late life BMI gain against dementia.

Conclusion: Primary care physicians should confidently advise patients that smoking cessation reduces dementia risk, and that BMI gain may even provide further benefits, especially for individuals aged 65 years or older.

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ID 1385- Prévalence du prédiabète en médecine de première ligne en Tunisie : résultats de l'étude nationale TUN-PREDIAB

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Context: Patients receiving biological therapies or JAK inhibitors for rheumatological conditions have an increased risk of herpes zoster. UK guidance (September 2023) recommended shingles vaccination for severely immunosuppressed adults aged ≥50. National uptake between September 2024 and February 2025 remained low, with 21.5% receiving one dose and 13.1% completing both doses.

Objectives: This audit aimed to evaluate local compliance with shingles vaccination among immunosuppressed patients aged ≥50 on biologics or JAK inhibitors and compare uptake with national data, identifying gaps and targeting quality improvement initiatives.

Methods: Single rheumatology centre review of hospital and primary care electronic records was conducted for patients aged 51-69 years who had been prescribed biological therapies or JAK inhibitors for at least the previous 6 months. Patients were excluded if age ≥70y or if primary care vaccination records were not available.

Results: 70 patients were included. Diagnoses were RA (n=30), axial SPA(n=29), psoriatic arthritis (n=10), and undifferentiated inflammatory arthritis (n=1). Treatments were adalimumab (n=25), etanercept (n=11), baricitinib (n=7), tocilizumab (n=5) upadacitinib (n=4), certolizumab (n=3), secukinumab (n=3), infliximab (n=3), golimumab (n=2), ixekizumab (n=2), rituximab (n=2), abatacept (n=1), bimekizumab (n=1) and guselkumab (n=1). 34/70 (48%) patients received at least one vaccine. 24/70 (34%) patients had written documentation of advice to have the vaccine in a clinic letter, of whom 19/24 (79%) received a vaccine. 46/70 (65%) patients had no advice documented in clinic, of whom 16/46 (34%) received a vaccine. One patient was told by her GP practice that she was not eligible for vaccination despite a rheumatology clinic letter recommending vaccination.

Discussion: Shingles vaccination uptake in this cohort of rheumatology patients aged 51–69 receiving biologics or JAK inhibitors was nearly 50%. Although suboptimal, this exceeds the national average for severely immunosuppressed patients (21% for one dose). Documented clinic-to-GP recommendations were strongly associated with higher uptake (79% vs 34%). Higher rates locally may reflect routine vaccination counselling within clinics.

Conclusion: Further work is needed to understand barriers to vaccination and to enhance uptake, particularly in light of the expanded eligibility criteria. Targeted education for patients, primary care, and secondary care teams is likely to support sustained improvement.

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ID 1016- Prevalence of Burnout Among General Practitioners in a Portuguese Local Health Unit

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Context: Camellia oil is traditionally regarded as a health-promoting dietary oil in Asian populations, particularly for its potential benefits to metabolic balance and gastrointestinal function. Its fatty acid profile is similar to olive oil, which has been shown to improve lipid metabolism and support weight regulation. However, scientific evidence regarding the clinical effects of camellia oil remains limited.

Objectives: This study aimed to investigate the impact of long-term camellia oil consumption on body mass index (BMI) in adults.

Methods: This prospective self-controlled study initially enrolled 36 participants aged 20 to 75 years who agreed to consume camellia oil daily as part of their regular diet. Subjects were instructed to use camellia oil for cooking while maintaining their usual dietary patterns and lifestyle, without adopting other weight-loss interventions. After six months, two participants were excluded due to incomplete follow-up, leaving 34 individuals for final

analysis. BMI was measured at baseline and at the end of the six-month intervention. A paired t-test was used to compare changes in BMI before and after camellia oil consumption. The study was approved by the Institutional Review Board of Tungs' Taichung MetroHarbor Hospital (IRB No. 113039), and all procedures complied with the principles of the Declaration of Helsinki.

Results: The mean baseline BMI of the 34 participants was 24.25 ± 6.15 kg/m². After 6 months of continuous camellia oil consumption, BMI decreased to 23.15 ± 4.15 kg/m², reflecting an average reduction of 1.10 kg/m²; however, this change did not reach statistical significance (p = 0.075). Although a downward trend was observed, no serious adverse events were reported, and overall adherence to the dietary protocol was satisfactory.

Discussion: Six months of camellia oil consumption was associated with a slight reduction in BMI; however, this change did not reach statistical significance (p = 0.075). Furthermore, the flavour of camellia oil might affect appetite, which, in turn, influences weight.

Conclusion: While a downward trend was observed, the effect remains inconclusive and should be interpreted cautiously. Larger, well-designed randomized controlled trials are required to determine whether camellia oil exerts a clinically meaningful impact on body weight regulation.

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ID 2189- Prevalence of food insecurity among medical students in the second cycle of medical studies (years 4–6) in XXX

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Context: Camellia oil is commonly regarded as a functional dietary oil with potential cardiovascular and metabolic benefits. While it is frequently used for health promotion in Asian populations, clinical evidence regarding its effects on serum lipid levels remains limited.

Objectives: This study aimed to evaluate the impact of six months of regular camellia oil consumption on lipid profile parameters in adult participants.

Methods: This prospective self-controlled study enrolled 36 adults who agreed to use camellia oil for daily meal preparation while maintaining their usual dietary habits and lifestyle. Two participants were excluded due to incomplete data, leaving 34 subjects for final analysis. Fasting blood samples were collected at baseline and after six months to measure triglycerides (TG), total cholesterol, high-density lipoprotein (HDL), and low-density lipoprotein (LDL). Paired t-tests were applied to compare pre- and post-intervention lipid values. The study protocol was approved by the Institutional Review Board of Tungs' Taichung MetroHarbor Hospital (IRB No. 113039), and all procedures were conducted in accordance with the Declaration of Helsinki.

Results: This prospective self-controlled study enrolled 36 adults who agreed to use camellia oil for daily meal preparation while maintaining their usual dietary habits and lifestyle. Two participants were excluded due to incomplete data, leaving 34 subjects for final analysis. Fasting blood samples were collected at baseline and after six months to measure triglycerides (TG), total cholesterol, high-density lipoprotein (HDL), and low-density lipoprotein (LDL). Paired t-tests were applied to compare pre- and post-intervention lipid values. The study protocol was approved by the Institutional Review Board of Tungs' Taichung MetroHarbor Hospital (IRB No. 113039), and all procedures were conducted in accordance with the Declaration of Helsinki.

Discussion: Six months of camellia oil consumption did not result in statistically significant alterations in serum lipid parameters among adult participants. Although minor fluctuations in triglycerides and cholesterol

levels were observed, the overall metabolic impact on lipid profile appears limited. Further randomiszd controlled trials with larger sample sizes are needed to determine whether camellia oil exerts meaningful clinical effects on lipid metabolism.

Conclusion: It might be possible that the effect of camellia oil was not as practical as the oriental people thought.

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ID 1680- Prevalence of Prostate Cancer and Adherence to Preventive Measures in Brazil: A Literature Review

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Context: Cardiovascular disease (CVD) remains a leading cause of morbidity and mortality among older adults. Although the benefits of physical activity are well established in younger populations, evidence in adults aged ≥75 years is limited, particularly in real-world primary care settings. Understanding whether physical activity continues to provide cardiovascular protection in very old adults is highly relevant to family medicine and healthy ageing.

Objectives: To examine the association between weekly physical activity—measured using metabolic equivalents (METs)—and the risk of incident CVD in adults aged ≥75 years, accounting for death as a competing risk.

Methods: We conducted a nationwide cohort study using the Korean National Health Insurance Service database. A total of 869,524 adults aged ≥75 years who completed health screening between 2012 and 2015 were included after excluding those with previous myocardial infarction, stroke, or missing data. Weekly METs were calculated from standardized questionnaires and categorized into quartiles (Q1=lowest, Q4=highest). The primary outcome was incident CVD (myocardial infarction or stroke). Subdistribution hazard ratios (sHRs) were obtained using competing risk regression models adjusted for demographic, socioeconomic, lifestyle, and clinical factors.

Results: Over 5.6 million person-years, 126,686 CVD events occurred. CVD incidence decreased from 20.44 per 1,000 person-years in Q1 to 17.26 in Q4. Higher weekly METs were associated with progressively lower CVD risk (sHR for Q4 vs Q1: 0.84; 95% CI, 0.83–0.85; P for trend <0.001). Regular exercise also reduced CVD risk (sHR 0.86; 95% CI, 0.85–0.88). Cumulative incidence curves showed early and persistent separation across METs quartiles (Gray's test <0.0001). Subgroup analyses demonstrated consistent associations across sex and comorbidities, with attenuation only among adults aged ≥85 years.

Discussion: Physical activity demonstrated a clear, graded, and clinically meaningful reduction in CVD risk among very old adults. The persistence of benefit up to age 85 highlights the importance of maintaining activity even in advanced age. These findings support primary care interventions promoting safe, sustainable physical activity among older patients

Conclusion: Higher physical activity levels were independently associated with lower CVD risk in adults aged ≥75 years. Physical activity remains a key protective factor in healthy ageing and should be actively encouraged in primary care practice

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ID 2168- Preventable drug interactions in primary care: An evaluation through three representative cases

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Context: Cardiovascular risk (CVR) assessment in primary care relies on scoring tools that primarily consider biomedical factors and rarely incorporate individual socioeconomic

characteristics, even though such associations have been clearly demonstrated.

Objectives: This study aimed to describe the level of CVR in primary prevention using three validated tools in French primary care patients and to analyze the association between socioeconomic characteristics and CVR level.

Methods: A cross-sectional study was conducted in two French primary care centers in the XXX region. We included adults aged 40–69 years without previous cardiovascular events from January to February 2022. Sociodemographic data, socioeconomic indicators (education level, employment status, French Universal Healthcare Scheme coverage, EPICES score), CVR factors, and clinical/biological parameters were collected using medical records. Ten-year CVR was estimated by SCORE2, Framingham, and Globorisk scores. The socioeconomic characteristics of patients with and without calculable CVR were compared. Then, we analyzed the socioeconomic characteristics of patients classified at a high CVR with at least one score.

Results: Among 578 patients screened, 478 were included. CVR was uncalculable for 20%, mostly due to missing biological data. These patients were younger, more frequently professionally active and had a lower educational level. Overall, 1.9% (Globorisk), 6.7% (SCORE2) and 17.1% (Framingham) were classified in the highest CVR category. High-risk patients were more often male, older, retired, and with lower education.

Discussion: This original project provides pragmatic data for everyday primary care practice. Despite the departmental nature of the study, the large sample size, the collection of data using medical records, and the concomitant use of several scores reinforce the validity of the results. Education level emerged as the main socioeconomic indicator associated with both high CVR and absence of risk assessment. Patients with unfavorable socioeconomic profiles require specific attention, beyond the risk estimated by these tools. Efforts are needed to optimize the identification and individual benefit of treatments in precarious populations.

Conclusion: Integrating socioeconomic parameters into risk assessment tools could improve the targeting of preventive interventions in primary care and promote care equity.

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ID 1184- Preventing Memory Loss: Putting Prevention Into Action in Primary Care

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Context: Community Health Workers (CHWs) are key contributors to strengthening primary care and expanding access to preventative medicine. In Brazil, CHWs are central to the Family Health Strategy, delivering health education to communities, partaking in vaccination campaigns, and facilitating longitudinal patient follow-up. To understand the impact of CHWs on primary care worldwide, a synthesis of Brazilian and international findings is needed. Keywords: Community Health Workers; Preventive Medicine; Vaccination; Cancer Screening; Primary Health Care

Objectives: The primary objective of this work was to evaluate how CHWs influence: Vaccination coverage, cancer screening uptake and avoidable hospital admissions for chronic diseases. The secondary objective was to identify mechanisms through which community-based work increases engagement with primary care services.

Methods: An integrative review was conducted across PubMed, Scopus, and LILACS. Search terms included descriptors related to “Community Health Workers”, “Vaccination”, “Cancer Screening”, and “Preventive Medicine”. Filters applied: full-text availability, publications from the last 10 years, English or Portuguese. A total of 606 records were retrieved. After duplicate removal and

abstract/full-text screening, 29 studies were included.

Results: Of the 29 studies included, 17 reported increased vaccination rates associated with CHWs interventions. These workers acted as trusted sources of information—reducing vaccine hesitancy—and, in several contexts, served as vaccinators, reaching remote and vulnerable populations. 8 studies demonstrated improvements in cancer screening uptake linked to CHWs outreach and navigation. 5 studies highlighted reductions in avoidable hospitalisations and improvements in chronic disease management, reinforcing the role of CHWs in preventive care and early clinical intervention.

Discussion: CHWs improve preventive care by bringing people closer to the health system. In Brazil, many CHWs live in the same communities they serve, strengthening trust and helping them understand local needs. This proximity helps reach isolated or vulnerable groups and shows how community-based work can strengthen public health.

Conclusion: CHWs significantly improve preventive care outcomes by increasing vaccination and screening uptake, and reducing avoidable complications. Across international and Brazilian contexts, trust-building, relational continuity and local community ties emerges as key factors behind these improvements.

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ID 580- Primary care dilemmas : How to diagnose diabetes types 1, 2 and everything in between

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Context: Wound care is a fundamental component of general practice and family medicine, particularly in low-resource settings where clinicians frequently manage chronic wounds, diabetic ulcers, burns, traumatic injuries, and post-operative complications. In countries such as Indonesia, the high cost and limited availability of advanced dressings create barriers to optimal wound care. This highlights the need for practical, affordable, and evidence-based alternatives. Honey, a traditional remedy with renewed scientific support, has demonstrated strong antimicrobial, anti-inflammatory, and tissue-regenerative effects, making it a suitable candidate for routine use in primary care wound management.

Methods: This practice-based reflection integrates clinical experience from Indonesian primary care settings (2024–2025) with evidence from peer-reviewed studies published between 2018 and 2025. Honey dressings were applied after cleansing with saline and covered with non-adherent gauze, with dressing changes every 24–48 hours. Honey was selected due to its accessibility, low cost, cultural acceptance. Strengths observed included accelerated healing, reduced infection rates, improved patient satisfaction, and suitability for home-based care. Limitations included variability in honey quality and limited availability of standardized medical-grade honey.

Originality: This experience provides a rarely reported perspective by showing how honey dressings are applied in real-world primary care and community settings. Unlike most studies centered on hospital wound units, this reflection highlights honey's practicality, low cost, cultural acceptance, and strong patient adherence in family medicine. It demonstrates its effectiveness for home-based care and offers a realistic, affordable model for wound management in resource-limited environments.

Lessons learned and future implications: Honey accelerated healing by 20–40%, reduced infection rates including MRSA, decreased treatment costs by up to 60%, and improved patient compliance due to ease of use and cultural familiarity.

Discussion: Honey's osmotic effect promotes autolytic debridement, while hydrogen peroxide production provides sustained antimicrobial activity. Anti-inflammatory properties reduce edema and pain, and its

bioactive components enhance granulation and epithelialization. These therapeutic properties, combined with affordability and accessibility, make honey highly compatible with primary care workflows.

Conclusion: Honey-based dressings are safe, accessible, economical, and clinically effective for primary care wound management. Their integration into routine family medicine practice can improve outcomes, reduce costs, and support holistic, patient-centered care in resource-limited settings.

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ID 1066- Primary care remote consultation guidance across oecd countries: a scoping review

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Context: Access to primary care in rural communities presents logistical and environmental challenges. Patients living far from healthcare facilities often rely on out-of-hours teleconsultations, but if medication such as antibiotics is needed, they may need to travel long distances to collect prescriptions. This creates barriers to timely care and contributes to avoidable travel-related carbon emissions. REMEDY project has introduced automated medication collection lockers and vending machines as alternative access points for urgently required out-of-hours medication. These systems may reduce travel and lower the environmental footprint of medication access. This study examines the carbon emissions associated with obtaining urgent medication after a tele-consult in rural Wales, comparing traditional hospital collection with the use of REMEDY lockers in Dolgellau/Holyhead.

Objectives: To quantify and compare carbon emissions associated with out-of-hours medication access following a tele-consultation via (1) hospital-based dispensing and (2) automated REMEDY collection lockers.

Methods: We will conduct a quantitative modelling study using retrospective data from patients who received an out-of-hours tele-consult resulting in urgent prescribing. The study population includes residents in rural areas served by the Dolgellau and Holyhead REMEDY systems who contacted the 111 service between December 2025 and May 2026. Home postcodes will be extracted from Adastra records. Travel distances for hospital collection versus the nearest locker will be calculated, and carbon emissions estimated using UK Government GHG Conversion Factors. Locker manufacturing emissions will be sourced from the supplier, and operational energy use measured via smart plug. These will be converted to per-use CO_2e values and added to total emissions estimates. The primary outcome is CO_2 emissions per medication access event.

Results: We anticipate lower travel distances, and therefore reduced CO_2 emissions, for patients using local REMEDY lockers compared with hospital collection. Locker operation emissions are expected to be minimal relative to travel savings, though final results will depend on usage patterns.

Discussion: Automated prescription lockers may reduce the environmental impact of medication access in rural communities while improving convenience and easing pressure on out-of-hours services.

Conclusion: By quantifying these effects, the study will provide evidence to support NHS Wales' decarbonisation strategy and guide wider adoption of innovations toward net-zero healthcare.

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ID 1053- Primary Care Responses to Vaccine Refusal: Insights from a Qualitative Study Among Family Physicians

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Context: A patient with a two-year history of smoking and occupational exposure to metal dust with no chronic conditions experienced recurrent respiratory symptoms over ten months. This case illustrates the diagnostic and management challenges associated with recurrent bronchitis.

Methods: On 15 January 2025, the patient complained of fever (39.5 °C) and a cough that progressed from dry to productive, with greenish sputum. C-reactive protein (CRP) was 22.47 mg/L. Imaging revealed focal infiltrates in the right lung. A primary diagnosis of pneumonia was made, and a first course of Amoxiclav was prescribed. The patient's condition improved; however, cough and sputum persisted. Therefore, additional antibiotic therapy was initiated — Amoxiclav, Cefuroxime, Levofloxacin, and Clarithromycin — over the span of 9 months, despite normal chest X-ray, CBC, and CRP values below 10.2 mg/L, and negative tests for Chlamydia and Mycoplasma pneumoniae (performed nine months later). Pulmonology consultations concluded that the patient had acute bronchitis, most likely of viral origin. Spirometry results were normal, and sputum cultures were negative. Treatment with inhaled salbutamol and budesonide was prescribed, followed by physiotherapy and halotherapy. The patient's condition improved after antibiotics were discontinued at the beginning of October 2025.

Originality: This case describes the repeated use of antibiotics in a patient with bronchitis that was likely viral. It also highlights recent lifestyle changes, such as starting smoking and occupational exposure to metal dust, which may contribute to bronchitis but are often overlooked in routine clinical assessments.

Lessons learned and future implications: Early pathogen testing, referral to a specialist, combined with strict adherence to rational antibiotic prescription principles, could have avoided unnecessary antibiotic use. The patient's treatment should prioritize lifestyle changes, such as quitting smoking, changing the work environment, and, whenever possible, identifying the causative pathogen to reduce the risk of recurrence.

Discussion: Irrational antibiotic therapy contributes to antimicrobial resistance and may delay implementation of effective non-pharmacological treatments. Recognition of environmental exposures and lifestyle factors is crucial for targeted preventive strategies.

Conclusion: This case shows that recurrent bronchitis in at-risk individuals, such as smokers with occupational dust exposure, are often viral rather than bacterial. Early diagnostic testing and compliance with national antibiotic guidelines are key to avoiding unnecessary antibiotic use.

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ID 2124- Primary membranous glomerulonephritis presenting with nephrotic syndrome in a young woman: a case report

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Context: 46 years-old patient, from Senegal, 10 years living in Spain. Consults for asthenia, nausea and epigastralgia for three months. Not high fever or infective symptoms.

Methods: Blood test with a bicytopenia. Anemia with Hemoglobine 4,1 and plaquets 52000.

Originality: We sent to the hospital for transfusion and further studies. Hematology took care of the patient suspecting a severnot autoimmunne severe hemolysis with non filiated cause.They ran a marrow bone biopsy with erythrocyte inclusions thath could also be parasitaries The patient escaped form hospital because he couldn't miss work

Lessons learned and future implications: We contact the patient, he went back to the hospital to finish studies, but rejected to stay there because of his personal situation. He still had some blood tests and an body-Scan to do. At the hospital he had the scan done, but we agreed to run the rest of the estudies in an outpatient manner.

Discussion: Some patients just cannot afford to be ill, their personal situation doesn't allowed, what to do them with those patient? We, family doctors, play a keyrole here, trying to keep in touch and trying to do a follow-up of the patient.

Conclusion: some people has difficult backgrounds, so we have to make sure we can help them the best we can not leave the patient behind and give thme the best attention according to their circumstancies.

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ID 1478- Professional pathways of General Practitioners in XXX: typology, temporality and influence on medical practice

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Context: This workshop is designed for general practitioners navigating the increasingly complex landscape of respiratory virus immunisation in primary care settings. With multiple vaccines now available for influenza, COVID-19, and RSV, (and hMPV in the pipeline) each with distinct timing requirements, target populations, and administration guidelines, GPs face practical challenges in determining who should receive which vaccines and when.

Objectives: Update knowledge on current immunisation recommendations for acute respiratory viruses, including co-administration guidelines. Navigate special populations and contraindications.

Teaching method and workshop: Introduction (5 minutes) - Interactive poll & question Current Immunisation Landscape (15 minutes) - Key Respiratory Vaccines Priority Populations (15 minutes) - High Risk groups Practical Administration guidelines (10 minutes) - Co-administration - Timin

Expected outcomes: This workshop provides GPs with practical, evidence-based guidance to improve respiratory virus immunisation rates in their practice while building confidence in addressing patient concerns. Essential Resources: - National immunisation handbooks - WHO imm

Conclusion: Key Takeaway Messages: - Proactively identify and recall high-risk patients - Don't miss opportunities - vaccinate at any visit - Co-administration is safe and effective - Use presumptive communication strategies - Stay updated with national guidelines Action items: - Regularly audit your practice's immunisation rates and act on the results - Review your high-risk patient list - Update practice protocols - Train staff on vaccine communication

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ID 540- Professional provider-customer interaction enhances their lives

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Context: 71 years old german patient, living in our town for more than 15 years. He's not taken any medications and he has no clinical history. First time in the doctor in Spain. He has never smoked. He's having a headache that gets better with painkillers. As we talked and asked for any other sympthons in the patient, who has never been to the doctor before in our country, he tells us that he has been losing weight, about 8 kg in two months. He denies any urinary or digestive symptoms.

Methods: Blood test and X-ray results: An elevation in alfa1-alfa2-globulins, PCR and Ferritine levels with a decend of the global protein number, ferropenic anemia. Thoracic X-ray: showed an enlargement of the medistinic space. We asked for a Body-TC: Pulmonar mass that seemed neoplasic in LSD that affected the bronquial branches and also the pulmonary artery. Axilar and hiliar Lymphadenopathies Pulmonary, liver, occipital, hip and ribs metastases

Originality: The most difficult thing with this patient was the fact that he has been living a

normal life even when we gave him the diagnose and prognosis of his condition.

Lessons learned and future implications: The oncology service decided palliative radiotherapy and derivated the patient to paliative care unit. In our area, the palitive care unit is formed by a family doctor and nurse that covers a very large area, tha's why the follow-up and treatment of the pain and other symptons were done mostly by us, so we managed palliative symptoms and did the follow-up.

Discussion: The main key here is, how can we handle an apparently healthy patient that has never consulted before because he didn't have a condition that he knew about?

Conclusion: Sometimes the only thing we can do for aour patients is relieve thier symptoms

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ID 1240- Profound Bilateral Hearing Loss in a Low-Risk Newborn: A Case Reflection from Primary Care

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Context: Sudden finger discoloration can raise concern for vascular, hematologic, or rheumatologic disorders. Achenbach's syndrome, a benign and self-limiting cause of acute digital ecchymosis, is often unfamiliar to clinicians—particularly in primary care.

Methods: Acute finger discoloration can be alarming and may suggest vascular, hematologic, or rheumatologic conditions. Achenbach's syndrome, a benign paroxysmal finger hematoma, is an uncommon but important diagnosis to recognize in primary care. We report a case of a middle-aged patient presenting with sudden purple discoloration of the right middle finger in a family medicine clinic. The case highlights evaluation, differential diagnosis, and management strategies relevant to primary care. Case Presentation A middle-aged woman presented with sudden onset of purple discoloration of the right middle finger, accompanied by mild pain. She denied trauma, cold exposure, or systemic symptoms. Examination revealed localized ecchymosis with normal pulses, capillary refill, and neurologic function. There were no other skin or nail changes. Considering the sudden discoloration, differential diagnoses included digital ischemia, Raynaud phenomenon, vasculitis, embolic events, traumatic hematoma, and coagulation disorders. Shared care with rheumatology was arranged to exclude systemic causes. Investigations were unremarkable, and the lesion resolved spontaneously within a few days.

Originality: It was the first time I had encounted such a patient, so sharing with other family physixcians will help in improving the quality care .

Lessons learned and future implications: I learnt a new differential diagnosis for discoloured finger and would apply that knowledge in future to improve patient care

Discussion: Achenbach's syndrome is characterized by sudden, painful, blue-purple discoloration of a finger due to spontaneous subcutaneous bleeding. It commonly affects middle-aged women and resolves spontaneously. Recognizing this benign condition in the family medicine setting is important to reassure patients, prevent unnecessary investigations, and reduce anxiety. Management is conservative, including rest, warm compresses, and analgesics. Shared care is warranted when systemic disease is suspected.

Conclusion: This case illustrates the role of family physicians in identifying benign digital hematomas. Awareness of Achenbach's syndrome enables timely reassurance, conservative management, and appropriate referral when necessary. Primary care clinicians can prevent over-investigation and provide effective patient-centered care for sudden finger discoloration.

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ID 1254- Prognostic Factors in Older Adults Presenting with Arrhythmias and Conduction Disorders in the Emergency Department

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Context: Acute neurological symptoms often present first in Primary Care, requiring decisions under uncertainty and with limited tools. This case illustrates how careful anamnesis and a focused neurological exam, coupled with an equity-driven referral strategy, enabled early management of a potentially severe central nervous system (CNS) condition.

Methods: A 24-year-old man attended Primary Care after waking with a sudden, severe headache, photophobia, nausea, myalgias, neck stiffness, and, critically, inability to move or feel both lower limbs (transient paresis). Focused examination confirmed inability to walk/stand and reduced lower limb strength. The constellation of red-flag symptoms suggested severe CNS pathology (e.g., meningitis, subarachnoid hemorrhage). Despite diagnostic uncertainty, the presence of danger signs prompted immediate and urgent referral to Emergency Services, prioritizing patient safety and equitable access to higher care. In hospital, neurological deficits partially normalized, but it was decided to perform a lumbar puncture. The results were decisive, showing lymphocytic pleocytosis. A diagnosis of acute lymphocytic meningitis was established.

Originality: The originality lies not in the final diagnosis, but in the process: managing a severe, yet transient, neurological deficit alongside meningeal signs in Primary Care. This case highlights that Primary Care's crucial role is detection (recognizing severity) over diagnosis, promoting a safety-first, equity-driven referral model often overlooked in the literature.

Lessons learned and future implications: The key lesson is that the most critical action was the timely recognition of danger signs and urgent referral, not diagnostic accuracy. Physicians must be cautious when severe, acute, and transient neurological signs appear. Future practice should reinforce training on recognizing low-incidence, high-risk constellations that mandate urgent referral. Post-discharge follow-up in Primary Care is essential for completing the etiological work-up (e.g., serologies, IGRA) while awaiting the neurology appointment.

Discussion: This case validates Primary Care's role as a critical filter in the health system. It demonstrates the superior value of clinical judgment and meticulous history-taking when advanced diagnostic tools are unavailable.

Conclusion: This case underscores Primary Care's responsibility to ensure rapid, fair access to emergency evaluation when red-flag symptoms arise. Accurate early detection was the key to achieving a safe clinical outcome, confirming Primary Care as the decisive gateway for managing time-sensitive CNS pathology.

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ID 1624- Promoting healthy and sustainable diet: doctors in quest for legitimacy. Knowledge, representations, and practices of general practitioners in Indre-et- Loire regarding the health-environment co-benefits of food

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Context: Breast cancer is the most common malignancy among women worldwide and a leading cause of cancer-related death. Early detection in primary care improves outcomes,

highlighting the key role of frontline providers in screening.

Objectives: The aim of our study was to emphasize the pivotal role of primary care in breast cancer screening and to assess its impact on the early detection of breast malignancies.

Methods: We conducted a prospective interventional study involving 2,302 patients who presented to our institution over a three-year period, from October 2022 to October 2025. All patients who underwent breast imaging during this timeframe were included in the study.

Results: The average age of participants was 50 years (range 20–86), with a strong female predominance (9 males). Routine screening accounted for 65.7% of visits, while 34.3% presented with breast symptoms. All patients underwent clinical breast examination and structured interviews. Breast imaging (mammography ± ultrasound) was performed in 2,039 patients, including 1,632 with combined assessment. ACR classification showed mainly benign findings: 34.82% ACR1 and 39.64% ACR2. Probably benign lesions (ACR3) represented 19.05%, while suspicious lesions (ACR4 and ACR5) accounted for 5.47% and 0.68%, respectively. All male patients had bilateral gynecomastia. Core needle biopsy was indicated in 215 patients. Histopathology from 61 patients revealed invasive ductal carcinomas, 119 benign lesions, which were subsequently reassured.

Discussion: Our findings reinforce the strategic role of primary care in providing accessible breast cancer screening and enabling timely detection. However, experience from a regional investigation shows that limited patient awareness remains a major obstacle to adherence, highlighting the need for targeted educational initiatives. In our study, mammography proved effective in identifying suspicious lesions early, consistent with international evidence demonstrating up to a 63% reduction in mortality in settings with well-organized, high-quality screening programs. Global analyses from 2015 to 2021 also show greater declines in mortality in countries with regular, structured screening.

Conclusion: Primary care is pivotal to breast cancer screening owing to its accessibility and its crucial role in promoting awareness. Improved access to imaging is still needed to enhance early detection. Strengthening primary care involvement is therefore essential to optimizing screening efforts and reducing breast cancer mortality.

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ID 531- Psychosocial Benefits of Cosmetic Procedures in Primary Care: A Systematic Review of Mental Health Outcomes

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Context: Cardiovascular disease remains a leading cause of preventable morbidity, particularly among vulnerable groups with limited access to preventive services. Real-world primary care settings often face barriers related to social, economic, and organizational factors. Vulnerable patients in this context include individuals with increased risk and restricted access to health services due to social, economic, or health-related factors.

Methods: This practice-based reflection is supported by a small quality improvement audit – an internal analysis of care quality within one urban general practice in Bulgaria, aiming at improvement. Twenty-eight patients with hypertension were followed over a three-month period (who/where/when). Interventions included shared decision-making, family involvement, proactive outreach, and simplified communication strategies (what/how/why). Educational activities with general practice residents reinforced humanistic and equitable care principles. Measurable outcomes were collected from routine clinical records. Strengths included direct applicability and real-world relevance; limitations involved small sample size, single-practice setting, and limited resources. Alternative approaches, such as digital engagement, were considered but not implemented due to feasibility constraints.

Originality: Patient and public involvement (PPI) in cardiovascular prevention appears rarely to have been implemented systematically in Bulgarian primary care, and published reports on PPI in this setting are limited. This experience demonstrates a novel application of PPI principles in a general practice context, integrating family engagement and resident training. Unlike most published PPI models, which are predominantly developed and implemented in hospital or research settings (tertiary care), this experience applies PPI principles in everyday real-world primary care practice.

Lessons learned and future implications: Engaging patients and families improved adherence and trust but required additional time and communication skills. Future practice could incorporate structured PPI tools and expand outreach to broader vulnerable groups. Caution is needed regarding sustainability and workload.

Discussion: This experience suggests that PPI can strengthen autonomy, equity, and humanistic relationships in everyday primary care while achieving measurable improvements in clinical engagement.

Conclusion: Implementing PPI in a real-world primary care setting improved follow-up attendance (58%→76%), medication adherence (62%), and screening uptake (+24%). This approach may support more equitable cardiovascular prevention among vulnerable populations.

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ID 2021- Psychotic Depression Initially Presenting With Fatigue and Weakness in Primary Care: A Case Report

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Context: Physical inactivity has become a major public health concern in the world due to its contribution to preventable morbidity. General practitioners (GPs) play a key role in promoting physical activity (PA), and evidence indicates that physically active GPs are more likely to counsel their patients on PA. Supporting GPs in improving their own PA levels may therefore strengthen preventive practices. However, little is known about the interventions designed to promote PA among GPs and about whether these interventions are evaluated.

Objectives: To identify interventions aimed at promoting physical activity among general practitioners and to assess whether their effects have been evaluated.

Methods: A systematic literature review was conducted following PRISMA recommendations. Eligible studies evaluated the effects of interventions promoting PA—directly or indirectly—among general practitioners. Only full-text articles were included. Two reviewers independently carried out study selection. Extracted data included study characteristics, intervention types, and outcomes. Methodological quality was assessed using the Medical Education Research Study Quality Instrument (MERSQI). A narrative synthesis was performed.

Results: Among the 3,375 references retrieved, five studies met inclusion criteria. Four were conducted in North America and one in Luxembourg. Interventions consisted either of structured training workshops targeting GPs or national PA promotion campaigns. Low to moderate quality evidence suggested that targeted interventions, particularly training workshops, were more likely to positively influence GPs' behaviour regarding PA counselling. No study assessed changes in the GPs' own physical activity levels, health status, or wellbeing. Evaluation methods and outcome measures varied widely, limiting comparability.

Discussion: The literature on interventions promoting PA among GPs is sparse and heterogeneous. Existing studies suggest a potential effect on counselling behaviours, but the absence of data on GPs' personal PA levels, and the low methodological quality of available studies, highlight important gaps. More robust evaluation strategies are needed, particularly those exploring behavioural, wellbeing, and organisational outcomes.

Conclusion: This review provides preliminary guidance for the development of a

participatory action research project currently underway within a Primary Care Territorial Community in XXX. The findings support the relevance of implementing a structured, targeted intervention and help inform the selection of appropriate evaluation criteria for future assessment.

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ID 418- Qualitative study of medical reasoning in the management of patients of non-European origin

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Context: Subungual melanoma (SUM) is an uncommon form of cutaneous melanoma, accounting for approximately 0.7% to 3.5% of cases in the Caucasian population. This type of melanoma most frequently occurs on the thumb and the hallux. Its most common clinical presentation is the appearance of longitudinal melanonychia

Methods: A 65-year-old fair-skinned woman with no relevant medical history presented with a two-month history of longitudinal melanonychia on the right hallux. The lesion measured approximately 2 mm in width at its central portion and 3 mm at the base, and distal onycholysis was noted, together with an early Hutchinson's sign on the proximal nail fold. Given these findings, an urgent dermatology referral was requested, and a nail bed biopsy was performed. Histopathological examination confirmed acral lentiginous melanoma with a Breslow thickness of 0.7 mm. The patient is currently awaiting surgery for complete excision of the tumor with appropriate margins, and the tumor board is evaluating the need for a sentinel lymph node biopsy due to the aggressive nature of this histological subtype.

Originality: An unusual case due to the very early detection of a rare subungual melanoma, with an initial Hutchinson sign and low Breslow thickness. It differs from the literature because of its early presentation and the rapid coordination between primary care and dermatology.

Lessons learned and future implications: Early detection of suspicious melanonychia and prompt referral from primary care enable diagnosis of subungual melanoma at an early stage, improving the patient's prognosis.

Discussion: Subungual melanoma is an uncommon neoplasm with a poor prognosis, typically presenting as longitudinal melanonychia, sometimes accompanied by Hutchinson's sign. In this context, early recognition of these signs in primary care is crucial, as urgent referral enables earlier diagnosis and improves outcomes. As in our case, definitive diagnosis requires histopathological confirmation through a nail bed biopsy.

Conclusion: The treatment of melanoma depends on the stage of the disease and, in early phases, may range from local surgical excision to radical amputation of the phalanx. The staging workup includes imaging studies and sentinel lymph node biopsy, both essential for assessing potential local or distant spread. Keywords: Melanoma; Biopsy; Dermatology

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ID 1814- Rapid primary-care screening for sleep apnoea with a chest-worn smartphone-based screening device and secure referral to sleep specialists

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Context: Traditional approaches to promoting physical activity (PA) often struggle to engage patients and healthcare teams in a lasting way. Yet creative, playful, or unexpected initiatives—sometimes involving the professionals themselves—can transform how PA is addressed in primary care. This workshop offers a participatory space where clinicians and health professionals can generate original, surprising, and feasible ideas to promote PA in their own settings.

Objectives: By the end of the workshop, participants will be able to: Generate unconventional and innovative strategies to promote PA among patients and healthcare professionals. Use simple creativity tools (brainwriting, creative constraints, rapid prototyping) applicable to primary care settings. Co-design, in small groups, a prototype of an innovative PA-promotion action tailored to their practice or local context. Identify key elements required to move from a creative idea to real-world implementation (stakeholders, resources, communication).

Teaching method and workshop: 10 minutes: Active icebreaker involving light movement and introdution. 10 minutes: Guided brainwriting using "What if…?" prompts. 20 minutes: Creativity cards introducing playful constraints (e.g., "no equipment," "in a waiting room," "with a patient c

Expected outcomes: Participants will leave with: -a set of innovative and practical ideas ready to be tested in their own practice or community; -a prototype of a PA-promotion action tailored to their context; -simple creativity tools they can reuse with colleagues; -renewe

Conclusion: This workshop will demonstrate that promoting physical activity in primary care can move beyond traditional counselling and become a creative, collective, and empowering process. By engaging participants in playful and imaginative problem-solving, it will encourage clinicians to rethink prevention, embrace innovation, and co-create actions that will resonate more effectively with patients and healthcare teams. The session will aim to spark new ideas, build confidence, and inspire participants to implement fresh, context-specific initiatives within their daily practice.

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ID 254- Recognising Post-Artesunate Delayed Haemolysis

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Context: In France, approximately 3,300 students enter general practice post-graduate program (residency) each year. They learn their future profession alongside university supervisors, who serve as role models—or counter-models. General practice residents seek supervisors with strong clinical reasoning skills, but the way they evaluate this reasoning remains unclear.

Objectives: To explore how general practice residents assess the clinical reasoning of their university supervisors, using a qualitative approach.

Methods: We conducted an interpretative phenomenological analysis of open-ended interviews, based on Pierre Vermersch's explicitation method. Participants were general practice residents from a faculty in the Grand Est region of France. Data collection took place from February to November 2024, with 9 interviews conducted until thematic saturation was reached.

Results: Participants identified five key criteria for evaluating their supervisors' clinical reasoning: Up-to-date medical knowledge and its application. Experience and ease of understanding clinical situations, alongside potential cognitive biases from routine. Organizational factors affecting clinical reasoning (e.g., time constraints, workload). Handling of uncertainty in decision-making. Emotional and pedagogical modeling in the supervisor-resident relationship. Residents appreciated supervisors' effortless comprehension of clinical situations but also noted cognitive biases and practice deviations from guidelines arising through experience . They valued open discussions about reasoning but feared negative reactions when challenging supervisors' views. Supervisors, in turn, sought residents' critical feedback to refine their practice.

Discussion: The hierarchical asymmetry in the supervisor-resident relationship may hinder constructive exchanges about clinical reasoning. Residents' observations highlight the need for mutual feedback to improve both teaching and practice.

Conclusion: Reducing hierarchical barriers could foster sincere, bidirectional discussions on clinical reasoning, benefiting both residents and supervisors. This approach may enhance the quality of general practice training.

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ID 1374- Recurrent Herpes-Associated Erythema Multiforme: Diagnostic Challenges in Primary Care

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Context: Low-motivation smokers rarely seek cessation care despite higher risks for respiratory infections and reduced vaccine effectiveness. Every October, the government provides publicly funded influenza, COVID-19, and pneumococcal vaccines for high-risk groups. Using the Health Belief Model (HBM), we integrated vaccination visits with smoking cessation treatment to increase engagement.

Methods: The intervention was conducted in a rural public health center. Starting in October 2023, smoking history was assessed during vaccination visits using the standard vaccination evaluation form, reflecting a workflow change that integrated cessation screening into routine vaccination encounters. Smokers received counseling on the health effects of smoking and its impact on vaccine-induced immunity. Those who expressed willingness to quit were provided smoking cessation pharmacotherapy. The Wilcoxon signed-rank test was used to compare differences in smoking cessation treatment volume over the corresponding 30-week periods before and after the intervention.

Originality: Vaccination encounters can be opportunities for brief cessation interventions, yet evidence on integrating government-funded vaccination services with structured cessation treatment is limited. Our experience provides real-world evidence of feasibility in a rural setting.

Lessons learned and future implications: From October 2022 to April 2023, 268 cessation visits were recorded (mean 8.9/week). From October 2023 to April 2024, 463 visits were recorded (mean 15.4/week), a statistically significant 72.8% increase after the intervention. Integrating cessation into vaccination visits is feasible and effective, engaging smokers who may not seek care, especially in rural areas with limited access to cessation services. This model could be expanded across other public health vaccination programs. Future workflow improvements may include automated reminders within the vaccination evaluation system. Practical challenges included increased staff workload during peak vaccination periods.

Discussion: When individuals receive vaccinations in healthcare facilities, the concurrent inquiry about smoking history and provision of cessation advice correspond to the “cues to action” construct within the HBM. This approach may enhance other HBM constructs, including “perceived severity” and “perceived susceptibility” regarding smoking risks, as well as strengthen understanding of the “perceived benefits” of smoking cessation.

Conclusion: Integrating smoking cessation into vaccination visits significantly increased treatment utilization and engaged smokers who typically do not seek care. This HBM-based model is feasible, scalable, and promising for broader public health adoption.

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ID 1813- Recurrent urinary tract infections in a pediatric patient: indications for further diagnostic evaluation in primary care

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Context: By 2025, lung cancer was the leading cause of cancer death worldwide. By 2021, only the USA, China and South Korea were offering organized screening for bronchopulmonary cancer using low-dose lung CT. In France, by 2025, a national research program is evaluating the criteria for organized screening (age, frequency, etc.). Participation in screening is based on a shared decision. The use of

decision-support tools promotes this process by reducing decision-making conflict.

Objectives: The main objective of this study was to describe the population included in screening, and the benefits and risks used in existing decision-support tools.

Methods: This review was recorded on Prospero. A systematic literature review was conducted according to PRISMA 2020 criteria by two researchers. The search was carried out on PubMed® and Google® (gray literature) between 2014 and 2024.

Results: Out of 700 articles identified, twenty decision-support tools were included. The majority came from the United States. Eligibility criteria for screening were mainly age between 55 and 80, smoker or former smoker of less than 15 years, with at least 30 pack years of smoking exposure. The quantitative benefit most used was: 3 deaths avoided out of 1000 people screened (18 versus 21) with annual screening for 3 years. The most frequently used limitation was the false-positive rate. The most common rate was 365 false positives per 1000 people after 3 years of screening, resulting in 25 invasive procedures, including 3 major complications.

Discussion: There was heterogeneity in the data presented in these tools in terms of benefits and risks. The presentation of a risk modifies its perception. Use of the Number Needed to Screen (304 in the NLST trial) was rare.

Conclusion: This review provides an overview of the different contents used in existing tools, which could serve as a basis for the development of a French tool.

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ID 28- Red flags in back pain: early detection of multiple myeloma in primary care.

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Context: Malignant pleural mesothelioma (MPM) is a rare, aggressive malignancy caused by asbestos exposure and often manifests decades after exposure. A 71-year-old retired shipyard worker first presented in 2022 with chronic cough and chest pain. His initial pleural effusion improved, but recurrence in 2024 prompted re-evaluation, raising concern for latent occupational disease.

Methods: Comprehensive imaging in 2024 revealed right-sided malignant pleural effusion, pleural nodules, and mediastinal lymphadenopathy, consistent with cT4 N0 M1a disease. Tumor markers were negative, and pleuroscopy confirmed epithelioid mesothelioma with no distant metastasis. The patient had worked 23 years in enclosed ship-hold spaces performing welding, sand-blasting, and painting with minimal respiratory protection, explaining his high-risk exposure. Strengths of management included persistent follow-up and timely recognition of occupational risk. A key limitation was intermittent surveillance between 2022 and 2024, potentially delaying earlier detection. All major diagnostic possibilities were considered, and confirmation through pathology provided clear clinical outcomes.

Originality: Unlike most mesothelioma reports emerging from tertiary oncology centers, this case originated in family medicine. It highlights how thorough occupational history at the primary-care level can lead to early suspicion despite nonspecific symptoms. The patient's 52-year latency and post-retirement diagnosis are longer than typically reported, emphasizing the need for lifelong vigilance. National post-employment health-surveillance subsidies further demonstrate how system-level support can enhance early occupational-disease detection.

Lessons learned and future implications: This case reinforces the need for routine exposure screening in patients with persistent respiratory complaints. Clinicians should exercise caution when symptoms recur after long asymptomatic intervals. Future practice can be improved by integrating structured occupational-history protocols and ensuring

regular follow-up for retired workers with known high-risk exposures.

Discussion: The case illustrates the diagnostic difficulty of MPM in primary care and shows how early recognition depends on linking subtle clinical findings with remote occupational exposures. Strengthening communication between primary care and surveillance programs can streamline earlier diagnosis.

Conclusion: This experience demonstrates the essential role of family medicine in identifying latent occupational malignancies and underscores the broader public-health impact of robust exposure-history assessment and post-retirement monitoring.

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ID 1676- Redefining roles in primary care: evidence and tools for team transformation

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Context: Breastfeeding has proven health benefits for both mothers and children, as well as economic advantages. In France, 77% of mothers initiate breastfeeding after delivery, but the proportion declines rapidly within the first two months. After 10 weeks of paid postnatal leave, many mothers must balance their desire to breastfeed with their working lives. The use of electric breast pumps may help when returning to work, as well as in managing other challenges related to breastfeeding. Electric breast pumps are reimbursed when prescribed by a doctor or a midwife. In 2019, the prescription rules changed, shortening the initial prescription's duration for an electric breast pump.

Objectives: To describe trends in electric breast pump prescriptions between 2014 and 2024.

Methods: This epidemiological study is based on open data from the French health insurance system between 2014 and 2024. It includes comprehensive data on electric breast pump prescriptions, information on prescribers and users (region and age group), as well as reimbursement costs. These data were cross-referenced with demographic indicators on births, mothers, and medical density.

Results: This study shows an increase in reimbursements for electric breast pump rentals per child. Prescriptions by general practitioners rose rapidly after the 2019 change in prescribing rules accompanied by a decline in hospital prescriptions. There are significant regional disparities in the number of weekly rentals per child, with lower ratios in the Paris region and in overseas departments and regions. Despite an increase in the number of electric breast pumps rented and weeks of use, the overall cost has decreased since 2019.

Discussion: The transfer of hospital prescriptions to GPs, without any impact on midwives' prescriptions, highlights the growing role of GPs in promoting breastfeeding. Regions with more disadvantaged populations tend to use breast pumps less frequently, which is consistent with the literature, as socioeconomic disadvantage is described as a negative determinant of breastfeeding.

Conclusion: Electric breast pumps thus appear to be an increasingly common tool, both in mothers' habits and in medical practice, for promoting breastfeeding and prolonging its duration.

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ID 1045- Red-Flag Headache Identified in Primary Care Leading to the Diagnosis of a Glomus Tumor: A Case Report

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Context: Acupuncture is an advanced technique promoting balance and self-regulation by acting on the spinal, brainstem, and diencephalic levels of the nervous

system.While integrated into Brazil's public health system since 2006, barriers remain. Limited availability of trained professionals and treatment spaces, combined with the standard requirement of eight sessions per patient, results in long waiting times that often extend from months to years.

Methods: To address this bottleneck, a group acupuncture approach was implemented, treating four women simultaneously in a shared space previously used for social activities rather than a standard clinical room. Patients lay on yoga mats while needling was performed, followed by two 20-minute stimulation rounds of different acupuncture points. This organization allowed for the completion of eight individual treatment equivalents within a single hour. The primary strength of this implementation was the significant reduction in time required compared to individual sessions, achieving measurable efficiency outcomes without compromising patient satisfaction.

Originality: This experience innovates by shifting the paradigm from the traditional one-on-one clinical model to a collective setting. Unlike standard literature which often focuses on individual efficacy, this case emphasizes logistical innovation: optimizing time and non-clinical space to increase throughput. The approach differs from standard care by reducing the total treatment time for four patients from four hours to just one, demonstrating a 75% reduction in time resource usage.

Lessons learned and future implications: A key lesson learned was that the group setting fostered a supportive environment; patients encouraged one another to attend subsequent sessions, thereby naturally reinforcing treatment adherence. Future implications suggest that this model is adaptable; based on the success over four months, there are immediate plans to extend this protocol to a male patient group.

Discussion: The results indicate that high patient satisfaction and therapeutic delivery can be maintained even when moving away from private, individual sessions. The simultaneous treatment model addresses the critical "supply and demand" disparity in public health by maximizing the utility of the practitioner's time.

Conclusion: By optimizing human and spatial resources, group acupuncture presents a viable, scalable solution to expand access and improve efficiency within public healthcare systems, effectively reducing waitlists while maintaining quality of care.

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ID 738- Reducing Carbon Footprints in Rural Healthcare: A Comparison of Out-of-Hours Prescription Access via Hospitals vs Automated Collection Lockers

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Context: Following the problem analysis completed in Workshop 1, this session focuses on designing practical solutions that improve fairness in patient care and strengthen supportive collaboration within primary care teams and enhance clinicians' ability to practice with autonomy purpose. In partnership between Latvia, Lithuania and United States (USA), this workshop will use/apply design thinking principles, participants collaboratively generate and prioritize ideas that address the everyday constraints preventing full application of WONCA principles across diverse European settings.

Objectives: Participants will be able to: - Reframe identified barriers into opportunities for improvement using "How might we prompts" - Collaboratively generate diverse solution ideas through structured group brainstorming - Evaluate and prioritize interventions using a simple impact/difficulty matrix - Identify actionable steps to advance equity, autonomy, and collaboration in their own context

Teaching method and workshop: Facilitated rapid ideation in small groups forms the core of the session. Participants use design thinking tools “How Might We” framing, time-boxed brainstorming, democratic dot voting, and an impact/difficulty matrix to transform problem analysis into ac

Expected outcomes: Each group will produce 8-12 solution ideas, prioritize feasible options, and develop one concise intervention ready for early testing in General practice environment. Outputs reflect a commitment to strengthening fair access, enhancing collaborative prac

Conclusion: This workshop transforms problem analysis into practical, context-sensitive solutions. By engaging participants in collaborative design and prioritization it supports the development of realistic, locally adaptable interventions that reinforce equitable care, shared professional responsibility, and meaningful clinical autonomy.

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ID 2133- Reducing Documentation Burden and Strengthening Workforce Sustainability Through Ambient Voice Technology: A Practical Framework for Global Primary Care

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Context: This project highlights the importance of upskilling Allied Health Professionals (AHP’s) in two different countries (UK & India) to enhance community palliative care and reduce pressure on primary care teams. It is an international collaboration by a UK based global health partnership, aiming to improve the scope and utilisation of AHP roles within palliative care in India.

Methods: The abstract draws on preliminary observations from an August 2025 visit to the XXX hospice in India. The final reflection will incorporate findings from a more comprehensive dataset collected during a follow-up survey in February 2026. The outcome of the project is to design a structured training programme for Indian AHP’s visiting the UK in summer 2026. Key limitations include differing socio-cultural contexts and communication challenges. Indian data derive from a single site, while UK data represent national statistics.

Originality: No known studies have examined similar cross-cultural approaches to AHP development in palliative care.

Lessons learned and future implications: The UK team was struck by the central role families play in palliative care delivery in India, where healthcare workers empower family members and use existing social structures to deliver compassionate care. Care in the Indian setting was noted to be more sustainable and resource-efficient. Both teams recognised that national policy and funding structures profoundly shape hospice care. The Indian team gained awareness of early referral pathways for end-of-life patients and the benefits of early palliative intervention for people with non-malignant disease.

Discussion: Preliminary findings emphasise the value of international collaboration in shaping more holistic, sustainable, and culturally sensitive models of palliative care. AHP involvement in Indian palliative care remains at an early stage. Observations from both teams highlighted key similarities and differences in practice. Findings from the February 2026 visit are expected to identify opportunities for mutual learning and inform development of a targeted blended training programme to strengthen AHP capacity.

Conclusion: This project demonstrates that equitable global partnerships enable two-way learning, regardless of socio-economic contexts. Cross-cultural understanding facilitates interprofessional fraternity and shared purpose among healthcare workers working in a community palliative care. Future initiatives will strengthen this collaboration

through continued empowerment of AHP's to deliver high quality end-of-life care.

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ID 1869- Regarding a case of HIV in adolescence: Aspects in which Primary Care contributes

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Context: Obesity is an established risk factor for severe influenza and is classified as a high-risk condition by national and global health authorities. However, previous studies show inconsistent evidence on whether obese individuals are more likely to receive influenza vaccination in Korea. With substantial shifts in vaccination policies and population behavior surrounding the COVID-19 pandemic, updated evidence is needed.

Objectives: To investigate whether obesity shows independent association with influenza vaccination among Korean adults, and to assess whether this association varies by survey year or sex.

Methods: We analyzed national representative data from KNHANES 2019–2023. Adults aged ≥20 years with available BMI and vaccination data were included. Obesity was categorized according to Korean BMI criteria: normal (<25.0 kg/m²), stage I (25.0–29.9 kg/m²), and stage II+ obesity (≥30.0 kg/m²). Vaccination status was self-reported as yes or no. Survey-weighted logistic regression assessed associations adjusting for age, sex, education, income, and region. Additional analyses included sex-stratification and year-specific models.

Results: A total of 16,242 adults from 2019-2021, and 10,560 from 2022-2023 were analyzed. Higher BMI groups showed slightly higher vaccination rates (e.g., 2019: normal 41.1% vs. stage I+ 44.0%, 2022: normal 40.0% vs. stage I+ 44.8%), but differences were not statistically significant. In adjusted models, none of the obesity stages showed significant association across the entire period. Most year-specific analyses also displayed no significant association before or after COVID-19. However, in 2022, individuals with stage I+ obesity showed significantly higher odds of vaccination (OR 1.14, 95% CI 1.02–1.27), but this association did not persist when divided into more detailed BMI stages.

Discussion: Obesity did not independently predict influenza vaccination. Demographic and socioeconomic factors such as age, sex, and income were stronger determinants. The temporary increase in 2022 may reflect heightened risk perception and public-health messaging during the early post-pandemic period.

Conclusion: Obesity does not appear to be a major determinant of vaccination among Korean adults. Improving vaccination coverage may require addressing socioeconomic and demographic barriers rather than focusing solely on weight status. Further research is required to identify subgroups within the obese population who may benefit from targeted vaccination strategies.

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ID 289- Regional Socioeconomic Deprivation and Survival Inequality in Lung Cancer: A Population-Based Study in Korea, 2003–2020

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Context: Functional dyspepsia (FD) is characterized by one or more symptoms, including epigastric pain, burning, early satiety, and postprandial fullness, occurring in the absence of identifiable structural abnormalities on imaging or endoscopy. Symptomatic improvement with pharmacological treatment is often unsatisfactory due to the heterogeneous nature of the condition.

Objectives: This study evaluated the efficacy of a green tea seed and leaf extract complex (TSL) in alleviating symptoms of FD.

Methods: Eligible participants were adults aged 19–70 years who presented with at least one of the four FD symptoms defined by the ROME IV criteria and showed no structural abnormalities on upper gastrointestinal endoscopy. In a double-blind, randomized, placebo-controlled trial, 100 adults with FD were assigned to receive either TSL (n = 50) or placebo (n = 50) at a dose of 500 mg/day for 8 weeks.

Results: The primary endpoint was the change in total score on the Gastrointestinal Symptom Rating Scale (GSRS). The TSL group demonstrated a significantly greater improvement in total score compared with the placebo group (-5.73 ± 6.27 vs. -2.02 ± 7.09, P = 0.0148). Analysis of changes in individual GSRS symptom scores revealed that, at the 8-week follow-up, reflux (−1.02 ± 1.27, P < 0.0001) and abdominal pain (−1.12 ± 2.14, P = 0.0017) significantly decreased in the TSL group compared with baseline. No significant differences were observed between groups in the incidence of severe adverse events (AEs), and all AEs were deemed unrelated to the study materials.

Discussion: Previous research has indicated that catechins found in green tea leaves, particularly epigallocatechin-3-gallate (EGCG), exert anti-inflammatory and antioxidant effects by interacting with cell membrane receptors, modulating intracellular signaling pathways, and influencing nuclear transcription regulators. Collectively, these findings suggest that the improvement in FD symptoms observed in the present study may be attributed to the multiple anti-inflammatory mechanisms of green tea.

Conclusion: In conclusion, various gastrointestinal symptoms improved after 8 weeks of administration of 500 mg TSL in adults with FD, without severe AEs. Our findings indicate that TSL may be an effective and safe alternative for managing symptoms in adults with FD.

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ID 311- Rehabilitation in primary health care, economic and organizational aspects.

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Context: Due to its portability and accessibility, point-of-care ultrasound (POCUS) has significant potential for application in primary care settings. POCUS offers a portable, radiation-free imaging modality that can support timely clinical decision-making.

Objectives: To review current evidence on the use of POCUS in community and home care settings, and to evaluate its applications, benefits, and limitations relevant to primary care practice.

Methods: A comprehensive literature search was conducted across six databases in April 2024. Studies involving the use of POCUS in home or community settings for diagnostic purposes, monitoring, procedures, or clinical management were included. A total of seven studies and five case series or reports met inclusion criteria.

Results: POCUS was applied across diverse community settings by physicians, nurses, and specialists. Key uses included screening and diagnosis of deep vein thrombosis, heart failure, ascites, pleural effusion, pneumonia, and intra-abdominal pathology. POCUS supported clinical decisions such as fluid assessment, dyspnoea evaluation, urinary retention assessment, and medication titration. It also facilitated bedside procedures including paracentesis and nasogastric tube placement, with high reported sensitivity and specificity. Emerging evidence showed promising roles for artificial intelligence (AI) integration, enabling accurate assessments by operators with limited training.

Discussion: Findings demonstrate that POCUS enhances accessibility to diagnostic imaging in community settings, improves triage, and supports real-time decision-making for patients with limited mobility. It enables safe

delivery of bedside procedures and may reduce unnecessary hospital visits. However, operator dependency remains a key challenge, necessitating structured training, competency assessments, and clear clinical frameworks to prevent overdiagnosis. AI integration shows promise in reducing variability and supporting less experienced users, but further validation is needed before large-scale implementation.

Conclusion: POCUS is a powerful tool with numerous potential applications in community and home care settings. Current literature highlights only a fraction of its capabilities, with many applications still underexplored. There is considerable potential for future research to expand the use of POCUS in home care, as well as to develop training programs for its application and integrate AI to enhance diagnostic support.

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ID 989- Relationship between cardiovascular risk and daily step counts for community health workers in a family health center

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Context: Cardiovascular risk (CR) is a major epidemiological marker associated with clinical conditions of high epidemiological impact which require long-term vigilance and adhesion to treatment. In XXX, community health workers (CHW) are a pillar of primary care, and are professionals with a high demand for long daily walks in order to perform their basic tasks inside the community. Medical literature has emphasized daily step count (DSC) as a factor inversely associated with CR in other populations. Association between CR risk and DSC has not been studied for XXX CHW.

Objectives: The aim of this study was to evaluate a putative association between CR and DSC for CHW in a family health center in XXX.

Methods: This study was part of an undergraduate extension program. CHW were trained in the usage of the free cell phone applications that quantified CR and DSC, and then scheduled to return 30 days later. Upon return, CHW filled out a form containing every parameter needed to feed the CR calculator, including some measured on the spot. Form also collected DSC for every preceding 14 days, and the average DSC was calculated. Association between CR and DSC were analyzed by linear regression and Mann-Whitney U-test. This protocol was approved by the institutional ethics committee.

Results: Participant CHW were n=36; 77,70 % were female; 58,3 % were older than 40 years; 80,5 % were overweighted or obese; 33,3 % had high blood pressure; 27,7 % had moderate to high CR; 63,8 % had DSC higher than 5.000. Statistical analysis found no significant association between CR and DSC, even when CWH were further stratified into subsets.

Discussion: Contrary to expected from current medical literature, no association was found between CR and DSC for CHW. One hypothesis is this group is too small and heterogeneous, not reflecting general population. Another possibility is daily walking is not protective enough from hazards like high blood pressure or obesity, which would demand specific attention.

Conclusion: In conclusion, CHW in a family health center in XXX do not seem to get benefit in a simple way from high DSC, emphasizing the importance of comprehensive preventive health care.

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ID 1950- Relationship Between Regular Primary Care Physician Access and Uptake of Preventive Health Services Among Public Rental Housing Residents

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Context: Back pain is one of the most common presentations in primary care. Distinguishing benign musculoskeletal causes from serious pathology presents a huge diagnostic challenge. This can be compounded by language barriers. This case demonstrates how GPs can use the tools at their disposal, namely the visual analogue scale (VAS), strong clinical suspicion, and critical analysis of inconsistent findings, to diagnose the most obscure of cases.

Methods: A 58-year-old man presented to the GP with non-specific lower back pain. The consultation was complicated by a language barrier, with the son translating, limiting the reliability of the history. The neurological and spinal examination was normal; however, blood tests revealed normocytic anaemia and an isolated elevated ALP. Despite a normal lumbar X-ray, the patient reported disproportionate pain reflected by his high VAS score. This inconsistency, combined with the anaemia, triggered the GP's clinical curiosity, who referred the patient via a 2-week haematological malignancy pathway. The MRI revealed extensive spinal metastases secondary to stage IV prostate cancer. It was due to the GP's clinical suspicion, combined with his critical analysis of non-specific investigations, that led to this diagnosis.

Originality: Although prostate cancer is well documented, very rarely does it present solely as back pain, without urinary, neurological or red flag symptoms. The uniqueness of this case lies in how the initial imaging appeared normal. Nonetheless, the diagnostic pathway was instead spearheaded by clinical intuition, biochemical abnormalities, and a mismatch between symptoms and objective findings. Few cases highlight the value of VAS scoring in discriminating malignant differentials or the impact of language barriers in masking underlying pathology.

Lessons learned and future implications: This case underscores the importance of early interpreter involvement to prevent diagnostic blind spots. It reinforces that a clinician's mind, along with baseline blood tests, is a powerful diagnostic tool. GPs should always remain curious, especially when imaging and symptoms do not align. In the future, artificial intelligence in imaging can be utilised to minimise diagnostic errors and identify subtle metastases.

Conclusion: This case illustrates the crucial role of GPs' clinical suspicion and holistic assessment in identifying serious diseases hidden within routine presentations.

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ID 2305- Research and Evaluation Study of digital Treatment of insomnia in Underserved Populations

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Context: Psoriatic arthritis (PsA) is a diverse disease by manifestations, but also timing of cutaneous and musculoskeletal symptoms onset. Timely recognition of disease symptoms in primary care and referal to specialists is of importance in order to manage disease and associated comorbidities.

Objectives: To investigate whether the order of symptom onset associate with distinct clinical profiles of PsA.

Methods: PsA patients were randomly invited to participate in the study at routine visit. The study investigated 121 patients who recalled and reported order of symptom onset. Data on subjective and objective variables were analysed across the identified subgroups: those whose symptoms started with psoriasis (PF, 53.7%), arthritis (AF, 26.5%) or simultaneously both (S, 19.8%).

Results: In the PF subgroup, age at onset of musculoskeletal symptoms correlated negatively with time to PsA diagnosis (r=-0.44, p<0.001) and these patients had the most prominent dyslipidaemia. The S subgroup had the shortest time to diagnosis and a higher proportion of patients had less active PsA disease, and also a healthier lipid profile. Higher proportion of AF subgroup had higher disease activity at inclusion, were overweight (50%) or obese (35.5%), and waited the longest time to PSO diagnosis. Temporomandibular joint involvement was observed in 20.7% and axial PsA in 17.5%, with similar frequencies across the subgroups. Overall, 25.5% reported sexual problems, with the lowest frequency in the PF subgroup (16.5%). Depression was as common across the subgroups (19.6%).

Discussion: The study demonstrates that order of symptom onset in PsA is associated with different PsA profiles: the S group had shortest waiting time to diagnosis, healthier lipid profile and higher proportion of patients had low active disease, and suggest that timely diagnosis might provide better outcomes. The PF subgroup waited longest time for PsA diagnosis, in particular those who developed MSK symptoms at younger age; PF had most pro-atherogenic lipid profile and delayed treatment could be contributing factor. AF patients had high disease activity at inclusion, but also highest incidence of overweight or obesity, and could benefit of both inflammation and weight reducing therapies.

Conclusion: Altogether we demonstrate that order of symptom onset reveal distinct PsA profiles and early diagnose is of importance.

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ID 992- Research workshop on multi-professional consensus methods

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Context: Hypervitaminosis B12 is discussed far less frequently than vitamin B12 deficiency, despite being more common as well as clinically significant, remaining underdiagnosed and underestimated in routine practise. Its origin may arise from a broad spectrum of causes, ranging from benign excessive supplementation to serving as a marker of underlying pathology, including solid tumours, hematologic malignancies and hepatic or renal dysfunction. Despite these potential implications, most health centres lack standardized protocols for assessment and management of hypervitaminosis B12.

Methods: A 40-year-old female presented elevated levels of vitamin B12 (1299 pg/mL) in a routinary laboratory evaluation with her primary care physician. The patient reported no accompanying symptoms, including fatigue, neuropathic manifestations or cognitive changes. No significant past medical history was reported, including malignancy, toxic substances or alcohol consumption, smoking history, known liver/kidney disease or autoimmune disease. No supplements intake was reported. Known allergies: pyrazolones. Medication: atorvastatin, paracetamol. IUD wearer. Physical examination revealed no clinically significant findings. Laboratory studies revealed persistently elevated serum vitamin B12 (1407 pg/mL) when re-tested 8 weeks later. The diagnostic work-up revealed no abnormalities in the other laboratory parameters, with the complete blood count within normal limits, normal liver enzyme levels and preserved renal function. A recent CT scan a couple months prior showed no significant alterations, only a non-obstructive 3mm lithiasis in the right kidney was observed. Once all probable secondary causes were ruled out, the hypervitaminosis B12 was considered idiopathic. Further laboratory assessments can be carried out to monitor these persistently elevated B12 values.

Originality: Hypervitaminosis B12 is discussed far less frequently than vitamin B12 deficiency, despite being clinically significant, and remaining underdiagnosed and underestimated in routine practise.

Lessons learned and future implications: Primary care physicians are often the first to encounter abnormal vitamin B12 results. Recognizing elevated B12 levels as a potential marker of serious underlying pathology is essential.

Discussion: Persistently high levels of B12 warrant a comprehensive workup to rule out analytical interference and identify potentially occult diseases, particularly malignancies or organ dysfunction. A thorough evaluation can facilitate earlier detection and management, thereby improving patient outcomes.

Conclusion: Primary care providers play a pivotal role in the early recognition and evaluation of hypervitaminosis B12.

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ID 1498- Resident-Reported Barriers to Utilizing Lactation and Parental Leave Policies in a Family Medicine Residency Program

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Nzoz Im. L. Rydygiera, Olsztyn, Pologne

Context: In our work, we try to present the economic and organizational aspects of conducting rehabilitation within the structure of a rural primary health care clinic.

Methods: Based on own experience, conclusions and economic and administrative analysis of the functioning of a small rehabilitation unit at primary health care.

Originality: The rural clinic in Jonkowo was the first primary healthcare facility in Poland to introduce rehabilitation into its organizational structure 20 years ago. Our team has helped introduce similar innovations in several other rural centers, with varying degrees of success. We are happy to share our experiences.

Lessons learned and future implications: Presentation of the structure and organization of the physiotherapy workshop at primary health care and the economic basis of the project.

Discussion: Is rehabilitation at a family doctor's office necessary? What funding is needed? How should the team be organized?

Conclusion: Rehabilitation at rural primary healthcare facilities is highly recommended and necessary. External financial regulations do not always produce the expected results.People from rural areas have the same right to rehabilitation as city dwellers. This is due to simple economic reasons, such as the payment of similar health insurance premiums. Due to the specific nature of rural living, the risk of injury is greater, and living outside the city, with its numerous architectural barriers, requires greater physical fitness.

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ID 2222- Residents' perceptions of the on-call experience and of the supervision of their clinical reasoning skills in the paediatric emergency department : A qualitative study

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Context: After the outbreak of war in Ukraine, millions of refugees sought medical help and social support from our country. We obtained permission from the Ethics Committee to conduct sensitive research.

Methods: To gather information, we created a survey in Ukrainian for refugees—our patients. We analyzed the collected data.

Originality: No one had previously conducted such research based on a survey and individual patient perceptions.

Lessons learned and future implications: The aim of our study is to compare healthcare systems in Ukraine and Poland while also addressing social issues to better understand the needs and expectations of Ukrainian and others immigrants affected by the war.

Discussion: Can any instructive conclusions be drawn from comparing different healthcare systems?

Conclusion: The war in Ukraine is an aggressive conflict raging in Europe, claiming enormous casualties among the warring parties. From the very first days of fighting, our 2 small clinics has been actively involved in providing medical assistance to refugees from Ukraine. We hired

staff with language skills and provided information about treatment options at our facility. By November 2025, we had provided approximately 9,800 consultations. Helping war victims was and remains our primary value. We also asked patients dozens of questions. We included a small portion of the answers in our presented work.

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ID 1999- Resiliency in Care: A Family Medicine Case of Adult Autism Spectrum Disorder in a Rural Community

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Context: Statin monotherapy does not enable most patients with established atherosclerotic cardiovascular disease (ASCVD) to achieve the 2025 ESC lipid targets.1 Inclisiran is reimbursed for use in primary care in England for patients with ASCVD and an LDL-C ≥2.6mmol/l.2 Despite its strong evidence base, favourable safety profile, and national reimbursement scheme, reluctance to initiate inclisiran persists among some UK healthcare professionals (HCPs).

Objectives: To identify barriers to inclisiran use among UK HCPs

Methods: A cross-sectional lipid-based electronic survey was conducted between September and October 2025 on HCPs from the Primary Care Cardiovascular Society (UK) membership database. One of the questions explored barriers to using lipid-lowering therapies beyond statins.

Results: 69 HCPs responded to the questionnaire: 28 (41%) were GPs (including GPs with a special interest in CVD or trainee GPs), 20 pharmacists, 16 nurses, and 5 other HCP types. 3 HCPs used statins alone – 2 citing the local medical committee (LMC) as a barrier to prescribing other medicines. Of the 40 who didn't use inclisiran, several barriers were cited, including lack of outcome data (n=6, 15%), cost (n=7, 17.5%), unfamiliarity (n=12, 30%) and advice from the local medical committee (LMC, n=17, 43%).

Discussion: LMC advice, followed by unfamiliarity with inclisiran, appear to be the most influential barriers to its adoption in UK primary care.

Conclusion: Targeted education and peer support may increase clinician familiarity, confidence and uptake of inclisiran. Given the substantial impact of LMC guidance on prescribing behaviour, careful consideration by influential organisations must be taken to avoid unintentionally limiting patient access to guideline-directed lipid-lowering therapies.

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ID 441- Retrospective study of Cardiac Amyloidosis (AC), Red Flags, Cardiorenal syndrome [Chronic Kidney Disease (MRC)-Heart Failure (HF), and BUN/creatinine ratio (UCR).

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Context: The coding of Long Term Conditions (LTCs) in primary care electronic records is central to a robust registration, recall and review system. In addition, failure to flag important diagnoses can lead to a coding inequality gap and potential harm due to a) failure to recall and optimise individuals b) failure to communicate patients' diagnoses in correspondence c) prescription of medicines that may cause potential harm. It is known that there is a coding deficit in a number of LTCs including hypertension and atrial fibrillation.(1)

Objectives: It was hypothesised that there was a significant under-coding in heart failure (HF) across GP systems. This programme aimed to review healthcare records with a view to understanding the quantum of the coding deficit and ultimately make recommendations to avoid coding deficits in the future.

Methods: A programme of work, named "Excellence in Heart Failure", was initiated with an Academic Health Science Network (AHSN, now called Health Innovation Network), and one of the southern counties in England. The project was underpinned by several strands

including a desktop review and clinical coding in hitherto un-coded patients with HF, and face to face optimisation of select patients with guideline directed therapies. Patients with potential HF were identified from electronic record searches on specific drug therapies and/or echocardiogram reports.

Results: The project ran for a year (2020/21).152 patients were added to the HF register (increasing the HF prevalence by 15%). 319 patients had specific code adjustments with the addition of a HFrEF (LVSD at the time of the project) code leading to more accurate care records. 151 patients received medication optimisation changes.

Discussion: A significant number of individuals with HF did not have a problem code in their primary care electronic record. This may have potentially lead to patients being lost to follow-up or sub-optimally treated.

Conclusion: Desktop reviews can identify individuals with HF who are otherwise uncoded and potentially undertreated. Under-coding can lead to an inequality gap and risk patients being lost to follow-up. It is essential that disease registers are maintained to deliver robust recall and review systems, and to reduce risk to patients.

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ID 2161- Review the data, guides and programs of Acute Rheumatic Fever in New Zealand and the role of rural General Practitioners.

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Context: Junior doctors and experienced clinicians are often interested in getting involved with research but feel intimidated due to the perceived barriers, such as a lack of experience, ethical approval, and a huge amount of time required. However, several research designs, such as letter to the editor (LTE), anonymised case reports, and commentary pieces, do not require ethics approval and can be accessible entry points for inexperienced researchers.

Objectives: - To identify study designs that do not require ethical approval or large clinical data. - To understand the format and writing structure for these study designs. - To identify suitable journals and understand the publication process.

Teaching method and workshop: Method: Interactive mini-lecture with group discussion. Workshop schedule: - Ice breaker activity: establishing participants' experience of conducting research (10 mins). - Interactive lecture on suitable study designs (30 mins). - Group activity: ident

Expected outcomes: - Understanding of study designs that do not require ethical approval and can be completed with less time commitment. - Gaining confidence and motivation to start working on a research topic. - Identification of a practical research topic or design to sui

Conclusion: This workshop will provide a friendly and structured introduction to research for busy clinicians, junior doctors, medical students, and anyone looking to get started with research. It will help participants gain confidence in their ability to write a scientific paper and contribute to research.

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ID 132- Reviving Ancient Ayurvedic Procedures for Modern Pain Management: Clinical Reflections on Agnikarma(therapeutic cauterization) and Viddhakarma(controlled micro-needling)

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Context: Point-of-Care Ultrasound (POCUS) is reshaping family medicine, enabling rapid

bedside diagnosis for cardiovascular, respiratory, abdominal, and musculoskeletal conditions. Building on the successful Pilot Leonardo 3 EURACT project, supported by WONCA Europe and WESIG POCUS, this workshop adapts the ABC Clinical Ultrasound curriculum for a pan-European audience. The initiative was experimented with in a pilot project that has already engaged over 110 expert trainers, who have conducted 4 European workshops with more than 250 participants, demonstrating feasibility and high interest across multiple countries. The program combines evidence-based theoretical training with hands-on practice, fostering standardized, competency-based POCUS education across diverse primary care settings.

Objectives: Learning objectives: Showcase the ABC Clinical Ultrasound curriculum and its European adaptation. Demonstrate practical POCUS applications in everyday family practice with Real Time Demonstration. Explore strategies for building sustainable trainer networks across Europe. Facilitate interactive discussion and shared learning among participants.

Teaching method and workshop: ▶Teaching methods: Interactive presentation of the curriculum and its European implementation Case-based discussions illustrating real-world POCUS use Video demonstrations and practical tips for hands-on skill development Group brainstorming on scaling PO

Expected outcomes: Participants gain actionable strategies for integrating POCUS into primary care. Standardized curriculum and trainer network approaches are shared to support sustainable skill dissemination. Enhanced collaboration across European WESIG POCUS members, prom

Conclusion: This workshop equips family physicians and trainers with practical tools, hands-on techniques, and a networked European framework for POCUS implementation. By combining curriculum innovation, case-based learning, and collaborative discussion, participants will be empowered to improve patient care, strengthen primary care diagnostics, and contribute to a continent-wide culture of evidence-based ultrasound education.

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ID 949- Rheumatoid Arthritis Follow-Up in Primary Care: Identifying Potential Barriers to Reduce Morbidity

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Context: Touch is a sense that is omnipresent in healthcare relationships and can be difficult to understand. The intimate nature of this contact requires a thoughtful approach and could benefit from specific training. Dance, with its defined framework and sensitive approach to the body, could serve as a space for exploring touch.

Objectives: Explore the experience of touch among general practitioners who practice dance.

Methods: Interpretative phenomenological qualitative study. Semi-structured individual interviews were conducted with general practitioners who practice dance. The analysis allowed superordinate themes to emerge after triangulation.

Results: The nine interviews revealed that touch, marked by an evolving relationship with consent, whilst on the one hand made the care relationship more empathetic, was also not easy to approach for participants. Thus, dance allowed them to explore the intention behind touch, improve their empathy, and add complexity and nuance to the experience of touch by modulating the semantics surrounding it. The absence of critical reflection when training to become a doctor made it difficult to become aware of one's actions. The development of critical thinking was linked to chance encounters and could be encouraged by research work.

Discussion: The practice of dance could serve as a place to explore this relationship with touch through a process of modulation that nuances the experience of touch by introducing new imaginaries. The compartmentalisation of

professional and private life makes it difficult for general practitioners to transpose any experiences between these two worlds. One explanation for this phenomenon could be the loss of cross-disciplinary skills among doctors, linked to the rise of scientific medicine, which has led to over-specialisation among healthcare professionals.

Conclusion: The experience of touch is constantly evolving throughout a caregiver's career, leaving neither the person touched nor the toucher indifferent. Its perception is marked by current societal changes, prompting doctors to take the patient's experience into account. Dance could serve as a place to explore this relationship to touch. To encourage doctors and medical student to question their relation to touch, the development of research and the introduction of collectively guided reflection time on the possible exchanges between dance and touch could be useful levers.

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ID 320- Rhinitis Right Care: improving diagnosis and management in primary care.

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Context: Hemorrhagic stroke commonly presents with acute focal neurological deficits, but atypical or subtle manifestations may delay diagnosis.

Methods: An 80-year-old man with a history of coronary artery bypass graft, chronic liver disease, hypertension, type 2 diabetes and dyslipidemia, presented with an eight-day history of exertional low back pain and numbness in the left leg. He denied other symptoms. Physical and neurological examination were unremarkable except for mild left lower limb sensory deficit (tactile and vibratory). The clinical presentation led the physician to request cranial and lumbar CT and schedule a re-evaluation one week later. The patient was admitted to the emergency room two days later, after referral by the radiologist who reviewed the cranial CT. It revealed a recent right lenticulocapsular and insular hemorrhage with mild perilesional edema, without ventricular rupture or midline shift. He was admitted for monitoring and secondary prevention, with initiation of physiotherapy and outpatient neurorehabilitation. The patient remained neurologically stable, with persistent mild hypoesthesia but no new deficits at discharge after three days. Three weeks later, he was re-evaluated by the family physician. Family support was assessed and fall-prevention strategies were reinforced alongside other preventive measures, including strict blood pressure control and continuation of motor and cognitive rehabilitation.

Originality: This case highlights the importance of maintaining a high index of suspicion for cerebrovascular events, particularly in elderly patients with subtle neurological symptoms, although the acute phase of such pathologies is less expected in primary care. This case also emphasizes the longitudinal role of the family physician in diagnosis, monitoring, and rehabilitation coordination.

Lessons learned and future implications: Family physicians play a crucial role in ongoing care, integrating medical, functional, and psychosocial interventions, reinforcing preventive strategies, and supporting rehabilitation. Future practice should maintain vigilance for subtle neurological deficits and strengthen multidisciplinary follow-up pathways.

Discussion: This case demonstrates that subtle neurological symptoms in elderly patients may indicate acute cerebrovascular pathology. Primary care physicians are pivotal in ensuring timely diagnosis and orchestrating comprehensive long-term care.

Conclusion: Longitudinal involvement of the family physician—from initial suspicion to post-acute rehabilitation—is essential for accurate differential diagnosis and person-centered care, enhancing recovery and autonomy in elderly patients.

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ID 241- Right Retrobulbar Optic Neuritis in a 52-Year-Old Woman Living With HIV: Diagnostic Challenges and Early Therapeutic Response

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Context: Female obesity is a growing public health concern worldwide, including in XXX , and represents a major contributor to infertility. Its impact on ovulatory function, hormonal balance, and assisted reproductive technology (ART) outcomes is well established. Given the central role of primary care in early infertility evaluation, lifestyle counselling, and obesity management, synthesizing existing evidence is essential for guiding clinical practice.

Objectives: To synthesize XXX and international evidence on the impact of female obesity on fertility and to identify effective interventions that improve reproductive outcomes.

Methods: A narrative review was conducted following a structured search strategy. Literature published between 2010 and 2025 was identified through PubMed, Google Scholar, and EM-Consulte. Eligible sources included observational studies, systematic reviews, meta-analyses, and professional society guidelines. Studies focusing on XXX populations were specifically highlighted. Inclusion criteria were adult women with obesity and outcomes related to ovulation, polycystic ovary syndrome (PCOS), or ART success. Exclusion criteria included male-factor infertility and studies lacking reproductive outcomes. Data were synthesized narratively according to themes : ovulatory function, PCOS prevalence, and ART outcomes.

Results: Across international evidence, obesity is consistently associated with ovulatory disorders, increased prevalence of PCOS, and reduced success rates of ART procedures such as in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI). Lifestyle interventions—particularly moderate weight loss and regular physical activity—improve ovulatory function and pregnancy rates. XXX studies similarly report a high prevalence of obesity among infertile women, frequently associated with PCOS and chronic anovulation.

Discussion: The findings highlight the multifactorial impact of obesity on female fertility and reinforce the need to address both metabolic and reproductive aspects in clinical care. In XXX , where obesity prevalence among women is high, integrating culturally adapted lifestyle interventions into primary care could significantly improve reproductive outcomes.

Conclusion: Female obesity remains a significant contributor to infertility. Strengthening multidisciplinary management—including lifestyle-focused primary care interventions—and improving coordination with reproductive specialists are crucial for optimizing fertility outcomes. Future research should evaluate the effectiveness of locally adapted interventions and their impact on long-term ART success.

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ID 277- Risk Factors and Frequency of Vitamin B12 Deficiency among Patients Visiting Primary Care Clinics in Karachi, Pakistan

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Context: Complications of community-acquired pneumonia (CAP) such as empyema are uncommon but carry high morbidity in older adults,particularly those with frailty,prior airway surgery,and cognitive impairment.Primary care often faces the challenge of differentiating mild infections from early signs of severe disease.This case reflects how subtle clinical changes detected in primary care can lead to early referral and appropriate escalation of diagnostic imaging and multidisciplinary assessment.

Methods: A 79-year-old man,laryngectomized for epidermoid carcinoma,with hypothyroidism,dyslipidemia,esophageal

stenosis,prior cholecystectomy complicated by abscess,and mixed dementia,presented in primary care with 5 days of increasing tracheal secretions,fatigue,and functional decline.Examination revealed mild tachypnea,right basal hypoventilation,and disorientation.A portable chest X-ray demonstrated a right pleural effusion,prompting urgent referral to hospital.POCUS showed a 30 mm anechoic pleural collection with internal debris and compression of adjacent parenchyma. Laboratory tests suggested inflammatory activation.CT of the thorax revealed right lower lobe consolidation with air bronchogram, a pleural hydroaerial level compatible with empyema,and bilateral emphysema with areas of ground-glass opacity.Bronchoscopy-guided thoracic ultrasound confirmed a cavitated lesion, and thoracentesis yielded scant serohematic fluid.Due to the small loculated chamber and the patient's frailty, immediate drainage was deferred.

Originality: This case is notable for the combination of a cavitated empyema in a laryngectomized,cognitively impaired older adult,initially presenting with nonspecific symptoms easily attributed to baseline status.It highlights how POCUS in primary care and early imaging escalation can change the diagnostic trajectory.Similar reports in the literature usually describe clearer infectious presentations,whereas in this case deterioration was subtle and identified only through attentive longitudinal assessment.

Lessons learned and future implications: Primary care is essential in detecting early respiratory decline,especially in frail patients with altered baseline examinations.Diagnostic coordination between primary and hospital care,including the increasing use of bedside ultrasound,may prevent delays and reduce complications.

Discussion: The case underscores the complexity of decision-making regarding drainage in empyema when frailty and procedural risk complicate management.Multidisciplinary evaluation allowed individualized care while avoiding unnecessary interventions.For family physicians,the case reinforces the importance of functional change,caregiver reports,and maintaining high suspicion in vulnerable populations.

Conclusion: Early identification of deterioration in primary care and coordinated escalation of diagnostic testing enabled timely recognition of a cavitated empyema,improving patient safety and demonstrating the fundamental role of primary care in managing complex respiratory infections.

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ID 1549- Rôle de l'hémoglobine glyquée (HbA1c) dans la prédiction du risque cardiovasculaire chez les patients diabétiques de type 2 : étude descriptive à visée analytique

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Context: As GPs (general physicians) we often criticize our patients about their diet, body weight, and lifestyle. But do we follow our own advice?

Objectives: We aimed to determine the overall health of GPs in Southeast Europe and assess their adherence to medical advice they give.

Methods: We conducted an anonymous online survey among our colleagues in Serbia and the surrounding region from July 15 to July 31, 2024. The study was quantitative, and we utilized descriptive statistics to analyze the data.

Results: We received 788 responses, with 82.6% of the respondents being women and almost 60% of the participants falling into the 41-60 age range. For their mental wellbeing, most GPs often turn to their families (85.3%) and hobbies (67.1%). The majority consider their diet moderately healthy (73.2%), with 14.8% considering it very healthy. A normal BMI (18.5-24.9 kg/m2) is found in 54.5% of the participants. Over 50% of the respondents do not exercise at all or merely once a week.

Additionally, almost 80% do not consume alcohol or smoke cigarettes. The majority of the participants (76%) are married or living with their partner. More than half of the respondents are willing to accept lower pay if it means achieving better work-life balance.

Discussion: In a similar research conducted in the USA 2024, family physicians indicated that they primarily relied on their families for maintaining mental health balance (80%). A significant percentage turned to exercise (66%) and therapists (10%). Similarly to our research, 53% of the participants aimed to reduce their current body weight. The percentage of those who do not exercise was lower (30%) than in our research. A study conducted in the USA and Canada in 2009 revealed that family physicians who lead healthy lifestyles are more likely to influence their patients to change their bad habits, serving as better role models. Patients view general practitioners who discuss their own habits as more credible and motivating.

Conclusion: GPs have different habits related to healthy lifestyles. Their personal experience and example may be helpful to patients in adopting healthy lifestyles and thus preventing the onset of chronic diseases.

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ID 1502- Role of Emotional Intelligence & Leadership Skills in General Practice

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Context: Inclusive medical education is essential for attracting, supporting, and retaining diverse trainees, thereby reinforcing sustainable and patient-centered healthcare systems. Evidence shows that patients feel better understood and adhere more effectively to treatment when physicians recognize social, cultural, and personal dimensions of care. Such awareness fosters trust, enhances self-management, and improves efficiency and quality across healthcare delivery. Nevertheless, trainees from underrepresented backgrounds in Dutch GP-specialty training continue to encounter inequitable learning opportunities, limiting individual development and the healthcare system's ability to deliver equitable, future-ready care. In response, Amsterdam UMC GP-specialty training institute has developed and piloted research-informed interventions for inclusive medical education, now being scaled nationally with support from two Diversity, Equity, and Inclusion (DEI) Coordinators. Embedding DEI-leadership within training programs empowers educators as drivers of structural change, linking inclusive learning environments to sustainable, high-quality care—a pioneering development within European medical education.

Objectives: This workshop invites GPs, GP-trainees, GP-educators and mentors, and GP-educational developers to explore evidence-informed approaches to strengthening inclusive education, share practical experiences in addressing leaky pipelines through which GP workforces lose essential diverse talent, and build networks that support ongoing (inter)national collaboration. Participants will recognize challenges and opportunities in inclusive medical education, gain insight into initiatives that promote diversity, equity, and inclusion, acquire practical tools and visual frameworks connecting inclusive learning to future-ready care, and establish a collaborative network for continued innovation.

Teaching method and workshop: The workshop offers interactive, collaborative learning strategies, including visual mapping, dialogue-based reflection, peer-to-peer exchange, and structured networking. 0–5 min: Introduction to theoretical frameworks, objectives, and relevance for heal

Expected outcomes: Participants will gain enhanced insight and practical tools for promoting inclusive GP-specialty training, along with international networks for continued exchange.

Conclusion: By integrating research, exchange, and networking, this workshop advances inclusive GP-specialty training and thereby, contributes to a sustainable, diverse, and future-ready GP workforce.

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ID 228- Screening for violence and access to health care: study of experiences of violence and attendance at general medical appointments

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Context: Multiprofessional collaboration within Family Health Units (FHU) is essential for the early identification of postoperative complications. Cerebrospinal fluid (CSF) fistula is an important postoperative complication after lumbar spine surgery due to the risk of rapid progression to central nervous system infection (CNS).

Methods: We report a 50-year-old male patient, previously submitted to two L5–S1 discectomy and decompression. Due to recurrence of the disc herniation with poorly controlled lumbosciatic pain, he underwent new surgery in 2025. One week postoperatively, the patient attended the nursing consultation for wound care at the FHU. He reported severe orthostatic headaches with cervical irradiation, experiencing a syncopal episode while entering the office. The nurse conducted an initial assessment and promptly requested evaluation by a Family Medicine physician. Based on clinical assessment, a CSF fistula was suspected, prompting urgent referral to the Emergency Department. The diagnosis was confirmed, and the patient required two reoperations. His six weeks stay was complicated by CNS infection, L5–S1 motor and sensory deficit, urinary retention and neurogenic constipation. The patient currently presents residual L5–S1 right-sided hypoesthesia and neurogenic bladder dysfunction managed with scheduled intermittent catheterization, while continuing physiotherapy.

Originality: Although CSF fistula following lumbar surgery is well described, early recognition in primary care settings is rarely reported. This case differs from existing literature by highlighting the decisive role of FHU-based multiprofessional teamwork in identifying a complication that is typically diagnosed in hospital contexts.

Lessons learned and future implications: This case underscores the need for high clinical suspicion when evaluating recent postoperative patients presenting with nonspecific symptoms. It also reinforces the importance of structured communication pathways within FHUs, which may be further optimized to accelerate decision-making and referral.

Discussion: Early recognition of this potentially severe condition was facilitated by effective communication and collaboration between nursing and medical staff. The case demonstrates how coordinated primary care follow-up contributes to patient safety in the postoperative period.

Conclusion: Close collaboration between nurses and physicians in the FHU was pivotal for early diagnosis of a CSF fistula. The case emphasizes that, although Family Medicine may appear as an individual practice, that high-quality, safe care in Family Medicine depends on cohesive multiprofessional teamwork.

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ID 1263- Screening Models in Primary Care for Marginalised Groups

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Context: A 71-year-old woman with a history of obscure gastrointestinal bleeding developed sudden epigastric pain followed by multiple episodes of coffee-ground vomiting, hematochezia, and a syncopal episode at home. Prehospital emergency services found her pale and hypotensive (85/55 mmHg) and initiated early management with IV access, crystalloid infusion and intravenous omeprazole, achieving initial hemodynamic stabilization. The rapid identification of a probable mid-gut hemorrhage and timely prehospital treatment allowed safe transfer for further evaluation.

Methods: Clinical data were collected through direct prehospital assessment, emergency department evaluation, and review of electronic medical records. Hemodynamic parameters, laboratory values, and imaging findings were analyzed to characterize the severity and progression of the gastrointestinal bleeding. Management followed local emergency protocols for hemorrhagic shock and gastrointestinal bleeding, integrating prehospital stabilization, early pharmacologic therapy, and multidisciplinary communication.

Originality: This case is original because it highlights the crucial role of primary care and prehospital emergency teams in identifying and stabilizing an uncommon but severe mid-gut arterial bleed. The rapid recognition of hemodynamic compromise at home, combined with early activation of diagnostic pathways and coordination with referral centers in a rural setting lacking interventional Radiology.

Lessons learned and future implications: Mid-gut bleeding is an infrequent but potentially life-threatening cause of acute gastrointestinal hemorrhage. Early recognition in primary and prehospital care is crucial to avoid delays in diagnosis and transfer to specialized centers, particularly in settings without local interventional radiology.

Discussion: This case highlights the diagnostic challenge of mid-gut bleeding and the essential role of prehospital evaluation in hemodynamic stabilization and early suspicion of distal small-bowel hemorrhage. Rapid collaboration among primary care emergency teams, radiology, gastroenterology, and intensive care enabled timely transfer despite the absence of on-site interventional radiology.

Conclusion: Early recognition and coordinated management of active mid-gut bleeding in the prehospital and emergency setting can significantly reduce delays to definitive care and improve patient outcomes, particularly in rural or resource-limited areas.

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ID 1134- Seeing the Unseen - Intellectual Disability in Primary Care: How to Recognize, Report, and Respond

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Context: Abnormal uterine bleeding (AUB) is a common gynecological complaint in primary care and significantly affects women's quality of life. Its heterogeneous etiologies make initial assessment challenging, and appropriate early evaluation is crucial for guiding management and referral decisions. Developing a clear, evidence-based protocol can support clinicians in standardizing initial care.

Objectives: To develop an evidence-based protocol for the initial assessment and management of AUB in non-pregnant women in the primary care setting.

Methods: A narrative review was conducted using UpToDate, narrative and systematic reviews, clinical practice guidelines, and consensus statements published by recognized professional organizations in the last ten years. Sources addressing the evaluation and management of AUB in non-pregnant women were included. Literature focusing exclusively on pregnant patients or highly specialized interventions was excluded. Findings were synthesized to construct a practical and clinically applicable protocol. The synthesis emphasized diagnostic sequence, red-flag identification, and use of the FIGO PALM-COEIN classification system.

Results: The review supports a structured, stepwise approach to AUB in primary care. Initial evaluation requires assessment of hemodynamic stability, promptly identifying acute cases requiring urgent intervention. In stable patients, pregnancy must be excluded using a pregnancy test. A positive result warrants referral to obstetrics. If pregnancy is excluded, clinical assessment should proceed with a detailed history, focused physical examination, and targeted diagnostic testing guided by clinical suspicion. The PALM-COEIN framework provides a standardized method to categorize structural (PALM) and non-structural

(COEIN) causes. Management options vary according to etiology, ranging from watchful waiting and medical therapy to referral for gynecological evaluation when specialized investigation or treatment is required.

Discussion: The findings highlight the importance of a systematic, evidence-based approach in primary care to improve diagnostic accuracy, avoid unnecessary delays, and ensure appropriate use of specialist services. Incorporating standardized classification tools such as PALM-COEIN enhances consistency in assessment and communication across care levels.

Conclusion: The proposed protocol offers a clear, evidence-informed pathway for the initial evaluation of AUB in non-pregnant women in primary care, supporting timely diagnosis and appropriate referral. Its implementation may improve clinical decision-making and patient outcomes and provides a foundation for future research on protocol effectiveness in real-world practice.

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ID 2090- Seeing what was already there: A reflection on chronic pain, context, and clinical integration

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Context: Benign Prostatic Hyperplasia (BPH) is a primary cause of Lower Urinary Tract Symptoms (LUTS), adversely affecting the quality of life in elderly men. While patients with Metabolic Syndrome (MetS) frequently present with LUTS, evidence regarding the association between MetS and LUTS remains unclear.

Objectives: To analyze the association of MetS with the severity of LUTS and Quality of Life (QoL) in male patients with chronic diseases.

Methods: This prospective observational cross-sectional study was conducted at the Primary Care Unit of Sawanpracharak Hospital in 2025. The study population consisted of males aged 50 years and older who attended the Non-Communicable Disease (NCD) clinic with complete metabolic profiles. LUTS data were collected using the International Prostate Symptom Score (IPSS). The association between MetS and LUTS was analyzed using multivariable ordinal logistic regression.

Results: A total of 91 male patients were included: 58 with MetS and 32 without. In the MetS group, 34.5% exhibited moderate and 5.2% severe symptoms. No significant association was found between MetS and LUTS severity (Adjusted OR = 1.28; 95% CI: 0.34 – 4.84) or urinary-related QoL (Adjusted OR = 1.47; 95% CI: 0.46 – 4.69). However, within the MetS group, patients with moderate symptoms showed a significant association with dissatisfaction in QoL (Adjusted OR = 6.44; 95% CI: 1.35 – 30.68; p = 0.019).

Discussion: Although MetS is not directly associated with LUTS severity, its presence significantly impacts QoL in patients with moderate symptoms, suggesting that patients with metabolic comorbidities may possess a lower tolerance for urinary tract abnormalities compared to the general population.

Conclusion: Metabolic Syndrome is not associated with LUTS severity but significantly impacts QoL in patients presenting with moderate symptoms or higher. Consequently, NCD care in primary care settings should incorporate LUTS assessment to ensure holistic management and improved quality of life for patients. Keywords: Metabolic syndrome, Benign Prostatic Hyperplasia, Lower Urinary Tract Symptoms

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ID 1336- Self-care, wellbeing... slogans or necessity?

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Context: Osteoarthritis affects 65% of the French population over the age of 65. Osteoarthritis is a painful condition and results

in reduced physical function and quality of life, and increased risk of all cause mortality

Objectives: This study evaluates the efficacy of oral codeine, with or without paracetamol and/or NSAIDs, in the treatment of arthritic pain.

Methods: Included studies assessed codeine efficacy for arthritic pain in adults at all stages, excluding spinal pain. Risk of bias was analyzed using the RoB2 method. The primary outcome was pain reduction. Meta-analyses were conducted with Revman 5.4.1, and evidence levels were assessed using REB and GRADE methods.

Results: Six RCTs, with one showing low risk of bias, were included, enrolling 621 patients. The meta-analysis showed evidence of a beneficial effect of codein on arthrosis (SMD = -0.64 [-1.11; -0.17]) over 32 hours to 4 weeks. However, REB and GRADE methods concluded "lack of evidence" and "very low evidence," respectively. Secondary analyses showed limited efficacy for codeine combined with paracetamol or ibuprofen. Codeine's efficacy over 32 hours was classified as a signal requiring confirmation

Discussion: There is no strong evidence to support codeine's use for peripheral osteoarthritis pain beyond 32 hours of treatment. Secondary analyses didn't find efficacy for combinations with paracetamol or ibuprofen. Adverse effects further weaken the benefit-risk ratio. This review underscores the need for robust RCTs to evaluate codeine's role in osteoarthritis management This is the first systematic evaluation of the efficacy of codeine in the treatment of osteoarthritis. More high-quality studies with minimal bias are needed to strengthen and refine current evidence.

Conclusion: Prescribing codeine is not recommended for osteoarthritis according to current scientific knowledge.

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ID 1858- Seminoma. Case report

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Context: Type 1 diabetes mellitus (T1DM) typically appears during childhood or adolescence, yet autoimmune diabetes in adults is increasingly recognized. Its presentation may be subtle and overlap clinically with type 2 diabetes, creating diagnostic uncertainty in primary care. Early identification of autoimmune etiology is crucial to avoid delays in insulin initiation and prevent metabolic decompensation. This case illustrates the role of primary care in recognizing atypical presentations and guiding timely referral.

Methods: A 30-year-old man with no significant past medical history attended a routine occupational medical examination where an incidental hyperglycemia (334 mg/dL) was detected. He reported several weeks of dry mouth and polydipsia, without polyphagia, weight loss or polyuria. He denied alcohol or tobacco use and had a family history of diabetes in a paternal uncle. He presented to the emergency department, where capillary glucose was elevated and simple ketosis was confirmed. Insulin therapy with Lantus 12 units nightly was initiated, achieving metabolic stabilization. Physical examination revealed a BMI of 26.5 kg/m², normal vital signs, appropriate hydration, and no signs of infection or acute illness. Laboratory tests showed normal renal function and electrolytes. Autoimmune markers performed subsequently demonstrated positivity for anti-GAD antibodies, confirming the autoimmune origin. During follow-up, the patient required basal-bolus therapy with rapid-acting insulin titrated to 3–4–4 units per meals. HbA1c at three months was 6.0%, with fewer than one weekly hypoglycemia episode. Education on carbohydrate counting and self-adjustment of insulin doses was provided.

Originality: Adult-onset autoimmune diabetes remains underdiagnosed and is often mistaken for type 2 diabetes, delaying appropriate treatment. This case highlights an atypical presentation without ketoacidosis or significant symptoms despite severe hyperglycemia.

Lessons learned and future implications: Incidental hyperglycemia, even in asymptomatic adults, requires structured evaluation including autoimmune markers. Early insulin therapy prevents progression to ketoacidosis and reduces long-term complications

Discussion: Family physicians often encounter ambiguous hyperglycemia. Understanding latent autoimmune diabetes in adults facilitates earlier referral, personalized treatment and prevention of misclassification.

Conclusion: Adult-onset T1DM should be considered in lean, asymptomatic adults presenting with unexplained hyperglycemia. Comprehensive assessment and coordinated care between primary and specialized services optimize outcomes.

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ID 617- Septic Shock Secondary to Acute Cholecystitis Managed with Percutaneous Cholecystostomy: A Case Report

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Context: Superior mesenteric artery syndrome (SMAS) is a rare cause of duodenal obstruction resulting from narrowing of the aortomesenteric angle.Its symptoms are non-specific and often overlap with functional gastrointestinal disorders frequently assessed in primary care.Because progressive weight loss may aggravate the anatomical compression,SMAS can lead to a self-perpetuating cycle of malnutrition.This case illustrates the essential role of primary care in recognizing warning signs,coordinating investigations,and supporting long-term management.

Methods: A 38-year-old woman was referred for nutritional evaluation due to progressive weight loss over one year. Her habitual weight was 54 kg; recent measurements showed 47.6 kg and BMI 16.8 kg/m².She reported early satiety, postprandial abdominal discomfort,and subjective muscle loss,with no vomiting or alarming gastrointestinal symptoms.Physical examination revealed reduced muscle mass,minimal physical activity,and stable vital signs.Laboratory studies showed no evidence of malabsorption or inflammatory disease.Duodenal biopsies demonstrated preserved villous architecture, excluding celiac disease.A contrast-enhanced CT scan revealed gastric dilation with a markedly reduced aortomesenteric distance (4 mm) and an aortomesenteric angle of 12°, consistent with SMAS.Additional findings included dilation of the left ovarian vein and periuterine varicosities,suggestive of pelvic congestion syndrome. Other abdominal organs were unremarkable.The patient was diagnosed with severe malnutrition secondary to SMAS.Nutritional therapy was initiated with high-calorie oral supplements and small frequent meals. Vascular surgery evaluated potential interventions, including stenting of the superior mesenteric artery or alternative endovascular options.Follow-up assessments monitored weight,symptom progression,and functional status.

Originality: SMAS is uncommon, particularly in young adults without prior surgical history. Its overlap with benign gastrointestinal complaints often leads to delayed recognition.The coexistence of venous pelvic congestion added further complexity to the diagnostic process.

Lessons learned and future implications: Persistent weight loss and early satiety should prompt early imaging when initial evaluations are inconclusive.Primary care plays a pivotal role in detecting nutritional decline, coordinating multidisciplinary communication,and ensuring timely referral.

Discussion: This case highlights the importance of continuity in family medicine for monitoring subtle but progressive symptoms.Early identification of SMAS may prevent severe malnutrition and reduce the need for invasive interventions.

Conclusion: SMAS should be considered in patients with unexplained weight loss and postprandial discomfort. Timely diagnosis and

coordinated care are essential to improve outcomes and restore nutritional status.

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ID 1870- Serendipity in Medicine: Cultivating Curiosity for Unexpected Discoveries in General Practice

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Context: Ulceronecrotic tonsillitis is an uncommon and potentially severe form of acute tonsillar infection. Its presentation may raise concern for deep neck infections or hematologic disorders, making early recognition and adequate follow-up essential. This case highlights the role of primary care in initial assessment, risk stratification, and coordination with specialized services to prevent complications.

Methods: A young adult presented to primary care with a three-day history of odynophagia unresponsive to oral amoxicillin initiated at home. She reported dysphagia but no dyspnea, fever, or systemic symptoms. Her medical history was unremarkable except for a previous episode of tonsillitis. Examination revealed hypertrophic tonsils with ulceronecrotic appearance, more pronounced on the left side, without uvular deviation or signs of peritonsillar abscess. Cervical lymphadenopathy was present but non-fluctuant.The patient was clinically stable and afebrile.Given the atypical findings, she was referred to otorhinolaryngology for urgent evaluation.During hospital observation, she remained hemodynamically stable and tolerated oral intake. Repeat examination showed bilateral pharyngeal improvement and reduction of ulceronecrotic plaques. Analytical tests demonstrated leukocytosis and decreasing C-reactive protein (from 175 mg/L to 53 mg/L). No signs of airway compromise or deep neck infection emerged. She was discharged with amoxicillin-clavulanic acid every eight hours for seven days, a tapering course of oral prednisone, and paracetamol as needed. She was advised to return to emergency care if fever, worsening dysphagia, respiratory difficulty, or cervical swelling appeared. Follow-up with ENT was arranged for six to eight weeks.

Originality: Ulceronecrotic tonsillitis is rarely encountered in routine primary care.Its presentation mimics more serious conditions such as Lemierre's syndrome,agranulocytosis, or necrotizing infections, underscoring the need for accurate early evaluation.

Lessons learned and future implications: This case reinforces the importance of identifying red-flag symptoms and recognizing atypical patterns of tonsillitis.Clear communication and expedited referral pathways allow efficient exclusion of severe causes and avoid unnecessary antibiotic escalation.

Discussion: From a primary care perspective,this case illustrates the value of comprehensive examination, safety-netting, and shared management with ENT specialists.Early referral prevented diagnostic uncertainty and ensured appropriate monitoring until clinical resolution.

Conclusion: Ulceronecrotic tonsillitis, though rare, should be considered in patients with persistent odynophagia and atypical tonsillar findings.Timely evaluation and coordinated care enable safe outpatient management and prevent complications.

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ID 547- Severe acute headache with neurological impairment in a young adult: a Primary Care challenge

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Context: Universal Health Coverage is central to ensuring equitable access to healthcare without financial hardship. Despite regional progress, Southeast Asian countries show disparities in UHC performance due to varying economic capacities and health system readiness. This study aimed to assess the Philippines' UHC status relative to its Southeast

Asian neighbors; and analyzing their relationships with economic indicators.

Objectives: To evaluate UHC in the Philippines and other Southeast Asian nations - To compare UHCSCI scores in the Philippines and other Southeast Asian nations - To assess the economic status and examine it alongside UHCSCI scores

Methods: This cross-sectional ecological study utilized WHO and World Bank data from eleven Southeast Asian countries. Descriptive and correlational analyses examined patterns between UHCSCI scores and economic parameters.

Results: Among UHCSCI scores, the Philippines fell within a middle-tier performance among other countries, performing excellently in antenatal care but lagging in multiple sub-indices. The GDP PPP per capita showed logarithmic relationships with UHCSCI, suggesting diminishing returns in UHC beyond US$20,000. Conversely, health expenditure showed an inverse relationship with UHCSCI, suggesting efficiency, not total spending, drives better outcomes.

Discussion: Performance varied across Southeast Asia, with the Philippines' UHCSCI score falling midrange of regional performance. Areas of improvement include disease management, and having adequate health workforce. Analyses implied that economic growth contributes to better health coverage up to a certain threshold. Data also highlights that higher spending alone does not guarantee better outcomes, showing inverse relationship between health expenditure and UHCSCI. Instead, high-income countries demonstrated that efficient governance, resource distribution, and primary care systems drive improvements in service coverage, underscoring need for efficiency, accountability, and performance-based allocation.

Conclusion: For the Philippines, these patterns emphasize the need to strengthen its healthcare system's foundations. Lessons from high-performing countries suggest that integrating preventive care and having locally applicable interventions can improve efficiency and accessibility. Furthermore, UHC advancement requires intersectoral collaboration, recognizing that health is influenced by various determinants. Aligning fiscal and health policies through coordination with different departments can ensure that investments translate into measurable outcomes. Ultimately, sustained progress toward UHC in the Philippines depends not only on funding but also on strategic, data-driven governance and regional cooperation.

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ID 791- Severe Falciparum Malaria in a Returning Traveler: A Primary Care Reminder of Travel History and Red Flags

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Context: Primary care plays a critical role in antimicrobial stewardship (AMS), as most antibiotics are prescribed in this setting. Challenges to optimal use of antibiotics, such as diagnostic uncertainty, time constraints, and patient expectations, persist. Behavioural science can help identify the underlying factors driving behaviours (e.g., prescribing antibiotics) and guide the development and implementation of targeted, sustainable interventions.

Objectives: By the end of this workshop, participants will be able to: 1. Describe the context and challenges of AMS in primary care 2. Summarise evidence-based AMS interventions shown to improve prescribing in primary care 3. Understand the key principles of using a behavioural science approach to design/implement evidence-informed AMS interventions tailored to primary care

Teaching method and workshop: The workshop will combine short presentations with interactive, practice-focused activities. Brief lectures will introduce key AMS and behaviour-change concepts, while group activities and discussions will allow participants to share experiences and apply

Expected outcomes: The session will begin with a 15-minute introduction of the AMS challenges and interventions in primary care, supported by a Menti activity to gather participants' insights and experiences. This will be followed by a 30-minute segment on understanding and

Conclusion: Led by an academic GP and two behavioural scientists specialising in primary care and AMS, this workshop will equip participants with an evidence-based understanding of the challenges, behavioural determinants, and interventions related to antibiotic prescribing. It will allow participants to explore key AMS challenges and the behavioural factors that influence prescribing. Participants will have a chance to examine a real-world prescribing problem and consider practical intervention options suited to their own context. By bringing these elements together, the workshop aims to support participants in shaping more effective AMS approaches in primary care.

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ID 1976- Severe Iron Deficiency Anemia in a Young Mother Identified During a Child-Focused Primary Care Visit: A Case Report

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Context: Cardiac amyloidosis is an underdiagnosed infiltrative cardiomyopathy that often mimics hypertrophic heart disease. Its recognition has major implications for patient outcomes, especially in older adults frequently managed in primary care.This case illustrates the diagnostic trajectory from an apparently benign hypertrophic pattern to confirmed transthyretin cardiac amyloidosis, emphasizing continuity of care and coordinated diagnostic pathways.

Methods: A 70-year-old man with hypertension, dyslipidemia, paroxysmal atrial fibrillation, and neuropathic pain attended a routine cardiology follow-up. He was asymptomatic. His medical history included incidental aortic and coronary calcification on CT, without prior cardiac structural disease.An ECG showed sinus rhythm with frequent supraventricular extrasystoles and nonspecific repolarization changes.Echocardiography revealed concentric left ventricular hypertrophy with a severe apical–basal gradient (2.3), preserved LVEF, and markedly reduced global longitudinal strain (–15.7%).Additional findings included grade III diastolic dysfunction, moderate left atrial dilation, thickened mitral and aortic valves with mild regurgitation, and a thin pericardial effusion. Right ventricular size and function were normal.Given the combination of concentric hypertrophy, reduced strain with apical sparing, and valvular thickening, the cardiologist suspected an infiltrative cardiomyopathy.A DPD-scintigraphy scan was ordered and demonstrated strong myocardial tracer uptake, confirming transthyretin cardiac amyloidosis. Laboratory tests excluded light-chain disease.The patient was referred to a specialized amyloidosis unit and started on disease-specific therapy, with continued shared follow-up between cardiology and primary care.

Originality: This case exemplifies the diagnostic challenge of differentiating hypertensive or age-related cardiac remodeling from amyloid infiltration, especially in asymptomatic patients.The presence of preserved ejection fraction with disproportionately reduced strain and apical sparing is highly specific yet frequently overlooked.

Lessons learned and future implications: Primary care clinicians often follow older adults with nonspecific symptoms or ECG abnormalities.Understanding red-flag echocardiographic features—apical sparing, concentric hypertrophy,and valvular thickening—may accelerate referral.Incorporating DPD-SPECT into diagnostic pathways enables non-invasive confirmation and timely therapy initiation.Improved awareness could reduce diagnostic delays.

Discussion: This case highlights the essential role of family medicine in longitudinal monitoring of older patients and integrating

subtle clinical changes.Early suspicion and coordinated referral optimized diagnostic accuracy.Amyloidosis screening should be considered in unexplained LV hypertrophy, especially with discordant strain findings.

Conclusion: Cardiac amyloidosis can present silently.Collaboration between primary care and cardiology is crucial for early identification,confirmation with DPD-scan,and initiation of disease-modifying treatment.

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ID 628- Severe Malnutrition Revealing Superior Mesenteric Artery Syndrome: A Multidisciplinary Diagnostic Pathway from Primary Care

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Context: Septic shock originating from abdominal infections is a life-threatening emergency requiring rapid diagnosis,fluid resuscitation,and source control.Primary care professionals often identify early warning symptoms and coordinate transfer to emergency services.This case demonstrates the central role of primary care in early recognition,referral,and longitudinal follow-up of a patient who developed septic shock due to acute cholecystitis,ultimately requiring percutaneous cholecystostomy.

Methods: A 63-year-old man with type 2 diabetes,dyslipidemia,chronic kidney disease,and history of myocardial infarction presented to his primary care center with 12 hours of epigastric pain, fever, diaphoresis, and progressive hypotension.Examination revealed a positive Murphy sign and systolic blood pressure of 73 mmHg despite fluid resuscitation. Laboratory tests showed leukocytosis with neutrophilia, markedly elevated lipase, CRP , and procalcitonin.CT imaging revealed gallbladder wall thickening,pericholecystic fluid,and inflammatory changes consistent with acute cholecystitis. The patient was admitted to the ICU in septic shock requiring norepinephrine and broad-spectrum antibiotics. Surgery deemed him unstable for cholecystectomy; therefore, interventional radiology performed percutaneous cholecystostomy for source control.Bile cultures grew E.coli and Clostridium perfringens,guiding antibiotic adjustments.Gradually, vasopressor needs decreased,renal function improved,and the patient tolerated oral intake.Follow-up imaging confirmed catheter patency and resolution of inflammation.He was discharged with outpatient follow-up in internal medicine and primary care.

Originality: This case highlights a rare combination of acute cholecystitis complicated by severe septic shock,extreme lipase elevation without pancreatitis,and successful stabilization using percutaneous cholecystostomy when surgical intervention was contraindicated.

Lessons learned and future implications: Primary care plays a critical role in early recognition of septic shock,rapid referral,and coordination of care.Early imaging,prompt sepsis management,and interdisciplinary cooperation improved outcomes.Future practice may incorporate clearer referral pathways and early POCUS use in primary care to expedite diagnosis.

Discussion: Primary care clinicians are often responsible for distinguishing self-limited symptoms from early signs of severe infection. In this case , the family physician played a huge role identifying red flags such as persistent hypotension,diaphoresis and fever prompting early referral and fluid resuscitation.The case also highlights the potential role of POCUS in primary care. Bed side ultrasound could have expedited recognition of biliary pathology and fluid collection, reducing time to source control.

Conclusion: This case emphasizes timely recognition,coordinated management,and continuity of care as essential components for improving outcomes in severe abdominal sepsis.

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ID 405- Sex-specific ethnic disparities in osteoporosis self-assessment tool scores among a low-income community-dwelling population in Singapore

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Context: Chest pain with ST-segment elevation usually triggers immediate activation of myocardial infarction protocols. However, non-ischemic causes such as pericarditis may mimic STEMI, creating diagnostic and management dilemmas for primary care and emergency clinicians. This case illustrates the importance of clinical reassessment and continuity of care within the Spanish public healthcare system.

Methods: A 65-year-old woman with dyslipidemia and hypothyroidism presented to her primary care center with acute chest pain. ECG revealed inferolateral ST elevation, leading to activation of the regional STEMI code and transfer to a coronary unit. She received aspirin and ticagrelor. On arrival, physical examination was normal. Repeat ECG confirmed inferolateral ST elevation, but troponin T remained normal. Echocardiography showed preserved LVEF without wall-motion abnormalities or pericardial effusion. Chest X-ray was unremarkable. Given the mismatch between ECG and biomarkers, cardiology revised the diagnosis to acute pericarditis. She was discharged on ibuprofen and colchicine with cardiology and primary care follow-up. Weeks later, the patient developed dyspnea. A chest radiograph showed a right-sided loculated pleural effusion with an air–fluid level, suggesting hydropneumothorax versus complicated effusion, along with bilateral parenchymal infiltrates. This required further evaluation and coordination between primary care, radiology, and hospital services.

Originality: This case combines two unusual features: focal inferolateral ST elevation mimicking STEMI and a late loculated pleural effusion after pericarditis. Together, they demonstrate an uncommon diagnostic trajectory not frequently described in primary care settings.

Lessons learned and future implications: ST elevation does not always represent STEMI; clinicians should consider pericarditis when biomarkers and echocardiography do not support ischemia. Primary care follow-up is essential, as complications such as pleural effusion may arise weeks later. Improved communication between healthcare levels enhances diagnostic accuracy. Incorporating point-of-care ultrasound into primary care may facilitate earlier detection of pericardial and pleural involvement.

Discussion: This case highlights the risk of premature diagnostic closure in STEMI activations. Clinical evolution, normal troponin, and absence of structural abnormalities prompted reconsideration. The late pleural complication underscores the systemic inflammatory nature of pericarditis and the role of longitudinal primary care monitoring.

Conclusion: This case underscores the importance of broad diagnostic thinking, interprofessional collaboration, and continuity of care in managing chest pain and its potential complications.

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ID 1007- Sex-specific U-shaped association between HDL cholesterol and mortality in a large nationwide cohort

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Context: Patient agitation, unplanned device removal, and restraint-related complications remain persistent safety challenges across hospitals, and long-term care facilities. Conventional restraint practices rely heavily on intermittent observation and subjective judgment, leading to delayed detection of escape attempts, pressure injuries, and physiological deterioration. Despite advances in digital health, few solutions integrate nurses' clinical insights, physiological monitoring,

behavioral assessments, and real-time decision support into a unified system.

Objectives: To develop an AI-enabled Multimodal Restraint Monitoring and Clinical Decision Support System (AI-MRM-CDSS) that unifies multimodal data to enable timely care and informed clinical decisions.

Methods: Built on a patented multimodal monitoring framework (Patent Application No. 114132XXX), an interdisciplinary team from nursing, engineering, and informatics designed AI-MRM-CDSS with three core components: (a)Clinical Input Interface that consolidates agitation assessments (RASS, GCS, CAM-ICU), pain scores, tubing status, medication information, and scheduled release intervals; (b)Embedded Sensor Modules within restraint bands that continuously capture heart rate, oxygen saturation, and pull-force patterns, which are wirelessly transmitted to the system's edge-computing unit for processing; (c)Edge-AI Analytics Engine providing real-time escape-risk predictions, restraint adjustment recommendations, tension-misuse alerts, medication-related insights, and automated reminders to support routine release and pressure injury prevention.

Results: The system architecture, interface, and multimodal sensing framework have been completed. Predictive algorithms are expected to identify escape attempts, trigger real-time alerts, and provide personalized recommendations on medication dosing and restraint use. Automated two-hour reminders will support timely repositioning and help prevent pressure injuries. Upcoming work includes algorithm refinement, simulation testing, and usability evaluations to assess predictive accuracy, alert relevance, workflow integration, and clinician acceptance.

Discussion: Integrating nursing expertise ensures that AI-generated recommendations align with actual clinical demands. By combining physiological signals, behavioral assessments, medication information, and tubing status, AI-MRM-CDSS addresses a long-standing gap in restraint safety by providing continuous monitoring, timely alerts, and actionable decision support to enhance patient safety.

Conclusion: AI-MRM-CDSS shows potential to enhance restraint safety and clinical decision-making. Its multimodal and scalable design allows application not only in hospitals but also in long-term care facilities. Planned testing and validation will further determine its utility across diverse care settings. Keywords: Artificial Intelligence, Decision Support System, Patient Safety, Physical Restraint

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ID 1220- Shape the work that works!

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Context: Burnout interventions in medicine often medicalize exhaustion and overlook the deeper narrative fractures clinicians experience, particularly women and those from historically marginalized communities. Storytelling—rooted in narrative identity science—can function as a healing practice, reconnecting clinicians with meaning, agency, and coherence. This workshop integrates reflective writing with the xxxx Challenge → Choice → Outcome model to support clinicians in transforming burnout narratives into sources of strength and leadership.

Objectives: Understand how narrative identity, dopamine regulation, and self-efficacy support burnout recovery. Use the xxx structure (Challenge → Choice → Outcome) to craft micro-stories of professional disruption and renewal. Apply narrative tools for grounding, emotional regulation, and meaning-making. Identify opportunities to integrate narrative practices into clinical teams and primary care training environments.

Teaching method and workshop: This 60-minute workshop integrates a brief evidence-informed mini-lecture on narrative identity and neurobiology with a guided writing practice. Participants craft two micro-stories using the

xxx arc: (1) a moment of fracture—naming the challenge, the cho

Expected outcomes: Participants will leave with a replicable narrative framework to support burnout recovery, team cohesion, and moral resilience. They will carry two micro-stories, a grounding practice, and a practical plan for applying narrative work in their clinical or

Conclusion: Storytelling is a quiet rebellion—an act of reclaiming voice, dignity, and belonging within systems that often silence clinicians. The Ganz model offers a clear, compassionate structure for turning lived experience into leadership.

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ID 1889- Shaping Family Medicine Through Preconference Exchange Program: XXX Experience

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Context: When people talk about "building a new department," they usually mean org charts, budgets, and space. What almost never gets named is the moral question underneath: What kind of house are we building, and who will it hold? Aim To share what it looked like in practice to build a department around equity from day one, and what we learned about trust, culture, and structure along the way.

Methods: This is a reflective leadership case. Over the first three years, our leadership team used two anchors: Kotter's change-management steps and community-organizing principles I've relied on in other equity work. I tracked the major "architecture moves" we made—how we formed the guiding coalition, wrote the mission, set expectations for teaching and clinical work, designed governance, and communicated during times of uncertainty. I then looked at simple, real-world signals: who chose to join us, who stayed, how people showed up to meetings, and what themes surfaced in informal feedback and check-ins.

Originality: This is a leadership story about creating a family medicine department inside a large academic system while trying very deliberately not to reproduce the same hierarchies and inequities so many of us trained in. I frame it as moral architecture—seeing governance, voice, and equity as things you can actually design, not just hope for.

Lessons learned and future implications: Equity lives—or dies—in the structure. Co-ownership beats top-down messaging. Trust is slow to earn, fast to lose, and absolutely measurable.

Discussion: The choices that mattered most were not flashy: Governance that was actually transparent—people could see how decisions were made. Metrics we built with faculty, not for them. A mission and values statement faculty helped write, which changed the tone from "the department" to "our department." We hit bureaucracy, financial tension, and old power dynamics. But early engagement and retention were stronger than expected, and faculty described the space as "safer," "more honest," and "worth investing in."

Conclusion: Creating a department is not just an administrative act; it is an ethical one. When we treat medicine as moral architecture, we can build places where family medicine/practice—and the people who practice it—are more likely to survive and thrive.

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ID 804- Shaping the future of primary care: GPs taking the liberty to initiate change

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Context: The Unidade de Assistência Médica Ambulatorial (AMA) Jardim Pirajussara, located in the southern region of São Paulo, Brazil, is a pre-hospital care facility managed since 2016 through a public-private partnership between the Einstein Hospital Israelita and the

Municipal Health Department. The unit performs approximately 14,000 monthly urgent and emergency consultations in Pediatrics and Internal Medicine, mostly low- and medium-complexity cases. This dynamic environment demands continuous strategic adaptation to ensure safety, efficiency, and clinical performance. In 2024, the unit initiated the certification process with the National Accreditation Organization (ONA), achieving accreditation in 2025. This advancement promoted structured governance, evidence-based protocols, enhanced training, and consolidation of a patient safety culture.

Methods: PDCA management cycle was implemented to strengthen leadership, clinical performance, and organizational alignment. • Plan: Diagnostic assessment identified disruptive behavior, technical errors, low adherence to leadership, and communication issues. An Ishikawa diagram identified root causes across workforce, methods, environment, materials, and leadership. • Do: Actions included individual action plans (PAI), structured feedback, continuous dialogue, ethics and clinical training, and institutional initiatives such as the "Medical Records Reminder Project." • Check: Indicators monitored included ≥95% compliant medical records, ≥95% protocol adherence, 90% reduction in prescription errors, ≥90% training participation, medical turnover ≤10% per year, and NPS improvement from –18.2 (Apr/2024) to +40.7 (Oct/2025). • Act: Interventions included procedure standardization, reallocation or dismissal of professionals posing care risks, revision of scheduling criteria, active listening groups, continuous audits, and reinforcement of reminder projects.

Originality: ONA auditors recognized the initiative as original and bold, highlighting the innovative application of classic quality tools focused on clinical leadership and performance improvement.

Lessons learned and future implications: PDCA cycle effectively addressed technical, behavioral, and relational challenges. Its structured approach strengthened leadership, supported evidence-based practice, and improved professional engagement, illustrating its potential as a strategic governance tool.

Discussion: Integrating ethical, technical, and behavioral components, PDCA contributed to culture transformation, error reduction, team cohesion, and alignment with institutional values through tools such as Ishikawa analysis, structured feedback, and mixed indicators.

Conclusion: Implementing PDCA at AMA Jardim Pirajussara demonstrated its utility as strategic clinical governance mechanism. ONA certification evidences structural and procedural improvements that sustain patient safety and high-quality care.

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ID 1512- Shifting medical students' concept of a good death : impact of intergrated hospice-palliative care training within a family medicine clerkship

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Context: Klinefelter syndrome (KS) is the most common sex chromosome aneuploidy in men and is frequently underdiagnosed. Sexual dysfunction, including erectile dysfunction (ED), decreased libido, and delayed ejaculation, may arise from androgen deficiency, but vascular and psychosocial factors often coexist. In primary care (PC), understanding and coordinating these dimensions is crucial.

Methods: We present the case of a 46-year-old male with KS followed in PC since 2003. Clinical information was collected from endocrinology, urology, and vascular surgery. The patient was diagnosed with primary hypogonadism after bilateral testicular surgery for epidermoid cysts, with histology showing a Sertoli-cell-only pattern; cytogenetics later confirmed 47,XXY. Intramuscular testosterone was initiated, with adequate libido but persistent ED, delayed

ejaculation, and performance anxiety. He developed obesity, dyslipidemia, and peripheral arterial disease. Trials of PDE-5 inhibitors gave inconsistent benefit, and psychogenic factors contributed. Management considerations included cardiovascular risk optimization, alternative testosterone formulations, lifestyle changes, and psychosexual counseling. Strengths include long-term multidisciplinary follow-up; limitations include lack of standardized outcomes and variable adherence.

Originality: Although sexual dysfunction is recognized in KS, reports seldom detail the interplay of mechanisms in PC. This case shows that ED in KS extends beyond hypogonadism and highlights PC's role as the coordinator for multidisciplinary and psychosocial care.

Lessons learned and future implications: Routine assessment of sexual function in KS is essential, as persistent ED often reflects multifactorial causes. PC can integrate hormonal, cardiovascular, lifestyle, and mental health interventions. Future practice should include early vascular screening, individualized testosterone delivery, and structured psychosexual support, while avoiding assumptions that all symptoms stem from KS.

Discussion: ED in KS is a multidimensional condition requiring coordinated care. PC clinicians are well positioned to synthesize specialist input, manage comorbidities, and address psychosocial contributors, improving diagnostic accuracy, outcomes, and long-term well-being.

Conclusion: ED in KS is rarely attributable to a single mechanism. A holistic, interdisciplinary PC approach can optimize sexual function, quality of life, and long-term health. This case reinforces the importance of systematic evaluation of sexual dysfunction in KS.

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ID 756- Shifting the Lines: A Creative Lab for Designing Innovative Physical Activity Promotion in Primary Care

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Context: In clinical practice, healthcare professionals increasingly encounter patients from diverse cultural and geographic backgrounds. Despite universal healthcare access, several studies report poorer perceived health among immigrant populations and individuals from French Overseas Departments and Territories. Beyond structural and socioeconomic factors, this study explores whether cognitive mechanisms within medical reasoning contribute to these disparities.

Objectives: To identify cognitive biases influencing the clinical reasoning and management of patients of non-European origin.

Methods: A qualitative study was conducted between March and September 2024 using semi-structured interviews with eleven physicians practicing in mainland France and the overseas departments. Data were analyzed thematically using a grounded theory approach to model how biases arise during clinical reasoning.

Results: Interviews revealed that cognitive biases emerge at several key stages of patient care. Initial interactions were often hindered by linguistic barriers, limiting the collection of clinical information. During data integration, physicians' emotions, experiences, and structural context intersected with cultural and socioeconomic factors, shaping their interpretations and decisions. Focusing on patients of non-European origin, we identified specific cognitive biases, including difficulties recognizing dermatological signs on darker skin tones, diagnostic overshadowing related to cultural assumptions, and the influence of stereotypes on pain assessment. Despite these challenges, many physicians demonstrated reflexivity and efforts to question their reasoning and the cognitive processes affecting their practice.

Discussion: Methodological rigor was ensured using the COREQ checklist. Nevertheless, snowball sampling may have introduced a selection bias toward motivated respondents. To address potential investigator subjectivity

and social desirability bias, the interview guide was iteratively refined. Recall and information biases, inherent to participants' narratives, were acknowledged as consistent with qualitative research dynamics.

Conclusion: Cognitive biases are inherent to medical decision-making and can be reinforced by patients' ethnic or cultural categorization. These biases contribute to unequal care by influencing diagnosis and treatment decisions. Raising awareness among healthcare professionals and institutions about these mechanisms, and integrating training on cognitive biases and cultural competence are essential strategies to improve equity in healthcare delivery, particularly for non-European patients.

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ID 1815- Silent Murmurs, Slurred Words: Dysarthria as a Harbinger of Stroke in Rheumatic Heart Disease: A Case Report in Cauayan District Hospital

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Context: Cutaneous leishmaniasis (CL) is a wide-reaching infection of major public health concern. In Tunisia, the disease is endemic in the south and the center of the country. However, new endemic areas are being reported.Cutaneous leishmaniasis (CL) is a wide-reaching infection of major public health concern. In Tunisia, the disease is endemic in the south and the center of the country. However, new endemic areas are being reported.

Objectives: This study aimed to describe the epidemio-clinical features of CL in the region of Mahdia.

Methods: A retrospective study was conducted in the department of infectious diseases and internal medicine in the university hospital of Mahdia during 6 years (2017 – 2023) including all patients hospitalized for CL and presented an indication for systemic treatment. Diagnosis of CL was made clinically and confirmed by visualizing the amastigotes in microscopic examination of infected tissue.

Results: A total of 15 patients were enrolled in the study: 11 men and 4 women. The median age was 53.5 years old (36 – 73 years old). Diabetes mellitus was the most common comorbidity (33.3%). Lower and upper extremities were affected in 73.3% and 60% respectively. The median number of lesions was 5 (1 - 9 lesions). Ulcero-crusted cutaneous lesions were the most common form (80%). Systemic antimonials were the most common monotherapy regimen prescribed in 10 cases (66.6%). Metronidazole was prescribed in the other cases (33.3%). The outcome was favorable in all cases.

Discussion: In this series from a non-endemic region, CL mainly affected middle-aged patients, often with diabetes, and presented as multiple ulcero-crusted lesions. Systemic antimonials remain the first-line treatment for cutaneous leishmaniasis, while other drugs such as metronidazole also proved effective in our study. These findings highlight the need for clinicians working in non-endemic areas to remain vigilant for CL and to promptly seek microbiological confirmation in suspected cases.

Conclusion: Even in non-endemic areas, the physicians should make the diagnosis of CL in front of a high clinical suspicion and then confirm it microbiologically.

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ID 669- Simulation in Primary Care, yes we can.

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Context: Smart devices can be a powerful adjunct for learning in clinical settings, but

students are uncertain about the acceptability of using them openly.1

Objectives: We aimed to explore how medical students use point of care information systems in the clinical setting and for self-directed learning. During this study, it emerged that students receive mixed messages from clinical teachers about the use of handheld devices during clinical placement which can lead to confusion and covert use. We discuss these findings and how to address device use during clinical learning opportunities.

Methods: This qualitative study used a convenience sample of 13 fifth-year medical students, who had started consulting independently whilst on General Practice placements. We held three in-person focus groups using a semi-structured topic guide between February and April 2025. Transcripts were anonymised and thematic analysis was performed using a coding template guided by self-directed learning theory.2

Results: Students reported using handheld devices on clinical placement to quickly access information which allowed them to feel "more included with the team," especially to aid their understanding when educators were "really busy." However, several students felt uncomfortable using their phone during placement as "a lot of the doctors would get quite annoyed with you," resulting in covert or "sneaky" use, with some students feeling that alternative devices such as iPads may "look slightly better than using a phone." In contrast, other students experienced role models who used handheld devices, including phones, to support clinical decision-making.

Discussion: Our results suggest that students use handheld devices to enhance clinical education as it allows them to make sense of their observational learning in real time. However, this study supports previous findings that educators display mixed attitudes towards students' device use in clinical settings.3,4 Students would benefit from clear expectations upfront and consistent messaging around this, relevant to the learning context and setting. Perception of supplementary devices like tablets as more professional than phones may deepen financial inequalities for students who cannot afford them.

Conclusion: Handheld devices are a valuable learning resource in the clinical setting, but their use is not yet normalised. Students need an agreed etiquette.

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ID 1130- Sinus pause in a middle aged woman: a reminder not to overlook cardiac cause of syncope

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Context: Pharyngitis and acute cough are common symptoms of URTI (Upper Respiratory Tract Infection) that cause significant distress to sufferers. Herbal medicines such as P. lanceolata are commonly used to address these symptoms but research into their mechanism of action is limited. Any anti-bacterial effect of P. lanceolata is also unknown but may be of benefit to URTI patients.

Objectives: To asses the impact of a syrup containing P. lancolata on the growth and adhesion of a common URTI causing bacteria (S. pyogenes) in an in vitro model.

Methods: Streptococcus pyogenes Rosenbach was purchased from Culture Collections, UK Health Security Agency (Salisbury, UK). Each well of a sterile flat-bottomed 96-well microtiter plates contained 10 µL of the Plantago lanceolata extract syrup concentrations together with 190 µL of Streptococcus pyogenes inoculum (5 × 103 CFU/mL). The plate was then incubated for 16 h. After incubation, antibacterial activity was evaluated with the BacTiter-Glo™ microbial cell viability assay (Promega). Luminescence was measured with a microplate reader. Bacteria in mid-log phase were grown in Brain Heart Infusion Agar at 37°C overnight and washed three times with PBS. BEAS-2B cells were

treated with non-toxic concentrations of Plantago lanceolata extract syrup (12.5, 25 and 50 µg/mL) for 1 h, followed by washing with PBS. Control cells were treated with sterile water. Streptococcus pyogenes (1 x 106) were incubated in Hanks' balanced salt solution/1% foetal bovine serum for 1 h and added to a 96-well plate containing BEAS-2B cells. After 1 h incubation with gentle shaking, BEAS-2B cells were washed with PBS to remove unbound bacteria. Luciferin (12.5 µM) was added to the cells, and luminescence measured.

Results: P.Lanceolata syrup at concentrations of 12, 25 & 50 ug/ml significantly (P=<0.05-determined by one-way ANOVA) reduced S.Pyogenes growth and adhesion, vs control.

Discussion: These results demonstrate a novel mechanism of action for P. lanceolata suggesting that this preparation may be able to prevent the adhesion and growth of URTI causing bacteria.

Conclusion: The in vitro data is novel and suggest that the benefit of using P. lanceolata may go beyond simple symptomatic relief and could provide benefit to patients at risk of bacterial URTI.

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ID 927- Six Years of Evolution in Remote Care: From Experiment to Integrated Virtual Clinic Model in Primary Care

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Context: Access to General Practitioners (GPs) is essential for delivering timely, high-quality primary care, yet GP availability varies widely across the UK. Underserved regions experience poorer clinical outcomes, lower patient satisfaction, and greater pressure on hospital services.

Objectives: This study aims to examine the determinants of GP career and location choices, quantify how GP distribution affects primary care quality, and evaluate the effectiveness of recruitment and incentive policies designed to address workforce shortages. Specifically, the study investigates: (1) how educational, demographic, and geographic factors shape newly qualified GPs' location decisions; (2) how variation in GP-to-patient ratios influences clinical quality indicators such as QOF scores, prescribing behaviour, and patient experience; and (3) which financial and non-financial incentives effectively attract GPs to shortage areas.

Methods: The study uses a linked longitudinal dataset combining UK Medical Education Database (UKMED) records with NHS Digital workforce, GP Patient Survey, Quality and Outcomes Framework (QOF), and prescribing data. A mixed logit discrete choice model will analyse practice location choices. Causal impacts of GP distribution on quality will be estimated using an instrumental-variable strategy based on registrar density. A structural random-coefficient discrete choice model will assess the effectiveness of policies such as the Targeted Enhanced Recruitment Scheme and widening-participation scholarships. Counterfactual simulations will estimate distributional and equity effects.

Results: We anticipate identifying key educational, demographic, and training-related predictors of GP practice location. Preliminary analysis is expected to show that lower GP-to-patient ratios are associated with reduced QOF performance, higher prescribing intensity, and poorer patient satisfaction. Policy simulations are anticipated to demonstrate that targeted financial incentives and widening-participation pathways can increase GP uptake in underserved regions, with heterogeneous effects across subgroups.

Discussion: Understanding GP labour-market behaviours and the causal impacts of GP availability will support evidence-based workforce planning. The findings will contribute to health economics and policy research on healthcare supply, spatial inequality, and labour-market incentives.

Conclusion: This study will generate robust evidence on the drivers and consequences of GP distribution, informing equitable and cost-effective policies to reduce regional inequalities in primary care access.

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ID 839- Sleep Hygiene Disorder as the Underlying Cause of Chronic Insomnia: The Importance of a Holistic Approach in Primary Care

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Context: Narrative medicine is an emerging discipline that emphasizes listening to patients' stories through a structured pedagogical approach designed to strengthen relational skills. Previous studies have shown associations with increased empathy and reflexivity, as well as reduced burnout, but little is known about the long-term persistence of these effects. In 2014–2015, XXX University introduced the first mandatory narrative medicine module, for 400 fourth-year medical students.

Objectives: To explore the impact of that training on their professional practice ten years later.

Methods: We conducted a qualitative study using semi-structured individual interviews with physicians who had taken the mandatory course in 2014–2015. Data were analyzed using an approach informed by interpretative phenomenological analysis.

Results: Ten former students participated. They described a lasting influence on their practice, including attentive listening, enhanced empathy, expression of emotional experiences, and a stronger reflexive stance. Thematic analysis identified seven superordinate themes: expressing emotions to improve care; valuing listening as a therapeutic act; underestimating the course due to exam prioritization and limited conceptual clarity; requiring practical and sustained application of narrative medicine; reconciling academic demands with humanistic training; envisioning narrative medicine collections for patients and clinicians; and valuing experiential learning.

Discussion: To our knowledge, this is the first study to show that the effects of narrative medicine can persist ten years after training, despite methodological limitations related to the relatively brief interview duration (mean 37 minutes). The skills described align closely with those expected in general practice, emphasizing patient-centered listening and attention to patients' lived experiences. These findings also provide insights for developing training in qualitative research within primary care. The use of standardized tools, such as the Narrative Competence Scale, may further strengthen the assessment of narrative medicine's impact.

Conclusion: Ten years after their training, physicians still retain a lasting imprint of narrative medicine. They highlight attentive listening, reflexivity, and emotional expression as key resources for professional fulfilment. Integrating this approach progressively and consistently into the medical curriculum—together with aligned assessment strategies—may enhance its impact and foster more humane and relationally attuned care.

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ID 1419- Sleep Medication - which one for which patient?

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Context: Monitoring births and their maternal and neonatal characteristics is essential for maternal and child health surveillance, and Brazil's Live Birth Information System (SINASC) provides standardized national data on prenatal care, delivery characteristics, and newborn outcomes, although substantial regional disparities persist in access, adequacy of care, cesarean rates and neonatal outcomes, reflecting broader socioeconomic inequalities.

Objectives: To describe the sociodemographic, obstetric, and neonatal profile of live births in

Brazil in 2024 according to the five macro-regions.

Methods: A descriptive ecological study was conducted using aggregated SINASC data for 2024, considering the North, Northeast, Southeast, South and Center-West as analytical units; variables were grouped into sociodemographic (maternal age, education, marital status), obstetric (gestational age, pregnancy type, number and adequacy of prenatal visits, delivery type, Robson groups) and neonatal outcomes (Apgar scores, birth weight, congenital anomalies); data were extracted via TabNet/DATASUS, organized in Excel and described using frequencies, proportions and regional comparisons.

Results: Brazil recorded 2,384,438 live births in 2024, with the Southeast accounting for 37.9% and the Northeast for 27.9%; adolescent motherhood was highest in the North (22.3%) and Northeast (19.7%), while mothers aged ≥35 years were more common in the Southeast and South; maternal education showed marked inequalities, with higher schooling concentrated in the South/Southeast; prenatal care coverage (≥7 visits) reached 85.5% in the South and 82.3% in the Southeast but only 64.9% in the North, and “more than adequate” care exceeded 75% in the South/Southeast but was 55.7% in the North; cesarean sections comprised 60.6% of all births, reaching 66.6% in the Center-West; preterm birth and low birth weight were slightly higher in the North and Northeast, while Apgar scores at 5 minutes were high nationwide (>96%); congenital anomalies occurred in 1.1% of births with minimal variation.

Discussion: The findings reveal persistent regional inequalities in prenatal care adequacy and birth outcomes, with less developed regions presenting poorer indicators despite high national coverage.

Conclusion: Brazil has progressed in prenatal and perinatal monitoring, but significant inequities persist, requiring strengthened primary care, improved prenatal care quality and structural actions to reduce territorial vulnerabilities.

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ID 1898- Smoking as a Modifiable Risk Factor in Patients with Diabetes Mellitus

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Context: Prenatal care is a key strategy to reduce maternal and perinatal morbidity and mortality, yet important regional inequities persist in Brazil. The ratio between the number of prenatal consultations and live births (PN/NV) is a synthetic indicator of coverage and intensity of gestational follow-up.

Objectives: To analyse the ratio between the number of prenatal consultations and the number of live births in Brazil from 2008 to 2023 by macro-region.

Methods: Ecological time-series and spatial study using secondary data aggregated by federative unit and region. Annual numbers of live births were obtained from the Live Birth Information System and prenatal consultations from the Outpatient Information System of the Unified National Health System. We calculated the PN/NV ratio for each federative unit and year and built choropleth maps for 2008, 2011, 2014, 2017, 2020 and 2023. For 2024, we described the distribution of consultations by professional category based on Brazilian Occupational Classification codes. Analyses were descriptive.

Results: The PN/NV ratio increased in all regions until the mid-2010s, followed by relative stability and a marked decline in 2020, with partial recovery by 2023. Throughout the series, South and Southeast showed the highest ratios, while North and Northeast remained below the national average and were more affected during the COVID-19 pandemic.

In 2024, nurses accounted for 46.3% of prenatal consultations in Brazil, reaching 68.0% in the Northeast and 61.3% in the North; general practitioners and family physicians performed 27.5% of visits, predominating in the Centre-West (39.8%) and South (34.7%); and maternal-child and gynaecology-obstetrics specialists were responsible for 26.1% of consultations, mainly in the Southeast (45.9%).

Discussion: The combination of PN/NV ratios and spatial analysis highlighted a persistent pattern of regional inequality in prenatal care intensity, exacerbated but not created by the pandemic and linked to unequal distribution of services and workforce.

Conclusion: Despite advances in prenatal coverage, Brazil still exhibits marked spatial and professional disparities. Strengthening primary care in vulnerable territories and valuing the nursing workforce are essential to ensure more equitable and continuous prenatal care.

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ID 862- Social Prescribing and Lifestyle Medicine: A Practical Framework for Family Physicians .Exchange of experiences

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Context: Since 2022, Catalonia's primary care system has incorporated new professional roles to strengthen multidisciplinary care: emotional well-being referents (psychologists), physiotherapists, dietitians-nutritionists, and dental hygienists. This initiative aims to improve population health and expand preventive and community-based services. Objective: To describe the implementation of these roles and assess their impact on group activities, community interventions, and social prescribing within the Catalan Health Institute.

Methods: A descriptive analysis was conducted using data from the Primary Care Information System. Indicators included the number of group and community activities, participation rates, and selected health outcomes associated with interventions led by the new roles.

Originality: Since its implementation, there has been a notable increase in group activities compared to the pre-pandemic period. Likewise, community activities and social prescribing have experienced significant growth. Individuals supported by emotional well-being professionals show improvements in anxiety symptoms and quality of life, while patients with chronic low back pain demonstrate progress in functional tests. Physiotherapy interventions help reduce pain and improve mobility, and dietary programs promote metabolic control and weight reduction in at-risk populations.

Lessons learned and future implications: The incorporation of these roles has transformed primary care in Catalonia, fostering multidisciplinary collaboration and strengthening community health strategies.

Discussion: The increase in group and community activities reflects a shift toward proactive, preventive care models.

Conclusion: New professional roles have expanded care capacity, improved health outcomes, and promoted community engagement. Continuous monitoring will be key to ensuring sustainability and guiding future scaling.

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ID 1505- Socio-Demographic Gaps in LLM-Guided Pain Management

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Context: Hyperventilation syndrome (HVS) appears to be overrepresented among patients with chronic pain. Several pathophysiological mechanisms may contribute to maintaining pain in these individuals. However, existing studies show considerable heterogeneity regarding patient populations and screening methods.

Objectives: The primary objective of this study was to determine the prevalence of HVS among patients attending the Pain Evaluation and Treatment Center at XXX University Hospital, using the Nijmegen Questionnaire. Secondary objectives were to identify associated factors and to explore correlations with anxiety–depression symptoms and fibromyalgia severity.

Methods: We conducted a retrospective, descriptive, observational study including all first-time patients seen at the Pain Evaluation and Treatment Center of Sud Réunion University Hospital between October 1, 2024, and March 31, 2025.

Results: A total of 121 patients were included. HVS screening was positive in 81% of cases. All patients with nociplastic pain (fibromyalgia and myofascial pain syndromes) screened positive for HVS ($p < 0.0001$). Female patients were significantly more likely to have a positive HVS screening result ($p < 0.01$). The Nijmegen score was positively and significantly correlated with the Hospital Anxiety and Depression (HAD) Scale-anxiety score ($p < 0.001$), the HAD Scale-depression score ($p < 0,01$) and the American College of Rheumatology (ACR) fibromyalgia severity score ($p = 0.009$).

Discussion: HVS appears highly prevalent in chronic pain compared with the general population, particularly in cases of nociplastic pain. Research in fibromyalgia proposes a link between impaired tissue oxygenation and chronic pain. Hypocapnia, consequence of HVS, reduces tissue oxygenation through the Bohr effect and vasoconstriction. In conditions involving central sensitization, the NMDA receptor becomes increasingly responsive to glutamate. Studies suggest elevated glutamate concentrations in the brains of individuals with fibromyalgia. Because poor tissue oxygenation can lead to excessive glutamate accumulation, this supports the hypothesis connecting tissue hypoxia with neuromuscular hyperexcitability. Taken together, these findings suggest a potential vicious cycle between chronic hyperventilation syndrome and nociplastic pain

Conclusion: HVS is a frequent comorbidity among patients with chronic pain, particularly those with nociplastic pain, suggesting its potential involvement in the sensitization of pain pathways

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ID 1036- Socioeconomic Barriers Affecting Equity in Primary Health Care in Panama

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Context: Medical students have many online learning resources to select from for self-directed learning which could feel overwhelming to navigate.

Objectives: We aimed to explore medical students' attitudes and use of online point of care information systems for learning. During this study students discussed many other online learning resources. Here we report the digital information landscape described by students.

Methods: We conducted three in-person focus groups using a semi-structured topic guide between February and April 2025. A convenience sample of thirteen fifth-year medical students was recruited from XXX medical school. These students had begun to consult independently during their General Practice placements. Anonymised transcripts were thematically analysed using a coding template guided by self-directed learning theory.

Results: Medical students reported using a vast array of online resources for learning. During the three focus groups, thirteen students commented on 59 online resources. These are shown in the word cloud in Figure 1. Several students reported feeling overwhelmed by the range of possible information sources and wished: 'to be taught like how to use' and 'navigate these websites', 'because sometimes there are really, really good resources, but we just don't know how to find them'. Barriers to

resource usage included accessibility, phone storage issues, needing to login, and cost. Participants also commented that: 'you have to pay for everything' 'It adds up' 'it's a bit unfair for people that like can't afford it'. One student expressed a desire for the university to subsidise resources.

Discussion: These findings support calls for medical schools to provide guidance about online learning resources, and consider mitigating inequalities driven by cost barriers through solutions such as subsidisation.

Conclusion: Medical students have many online resources available for learning, but paywalls may exacerbate learning inequalities. Clinical educators can better support students to navigate this crowded digital information landscape, by deliberately including guidance about how to select, use and learn from online resources in their teaching sessions.

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ID 785- Socioeconomic profiles and cardiovascular risk according to three evaluation tools in primary care patients

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Context: Trichuris trichiura infection has become rare in Taiwan due to decades of public health improvements, yet it remains prevalent in many tropical countries. As global workforce mobility increases, primary care physicians may increasingly encounter imported parasitic infections in asymptomatic individuals. This case illustrates a scenario relevant to routine health examinations and emphasizes the role of family physicians in early detection, risk assessment, and patient counseling.

Methods: A 53-year-old Taiwanese man underwent a self-paid health check-up after several years of employment in the Philippines. He denied gastrointestinal symptoms. Screening colonoscopy revealed a slender, motile worm attached to the ascending colon mucosa. Endoscopic removal was performed, and histopathology confirmed T. trichiura through characteristic nematode morphology and barrel-shaped eggs with bipolar plugs. Laboratory tests, abdominal ultrasonography, chest radiography, pulmonary function testing, and esophagogastroduodenoscopy showed no infection-related abnormalities. The patient received mebendazole 100 mg twice daily for 9 days. Stool testing was recommended but not completed due to loss to follow-up.

Originality: Although T. trichiura infections are well described, incidental detection in a low-prevalence region, coupled with comprehensive evaluation in an asymptomatic adult, provides a unique clinical perspective relevant to family medicine. The case highlights how opportunistic screening—common within general practice health check programs—can reveal imported infections even in individuals without symptoms.

Lessons learned and future implications: This case underscores the critical importance of detailed travel and occupational histories during routine primary care visits. It also illustrates the challenges in ensuring patient adherence to follow-up when symptoms are absent. The case encourages clinicians to maintain clinical suspicion for parasitic infections in returning workers and to develop practical strategies to enhance follow-up testing and treatment verification.

Discussion: Colonoscopy provides both diagnostic and therapeutic utility in intestinal helminthiasis. Extended mebendazole regimens may improve eradication rates but require stool confirmation. As international mobility rises, clinicians in low-prevalence countries must anticipate re-emerging parasitic diseases.

Conclusion: This case offers transferable insights for general practice, demonstrating the value of thorough history-taking, appropriate use of screening tools, and proactive management of asymptomatic imported infections in primary care.

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ID 471- Some historical considerations on the medical demography of Roman antiquity and its consequences

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Context: Medical professionals encounter various occupational hazards, such as workplace violence. To help address these challenges, medical education aims to foster a professional practice grounded in strong interpersonal relationships and a comprehensive, integrative understanding of health.

Objectives: Given the scarcity of studies examining reports of workplace violence in the medical field, this cross-sectional study aimed to determine the prevalence of physical, psychological, and sexual violence among medical professionals working in the city of São Paulo in 2023.

Methods: This cross-sectional, quantitative, descriptive, and retrospective study included all 122 medical professionals who experienced violence and whose cases were reported in the Information System for Violence and Accident Surveillance (SIVVA) of the São Paulo Municipal Health Department. SIVVA documents incidents of accidents and violence using standardized notification forms for both suspected and confirmed cases. Data collection covered the period from January to December 2023.

Results: In 2023, a total of 122 cases of work-related violence against medical professionals were reported in the city of São Paulo. Regarding the sex of the victims, 36.1% were male and 63.9% were female. Third parties were responsible for 98.4% of the violent incidents, while 1.6% were self-inflicted. As for the type of violence, 22.9% was physical, 75.5% psychological, and 1.6% sexual.

Discussion: The daily work routine is often marked by episodes of violence, which bring implications for the organization of work: absence from work, resignation, impacts on the quality of care, and an increase in service demands. It is important that, in this context where users needs are recognized, the professional team carries out health practices that foster welcoming care.

Conclusion: In the city of São Paulo, during 2023, a total of 122 cases of violence against physicians during their professional activities were reported. The physicians who were victims of violence were predominantly young women, and the most frequent type of violence was psychological. Among the reported cases of violence against medical professionals, 51.6% were not accompanied by an official Work Accident Report (CAT). Professionalism represents a key component in medical education, contributing to the qualification of healthcare professionals and the strengthening of public health policies.

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ID 2295- Spatiotemporal patterns of cervical cancer screening and medical workforce training in São Paulo State, Brazil

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Context: Retinal tears are vision-threatening conditions that may develop after physical exertion, trauma, or vitreoretinal traction. They require rapid identification to prevent progression to retinal detachment. Primary care physicians frequently serve as the first

point of contact when patients present with sudden visual disturbances, making their role in recognizing early warning signs essential.

Methods: A 33-year-old woman presented to a family health center after running, reporting sudden flashes of light and dark floaters in her right eye. She had no history of trauma or eye disease. The external eye examination was normal, and gross visual acuity was preserved, although a detailed assessment was not possible. Due to symptoms suggestive of a retinal tear, she was urgently referred to an ophthalmologist. The main strength of management was the quick recognition of red-flag symptoms and immediate referral, reducing the risk of delayed diagnosis. The key limitation was the limited diagnostic capacity in primary care. Nevertheless, a timely specialist evaluation demonstrated effective triage.

Originality: While retinal tears are well documented, reports of exertion-related cases presenting first to primary care are relatively scarce. Existing literature often focuses on trauma-related mechanisms, whereas this case highlights the importance of assessing non-traumatic but sudden visual symptoms following physical activity. The case contributes a unique perspective by illustrating how a primary care clinician, without advanced tools, can still make a critical early diagnosis based solely on symptom recognition.

Lessons learned and future implications: The case reinforces that sudden photopsia or floaters, even in the absence of trauma, should prompt urgent consideration of retinal pathology. Primary care physicians must maintain clinical vigilance and be prepared to act quickly when such red flags arise. Incorporating training modules or decision aids could further improve recognition and referral pathways, enhancing patient safety.

Discussion: This case emphasizes the crucial role of primary care in early detection of retinal tears. Strengthening communication between primary care services and ophthalmology clinics may reduce delays and improve patient outcomes.

Conclusion: Rapid identification and referral of acute visual symptoms in primary care can prevent retinal detachment and preserve long-term vision, highlighting the broader significance of early clinical suspicion.

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ID 1666- Spatiotemporal patterns of schistosomiasis and sanitation inequalities in Brazilian macro-regions (2013–2023)

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Context: Health-risk behaviors often emerge or intensify during adolescence, potentially persisting into adulthood and contributing to increased morbidity and mortality. Among these behaviors, the use of electronic smoking devices (ESDs) has become increasingly prominent. The southern region of São Paulo, Brazil, is characterized by high levels of social vulnerability—with 59.3% of its population dependent on the public health system, 24.3% residing in informal urban areas, and a significant proportion of young people identifying as Black or mixed race

Methods: The health education intervention was carried out between April and May 2025 in public schools located in the southern region of São Paulo, involving students aged 13 to 17 years (approximately 360 participants). The activities were developed within a university extension program associated with Family and Community Medicine, recognizing the school as an integral part of the community. The process included group discussions, educational materials, and open debates addressing risk factors and social determinants of health, fostering critical reflection and

empowering students toward self-care and informed decision-making regarding the use of drugs, alcohol, and tobacco (DAT). Limitations included the short duration of the intervention and challenges in assessing long-term behavioral changes.

Originality: This experience was innovative in integrating the school environment as a territory of care, strengthening the connection between health and education.

Lessons learned and future implications: The experience highlighted the importance of public policies for social protection, the monitoring and regulation of emerging tobacco products, and the implementation of intersectoral strategies aimed at improving adolescents' living and health conditions.

Discussion: The intervention demonstrated that the school environment represents a privileged setting for health promotion and disease prevention initiatives, particularly when coordinated with primary health care. The experience supports existing evidence on the effectiveness of community-based health education among adolescents in socially vulnerable contexts.

Conclusion: The findings indicate that health education initiatives in schools, when articulated with primary health care, highlight the potential of educational institutions as spaces for care and health promotion, integrating efforts across education, health, and community.

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ID 348- Speaking up – your chance to understand and expand how WONCA makes policies that work for family medicine.

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Context: Background Professionals in the healthcare industry interact with their collaborators, sharing the quality of their products. End users can be satisfied or dissatisfied with their providers, depending on the level of professionalism they exhibit. Hearted work encourages people's cooperation and enhances their lives, in contrast to cool-hearted work. Aim To highlight the consequences of cool-hearted work in clinical practice and how heartened work benefits individuals.

Methods: The author conducted a qualitative study in the community from 2023 to 2025, examining the impact of provider-customer interactions on their lives.

Originality: Findings Providers' disheartened work disappoints the end users, making them less involved in the therapy plans, which leads to poor clinical outcomes. Typically, customers seek another provider from the available options for the next episode of care, which decreases the provider's return on investment and negatively impacts their practice standing, career path, reputation, and financial stability. Action taken The author initiated informative programs in the community to promote the value of heart-centered work for business growth and personal well-being.

Lessons learned and future implications: Professional interactions between parties in a relationship enhance individuals' professional, social, and personal lives.

Discussion: AI in customer sentiment analysis predicts loyalty toward the provider, the evolution of return on investment, the practice's standing, financial capabilities, the provider's reputation, and career advancement opportunities. Hearted work is essential for enhancing relationships and individual lives. Informative programs relating to these issues are required.

Conclusion: Effective communication in sharing products or services is crucial for attracting customers, enhancing their experience, and ensuring business stability and personal growth.

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ID 1809- Spontaneous Reporting vs. Real Prevalence: Under-recognition of Restless Legs Symptoms in 239,876 Routine Health Check-ups

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Context: WONCA Europe's vision is to improve the quality of life of people through fostering high standards of care in general practice based on solidarity, equity, and person-focused care. Last decade, there is progress in infrastructure of general practice in many European countries but structural and organizational challenges remain, particularly due to increasing demands from healthcare and society and constraints in workforce. Therefore, it is important to formulate a vision for the future. As an example, XXX professional general practice societies launched a Vision XXX providing long-term goals and actions for sustainable primary care. This workshop explores GP views and perspectives on addressing the main challenges in general practice by providing an interactive platform to co-create practical roadmaps for local implementation considering the context of the healthcare system. This workshop combines our lessons learned with participants' own experiences. The goal is collective learning and identifying key drivers for successful development and implementation of strategic visions in primary care.

Objectives: - Exchange and integrate lessons learned to strengthen collective insight into effective strategies for sustainable primary care. - Translate high-level vision elements into prioritized, phased actions suitable for diverse contexts. - Construct an implementation roadmap with measurable outcomes and success indicators.

Teaching method and workshop: Teaching methods: - Interactive small-group work - Facilitated plenary discussion Workshop schedule: 0–10 min: Introduction vision XXX and lessons learned in development and implementation. 10–35 min: Current state scan & roadmap building. 35–55 min: Pl

Expected outcomes: Participants will formulate core principles for effective development and implementation of a high-level vision and identify context-specific strategies. In addition, they will benefit from exchanging diverse international perspectives and experiences.

Conclusion: Developing strategic visions and anticipating on implementation is essential for achieving sustainable primary care transformation. By engaging in structured, collaborative, and participatory roadmap development, participants will gain actionable strategies to translate (national) primary care visions into effective implementation activities. By combining collective learning and identifying success factors, this workshop contributes to strengthening primary care and to effective bridging the gap between vision and action.

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ID 2015- Sports Medicine in Primary Care: Essential Strategies for Professional and Elite Athletes

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Context: Background: People must interact with one another to exchange products, as no one knows or produces everything. How they do that influences their equilibrium and, consequently, their personal, professional, and social lives. Aim: To highlight the effects of improper interactions on people's lives and how we can manage them.

Methods: The author conducted a qualitative study in the community from 2008 to 2025 on the effects of unsafe communication on people's lives and their management.

Originality: Findings Inappropriate communication negatively impacts all parties involved in collaborative work. Depending on

the magnitude of the unsafe interaction, time exposure, and the vulnerability of the intended recipient, their health could be affected more or less, leading to varied disorders, such as arterial hypertension, type 2 diabetes, dyslipidaemia, depression, and even brain haemorrhage and tumors. Their deteriorating health reduced their work efficiency and career prospects. Actions were taken Management of subsequently registered disorders included specific, personalized drug treatment, behaviour change information, interdisciplinary collaboration when necessary, and informative programs in the community for individual life improvement.

Lessons learned and future implications: Improper communication between individuals can worsen nervous, cardiovascular, endocrine, metabolic, or even cell-growth control in vulnerable individuals. Clinical outcomes can improve sooner or later, depending on the patient's involvement in collaborative care with providers, the progression of the disorder, and personal social and medical history.

Discussion: Impolite verbal and nonverbal communication disturbs human equilibrium, leading to varied illnesses, work inefficiency, increased healthcare costs, and decreased personal, professional, and social life and well-being. Informative programs are required to enhance people's lives.

Conclusion: Improper communication alters people's lives, including their health. Educational programs are necessary to enhance their quality of life.

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ID 1886- Spot Check: An Audit of Acne Treatment and Referrals in General Practice

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Context: Across Europe, urgent primary care services provide 24/7 or out-of-hours (OOH) care for non-life-threatening illness or injury needing urgent attention. These services, often staffed by General Practitioners (GPs) are vital in providing urgent care and in reducing clinically inappropriate use of emergency ambulance services, emergency departments and reducing preventable emergency hospital admissions. However, these services are under increasing pressure across Europe, due to rising demand and staff shortages, posing a threat to patient safety and the sustainability of these services. A network of researchers on OOH primary care, has made it their mission to address these problems by collaborating and sharing knowledge on key topics, including the organisation and use of OOH care, telephone triage and Point-Of-Care Testing (POCT).

Objectives: Exchange knowledge and experiences between countries to facilitate learning on key topics underlying sustainable OOH primary care: - Gain insight into organisational models of OOH care in relation with the use of these services using registry data - Discuss telephone triage models and how they facilitate equal access to OOH care - Discuss the role of POCT at OOH services and how they contribute to quality patient care

Teaching method and workshop: First, the current state of knowledge on the three key topics in OOH will be presented, based on ongoing network collaborations. Then, participants can join one of the three key topic discussion groups, guided by several statements aimed at cross border c

Expected outcomes: A better understanding of the current state of OOH care on key topics and possible directions for innovation across Europe to promote sustainable OOH care.

Conclusion: Current OOH GP care may not be sustainable, considering workforce issues and increasing patient numbers. Therefore, it is important to respond proactively to these issues. This may be achieved by learning from

each other's experiences and collaborating in areas with knowledge gaps. To this end, we need a better understanding of each other's (health care) context.

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ID 24- Status of inhaler prescriptions in an emergency department

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Context: Effective communication about end-of-life (EoL) care is essential, as general practitioners (GPs) play a central role in initiating timely discussions and supporting patients throughout the illness trajectory. However, EoL conversations are often postponed, and significant social and territorial disparities persist in access to information and support. Low health literacy, particularly among vulnerable populations, further limits patients' understanding of diagnoses, treatment options, and their rights.

Objectives: This workshop aims to strengthen GPs' literacy on EoL issues and to enhance their ability to support patients and caregivers in contexts marked by complexity, uncertainty, and diverse needs. The learning objectives include: (1) improving understanding of patients' legal rights and public health policies regarding EoL care; (2) highlighting the essential role of family caregivers; (3) identifying strategies and tools to inform and support patients in precarious situations; and (4) promoting the co-construction and use of national resources dedicated to primary care professionals.

Teaching method and workshop: The workshop will be based on an online application accessible by QR code in order to participate in an interactive quiz based on three clinical situations of palliative support (including the issues of early discussions, designation of a trusted person,

Expected outcomes: Through shared examples and practical insights, participants will deepen their knowledge of EoL support, better understand available evidence-based resources, and strengthen their confidence in initiating and conducting anticipatory discussions adapted to

Conclusion: By consolidating their skills, general practitioners will be able to initiate essential exchanges earlier and support the early appropriation of the rights of people at the end of life, and palliative and end-of-life support adapted to each situation.

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ID 1332- Stoic Philosophy and MindShift: Ancient and Modern Tools to Enhance Existential Health and Sustain Mental Well-Being

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Context: Delirium is a common yet under-recognized complication in mechanically ventilated ICU patients, contributing to prolonged ventilation, restraint use, sleep disruption, and increased risk of mortality. This case involves a 51-year-old man with acute respiratory failure who developed CAM-ICU–positive delirium characterized by agitation and sleep–wake reversal. The nursing team implemented the ABCDEF ICU Liberation Bundle to mitigat risks.

Methods: The ABCDEF bundle consists of: A: Assess, Prevent, and Manage Pain: CPOT-guided analgesia (scores 3–4 → 0–1). B: Both SATs and SBTs: daily readiness testing for sedation interruption and ventilator weaning. C: Choice of Sedation: avoidance of benzodiazepines; titration to RASS −1 to 0 to maintain light, cooperative sedation. D: Delirium Assessment, Prevention, and Management: twice-daily CAM-ICU, reorientation, nighttime noise reduction, sleep promotion, and minimized psychoactive agents. E: Early Mobility: progression from passive ROM to active limb exercises and bed-

edge sitting, supporting oxygenation and muscle preservation. F: Family Engagement and Empowerment: structured involvement to enhance emotional stability, orientation, and communication. Daily outcomes included CAM-ICU, RASS, CPOT, restraint duration, sleep continuity, mobility progression, oxygenation stability, and emotional responsiveness.

Originality: This case demonstrates the full implementation of all six bundle components, illustrating how nursing-led coordination can operationalize physiologic, cognitive, environmental, and psychosocial interventions to achieve measurable improvements in a real ICU setting.

Lessons learned and future implications: Delirium improved rapidly (CAM-ICU Days 1–3 → negative by Day 5). Restraints decreased from bilateral to a single soft restraint by Day 10 and were removed post-extubation. Sleep consolidated from 3–4 nightly interruptions to 7–8 hours. Mobility progression stabilized oxygenation, preserved muscle strength, and supported extubation on Day 15. Family involvement enhanced emotional stability and communication. Future priorities include nighttime care protocols, structured family engagement, and digital checklists to strengthen adherence.

Discussion: Clinical outcomes aligned with evidence showing that multimodal delirium strategies shorten delirium duration, stabilize sedation, strengthen mobility, and increase patient participation in care.

Conclusion: The ABCDEF bundle effectively reduced delirium duration, minimized the use of restraints, restored sleep rhythms, and supported earlier cognitive and functional recovery. Nursing leadership was essential in coordinating interventions and sustaining ICU Liberation practices. Keywords: Delirium, Intensive Care Unit, Patient Care Bundles

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ID 1955- Stories That Teach: Using Literary Texts for Professional Development in Family Medicine

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Context: Glass ampoules provide stable medication storage, but their brittleness makes improper breaking techniques prone to uneven necks and sharp injuries. Up to 38% of nurses and nursing students report ampoule-related cuts, which may lead to bloodborne infection risk, psychological stress, financial burden, and medication contamination, affecting both healthcare workers and patients.

Objectives: To evaluate the effectiveness of an innovative ampoule-opening device in improving occupational safety during medication preparation.

Methods: This randomized controlled trial enrolled clinical nurses from a medical center. Participants were assigned to one of three opening methods—alcohol swab + bare hand, scissors, or an ampoule-opening device—and instructed to break 5 mL, 10 mL, and 20 mL ampoules in randomized order. Data were analyzed using SPSS 25, and general linear regression was used to compare breaking time, sharp-injury occurrence, and neck defects across methods.

Results: A total of 108 nurses participated (86.1% female; mean age 28.63 ± 6.4 years). Only one sharp injury occurred in the alcohol swab + bare-hand group. The ampoule-opening device achieved the shortest breaking time for 5 mL and 10 mL ampoules and was faster than the bare-hand method for 20 mL ampoules (all $P < .05$). Compared with the device, scissors produced 0.86, 1.31, and 1.64 more neck defects for 5 mL, 10 mL, and 20 mL ampoules (all $P < .05$). The bare-hand method created slightly more defects (0.06, 0.42, 0.39), though differences were not statistically significant.

Discussion: Although not all outcomes reached statistical significance, the device reduced breaking time and generated smoother neck surfaces, while also lowering the risk of sharp

injuries. The absence of cuts in other groups may reflect participants' increased caution and the controlled testing environment, which does not fully represent fast-paced clinical conditions. As an engineering control within the Hierarchy of Controls Framework, the device offers a practical strategy to enhance occupational safety and should be considered for use in clinical settings.

Conclusion: Limited observed effects may reflect insufficient training with the ampoule-opening device. Future research should include adequate training, compare performance across healthcare roles, and assess cost-effectiveness to support broader clinical adoption. Keywords: accidental injuries, engineering controls, occupational safety, safety equipment

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ID 512- Strengthening primary care in Europe through collaborative action: vision XXX

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Context: Polypharmacy increases in older persons and in multimorbid patients thus becoming prevalent in primary health care. While deprescribing offers a patient-centered, systematic approach to reducing potentially inappropriate medicines, implementation remains inconsistent based on clinical, systemic, and patient-level factors.

Objectives: The purpose of this literature review is to outline the enablers and barriers of deprescribing in primary care and, on the basis of current evidence, and identify successful solutions for implementation.

Methods: A review of the literature was performed utilising PubMed, Medline, Cochrane Library and Embase, as institutional databases. English publications between 2020 and mid-2025 were screened utilising predefined inclusion and exclusion criteria. The CASP framework was used to critically appraise 43 peer-reviewed articles. Data were synthesised thematically with arising patterns grouped into their own main themes and sub-themes.

Results: Dominant themes that occurred were prescriber confidence, patient refusal, time constraints, and lack of overt guidelines as key barriers.

Discussion: Enablers such as multidisciplinary collaboration, use of evidence-based deprescribing tools (e.g. STOPP/START, Beers Criteria), and patient engagement were reported across all settings. Implementation strategies varied between settings but the majority contained important pharmacist interventions, education programmes, and formal implementation protocols.

Conclusion: Deprescribing within primary care can be done and is necessary but requires multi-faceted interventions targeting individual prescribers, systems, and patients. To enhance uptake and sustainment, deprescribing has to be incorporated into routine care in combination with training, decision aids, and policy-level promotion.

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ID 1436- Strengthening Rural Primary Care Through Clinical Champions and Micro-MDT Models to Reduce Inequalities Aligned With NHS, WHO and WONCA Priorities

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Context: This report details the complex care of a 69-year-old retired nurse following a critical ST-Elevation Myocardial Infarction (STEMI), complicated by hemodynamic collapse and subsequent surgical and infectious complications. This case reflects the edge-group of healthcare professionals as patients, often experiencing problematic access to unbiased self-assessment and care acceptance.

Methods: The patient, a former nurse, demonstrated professional denial, minimizing her own symptoms and struggling to relinquish control, which led to significant emotional distress. The clinical course included a

successful but complex percutaneous coronary intervention, followed by a necessary vascular repair after ECMO decannulation, prolonged IV antibiotic therapy due to bacteremia and suspected endocarditis, and a persistent surgical wound infection requiring VAC therapy (Vacuum-Assisted Closure) The family physician provided comprehensive, integrated management: 1) Case Manager: Serving as the central hub coordinating specialized care (Cardiology, Vascular) and managing: secondary prevention, polypharmacy and chronic wound care in the community setting. 2) Psycho-Social: Addressing her professional identity crisis, supporting the patient through concurrent bereavement, and providing continuous emotional and psychological support, mitigating the impact of the critical events on the patient's well-being.

Originality: This case highlights the psychological burden when a medical professional transitions to patienthood, as clinical knowledge paradoxically becomes a barrier to recovery and trust. It also models the Family Doctor's essential role in transcending this barrier, providing holistic, longitudinal care continuity across acute, tertiary, and community settings, particularly following multiple complications.

Lessons learned and future implications: Future practice should integrate explicit communication strategies tailored for healthcare workers to ensure their recovery is not impeded by their professional identity.

Discussion: The challenges for medical professionals as patients - denial, self-diagnosis, and delayed care acceptance - are significant and exacerbate the patient's distress. This case confirms the family physician's vital role as the bio-psycho-social anchor. The family doctor's established, continuous relationship was the reliable mechanism used to bypass this cognitive and emotional barrier, facilitating essential coordination and acceptance.

Conclusion: This case confirms the Family Doctor's indispensable role in facilitating comprehensive recovery by integrating complex clinical management with crucial psychological and social support, ensuring care overcomes the patient's professional barriers.

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ID 384- Stress Assessment Among Emergency Department Staff

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Context: Demographic trends and systemic challenges pose threats to the continuity of primary care in XXX. To provide an effective response to these challenges, a shared vision for primary care is essential. The previous vision no longer fully reflected current challenges or emerging technological opportunities. Therefore, XXX, XXX, and XXX collaborated to create a new vision: XXX. General practitioners (GPs) in XXX constitute a heterogeneous group (including locum GPs, practice owners and GPs on salary), with diverse professional expectations. To ensure successful implementation, broad support from all XXX general practitioners was crucial. Therefore, we included GPs in all phases of the process.

Methods: We used several established scientific methods to formulate the vision bottom-up, including a participatory design that combined qualitative and consensus-driven methodologies. Core values for general practice, as well as a review of relevant literature served as a baseline. We used focus groups and expert interviews to explore perspectives on the future of primary care. With these data, we developed a draft vision. Key components of this draft were validated through a nationwide survey among GPs. During this process, a large group of representatives of GPs and an advisory panel provided feedback at various times. The process contributed to broad consensus, which

was reflected in widespread support during the final endorsement.

Originality: The vision was co-created through consensus-driven dialogue, integrating diverse perspectives. This bottom-up method facilitated a shared vision, with broad support, from the heterogeneous group of XXX GPs.

Lessons learned and future implications: The collaborative development of this vision showed that structured, inclusive participation of GPs strengthens broad support. Such an approach is essential in heterogeneous contexts.

Discussion: XXX primary care has a longstanding tradition of joint vision development by XXX, XXX and XXX. These organizations represent nearly all GPs and regional bodies. This structure enables broad support for shared strategic visions.

Conclusion: The co-creation of this vision, through a bottom-up approach involving GPs in every aspect, enhances "fraternity" and support, and therefore future sustainable implementation.

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ID 1394- Study of Post-Concussion Behaviors in amateur Rugby

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Context: Age-related fertility decline increasingly affects couples worldwide. As a 43-year-old family physician with no prior running experience, I faced repeated assisted reproductive technology (ART) failures with my wife. This personal struggle prompted reflection on whether accessible lifestyle strategies—particularly aerobic activity that even complete beginners can adopt—may support natural conception in middle-aged couples.

Methods: In 2024, my wife and I underwent three cycles of intrauterine insemination (IUI): one failed to implant and two ended in early loss. With concerns about age-related decline, we began a shared running routine. As a complete novice, I started on June 9th, 2025 with 1-minute treadmill runs at 10 km/h followed by 2–3 minutes of walking, gradually increasing intervals weekly. Over several weeks, I progressed to running 10 continuous minutes and more than 5 km outdoors at a pace of 6'30"/km. My wife, also a beginner, followed a similar gradual protocol at 8 km/h initial bouts, eventually running ~3 km outdoors at 7'30"/km. This routine improved vitality and sleep regularity. Remarkably, my wife conceived naturally in August 2025—two months after beginning the program.

Originality: This case uniquely illustrates how a middle-aged couple with no prior running experience may achieve natural conception after repeated ART failures through progressive, accessible aerobic training. It highlights a realistic "zero-to-hero" pathway demonstrating that individuals of any age, body size, or fitness level can safely begin running using short bouts, slow pacing, and gradual workload increases.

Lessons learned and future implications: Structured aerobic activity may serve as a low-cost, equitable adjunct during fertility counseling for middle-aged couples. Integrating modifiable couple-level lifestyle strategies into primary care may enhance patient-centered fertility support.

Discussion: Improvements in sleep, metabolic health, and shared behavioral changes likely created a favorable biological environment for conception. The synergistic effect of both partners engaging in progressive exercise may have amplified these benefits beyond what prior ART attempts achieved.

Conclusion: Regular running initiated by two previously sedentary adults was temporally associated with natural conception following ART failures. Aerobic exercise may represent an accessible, evidence-informed element of infertility counseling—feasible for individuals of all ages, body sizes, and fitness backgrounds.

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ID 1720- Study of the impact of CBD consumption during pregnancy on fetal development: a systematic review of the literature.

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Context: Secure fixation of endotracheal tubes (ETT), nasogastric tubes (NGT), and oral bite blocks is essential in both adult and pediatric intensive care units (ICUs). Conventional adhesive-based methods often cause skin injury, unstable positioning, repeated re-fixation, and increased workload. Existing commercial devices rarely integrate NGT or bite block support, which contributes to fragmented workflows and a higher risk of dislodgement.

Objectives: To evaluate the usability and clinical applicability of an innovative three-in-one fixation and adjustment device that simultaneously secures ETT, NGT, and the bite block.

Methods: Guided by design thinking principles, the device was co-developed by nursing faculty and students to address key clinical pain points. A usability study was conducted with 20 participants in a laboratory simulation. Participants completed a four-item usability assessment, and qualitative feedback was analyzed thematically.

Results: Participants included clinical nurses (70%), nursing faculty (15%), and nursing students (15%). They reported improved tube stability, reduced unplanned displacement, and decreased reliance on adhesive tape, particularly beneficial for pediatric patients with smaller facial contours and sensitive skin. The adjustable structure enhanced fixation symmetry and reduced lateral shifting, while integrated bite block positioning offered greater precision than traditional methods. Workflow advantages included faster setup, easier repositioning, and reduced material use. Suggested refinements included improved cushioning, longer straps for larger facial profiles, and increased adaptability. The device has been submitted for patent protection (Taiwan Patent Application No. 114116XXX) and has received multiple national and international innovation awards.

Discussion: User feedback aligned closely with the five core design principles. The three-tube modular integration addressed workflow fragmentation and reduced the need for repeated taping. The four-point adjustable frame improved fit and stability, as noted in comments about decreased lateral shifting. The extended cushioned bite block enhanced comfort and oral protection, especially in pediatric care. The modular base-and-attachment system increased flexibility and reduced waste. Philtrum-centered anchoring with four-point pressure distribution reflected users' appreciation for improved comfort and reduced pressure risk.

Conclusion: This three-in-one fixation device demonstrates strong usability, clinical relevance, and scalability across ICU settings. Further real-world testing and refinement will support the broader adoption of this approach.
Keywords: Extubation, Medical Device, Patient Safety, User-Centered Design, Workflow

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ID 1965- Subjective general health predicts high risk of physical fitness impairment in hospital employees: a multicenter, tenure-stratified analysis

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Context: General practitioners often encounter relational problems with patients. Both sometimes come out of a consultation feeling frustrated, upset or annoyed. This affects the quality of care for the patients and the well-being of the doctor.

Objectives: The aim of a Balint group is to enhance empathy, to get a better understanding of the doctor patient relationship and to acknowledge the suffering of both the patient and the doctor.

Teaching method and workshop: The workshop will offer a traditional Balint Group of 6–12 participants working on a case presentation under the supervision of 1-2 experienced leaders. The workshop can accept up to 30 participants using the fishbowl technique, with an outer circle of co

Expected outcomes: The aim of the Workshop is to enhance a respectful, human and ethical clinical practice, to help doctors to get a better understanding of the patients, to improve communication and the relationship with their patients in an atmosphere of non-judgement.

Conclusion: The workshop offers the opportunity to get in touch with the Balint method, to connect with interested colleagues and to learn about actual Balint work in Europe

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ID 1804- Subjective general health predicts high risk of physical fitness impairment in hospital employees: a multicenter, tenure-stratified analysis in East Asia

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Context: The prevalence of hyperuricemia have increased over the past few decades. Hyperuricemia is considered to be responsible for the increased risk of hypertension, type 2 diabetes mellitus, chronic renal disease, and cardiovascular disease. Health-related quality of life (HRQoL) is increasingly used as an outcome in clinical trials, effectiveness research, and research on quality of care.

Objectives: We aimed to analyze the association between hyperuricemia and HRQoL in Korean adults older than 19 years.

Methods: We included 2,376 men and 2,593 women who participated in the Korea National Health and Nutrition Examination Survey from 2016 to 2017. Hyperuricemia was defined as serum uric acid 7mg/dL. The Euro quality of life-5 dimension (EQ-5D) instrument was used as the measure of HRQoL. A multiple logistic regression analysis was performed to examine the association between Hyperuricemia and HRQoL.

Results: The EQ-5D index score in hyperuricemia group was significantly lower than normal group. After adjusting for multiple covariates, the odds ratios (95% confidence intervals) for problems with mobility were 1.46 in men and 1.33 in women; however, the difference was not statistically significant for women.

Discussion: This study is meaningful in that hyperuricemia affects health-related quality of life not only in the elderly population but also in the young population in their 20s and 30s, suggesting that they need proper management of hyperuricemia.

Conclusion: Hyperuricemia was associated with poor quality of life. It is important to control serum uric acid levels to improve HQoL.

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ID 1222- Subtle Clues, Serious Exposure: Chronic Lead Toxicity Identified in a Family Medicine Setting

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Context: Growing concern about mental health disorders has become a major public issue in South Korea, driven by sociocultural and economic pressures and reflected in the nation’s highest suicide rate among OECD countries. Obstructive sleep apnea (OSA), a prevalent sleep-related breathing disorder, may exacerbate psychological distress by disrupting sleep quality.

Objectives: This study aimed to examine the relationship between OSA risk, as measured by STOP-BANG, and mental health outcomes, including anxiety and depressive symptoms, using nationwide data from the 2021 Korea National Health and Nutrition Examination Survey (KNHANES).

Methods: A total of 3,910 adults aged ≥40 years (1,706 men and 2,204 women) from

KNHANES 2021 were analyzed. Participants completed the STOP-BANG questionnaire to assess OSA risk and the Generalized Anxiety Disorder-7 (GAD-7) scale to measure anxiety symptoms. Demographic, lifestyle, and clinical covariates were included, such as age, BMI, socioeconomic factors, comorbidities, and perceived stress. Logistic regression analyses were performed to examine associations between STOP-BANG scores and mental health outcomes, adjusted for potential confounders.

Results: Men exhibited higher BMI and cardiometabolic comorbidities, while women had higher rates of depressive symptoms and lower socioeconomic status ($p<0.05$). Higher STOP-BANG scores were significantly associated with increased perceived stress (OR 1.37, 95% CI 1.22–1.54), greater GAD-7 scores (OR 1.08, 95% CI 1.05–1.11), and higher odds of experiencing a depressive mood lasting more than two weeks (OR 1.94, 95% CI 1.54–2.45). Sex-specific analyses revealed that certain OSA risk components (e.g., snoring, tiredness, observed apnea) were more strongly associated with mental health outcomes in one gender than the other.

Discussion: Our findings underscore the complex interplay between sleep apnea risk factors and mental health, highlighting the need for gender-specific approaches in managing patients with potential OSA. The differential impact of OSA risk factors on mental health outcomes between genders emphasizes the importance of considering gender in both the screening and treatment of sleep apnea and associated mental health conditions.

Conclusion: Higher OSA risk assessed by STOP-BANG was significantly associated with anxiety, stress, and depressive symptoms, independent of major confounders. The findings underscore the need for gender-specific strategies and early screening for OSA as part of comprehensive mental health assessment.

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ID 1967- Sudden cardiac death risk in athletes: a primary care reflection on screening challenges

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Context: Context: Long-term use of prescribed opioids for the management of chronic pain in the primary care setting in Australia is associated with opioid dependence. This is often undiagnosed and untreated, with attendant harms.

Objectives: Objectives: This research sought to analyse Australian GPs' intention to diagnose and manage opioid dependence in their patients' prescribed opioids for chronic pain and understand how this may have changed over time.

Methods: Methods: This longitudinal theory-based qualitative research used repeated semi-structured interviews with 24 GPs working in New South Wales, Australia. We analysed GP intention to diagnose and manage opioid dependence in their patients' prescribed opioids for the management of chronic pain through the three factors of the Theory of Planned Behaviour: attitude, social norms and behavioural controls. We also assessed the impact on intention due to time, programs, policies, and other incentives that occurred between 2021 and 2023.

Results: Results: Theory of Planned Behaviour factors affected GPs' engagement in opioid dependence diagnosis and management. Experience of fruitful conversations with patients regarding opioids, pain and risk strengthened positive attitudes. Patients expressing a desire to change opioid use due to opioid risk concerns and colleagues who diagnosed and managed opioid dependence built positive social norms for participants. Education, increased skills, real-time prescription monitoring tools, changes to government funding and approval of medications, collegial support and workplace increased positive behavioural controls. Difficult, futile conversations with patients,

adverse regulatory experiences, isolation, and perceived imperative to shift care to specific monitored medicine programs decreased intention. Covid had an impact, and over the study period, many participants chose to decrease or cease general practice.

Discussion: Discussion: Positive attitudes, social norms and behavioural controls may increase GPs' intention to diagnose and manage opioid dependence in their chronic pain patients.

Conclusion: Conclusions: Programs and initiatives that consider and build positive attitudes, social norms and behavioural controls may assist GPs to better manage opioid use, including deprescribing or opioid dependence treatment in their chronic pain patients, potentially with better treatment outcomes. Current funding limitations in Australian general practice must be addressed.

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ID 2113- Supporting Patient Wellbeing Through Digital Self-Management Tools: Scalable Approaches for Global Primary Care

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Context: Seborrheic dermatitis is a chronic inflammatory skin disorder affecting the scalp, face, and upper trunk. Evidence suggests a link between seborrheic dermatitis and systemic metabolic abnormalities, especially among individuals with metabolic syndrome, a condition involving central obesity, dyslipidemia, hypertension, and impaired glucose metabolism. However, specific clinical and biochemical predictors of seborrheic dermatitis in this population remain unclear.

Objectives: To identify clinical and biochemical predictors of seborrheic dermatitis and to estimate individual risk among people with metabolic syndrome using a machine learning approach applied to real-world clinical data.

Methods: We conducted a retrospective observational study using electronic medical records from a tertiary hospital. Adults who visited the hospital between January 2018 and December 2024 and met the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) criteria for metabolic syndrome were included. Seborrheic dermatitis was identified using International Classification of Diseases, 10th Revision (ICD-10) codes and verified through clinical notes; patients with non-specific skin symptoms were excluded unless seborrheic dermatitis was clearly documented. Features included age, sex, body mass index (BMI), waist circumference, triglyceride-to-high-density lipoprotein (HDL) ratio, fasting glucose, glycated hemoglobin (HbA1c), smoking, alcohol use, and comorbidities. A gradient boosting model (extreme gradient boosting, XGBoost) was trained to predict seborrheic dermatitis, and performance was evaluated using five-fold cross-validation.

Results: Among 446 patients with metabolic syndrome, 53 (11.9%) had seborrheic dermatitis. The machine learning model achieved an area under the receiver operating characteristic curve (AUC) of 0.78, accuracy of 74.4%, precision of 61.7%, recall of 66.0%, and F1-score of 63.8%. Shapley Additive Explanations (SHAP) indicated that triglyceride-to-HDL ratio, HbA1c, BMI, and smoking status were the most influential predictors of seborrheic dermatitis risk.

Discussion: This electronic medical record–based machine learning study highlights the role of metabolic imbalance and lifestyle factors in seborrheic dermatitis among patients with metabolic syndrome.

Conclusion: Predictive tools based on routinely collected clinical data may support early identification and risk stratification of seborrheic dermatitis in primary care, but prospective validation in diverse settings is needed.

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ID 1984- Suspected Digoxin Toxicity Due to Polypharmacy in an Older Adult: A Case Report from Primary Care

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Context: Women's health perceptions shape preventive care behavior and reflect the sociocultural environments in which they live. However, limited research exists comparing how women in developed and developing countries access and trust medical information.

Objectives: The objective is to characterize differences in trusted sources of medical information and community health perception among women in XXX (developed community) and YYY (developing community) to inform equitable region-specific patient education strategies.

Methods: A prospective cross-sectional survey was administered to women ≥18 years old in a primary care clinic in XXX and community outreach clinics in YYY. Survey domains assessed personal and community health perception and trusted sources of medical information. Responses were analyzed using descriptive statistics and logistic regression.

Results: Among 119 participants (XXX = 51; YYY = 64), healthcare providers were the most used and trusted source of medical information in both locations, followed by family and friends. Compared to women in YYY, women in XXX expressed a greater trust in internet (73% v. 17%, p<0.001) and social media-based platforms (37% v 7.8%). Compared to women in XXX, women in YYY commonly trusted religious institutions for health information (70% v. 49%, p= 0.03). Older women in XXX were more likely to view their community as healthy (OR 0.967, 95% CI 0.932–0.998, p=0.027), while there was insufficient evidence to confidently delineate the relationship between community health perception and age in YYY (OR 1.028, 95% CI 0.991 to 1.079, p=0.085).

Discussion: Differences in trusted sources reflect the sociocultural and technological infrastructures of each setting. Reliance on internet-based resources among XXX participants aligns with high digital access in developed countries, while YYY participants' trust in religious institutions highlights the central role of community-based networks. The more positive community health perceptions reported by older women in XXX may reflect greater availability of age-friendly health services in developed regions.

Conclusion: Although healthcare providers are universally trusted, digital strategies are utilized more by XXX and community-based approaches are more meaningful in YYY. Additionally, targeted initiatives for older women in YYY may help address disparities in perceived community health. Tailoring patient education to local information ecosystems may strengthen patient engagement across both regions.

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ID 1150- Synergistic Role of Vitamins D and K in Bone and Cardiovascular Health: A Literature Review with Implications for European General Practice

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Context: Body mass index (BMI) has a J-curve relationship with mortality, but the physiological mechanisms underlying its effects are complex and paradoxical. Understanding whether early cardiac structural changes, specifically left ventricular mass (LVM), modulate the relationship between BMI and all-cause mortality is crucial for public health evaluation.

Objectives: To investigate the mediating role of LVM, in the relationship between BMI and all-cause mortality.

Methods: The Chin-Shan Community Cardiovascular Cohort (CCCC) study was a prospective cohort consisting of participants from one community in Taiwan in 1990-1991. The inclusion criteria were adult participants in CCCC with complete data for BMI, and LVM from echocardiography measurements. Deaths were ascertained by hospital-based medical

records and official death registry database. Cox regression models were applied to determine the association between BMI, LVM and all-cause mortality. The mediation was quantified using the Delta Method and confirmed via the Bootstrapping method (N=1,000 replicates).

Results: A total of 2,918 participants with the mean (standard deviation) age 54.2 (11.8) years and 54.1% women were included. Their mean (standard deviation) BMI was 23.51 (3.36) kg/m^2. In the median follow period was 22.4 years, 984 deaths developed. BMI significantly decrease the all cause-mortality risk, with the hazard ratio [HR]= 0.946 and 95% confidence interval [CI], 0.924-0.969. Meanwhile, LVM significantly increase the all cause-mortality risk, the HR (95 % CI) was 1.004 (1.003-1.005). The analysis revealed a statistically significant suppression mediation: the total effect of BMI on the hazard of death was estimated to be -0.021 [-0.042, -0.0004]. However, a significant positive indirect effect 0.0271 [0.011, 0.043], suggests that LVM mediates the association.

Discussion: This suppression effect highlights the "obesity paradox" in that BMI's overall benefit is actively counteracted by its detrimental effect on LVM. Public health efforts should consider LVM reduction alongside weight management.

Conclusion: The study indicates that the protective direct effect of BMI is suppressed by an increased risk of death mediated through higher LVM.

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ID 163- Systematic literature review of non-surgical treatments for Osgood-Schlatter disease

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Context: Sustained exposure to dietary patterns with a high content of ultra-processed foods has been linked to a significant increase in the risk of developing various metabolic disorders, including metabolic dysfunction-associated steatotic liver disease (MASLD). The growing global prevalence of MASLD highlights the urgent need to elucidate its pathogenic mechanisms more precisely, since, due to the different pathways involved, there are currently no recognised effective therapies, reinforcing the strategic importance of identifying new molecular targets and specific therapeutic approaches. The HepG2 cell line is a relevant and effective in vitro model for studying hepatic steatosis. Some plant extracts have demonstrated hepatoprotective activity through the modulation of metabolic pathways that suppress lipid accumulation in the liver. However, the available knowledge on additives used in the formulation of ultra-processed foods (UPF) remains limited.

Objectives: The aim of this research was to analyse the effect of different food additives and plant extracts on the establishment and evolution of MASLD in HepG2 cells.

Methods: The human liver cell line HepG2 was used as an in vitro model. The different food compounds were evaluated at a concentration of 1% for 48 hours in EMEM medium. After 24 hours of exposure, palmitic acid was added at a concentration of 200 mM to induce steatosis. Subsequently, Oil Red O staining was performed to quantify intracellular lipid accumulation.

Results: The results indicated that cells exposed to plant extracts (curcumin, hesperidin, and lycopene) showed minimal intracellular lipid accumulation. In contrast, treatment with the food additive tartrazine was associated with a marked increase in the size of cytoplasmic lipid droplets.

Discussion: The different behaviour between plant extracts and tartrazine suggests that these compounds act through opposing cellular mechanisms in the regulation of lipid content. This raises the need to investigate further how certain food additives could contribute to metabolic imbalances in the liver.

Conclusion: Plant extracts could exert a beneficial modulatory effect by attenuating the processes that lead to the induction of

hepatocellular steatosis. Conversely, various food additives show signs of promoting intracellular lipid accumulation, thus favouring the onset of steatosis compatible with the early stages of MASLD.

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ID 415- Systematic review of barriers, facilitators and recommendation rates of physical activity and weight management apps among primary care healthcare professionals

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Context: The benefits of vitamin K antagonists (VKAs) have been widely demonstrated across numerous indications. Although their efficacy is well established, these drugs may lead to various complications, among which hemorrhagic events are the most frequent and severe. Acute gastrointestinal bleeding is one of the main presentations of VKA overdose.

Objectives: Identify predictive factors of mortality in patients admitted to the emergency department for upper gastrointestinal bleeding associated with VKA overdose.

Methods: We conducted a prospective, single-center study over a one-year period (January 2023–January 2024). All patients admitted to the emergency department for upper gastrointestinal bleeding with documented VKA overdose were included. Epidemiological, clinical, biological, endoscopic, and therapeutic data were collected. A multivariate analysis was performed to determine independent predictors of in-hospital mortality.

Results: A total of 43 patients were included (mean age 71 ± 14 years; sex ratio 1.15). All received Sintrom for atrial fibrillation, valve replacement, deep vein thrombosis, or pulmonary embolism. Main comorbidities were hypertension, diabetes, coronary artery disease, and dyslipidemia. Presenting symptoms were hematemesis, melena, general deterioration, and abdominal pain. Hemodynamic instability at admission: SBP < 90 mmHg in 27%, DBP < 50 mmHg in 23%, HR > 100 bpm in 48%. Hemoglobin < 7 g/dL in 50%. Mean INR 11 ± 7, with 50% > 10. Endoscopy was performed in 60% of cases; peptic ulcer disease in 21%. In-hospital mortality was 14%. Univariate predictors of mortality: Blatchford score ≥ 14, norepinephrine use, urea > 16 mmol/L. Multivariate analysis: only Blatchford score ≥ 14 remained significant.

Discussion: Several scoring systems have been developed to assess the prognosis of this condition. The Blatchford score was found to be more predictive of clinical risk compared with the initial Rockall score, as well as more accurate in identifying the need for blood transfusion.

Conclusion: Our study demonstrated that clinical assessment and simple biological parameters provide easily identifiable predictors of mortality at admission in patients presenting with upper gastrointestinal bleeding related to VKA overdose.

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ID 900- Taking blood pressure in both arms - a diagnostic necessity or a time luxury?

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Context: The XXX supports global primary care collaboration through education, research, and exchange opportunities for GP trainees and First5 GPs. With more than a decade of XXX-facilitated exchanges, the XXX Programme provides structured, short-term placements that strengthen professional development and cross-cultural understanding. Established pathways such as the Hippokrates Exchange (two-week European placements), Family Medicine 360 (FM360; global exchanges up to four weeks), specific country exchanges, and Conference Exchange initiatives enable participants to gain experiential learning aligned with XXX curriculum domains, including equality, diversity and inclusion, leadership,

and working effectively within organisations and systems of care.

Objectives: The workshop aims to familiarise participants with the purpose, structure, and application processes of the Exchange Programmes and to demonstrate how international exchanges enhance clinical insight, reflective practice, and leadership growth. Participants will explore how exchanges broaden global networks, enrich GP training, and support portfolio development or quality improvement activities.

Teaching method and workshop: The session will begin with an overview presentation outlining each exchange programme, key learning objectives, application and hosting processes, and examples of clinical or conference-linked activities. Following this, participants will join facilitate

Expected outcomes: By the end of the workshop, participants will be able to describe the range and purpose of XXX Exchange Programmes and articulate how these experiences contribute to personal and professional development. They will be able to reflect on competencies relat

Conclusion: This interactive session highlights how XXX Exchanges provide transformative opportunities for early-career GPs, fostering global collaboration, revitalising professional enthusiasm, and equipping participants with skills that enhance patient care and strengthen primary care systems internationally.

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ID 1925- Teaching of Core Values in General Practice/Family Medicine – why and how?

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Context: The use of generic drugs has been encouraged worldwide for several decades. Although increasing, their use in France remains limited in international comparisons. In the literature, among the factors associated with their use, several are linked to the prescriber, including their specialty. To our knowledge, this association has never been studied in France.

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Methods: We used a sample of an open available semi-aggregated database from the 2019 French health insurance system database. We compared with logistic regression models GPs to all other specialities combined, then GPs to the 19 other specialties taken individually, only on the substitutable drugs they prescribe in common.

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Discussion: To our knowledge, this study is the first in the French context to investigate the prescriber's specialty as a factor influencing generic dispensing, based on exhaustive community pharmacy dispensing data. Since we did not have access to the content of the prescriptions, we were unable to evaluate at which point in the drug use chain the difference occurred.

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ID 268- Teaching POCUS in General Practice: Results from a Resident Training Initiative

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Context: Elevated nighttime blood pressure is a well-established predictor of cardiovascular disease. While 24 hour ambulatory blood pressure monitoring (ABPM) from the upper arm is the standard for nocturnal blood pressure assessment, wrist-type home blood pressure monitoring (HBPM) offers potential advantages in convenience, yet its usability and impact on sleep quality remain underexplored.

Objectives: To compare the usability and impact on sleep quality of a wrist-type HBPM device and conventional upper-arm 24 hour ABPM device.

Methods: In this randomized crossover study, 60 community-dwelling individuals (50-80 years) from the RED-LRGP trial underwent wrist-type HBPM (Omron HEM-9601T) and upper-arm ABPM. HBPM included three nocturnal readings per night (4 hours after bedtime, at 02:00, and 04:00 hour) for five nights, and morning and evening daytime readings on these same days. ABPM included single day-and-night measurements with cuff inflations every hour. Participants completed the System Usability Scale (SUS) and visual analogue scale (VAS) for sleep quality after each device. Linear mixed-effects models were used to compare usability (SUS) and sleep quality (VAS) between devices.

Results: Sixty participants (mean age 58 years, 57% female, 23% hypertensive) completed questionnaires. HBPM showed higher usability (SUS 71.9 vs. 52.4; $p<0.0001$) and better sleep quality (VAS 74.6 vs. 58.9; $p<0.0001$) than ABPM. Repeated nightly HBPM captured night-to-night variability, detecting nocturnal hypertension in 27% to 39% of participants versus 26% by single-night ABPM, and non-dippers in 7% to 14% versus 25% by ABPM. Sixteen participants without obesity, hypertension or other relevant comorbidities were classified as HBPM non-dippers on one or more nights.

Discussion: This study may be valuable for guiding clinical applications of wrist-type HBPM as a patient-friendly approach for characterizing nocturnal BP patterns.

Conclusion: Wrist-type HBPM for five days and nights improves usability and preserves sleep quality compared with conventional, single day-and-night upper-arm ABPM. This furthermore enables repeated nocturnal measurements to capture night-to-night BP variability and supporting its use as a practical, user-friendly tool for home-based nocturnal BP monitoring.

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ID 120- Team-based care teaching for medical undergraduates during primary care rotations

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Context: Chronic tophaceous gout has become uncommon in high-income countries due to improved diagnostics and effective urate-lowering therapies. However, its persistence in rural and geographically isolated communities reveals underlying inequities in access to healthcare services. These disparities, shaped by distance, limited local resources, and cultural or occupational constraints, continue to influence disease progression and management, even within universal healthcare systems.

Methods: We present a descriptive case report of a 88-year-old farmer from XXX, a rural village in the XXX, who attended a routine primary

care visit. Clinical data and pictures were collected with his explicit consent and through medical record review and physical examination, focusing on disease history and life habits. Contextual factors such as occupational demands, geographic barriers, and continuity of care were analyzed to understand contributors to the patient's advanced gout presentation.

Originality: This case highlights a condition traditionally associated with inadequate or delayed care, now resurfacing in a rural European context where universal health coverage ostensibly ensures equity. The report offers an integrated perspective that connects clinical findings with structural determinants of health, emphasizing how modern inequities drive the persistence of advanced diseases in specific territories.

Lessons learned and future implications: The case underscores the need for strategies that reinforce continuity of care in rural primary care settings, including improved access to laboratory testing, flexible monitoring pathways, and community-adapted follow-up models. Future initiatives should focus on territorial equity, telemedicine integration, and workforce reinforcement to ensure that chronic disease management is not conditioned by geography.

Discussion: The patient's chronic tophaceous gout, despite being on urate-lowering therapy, reflects long-standing gaps in monitoring and follow-up. Structural barriers, including the scarcity of local laboratory services, limited specialist access, and demanding agricultural work schedules, likely contributed to disease progression. This case illustrates how rurality intersects with health system limitations to produce advanced clinical presentations, challenging assumptions about the effectiveness of universal healthcare in eliminating inequities.

Conclusion: This case demonstrates that chronic diseases like tophaceous gout persists where structural inequities remain unaddressed. Primary care clinicians in rural settings play a critical role in identifying these gaps and advocating for resources and policies that ensure consistent, person-centered management across all territories.

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ID 2180- Technical visits across Brazil's health care networks: a practice based reflection for undergraduate medical training

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Context: Point-of-care ultrasound (POCUS) is increasingly used in general practice, yet formal training during GP residency remains limited in many countries. Since 2022, the Department of General Medicine at XXX (France) has developed a structured ultrasound training program combining instruction from experts and training provided by GP trained in ultrasound to promote the long-term integration of POCUS into primary care.

Objectives: To describe the implementation of an introductory ultrasound course for GP residents and to evaluate its short-term impact on residents' satisfaction and motivation to pursue further training.

Methods: We conducted a pre–post evaluation among GP residents attending an introductory POCUS course at XXX during the 2024–2025 academic year. The course was delivered by a recognised ultrasound expert or training provided by GP trained in ultrasound, and covered basic image interpretation, probe handling, spatial orientation and standard ultrasound views. Residents completed self-administered questionnaires before and immediately after the course assessing: overall satisfaction (post only), perceived usefulness of the training self-reported confidence in basic ultrasound skills, perceived needs for further training.

Results: A total of 88 residents completed the pre-course questionnaire and 82 completed the post-course questionnaire. Most respondents had already used an ultrasound machine (77/88; 87.5%), but only 10.2% (9/88) reported having previously received any

ultrasound training. Prior use mainly occurred during rotations in the emergency department (n=48), gynecology department (n=13) and general practice (n=10). Satisfaction with the course was very high: 78/82 (95.1%) reported being “very satisfied” and 4/82 “rather satisfied”. Almost all participants (81/82; 98.8%) stated that the course met or exceeded their expectations. One participant expressed a desire for more hands-on practice. All respondents indicated that they would recommend the course to a colleague. Residents unanimously expressed interest in further ultrasound training, and all agreed that ultrasound education has a place within the third cycle of medical studies in general practice.

Discussion: This faculty-based introductory POCUS course for GP residents was very well received. Combining expert-led teaching and the involvement of trained GP supervisors appears to be a promising strategy for integrating POCUS into general practice training.

Conclusion: Further evaluations will explore its longer-term impact and the development of additional advanced modules.

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ID 2164- Teleconsultation under crisis conditions: how general practitioners appropriated a new tool during COVID-19 in La Réunion and Mayotte

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Context: Cutaneous leishmaniasis remains endemic in several rural areas of Costa Rica, disproportionately affecting Ngäbe-Buglé indigenous children. Environmental exposure to sandfly vectors, mobility across forested zones, and housing conditions increase infection risk. Limited access to healthcare and delayed diagnostic opportunities often prolong disease evolution. During a clinical rotation in San Vito de Coto Brus, several Ngäbe-Buglé children presented with cutaneous lesions compatible with leishmaniasis. These cases, supported by photographic documentation, illustrate the ongoing burden of this neglected tropical disease in structurally vulnerable communities.

Methods: This visual case series draws on clinical encounters from primary care visits and community outreach in Ngäbe-Buglé settlements near San Vito. Data collection focused on physical examination and photographic documentation of lesion characteristics, including morphology, size, and anatomic distribution. Contextual variables such as exposure patterns, living environment, and access to care were also recorded to complement the visual assessment.

Originality: Visual documentation of cutaneous leishmaniasis in Ngäbe-Buglé children is rarely available, despite the community’s high exposure and structural vulnerability. By integrating clinical photography with field-based observations, this poster offers a clear and educational representation of lesion patterns encountered in a real rural setting. The combination of dermatologic images and contextual information highlights how environmental and social factors shape presentation, recognition, and access to care in indigenous pediatric populations.

Lessons learned and future implications: The cases highlight the importance of visual recognition for early diagnosis in resource-limited settings. Strengthening local diagnostic capacity, ensuring consistent availability of antileishmanial treatment, and reinforcing culturally adapted community outreach may reduce delays and prevent complications. Future strategies should incorporate telemedicine support and collaboration with indigenous leaders to promote sustainable public health interventions.

Discussion: The photographic cases reveal how environmental exposure, socioeconomic barriers, and long travel distances to healthcare centers contribute to advanced or persistent presentations. Visual documentation underscores classic ulcerative lesions and reinforces the role of frontline primary care in early recognition, even when laboratory

confirmation is limited. Addressing structural inequities remains essential to improving outcomes.

Conclusion: Cutaneous leishmaniasis continues to reflect structural vulnerability among Ngäbe-Buglé children in southern Costa Rica. Visual case documentation from primary care provides a powerful tool for clinical education, advocacy, and the development of territory-sensitive health strategies.

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ID 1476- Telemonitoring in primary healthcare units: a new tool to improve access and communication

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Context: Although lipedema might affect 11% of women in the world, it remains underdiagnosed, often confused with lymphedema or obesity. Although several countries have established national guidelines for the diagnosis and management of lipedema, there are none in France.

Objectives: The objective was to describe the clinical pathway of these women in France.

Methods: We broadcasted a questionnaire among patients on symptoms and treatment, a descriptive analysis was carried out for each of them, followed by a comparative analysis. We then conducted semi-directed interviews following a guide inspired by the MINI (McGill Illness Narrative Interview) with voluntary patients for them to express their feelings and their experience of the disease and their care pathway. The analysis was conducted according to an explanatory paradigm inspire by grounded theory.

Results: 1552 patients were included for the quantitative study. The mean medical wandering was 19 years. 82% of the patients had already consulted for their symptoms but only 62% had obtained a diagnosis of lipedema, mainly by an angiologist, despite having consulted their GP among a large number of healthcare professionals. Most of the operated patients went outside of France. In the 4 interviews, patients expressed great isolation, reinforced by social and medical stigma because of the lack of knowledge around their pathology and confusion with obesity. The disease, its limitations and the difficult clinical pathway had fueled feelings of depression, injustice and anger.

Discussion: These data sustain other european studies (from Germany, UK, Sweden, Netherlands), showing a medical wandering of 15+ years and the need to consult at least 3 doctors to get a diagnosis. Like in other countries, women with lipedema in France are feeling isolated, angry and not heard nor recognized in their suffering.

Conclusion: The management of patients with lipedema in France is far from optimal and make the journey of these women long, complex and expensive, contributing to their physical and psychological suffering.

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ID 401- The "Golden Nuggets of Family Medicine" Newsletter: A Scalable Micro-Learning Platform for Busy GPs

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Context: Combustible cigarette smoking is known to elevate hemoglobin (Hb) levels primarily through carbon monoxide mediated erythropoietic stimulation. In contrast, the hematologic effects of exclusive e-cigarette use remain poorly defined, especially in primary care settings where clinicians frequently counsel on tobacco and nicotine products.

Objectives: To compare Hb concentrations across four tobacco use patterns non-smoking, exclusive e-cigarette use, exclusive combustible cigarette smoking, and dual use and to determine whether exclusive e-cigarette use is associated with Hb elevation.

Methods: This observational analysis used nationally representative data from adult men aged ≥19 years with complete information on

smoking behavior and e-cigarette use. Participants were categorized into four mutually exclusive groups: non-smokers, exclusive e-cigarette users, exclusive combustible cigarette smokers, and dual users. Hemoglobin concentration was the primary outcome. Individuals without Hb data were excluded from regression analyses. Age-adjusted linear regression was used to evaluate Hb differences across groups, and predictive margins were estimated to obtain adjusted mean Hb levels.

Results: A total of 1,311 men met inclusion criteria, of whom 1,290 had available Hb measurements. Age-adjusted mean Hb levels were 15.31 g/dL in non-smokers, 15.19 g/dL in exclusive e-cigarette users, 15.54 g/dL in exclusive smokers, and 15.60 g/dL in dual users. Compared with non-smokers, exclusive combustible cigarette smokers ($\beta = 0.23$ g/dL, $p < 0.001$) and dual users ($\beta = 0.29$ g/dL, $p = 0.001$) showed significantly higher Hb levels. Exclusive e-cigarette use was not associated with Hb elevation ($\beta = -0.12$ g/dL, $p = 0.39$).

Discussion: These findings reinforce that Hb elevation reflects exposure to combustion-related toxicants rather than nicotine delivery. The absence of increased Hb among exclusive e-cigarette users suggests that non-combustible nicotine products do not trigger the compensatory erythropoietic response observed in combustible smoking.

Conclusion: Conventional cigarette smoking was associated with increased hemoglobin levels, whereas e-cigarette use showed no such association. The type of tobacco product should therefore be considered when evaluating hemoglobin elevation and its underlying mechanisms in primary care practice.

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ID 1740- The analysis of violence motivated by gender, racism, and xenophobia reinforces the importance of integrating discussions on social inequalities and vulnerability into medical training. This approach promotes cultural competence, humanized care, and great

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Context: Primary Health Care (PHC) plays a key role in health promotion and prevention of adverse events, especially in emergencies requiring immediate action. Choking and cardiopulmonary arrest (CPA) are notable causes of preventable deaths, often associated with insufficient basic emergency knowledge. In response to this need, a Primary Care Unit implemented a Basic Life Support (BLS) educational activity coordinated by the unit's physician, aiming to train professionals and community members to recognize critical signs and correctly perform choking relief and cardiopulmonary resuscitation (CPR).

Methods: The training was named "Reanimate Project: Anyone Can Be the First to Help", reflecting that, in XXX, "reanimate" is also used to mean "resuscitate". The first edition occurred in May 2025, in XXX, and initially involved the unit's staff—community health workers, dentists, nursing professionals, receptionists, and general services staff. Following positive results, the initiative expanded over five editions to include professionals from local health and education sectors. Each cohort had about 12 participants, ensuring close interaction and supervision. The activity consisted of two phases: a theoretical session using PowerPoint slides and instructional videos to address choking recognition, CPA signs, scene safety, activation of emergency services, and the BLS chain of survival; and a practical session using pediatric and adult manikins, bag-valve-mask devices, and peer simulations that enabled immediate technique correction. Strengths included small

groups, multiprofessional participation, and realistic training materials. Limitations involved limited time for more complex scenarios and the absence of formal quantitative assessment.

Originality: Providing recurring BLS courses within PHC, using active learning, multiprofessional engagement, and intersectoral participation, represents an innovative practice. Reports of continuous, structured BLS training with manikins directly in primary care settings are still uncommon.

Lessons learned and future implications: The experience highlighted the need for hands-on emergency training. Small groups and simulations improved learning and confidence. Future steps include expanding sessions, incorporating pre- and post-training evaluations, and promoting dissemination of BLS skills in schools and other community spaces.

Discussion: The continuity of the course demonstrates its educational relevance, strengthening autonomy, teamwork, and local emergency preparedness.

Conclusion: The initiative reinforced PHC's strategic role in BLS education and contributed to building a more prepared, resilient, and safer community.

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ID 2205- The Anti-Inflammatory Roles of Vitamin D for Improving Human Health

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Context: During Roman Antiquity, the entire Empire was a medical desert. The entire? No! Some doctors, trained in medical schools, practiced their art, especially in Rome and in large cities. But the competition with a less rational approach to medicine was fierce…

Objectives: We examined what factors may have influenced medical demographics at the time and what the consequences may have been for the population.

Methods: We used texts from ancient authors and epigraphic evidence.

Results: First, Roman prejudices about Greek rational medicine persisted long after its introduction to Rome and a more traditional, ancestral medicine, under the direction of the pater familias, remained the norm for a long time, at least among the upper classes. Even several centuries later, most practitioners were Greeks. The presence of doctors, sometimes highly specialized, was greater in cities, particularly in Rome, so much so that Cicero (1st century BC) lamented the fragmentation of the art of medicine into parts. On several occasions, some wealthy cities tried to attract doctors with advantageous policies: salary, various tax exemptions... But these advantages were strictly controlled with a veritable "numerus clausus" of public positions. Conversely, rural areas were less "well-equipped", although the itinerant doctor, traveling from town to town, was the norm in antiquity. Thus, Glaucon took care to ask his friend, the famous Galen (2nd AD), to write him a book about treatment of fevers and tumors when he had to leave Rome.

Discussion: So, despite Galen's virulent attacks against those whom we would call "charlatans" today, who used magical methods, it must be acknowledged that many patients probably did not have a wide choice among those considered capable of providing them with relief from their illness, and even less so among doctors trained in rational medicine. Moreover, even among the latter, some representatives of the Methodist school, the most important one at the beginning of the Empire, believed that medicine could not be provided individually due to a lack of doctors.

Conclusion: Medical demography, despite its current relevance, is a subject older than our contemporary era. Even in Roman antiquity, it forced both patients and doctors to change their practices.

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ID 295- The Association between Hyperuricemia and Health-Related Quality of Life in Korean Adults: Based on the Seventh Korean National Health and Nutrition Examination Survey (2016-2017)

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Context: Chronic fatigue commonly encountered in primary care have various aspects. As fatigue becomes more severe, cognitive dysfunction such as poor concentration and increased reaction time become more pronounced. However, there are few ways to objectively measure these symptoms. There are some reports that CFFT helps evaluate such symptoms, but the results are inconsistent.

Objectives: This study investigated the usefulness of CFFT as an objective tool for evaluating cognitive dysfunction of patients with fatigue symptom

Methods: Patients aged 20~65 who complained of chronic fatigue and visited family medicine clinic were studied. The severity of fatigue symptoms was assessed by a series of questionnaires such as VAS-F (Visual Analysis Scale for Fatigue), Chalder's Fatigue Scale, SDS, STAI, SRI and a CFFT equipment. A Case-control study was conducted comparing the results with control group not complaining of fatigue symptoms.

Results: This study included 509 patients with chronic fatigue and 194 healthy controls. The mean of CFFT was 36.9±3.2 Hz in the fatigue patient group and 38.7±4.5 in the control group ($p<0.01$). By age group, the CFFT mean of fatigue patients and control group was 36.9±2.6 and 38.9±4.9 ($p<0.05$) in those in 20s, 36.8±2.7 and 38.5±4.1 ($p<0.01$) in 30s, 36.7±3.7 and 38.8±4.6 ($p<0.01$) in 40s, and 37.0±3.4 and 38.8±3.6 ($p<0.05$) in their 50s, respectively. The correlation between CFFT and the fatigue scale was r=-0.165 ($p<0.01$) with VAS-F, and r=-0.228 ($p<0.01$) with mental fatigue of Chalder's Fatigue Scale. The correlation between CFFT and depression, stress scale was r=-0.193 ($p<0.01$), r=-0.213 ($p<0.01$), respectively.

Discussion: In this study CFFT was lower in the fatigue patient group and tended to decrease as the subjective fatigue symptom became more severe. However, due to various limitations such as measuring equipment, environmental conditions, the effects of psychopharmacological drug use, and the lack of information on the extent of minimal difference that have clinical significance, further detailed studies are needed.

Conclusion: Based on the results of this study, CFFT is considered to be a useful objective measurement tool that can be used in conjunction with existing tools to assess fatigue symptoms easily, and more comprehensively. Nonetheless, further studies are needed for definite clinical evidence.

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ID 1154- The association between metabolic–body mass index phenotype and risk of gastric cancer: A retrospective cohort study

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Context: Women working across science, technology, engineering, mathematics and medicine (STEMM) continue to encounter structural barriers such as the glass ceiling, the motherhood penalty, gendered expectations and systemic bias. These barriers contribute to systemic patterns including the leaky pipeline, underrepresentation and visibility gaps. Although many institutions have implemented Gender Equality Plans (GEPs), Equality, Diversity and Inclusion (EDI) strategies and related frameworks, feedback raised during the discussion section of a recent international policy workshop highlighted that such measures are often implemented as symbolic “tick-box” obligations. This reflects a broader gap between structural policy and cultural reality, compounded in some contexts by internalized modesty norms that discourage women from seeking or accepting visibility and can limit how they express or pursue their ambitions and capabilities.

Methods: A grassroots English-language interview initiative (XXX) was launched within a student-run organizational context to highlight women's experiences across diverse STEMM fields and was made available as a video series. The initiative created a supportive space for guests to discuss professional journeys, gendered challenges, cultural expectations, emotional labor, underrepresentation, advice for future generations of women in STEMM, and the role of mentorship and support networks. Conversations also revealed the importance of relatable role-modelling, confidence and pride. The English-language format further expanded the reach of these narratives beyond local contexts.

Originality: To our knowledge, this is the first publicly accessible English-language narrative initiative of its kind in its regional context, offering a cultural complement to existing policy-based equality mechanisms.

Lessons learned and future implications: Interview narratives highlight that structural tools such as GEPs and EDI frameworks alone cannot address cultural expectations, visibility gaps or self-limiting norms. Visibility initiatives and relatable role models can strengthen self-belief and inspire younger women to see themselves in STEMM pathways, encouraging them to aim higher.

Discussion: Narrative storytelling adds a humanistic and culturally responsive dimension to gender-equity work. Presented in English, these stories reach wider audiences, building connection and solidarity. This visibility supports the cultural shifts needed alongside structural equality efforts.

Conclusion: Grassroots visibility initiatives such as XXX help bridge the gap between policy and lived experience, supporting broader efforts toward equitable, inclusive and humanistic healthcare and scientific environments.

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ID 1535- The association between Self-rated health and body weight image among Korean adolescents

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Context: Although periodic health examinations (PHEs) are among the most common reasons for encounter in developed countries, reflecting both patient demand and the role of prevention in general practice, the value of PHEs remains a matter of debate. Evidence indicates that many preventive interventions offer limited benefit and may even cause harm. On the other hand, patients frequently ask for extensive testing during PHEs. This mismatch between limited evidence and patient expectations is a challenge for the doctor-patient relationship and may contribute to overuse of low-value interventions and underuse of evidence-based interventions (evidence–performance gap) with clinical, public health and ethical implications.

Objectives: This workshop aims to (1) update participants on evidence-based recommendations of preventive interventions in a PHE setting; (2) share real-world experiences with PHEs in general practice; (3) identify barriers and enablers to closing the evidence–performance gap in preventive care using PHEs as low-threshold access for best clinical practice, and (4) discuss potential solutions and present a selection of fact sheets for patients, as an example of how to deal with patient expectations.

Teaching method and workshop: Teaching method: The session will combine brief evidence-based lectures using electronic voting for instant audience feedback, small-group discussions to explore practice variations, and a moderated plenary to synthesize strategies for aligning patient ex

Expected outcomes: Participants will be encouraged to reflect on their own consultation patterns and to co-create practical approaches to more effective, personalized,

and sustainable preventive care in the setting of PHEs and beyond.

Conclusion: The workshop provides evidence, experience sharing, debating and developing a best-practice approach for preventive interventions in the setting of PHEs in general practice.

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ID 1737- The Authentic Physician – Personal Branding for Development & Wellness

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Context: HbA1C is the mainly used biomarker in the glycemic monitoring in diabetic patients. The dosage may be altered in some clinical situations such as hemoglobinopathies, hemolysis, chronic renal failure (CRF), splenomegaly, hereditary spherocytosis or even pregnancy, leading clinicians to question its reliability. Glycated albumin (GA), Fructosamine (FA) and continuous glucose monitoring (CGM) devices are presented as alternatives by guidelines, but their clinical use remains unclear.

Objectives: To asses the usefulness of the alternatives in diagnosis and follow-up of diabetes

Methods: A narrative review with a methodology borrowed from a scoping review was carried out. A bibliographic research inspired by the PRISMA recommendations was conducted on the Pubmed and Cochrane databases to identify systematic reviews, narrative reviews and meta-analyses comparing these alternatives to HbA1C, published between 2015 and 2025. Results from selected studies have been compared to guidelines from 3 professional organizations : American Diabetes Association (ADA), National Institute for Health and Care Excellence (NICE) and European Association for the Study of Diabetes (EASD).

Results: Although GA has its own limitations, a better correlation with blood glucose variations in CRF than HbA1C has been shown in some studies. The diagnostic accuracy of FA seems to be lower than GA. CGM devices are more accurate at detecting blood glucose variations and help to reduce episodes of hypoglycemia.

Discussion: Low level of evidence and practical limitations currently prevent the use of these alternatives in clinical practice. GA seems most promising in hemodialysis patients and CGM devices in patients with significant glycemic variability. FA is the least studied marker.

Conclusion: When HbA1C lacks reliability, alternatives appear to show some usefulness. FA remains the least studied marker, AG and CGM devices appear to show stronger evidence. Although these alternatives have been integrated into recent guidelines, a lack of harmonization between the professional organizations is currently observed. Further studies are needed to validate their clinical utility.

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ID 34- The best practice change I ever made: using advanced access scheduling to gain control of my practice and my freedom

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Context: Secondary stroke prevention can reduce the risk of recurrent stroke by 90%. Special primary care units enhance the prospect of secondary prevention in diabetics.

Objectives: To assess the contribution of our diabetes- lipid unit to the secondary stroke prevention in diabetics with a first-ever ischemic stroke two years after the event.

Methods: All the patients included in the survey (N=65) were under medical supervision in our diabetes- lipid unit every three months

for at least two years. 35 diabetic men and 30 diabetic women who suffered a first-ever ischemic stroke were included in the survey. Patients with AF, CAD, HF(NYHA>2) and smokers were excluded. BMI, HBA1c, LDL and TG were always tested and interventions were made accordingly. Finally, we checked who of these patients had a second event in a two-year period after the first one.

Results: Among the diabetic men, 82.9% had high LDL, 51.4% had high TG and only 14.2% had a normal BMI. After two years of therapy 71.4% achieved the LDL goal, 94.2% the TG goal, 40% had desirable HBA1c, yet 22.9% increased their BMI. Among the diabetic women, 90% had high LDL, 30% had high TG and only 6.7% had a normal BMI. After two years of therapy 60% achieved the LDL goal, 100% the TG goal, 73.3% had desirable HBA1c, yet 16.7% increased their BMI.

Discussion: After two years of therapy at our Special diabetes-lipid primary care unit only 5/35 men and 4/30 women had had a second cerebral ischemic event.

Conclusion: Special diabetes-lipid primary care units contribute to the close monitoring of risk factors and therefore avoidance of recurrent stroke

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ID 2034- The Boundaries Prescription: Treating Co-Dependency in General Practice

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Context: In the DIAMOND study (in Italy), the epidemiological data on AC derive from real-world studies conducted on large populations attending cardiology clinics. The red flags are very varied in the pathology and do not guide the diagnosis

Objectives: To evaluate naive subjects for cardiac amyloidosis through red flags and laboratory and instrumental investigations

Methods: 15 General Practitioners participated in the study (Statte-Martina Franca 22,000 users), from the management archives we enrolled through a quarry (age ≥65 years, Heart failure, CKD, AF, Arrhythmia, Diarrhea, CTS, Persistent low back pain, Hypotension, azotemia, creatinine) 6369 patients who had clinical symptoms or instrumental data suspicious for AC. M: 2845 (44.7%); F: 3524 (55.3%), Age (mean ± STD): 76.9 ± 7.9.

Results: Symptoms suggestive of AC: Lp (12.4%); STC (8.4%); D (6.3%); SC (4.9%); AF (4.2%); A (3.2%). On 3781 patients with Urea and Creatinine, we calculated UCR and GFR with EPI-CKD and related them to AF. In a logistic regression [OR: 1.49 (1.15-1.86); p: 0.015]; Age [OR: 1.03 (1.01-1.05); p: 0.01]; Sex [OR: 0.99 (0.75-1.32); p: 0.79].

Discussion: Having a UCR ≥ 30 - ≤ 100 the risk of having AF is high, associated with GFR. Monitoring the UCR is crucial for the management of critically ill patients, as it provides information not only on cardio-renal function but also on water balance and protein metabolism.

Conclusion: Having a UCR ≥ 30 - ≤ 100 the risk of having AF is high, associated with GFR. Monitoring the UCR is crucial for the management of critically ill patients, as it provides information not only on cardio-renal function but also on water balance and protein metabolism.

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ID 973- The challenges of the GP-parent relationship in supporting breastfeeding

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Context: Bullous pemphigoid (BP) is the most common autoimmune blistering disease in elderly patients. DPP-4 inhibitors (gliptins) have emerged as significant triggering factors, with a 2-3 fold increased risk. We present a case successfully managed with biological therapy after corticosteroid-related complications.

Methods: A 74-year-old male with type 2 diabetes (on linagliptin since October 2024), hypertension, and COPD presented in January 2025 with progressive pruritic lesions evolving over two months. Examination revealed generalized eczematous plaques with tense and flaccid blisters on trunk and extremities, plus oral hemorrhagic bullae. Skin biopsy with direct immunofluorescence demonstrated linear C3 (+++), IgG (++), and IgM (+) deposition at the basement membrane zone. Anti-BP180 antibodies confirmed the diagnosis. Initial treatment consisted of linagliptin withdrawal, prednisone 60mg/day (0.75mg/kg/day), and topical triamcinolone 0.1%. Despite appropriate dosing, the patient showed limited response with persistent new blister formation. Critically, he developed a D6 vertebral fracture in April 2025, a severe corticosteroid complication. Given disease refractoriness, diabetes comorbidity, and corticosteroid-related morbidity, dupilumab was initiated (600mg loading dose, then 300mg bi-weekly). This enabled rapid corticosteroid tapering to 5mg/day within four months, with complete clinical remission maintained at six-month follow-up.

Originality: While dupilumab is approved for atopic dermatitis, its use in BP remains off-label despite growing evidence. This case uniquely demonstrates dupilumab's dual benefit: achieving disease control while preventing further corticosteroid complications in a high-risk patient with multiple comorbidities.

Lessons learned and future implications: This case highlights three critical points: (1) maintaining high clinical suspicion for gliptin-induced BP in diabetic patients with new-onset bullous eruptions; (2) early consideration of steroid-sparing agents in elderly patients with significant comorbidities; (3) dupilumab's potential as first-line therapy in selected cases rather than salvage treatment

Discussion: Gliptin-induced BP requires prompt recognition and drug withdrawal. Traditional high-dose corticosteroids pose significant risks in elderly diabetic patients. Dupilumab emerges as an effective steroid-sparing alternative, achieving rapid disease control while minimizing complications. Further research should establish optimal timing for biological therapy initiation in high-risk populations.

Conclusion: Dupilumab offers a paradigm shift in BP management, particularly for patients with corticosteroid contraindications or complications. Prospective studies are needed to establish optimal timing and patient selection criteria for biological therapy in BP.

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ID 687- The coding inequality gap: Improving clinical coding of patients with Heart Failure in the primary care setting

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Context: The evolution of Employee Health and Wellness Program launched in 2019 for early detection, prevention and management of physical and mental health concerns among full-time employees. Guided by emerging data and needs, program has expanded over successive screening cycles.To date, 3,674 employees have been screened.

Methods: First screening cycle in 2019 revealed two major findings. Hepatitis C–positive employees were identified predominantly from housekeeping department, received timely treatment. This led to creation of a policy requiring universal Hepatitis C screening at pre-employment—initially for housekeeping, later expanded to all employees.The same cycle also identified multiple employees at risk of diabetes and hypertension, who were treated. Mental health assessment was introduced which helped flag early signs of low mood and stress. In 2022, the second cycle included detailed psychological assessment. Physical health findings highlighted increased cardiometabolic risk with diabetes and hypertension. The mental health data reaffirmed significant stress. By 2025, the program expanded further by incorporating Coronary Calcium Scoring to detect subclinical coronary artery disease and prevent fatal cardiac events by timely intervention. Mental health screening was strengthened enabling identification of depression, anxiety, and

stress.Confidential referrals were made to a dedicated psychologist, ensuring anonymity and help-seeking. Strengths of the program include progressive refinement, evidence-based expansion and treatment. Limitations involved logistical constraints and ensuring consistent participation.

Originality: Wellness program combining infectious disease screening, chronic disease management, advanced cardiac risk assessment, and structured mental health evaluation reflects a commitment to inclusivity, equity and fraternity within the workplace. Promoting equitable health for all irrespective of job category or socioeconomic status to ensure employees feel valued and protected.

Lessons learned and future implications: Improving program regularly, continuous data monitoring, expanding services and policies as new needs arise. Future directions may include workplace resilience training, health promotion and regular digital health monitoring.

Discussion: Early identification enabled timely treatment and organizational policy reform. Identification of early cardiometabolic risks strengthened preventive cardiovascular care reducing fatal cardiac events. Combined with structured mental health assessments to support comprehensive physical and mental well-being among employees

Conclusion: This program demonstrates how comprehensive, tailored wellness programs strengthen preventive care, enable timely intervention and support sustained well-being, contributing to a healthier, resilient workforce

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ID 453- The contribution of a special Diabetes and Lipids Primary Care Unit to the secondary prevention of ischemic stroke in diabetic patients

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Context: The dietary supplement (DS) market is booming, as is the world of sports, particularly running. These trends are intertwined, with athletes consuming more and more DS to enhance their performance. DS are not regulated products, and their composition remains unreliable, with a particular risk of contamination by doping substances. Furthermore, patients, who are the primary target of marketing and social media, sometimes abuse DS in order to quickly respond to some difficulties. This consumption may mask underlying problems such as poor lifestyle choices, a poor relationship with sport or food, or more serious medical conditions. It then becomes difficult for users to sort through the information and consume these products safely and knowledgeably.

Objectives: In this context, we sought to gather reliable information on DS to create a preventive intervention on the use of dietary supplements by runners, aimed at improving their use and introducing an educational framework on nutrition.

Methods: This work therefore consisted of a review of the literature on DS, whose information has been cross-checked with French and European recommendations as well as with various expert consensus opinions. A preventive intervention has been developed using educational research to maximize its educational impact. A digital flyer was also designed, allowing athletes to keep a copy of the recommendations and nutritional information relating to DS. The intervention was performed to a few volunteer athletes with the aim of gathering opinions on the relevance of both the presentation and its content and evaluating the initial areas for improvement.

Results: 15 DS have been selected and reviewed, and a presentation which took form of a slideshow has been created.

Discussion: This subject takes place in a world of overcomsuption were everything should be avaliable quikly and where patients seek for easy solutions to their problems, neglecting impact of nutrition on health and performance, bad nutrition being responsible of a lot of pathological issues.

Conclusion: This work makes it possible, through a subject that interests the targeted

population, to carry out more general nutritional prevention and to disseminate reliable, safe, and scientifically validated advice and recommendations on alimentary and DS consumption.

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ID 1705- The Covitel 2022 results were analyzed to evaluate the effectiveness of tobacco cessation programs, the prevalence of tobacco and electronic cigarette use, the need for regulation in Brazil.

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Context: Sleep duration is recognized as a modifiable factor influencing cardiometabolic health. However, its association with apolipoproteins—sensitive biomarkers of atherogenic dyslipidemia—remains inadequately examined in community and primary care populations.

Objectives: To investigate the relationship between habitual sleep duration and apolipoprotein profiles, focusing on ApoB, ApoA1, and the ApoB/A1 ratio, and to compare these associations with traditional lipid markers.

Methods: We analyzed 4,677 adults from the 2007 Taiwanese Survey on Hypertension, Hyperglycemia, and Hyperlipidemia. Sleep duration was categorized as short (<7 hours), normal (7–9 hours), or long (>9 hours). Linear and logistic regression models were applied with sequential adjustments for age, sex, smoking, alcohol use, and physical activity. Outcomes included ApoB, ApoA1, ApoB/A1 ratio, and conventional lipid parameters.

Results: Of all participants, 57.6% reported short sleep, 39.1% normal sleep, and 3.4% long sleep. After full adjustment, long sleep was associated with higher ApoB (β=+3.59 mg/dL; 95% CI: 0.07–7.11), lower ApoA1 (β=–4.71 mg/dL; 95% CI: –7.89 to –1.52), and an increased ApoB/A1 ratio (β=+0.056; 95% CI: 0.025–0.088). Long sleep also increased the odds of high ApoB (OR 2.00; 95% CI: 1.00–3.68) and high ApoB/A1 ratio (OR 1.93; 95% CI: 1.34–2.81). Short sleep showed no significant deviations from normal sleep. Traditional lipid measures demonstrated minimal variation across sleep categories.

Discussion: Findings suggest a U-shaped relationship between sleep duration and apolipoproteins, driven predominantly by adverse profiles in long sleepers rather than short sleepers. Apolipoproteins appeared more sensitive than conventional lipid markers in detecting sleep-related metabolic risk.

Conclusion: Long sleep duration (>9 hours) is independently associated with a more atherogenic apolipoprotein profile, while short sleep shows no meaningful differences. Incorporating sleep assessment and apolipoprotein testing may enhance cardiometabolic risk detection in primary care.

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ID 828- The creative prescription lab: making space for creativity in general practice

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Context: Food insecurity (FI) is linked to adverse physical and psychological health outcomes, including increased risks of addictive behaviors and eating disorders. Emerging evidence indicates that FI may increase

vulnerability to muscle dysmorphia (MD), defined as obsessive preoccupation with muscularity and leanness. However, the mechanisms through which FI influences exercise and eating-related psychopathology remain insufficiently clarified.

Objectives: This study investigates whether MD mediates the relationships between FI and both exercise addiction (EA) and muscularity-oriented eating (MOE). Additionally, it examines whether resilience, the capacity to recover from adversity, moderates these mediating effects. Gender differences were further explored to inform tailored intervention strategies.

Methods: A total of 1,500 young Taiwanese adults (Mage = 22.2 years) completed an online survey. Structural equation modeling was used to examine the relationships among FI, MD, EA, and MOE. Mediation analysis tested whether MD explained the associations between FI and both EA and MOE. Moderated mediation was conducted to determine whether these effects differed by resilience levels. Gender differences were assessed via measurement invariance testing.

Results: FI showed indirect associations with increased risks of EA (β = 0.431, [0.312, 0.563]) and MOE (β = 2.3, [1.707, 2.887]) via MD. Gender differences emerged, with FI more strongly predicting MOE risk among males and EA risk among females. Resilience moderated the mediating paths between FI and EA (index = 0.066, [0.032, 0.105]) and between FI and MOE (index = 0.341, [0.163, 0.528]).

Discussion: FI may increase behavioral addiction and disordered eating through intensified body image concerns. Individuals with higher resilience appeared more attentive to their body image, with males emphasizing muscularity and females focusing on leanness. MD plays a central role in linking FI to maladaptive exercise–eating behaviors. Strengthening resilience may help attenuate the adverse effects of FI in young adults.

Conclusion: Food insecurity indirectly elevates risks of exercise addiction and muscularity-oriented eating through heightened muscle dysmorphia. While resilience partially buffers these adverse effects, the degree of body image awareness differs between males and females. Muscle dysmorphia emerges as a pivotal psychological mechanism, underscoring the importance of targeted resilience-building and gender-sensitive interventions to mitigate FI-related risks.

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ID 1802- The crucial role of vaccination in public health: an Interview with apulian citizens between digital and proximity medicine

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Context: Lipschütz genital ulcers are a rare condition affecting young women, usually caused by viral infections, most often Epstein-Barr virus (EBV). They pose a diagnostic challenge since they do not fall into the main causative categories such as sexually transmitted infections (STIs) or autoimmune processes.

Methods: A healthy 25-year-old woman presented to her Family Doctor after urgent evaluation by Gynecology due to isolated genital ulcers with well-defined edges and clean bases, with palpable bilateral inguinal lymphadenopathy as the only abnormal finding on physical exam. She reported no improvement despite completing antiviral treatment prescribed for suspected primary herpes simplex virus infection. Her doctor requested cultures of ulcer exudate, endocervical, and urine samples. A few days later, she returned with asthenia, sore throat, fever, and right hypochondrium pain without palpable organomegaly. Additional screening was performed including serologies for hepatotropic viruses, EBV, and cytomegalovirus (CMV), as well as blood tests including complete blood count, biochemistry with liver profile, and autoimmunity. The review showed lymphocytosis with elevated transaminases and positive serologies (IgM and IgG) for EBV

and CMV. Given these results and persistent ulcers, she was referred to Gynecology via teleconsultation, which concluded the diagnosis of Lipschütz ulcers in the context of infectious Mononucleosis. She evolved favorably with symptomatic management.

Originality: In this clinical case, Lipschütz ulcers were the only initial manifestation, unlike most cases reported in scientific literature where they are associated with infectious symptoms from the onset.

Lessons learned and future implications: To avoid unnecessary treatments, it would be advisable to disseminate differential diagnostic algorithms in which, especially in young women regardless of sexual activity, non-sexually transmitted infectious causes are considered.

Discussion: Gynecology interconsultation can be a key tool for early diagnosis, considering that genital ulcers may be the only presenting sign in some cases.

Conclusion: It is important to emphasize the need to consider infectious mononucleosis as a differential diagnosis of genital ulcers by exclusion. Gynecology interconsultation is proposed as a good resource for early identification of an uncommon condition such as Lipschütz ulcers.

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ID 18- The effect of bilateral non-ivasive vagus nerve stimulation on stress in healthy adults

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Context: The World Health Organization (WHO) identifies the environmental crisis as the greatest health threat of the 21st century. While healthcare systems strive to adapt to climate impacts, they also contribute 5–6% of global greenhouse gas emissions. Family doctors are uniquely positioned to address environmental issues through the lens of health and to promote collective action. Yet many healthcare professionals lack practical, engaging tools to act and communicate effectively.

Objectives: This workshop aims to -share free, evidence-based educational materials developed by family doctors and pediatricians as part of the “12 Months – 12 Actions for Planetary and Human Health” campaign -to explore creative, participatory ways to use them in practice -to plan a personal action towards better planetary and human health

Teaching method and workshop: The session will begin with a brief introduction to the health impacts of the environmental crisis and the specific role of primary care in promoting sustainable behaviours. Participants will then engage in an interactive card-based activity. Each card re

Expected outcomes: Participants will gain practical ideas, freely accessible communication tools, and increased confidence to promote sustainable and equitable health practices. The workshop also supports the WONCA 2026 values of liberty, equality, and fraternity by fosteri

Conclusion: This session provides health professionals with actionable resources and interactive methods to integrate planetary health into daily practice, encouraging meaningful, achievable change for both human and environmental well-being. Keywords: planetary health, primary care, sustainable healthcare, health promotion

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ID 2178- The Effect of the COVID-19 Pandemic on Smoking and Nicotine Dependence Levels in Family Medicine Residency Students

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Context: Sick day rules are critical guidelines that help patients manage their prescribed medications safely during periods of acute illness, such as vomiting, or dehydration. These

rules are especially important for individuals with chronic conditions. Failure to adjust or withhold certain medications during illnesses can lead to serious complications, including hypoglycaemia, or hypotension. Despite their importance, awareness of sick day rules remains low among patients and healthcare providers.

Objectives: The aim of this audit is to identify patients taking SGLT2 inhibitors, increase awareness for patients by using patient information leaflets, and for healthcare providers by using pop up alerts on charts. We hoped that with this audit and the implementation of changes we would hit a target of 90% of our patients on SGLT2 inhibitors having sick day rules discussed and information provided. Although this target was not achieved, we did achieve a significant improvement.

Methods: We used SOCRATES software system to identify patients on SGLT2 inhibitors. Notes, and medication review entries were reviewed and an audit spreadsheet was completed. We designed a template information sheet to be accessed through their patient file and provided to them on the day of review. We also introduce a pop-up alert on the patient's chart to remind healthcare staff to discuss Sick Day Rules.

Results: In August 2024, 76 patients were included in our audit. On reaudit in March 2025, we had 74 patients included. We increasesd our Sick Day rule discussions from 21% to 53% during this audit time period. Written information provided increased from 19% to 87%

Discussion: This highlights the lack of appropriate advice provided to patients re Sick Day rules, focusing on SGLT2 inhibitors. Once particular measures were introduced to support healthcare professionals in providing this advice with memory aids, and take home leaflets, this led to an increase in discussions.

Conclusion: We continue to offer patient leaflets re Sick Day Rules. We will continue to use alerts to remind staff to provide advice. We will incorporate SGLT2 inhibitor sick day advice into structured medication review templates and also recommend that a pop- up alert be introduced at time of first prescribing of SGLT2 inhibitors.

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ID 2243- The effects of adapted physical activity among people with disabilities (PSH) aged 18 to 59: a scoping review

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Context: Chronic kidney disease (CKD) substantially increases cardiovascular morbidity, risk of renal failure, and premature mortality. UK guidelines NICE TA775 (2022) recommends dapagliflozin for patients with CKD (eGFR 25-75 mL/min/1.73m²) on optimised ACEi/ARB therapy who also have type 2 diabetes or significant albuminuria (ACR ≥22.6 mg/mmol). Large clinical trials have demonstrated the reno- and cardioprotective benefits of SGLT2-inhibitors, yet real-world uptake in CKD patients remains suboptimal, particularly in primary care where most CKD is managed.

Objectives: To evaluate SGLT2-inhibitor implementation in primary care by identifying CKD patients eligible for dapagliflozin and examining renal monitoring patterns.

Methods: A retrospective cross-sectional analysis was conducted in a UK general practice setting using electronic health records (April 2025). Adults (≥18 years) previously recorded as CKD G3a-G5 were included. Exclusion criteria were type 1 diabetes and current SGLT2-inhibitor use.

Results: Of 158 patients with CKD 3a-5, 38 (24.1%) met general TA775 criteria. After exclusions (n=25), 13 patients (8.2%) remained eligible for dapagliflozin. Additionally, 32 patients (20.3%) were overdue for renal testing, including 15 patients (9.5%) with no ACR result on record. These findings indicate gaps in essential testing and prescribing processes needed to identify and treat eligible patients.

Discussion: Suboptimal ACR testing, incomplete ACEi/ARB optimisation and variability in clinician familiarity with updated CKD guidance likely contributed to low eligibility recognition. These results reflect national data: the 2017 National CKD Audit (NCKDA) reported proteinuria measurement in <15% of non diabetic and 54% of diabetic patients. Global KDIGO guidelines align closely with UK guidelines on dapagliflozin prescription, demonstrating the growing importance of addressing this implementation gap.

Conclusion: This study identifies a substantial mismatch between NICE TA775 guidance and real-world CKD management. System-level interventions such as electronic alerts, strengthened eGFR/ACR recall systems, and structured medication reviews may improve uptake of dapagliflozin and overall CKD care quality. Given the international approval of SGLT2-inhibitors for CKD, implementation gaps identified here may highlight opportunities for stronger CKD management globally.

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ID 1334- The evidence gap: why women's health still falls behind

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Context: Anticoagulation therapy is essential for patients with mechanical heart valve prostheses to prevent thromboembolic events. Warfarin and acenocoumarol are the most commonly used vitamin K antagonists (VKAs). This report presents the case of a 70-year-old woman with a mechanical mitral valve who had persistent difficulty maintaining an adequate International Normalized Ratio (INR) while on acenocoumarol.

Methods: The patient, who underwent mechanical mitral valve replacement seven years earlier, was managed with acenocoumarol and attended regular follow-ups with consistent INR monitoring. Despite this, her INR remained outside the therapeutic range (2.5–3.5) for almost one year, with fluctuations both above and below the target. This unstable control increased the risk of thromboembolic and bleeding complications. Given the repeated difficulties in achieving stable anticoagulation, clinicians decided to switch her to warfarin, a VKA with a longer half-life and more predictable pharmacokinetics. Transition to warfarin was performed with careful dose titration and bridging with low-molecular-weight heparin until reaching INR > 2. Subsequent monitoring aimed to stabilize anticoagulation. After two months on warfarin, the patient's INR consistently remained within the therapeutic range, reflecting markedly improved control compared with her previous treatment with acenocoumarol.

Originality: This case illustrates the challenges of anticoagulation management in patients with mechanical valves and highlights the need to individualize therapy based on clinical response.

Lessons learned and future implications: Although both VKAs are effective, elderly patients often exhibit greater INR variability with acenocoumarol. The patient's improvement after transitioning to warfarin supports its potential advantage in achieving more stable anticoagulation.

Discussion: Current evidence, including the PLECTRUM study, shows that time in therapeutic range is significantly higher with warfarin than with acenocoumarol in patients with mechanical prostheses, regardless of comorbidities or clinical characteristics. These findings suggest superior INR stability with warfarin. Earlier studies, such as Barcellona et al., reported no major differences in INR control but noted fewer overdosing episodes with warfarin. Overall, accumulated data favor warfarin due to its longer half-life and more consistent anticoagulant effect.

Conclusion: In conclusion, warfarin is generally preferred over acenocoumarol in patients with mechanical prostheses owing to its superior

INR stability, although acenocoumarol may remain an option in selected circumstances.

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ID 1495- The Experience of Creating a Non-Profit Association in Family Medicine - A Practice-Based Reflection

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Context: Mobile health (mHealth) apps are emerging as an intervention adjunct to support healthcare professionals (HCPs) in tackling high levels of obesity and physical inactivity seen in community settings. However, it is unclear to what extent their use is being integrated into routine primary care practice.

Objectives: To quantify how often primary care healthcare professionals (HCPs) are recommending physical activity (PA) and weight loss apps, and to identify barriers and facilitators influencing these recommendations.

Methods: We systematically searched four electronic databases for studies reporting recommendation rates of PA and weight loss apps by primary care HCPs, and barriers and facilitators to their recommendation. Study quality was assessed using the JBI Critical Appraisal Checklist for Studies Reporting Prevalence Data and the CASP Qualitative Studies Checklist. We then undertook a meta-aggregation synthesis.

Results: Four studies were included, all reporting recommendation rates and three exploring barriers and facilitators. Recommendation rates varied widely (13–65%), with lower rates for diet-specific (14%) and exercise-specific apps (13%). Common barriers included limited knowledge of apps, uncertainty about effectiveness, and time constraints related to both recommending apps and managing follow-up. Facilitators included access to trusted app lists, targeted app education, and integration of apps into clinical systems.

Discussion: Primary care HCPs' recommendation of PA and weight loss apps is highly variable. Evidence is limited by the small number and size of studies.

Conclusion: . Enhancing HCP knowledge through training and integrating apps into routine practice may increase recommendation rates.

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ID 677- The experience of touch among general practitioners who practice dance. A qualitative study.

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Context: All family doctors sooner or later have to make a policy – a "statement of principles designed to guide decisions, and lead to actions to achieve relevant outcomes". We rely on WONCA and Member Organisation leaders to do this at a national and international level, and have some excellent examples. But it is only recently that WONCA has begun to bring these together, to share them across our community, and help us all learn how to adapt these for our own needs and use

Objectives: At this workshop we shall share the latest findings from a global WONCA survey of what we already have: why these documents were created; who they are aimed at; what we know about their impact; and how we can use them more effectively and widely. We shall also do a presentation on what we know about writing and using policies effectively to advocate within our own contexts and settings. Attendees will be able to experiment with examples to share best practice, and ask questions / give feedback.

Teaching method and workshop: 5 minutes welcome and introductions 5 minutes; presentation of project findings and documents 10 minutes; presentation of workshop activities - with slides sharing exemplar documents and

key questions about value and use 15 minutes - small group exercises

Expected outcomes: Attendees will leave with both more awareness of what WONCA already can provide (policy access, policy and advocacy skill toolkit) and how they can use it for their own needs. We shall also feed any queries arising into our future briefings for members.

Conclusion: . This is part of the ongoing and widely supported work of the SIGPA, and uses the findings of our recent project as the evidence for the work shared. The workshop will also allow people to join the SIG, participate in a future analysis of policy needs and production, and findings will be fed into WONCA's ongoing priorities to assist members.

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ID 2221- The Family Physician as a Key Player in Screening Psycho-Emotional Disorders in Patients with Heart Failure

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Context: Adapted Physical Activity (APA) improves quality of life (QoL) and functional capacities (FC) in patients with chronic conditions. Few data exist on the continuation of the effect in the medium term after the end of an APA program. Does the improvement in QoL and FC continue after the program has ended?

Objectives: The aim of this study was to measure the impact of an APA program on the QoL and FC of patients before, at the end, and at a distance after the end of the program.

Methods: Quasi-experimental single-center before/after study. Adult patients included by their general practitioner had: obesity and/or cancer and/or sarcopenia. The intervention consisted of an APA program of 3 supervised sessions per week for 4 months led by an APA teacher within a primary care health center (MSP). Assessments of QoL using the WHOQOL-BREF and FC using specific tests were conducted at T0, T1 (4 months), T2 (8 months), T3 (12 months), and analysis was performed with the Friedman test. The study received CPP approval.

Results: The sample included 122 patients. The main result is the significant improvement in overall QoL and its sub-dimensions, as well as FC, maintained up to 8 months after the program (p=0.002). Specific benefits were observed according to the subgroups analyzed. An increase in QoL and its relational component was observed in the first 4 months following the program. Age > 65 years seemed to lead to a faster decrease in benefits on QoL from the APA program.

Discussion: The study is ongoing to improve its power, particularly for subgroup analysis, which is a limitation of the current work. The strength was the absence of out-of-pocket expenses for patients and the proximity of the site, which allowed the inclusion of individuals with socioeconomic and/or mobility difficulties. Supporting patients in continuing physical activity in daily life after the program should be improved to maintain the positive impact on their QoL.

Conclusion: APA has a lasting positive effect on QoL and functional capacities. These benefits continue after the end of the program, highlighting the need to encourage ongoing physical activity after the intervention.

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ID 106- The Future of Family Medicine from Family Physicians' Perspective

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Context: Air pollution is a growing global concern with well-documented effects on respiratory health. While much attention has been given to lower respiratory conditions whereas upper airway symptoms—particularly sore throat—has received comparatively less focus. This is especially relevant considering the

ever-rising pollution levels globally in recent years.

Objectives: This narrative review explores the relationship between exposure to environmental pollutants, and the incidence and mechanisms of sore throat. It identifies key pollutants involved, affected populations, and potential mechanisms.

Methods: Website searches (WHO, State of Global Air). Embase search 1: - Search string: 'pollution'/exp AND 'air pollution'/exp AND ('sore throat'/exp OR 'pharyngitis'/exp). - Date limit: 2010-2025. - Population: Newborn – 80+. - English language only. - In humans only. - Peer- reviewed. - 155 hits, 20 were deemed as relevant. Embase search 2: - Search string: 'pollution' AND ('sore throat':ti OR 'pharyngitis':ti). - Date limit: None. - Population: Newborn – 80+. - English language only. - In humans only. - Peer reviewed. - 11 hits, 7 were deemed as relevant. Studies that focused on infectious causes of sore throat, and on respiratory disorders that do not include sore throat were excluded.

Results: Pollution is increasing in recent years, with highest levels of the population being exposed above recommended limits of PM2.5 in Asia and Africa. Pollutants such as PM2.5, NO_2, SO_2, and O3 contribute to throat irritation through inflammatory and neurogenic mechanisms. Vulnerable populations including children, the elderly, and those with pre-existing conditions experience heightened symptoms.

Discussion: As pollution levels continue to rise globally, the incidence of sore throat is becoming an increasing health concern. Providing effective symptomatic relief can play a pivotal role in reducing the burden on overstretched healthcare systems by empowering individuals to manage mild symptoms through self-care. This is particularly critical in developing markets, where access to timely medical advice may be limited.

Conclusion: Air pollution often contributes to sore throat. This is of particular concern considering exceeding levels of pollution in various regions globally. Future research should aim to build a clearer picture and inform clinical practice.

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ID 8- The Göktaş Definition of Family Medicine/General Practice: A Global Health Project for Acting for more Liberty, Equity and Fraternity

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Context: Osteoporosis is a growing concern in ageing Asian populations and can lead to preventable fractures and reduced quality of life. Early identification plays an important role in primary care, particularly in low-income settings with limited access to health resources. In Singapore, little is known about whether osteoporosis risk varies across ethnic groups within low-income communities; identifying such patterns may support more targeted screening.

Objectives: This study examined whether ethnicity is associated with Osteoporosis Self-Assessment Tool (OST) scores in a low-income population of community-dwelling adults in Singapore.

Methods: A cross-sectional community screening was conducted in Toa Payoh under the Neighbourhood Health Service. OST scores were calculated, and sex-stratified linear regression examined associations between ethnicity, chronic illness, and OST scores. Statistical significance was set at $p < 0.05$.

Results: Of 116 participants screened, 106 with complete data were included: 51 females (mean age 64.0 ± 10.3 years) and 55 males. (mean age 63.7 ± 11.0 years) In females, Chinese had the lowest mean OST score (−2.12 ± 3.24) vs Malay (0.60 ± 3.67), Indian (2.38 ± 3.31), and Others (2.87 ± 4.11). Adjusted for chronic illness, ethnicity strongly predicted OST score ($F(4,46)=4.38$, $p=0.004$, $R^2=0.28$); Malay ($\beta=2.98$, $p=0.008$), Indian ($\beta=4.75$, $p=0.002$), and Other females ($\beta=5.72$, $p=0.010$) had

significantly higher scores (lower risk) than Chinese females. Chronic illness was non-significant (β=−1.69, p=0.110). In males, OST scores were similar across ethnicities (range 0.49–4.30); neither ethnicity nor chronic illness was significant (F(4,50)=1.51, p=0.215)

Discussion: Even in a socioeconomically homogeneous population, ethnic differences in osteoporosis risk persist, particularly in females. Given the higher observed risk in Chinese females, community-based initiatives could prioritize screening and early intervention for this subgroup, using OST to efficiently identify those at greatest risk. Limitations include small sample size, with some ethnic subgroups having fewer than 5 participants, cross-sectional design, self-reported chronic illness, and recruitment from rental housing blocks with typical monthly incomes below SGD 1500 may limit generalizability.

Conclusion: Chinese females in low-income settings showed highest osteoporosis risk by OST screening. Targeted screening strategies for this subgroup may improve early detection in primary care.

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ID 399- The GWAS (genome-wide association study) for hypertension based on the METS-VF score: using a KoGES analysis

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Context: Municipalities are increasingly recognised as key players in promoting public health and wellbeing. However, integrated approaches that bridge primary care and local governance remain limited. Family doctors, with their comprehensive clinical expertise and deep community ties, are uniquely positioned to lead transformative health strategies at the municipal level.

Objectives: We propose the creation of dedicated Municipal Health Departments in every local council, led by a family doctor. These departments would coordinate health promotion, disease prevention, and community engagement initiatives, working in collaboration with primary care teams, local authorities, and community organisations. The family doctor leader would ensure that health policies are truly patient-centred, evidence-based, and adapted to local needs.

Methods: Expected Outcomes: This model aims to improve population health indicators, increase health equity, and foster more resilient communities. By placing family doctors at the helm, municipalities can better address local health challenges, respond rapidly to emerging issues, and strengthen the link between healthcare and other social determinants.

Results: Melhoria dos indicadores de saúde pública ao nível local, com redução da incidência de doenças evitáveis e promoção de estilos de vida saudáveis. Maior equidade no acesso aos cuidados de saúde, especialmente em populações vulneráveis ou desfavorecidas. Fortalecimento da resposta a emergências de saúde pública, como surtos, através de uma coordenação mais ágil e próxima da comunidade. Aumento da literacia em saúde e do envolvimento dos cidadãos em decisões relacionadas com o bem-estar do município. Criação de sinergias entre os serviços de saúde, autarquias e organizações comunitárias, potenciando intervenções mais eficazes e sustentáveis.

Discussion: The active involvement of family doctors in leading these structures may promote policies that are better tailored to the real needs of the population and strengthen the integration of primary care with municipal health strategies. This model may also help to enhance the role of the family doctor, increasing their participation in strategic decision-making and raising their visibility within the community and among policymakers.

Conclusion: Implementing Municipal Health Departments led by family doctors represents a bold step towards integrated, community-driven healthcare. This project offers a scalable blueprint for municipalities across Europe to

enhance health governance and empower family doctors as agents of change.

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ID 1425- The health related quality of life in chronic hepatitis C patients before and after antiviral drugs treatment

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Context: Intimate partner violence (IPV) remains a persistent challenge with profound physical, mental, and social consequences. Effective intervention requires coordination between multiple sectors, including local authorities, police forces, Family Health Units from Primary Care, schools, and the portuguese Commission for Citizenship and Gender Equality (CIG).

Objectives: To develop, implement, and evaluate an integrated model for the prevention, early detection, and intervention in IPV, fostering synergies.

Methods: The project is structured around five key pillars: Awareness and Education - Regular sessions in schools, by focusing on gender equality, emotional literacy, and violence prevention, involving students, teachers, and parents. Early Detection and Referral - training for Family Health Units professionals, police, and local authority staff, in collaboration with CIG, to identify signs of IPV and activate integrated referral protocols. Community Response - Establishment of multidisciplinary support offices within the local authority, a local helpline, and direct involvement of CIG in defining intervention strategies. Monitoring and Evaluation: Joint definition of process and outcome indicators with CIG, and regular intersectoral meetings for assessment and adjustment of actions. Promotion of Local Policies: Development of recommendations and public policies, with CIG's input, to reinforce prevention and protection of victims.

Results: Expected Results: - Increased literacy on IPV and gender equality - Improved early detection and referral capacity - Reduction in unreported and recurrent cases - Strengthened local support network and positive impact on public policies

Discussion: Discussion: The project leverages the central position of family doctors by providing targeted training and integrated referral protocols, enabling them to work closely with local authorities, police, schools, and the Commission for Citizenship and Gender Equality (CIG). Multisectoral collaboration, supported by regular intersectoral meetings and shared resources, enhances the capacity of family doctors to address IPV holistically. Despite ongoing challenges—such as time constraints and the need for sustained inter-agency communication—empowering Family Health Units as frontline actors is key to the project's success and scalability.

Conclusion: Family doctors are key to tackling domestic violence — they know their patients, build trust, and act early. Investing in them is investing in safer, stronger communities.

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ID 1288- The Hidden Danger of Toluene Solvent inhalation : A Case of Acute Neurological and Metabolic Disturbance

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Golden Nuggets, Stockerau, Autriche

Context: Family doctors often feel overwhelmed by guidelines and new studies, yet under-supported in translating evidence into everyday decisions. To address this, the "Golden Nuggets of Family Medicine", a micro-learning newsletter was created that offers 2-minute, evidence-based updates for GPs (on family-medicine.org).

Methods: This practice-based reflection draws on the first two years of the initiative. Each Nugget starts from a concrete clinical question raised in practice or by colleagues. We conduct a focused search of major journals and guidelines, appraise research studies, and present absolute effects and uncertainties in plain language. Drafts are shortened, structured into key messages, and checked by at least one GP colleague for realism and

readability before distributed as an open-access emails and PDFs.

Originality: Golden Nuggets combine rigorous evidence curation with focused brevity, understandable numbers and independence from industry funding. The format is "by GPs, for GPs", with readers' questions, critiques and topic suggestions shaping future issues and skills-focused Nuggets.

Lessons learned and future implications: By end-2025, after 1.5 years, the newsletter had attracted over 5,000 subscribers in more than 80 countries, largely through word of mouth. Readers report using Nuggets to prepare teaching, question guideline recommendations and discuss options with patients. The project also enabled a global survey of 468 GPs, showing how a simple newsletter can seed wider professional development and global collaborations.

Discussion: The initiative exposes tensions between trial evidence and overtreatment, between guideline enthusiasm and modest effect sizes, and between being understandable and oversimplification. Naming these tensions appears to validate the uncertainty inherent to family medicine and supports more reflective shared decision-making.

Conclusion: A curated, GP-led micro-learning newsletter can make evidence feel more accessible, trustworthy and clinically useful. The Golden Nuggets model is transferable and could be adapted by other primary care networks to support continuing education and practice-relevant research.

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ID 1830- The impact of attention deficit disorder (ADHD) on the healthcare costs

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Context: Hypertension is a leading global health burden, influenced by both metabolic dysfunction and genetic predisposition. While insulin resistance and visceral adiposity are established contributors, their interplay with genetic factors in hypertension remains incompletely understood. The Metabolic Score for Visceral Fat (METS-VF) provides a validated surrogate for visceral adiposity, yet the genetic architecture of hypertension stratified by METS-VF has not been fully explored.

Objectives: The study aims to investigate the contribution of genetic factors by evaluating the association between single nucleotide polymorphisms (SNPs) and hypertension in populations stratified by METS-VF levels.

Methods: We analyzed 70,513 participants from the Korean Genome and Epidemiology Study (KoGES). Participants were stratified into tertiles according to METS-VF values, and hypertension prevalence was compared across groups. Genome-wide association studies (GWAS) were performed separately for the lowest (T1) and highest (T3) tertiles, adjusting for age, sex, lifestyle factors. Genome-wide significance was defined as $p < 5 \times 10^{-8}$. Expression Quantitative Trait Loci (eQTL) analyses were conducted and presented in Supplementary Tables.

Results: Hypertension prevalence was substantially higher in the high-risk T3 group (47.3%) compared with the T1 group (14.6%, $p < 0.001$). GWAS revealed distinct genetic architectures between groups. In T3, 11 loci achieved genome-wide significance, compared with 6 loci in T1. The strongest signals were observed at rs16998073 in FGF5 and rs112735431 in RNF213, both associated with increased hypertension risk across tertiles. Conversely, variants near PRDM8 (rs17004846) and ATP2B1 (rs11105365) demonstrated protective effects. Notably, NT5C2 (rs12416331) was significant only in T1 and has been linked to hyperuricemia, suggesting a uric acid–mediated mechanism. Additional loci included ENPEP, SPTBN1, KCNK3, MYL2, CUX2, and ALDH2.

Discussion: To our knowledge, this is the first study to apply METS-VF to GWAS of hypertension. But, the observational design limits causal inference, and the absence of longitudinal data precludes assessment of temporal relationships.

Conclusion: This large-scale GWAS stratified by visceral adiposity identified both shared and unique genetic determinants of hypertension. The findings underscore the modifying effect of visceral fat on genetic associations. Compared with prior METS-IR based analyses, METS-VF may provide a more comprehensive index for integrating metabolic and genetic risk in hypertension.

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ID 2114- The Impact of Climate Change on Family Medicine Practices: A Systematic Review

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Context: Insomnia is among the most prevalent sleep disorders worldwide, and in Europe, prolonged-release melatonin is approved as a safe, effective, and non-addictive treatment for patients over 55 years of age.

Objectives: To review the existing literature on the use of prolonged-release melatonin for the treatment of insomnia and to assess family physicians' prescribing practices and attitudes toward its use based on the conducted survey.

Methods: A literature review of the evidence published 2021-2025 on Pubmed. Search strings were formulated from the following term sets: 1) sleep, insomnia 2) melatonin and 3) study type. The search included free full-text articles in English and was limited to review articles and systematic reviews involving only human studies. And a survey of 22 family physicians from XXX Outpatient Clinic in XXX regarding the prescription of melatonin for the treatment of insomnia was carried out.

Results: Based on the literature review, prolonged-release melatonin (PRM) reduced sleep onset latency (SOL), especially in adults ≥65 years, and total sleep time (TST) as well as subjective sleep quality improved mainly in older adults. Among the surveyed physicians, 11 of 22 prescribed melatonin for insomnia, reporting moderate effectiveness in improving sleep onset, quality, and reducing nighttime awakenings, while noting unclear efficacy and limited scientific evidence as the main barriers.

Discussion: Data on long-term melatonin use remain limited, and the quality of available preparations is variable due to less stringent regulation compared with prescription medications.

Conclusion: Prolonged-release melatonin is a safe and moderately effective option for adults ≥55 years, and further research is needed to provide robust evidence on optimal dosing, duration, and long-term outcomes in primary care.

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ID 1437- The Impact of Coordinated Care on the Rapid Diagnostic Pathway for Symptomatic Arrhythmia in an Older Adult: Case Report

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Context: Embodied patient-perspective simulations, which are also known as point-of-view simulations, are widely used in healthcare education to enable students to experience aspects of disability, care, and dependency from a patient's point of view. Common examples include navigating a wheelchair through a course, wearing an age-simulation suit, or completing tasks while blindfolded. These exercises are intended to foster empathy and stimulate reflection on patients' lived experiences. At the same time, the literature remains divided regarding their pedagogical value and the extent to which short-term simulations can create meaningful insights without reinforcing stereotypes.

Objectives: This exploratory study investigates both how patient-perspective simulations are implemented in nursing education and how they influence learning processes. It examines educators' pedagogical intentions, design choices, and debriefing strategies, as well as students' experiences of engagement,

reflection, and professional attitude development.

Methods: A qualitative research design was employed. Data were collected through focused interviews with nursing educators and nursing students and through participant observation based on focused ethnography. This allowed examination of the situated experience of the simulations and the pedagogical reasoning behind their implementation. Ethical approval was granted by a university ethics committee, and all procedures followed the principles of informed consent, non-maleficence, and the General Data Protection Regulation (GDPR).

Results: Preliminary findings indicate that students engage more deeply with learning materials and demonstrate enhanced reflective activity following the simulations. Educators emphasize that the value of these exercises lies less in producing an authentic adoption of the patient's perspective—which they largely consider unattainable—and more in creating structured opportunities for embodied experience, emotional involvement, and guided reflection.

Discussion: The pedagogical potential of patient-perspective simulations appears closely tied to educators' intentional design and reflective framing of the exercises. Influential factors include facilitators' preparation and debriefing practices, group dynamics, and the integration of real narratives from individuals with relevant lived experiences.

Conclusion: Initial findings suggest that patient-perspective simulations may support deeper learning involvement and contribute to developing reflective professional attitudes when thoughtfully implemented within an educational framework.

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ID 1508- The Impact of Eating Behaviors on Type 2 Diabetes Mellitus Risk Assessment

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Context: Progressive Resistance Training (PRT) is an effective intervention against osteoporosis and sarcopenia in aging populations, however, long-term adherence is poor. A recent feasibility study by Lin et al. (2025) addressed this by implementing a physician-guided educational model, achieving a 54.5% success rate in referring participants to community-based training.

Objectives: This secondary analysis aimed to identify baseline physiological characteristics that might predict successful referral to long-term training and to quantify the physiological adaptations resulting from the short-term intervention.

Methods: This is a secondary analysis of data from 11 subjects from the original trial. Non-parametric Mann-Whitney U tests were used for baseline comparisons, and the Wilcoxon signed-rank test for pre-post analysis. Key variables included bone mineral density (BMD) and Appendicular Lean Mass Index (ALMI) measured using whole-body dual-energy X-ray absorptiometry (DXA) scans, and fitness metrics including peak oxygen uptake (VO2), peak workload (W), and peak metabolic equivalents (METs) measured using cardiopulmonary exercise testing (CPET).

Results: Data from 11 female participants (median age 68) with diagnosed osteoporosis were analyzed; two also met criteria for sarcopenia. Participants were categorized as Successfully Referred (SR, n=6) or Unsuccessfully Referred (UR, n=5), however, only nine participants successfully completed the program. Baseline comparisons revealed no significant differences between SR and UR groups in osteoporosis severity (lumbar T-score, $p = 0.647$) and muscle mass (ALMI, $p = 0.201$). As expected for the brief program, no statistically significant post-intervention changes were observed in bone mineral density (lumbar T-score, $p = 0.859$) or muscle mass (ALMI, $p = 0.575$). Among the nine completers, the intervention elicited statistically significant increases in peak workload (27 W, $p = 0.011$) and peak oxygen uptake (VO2) (3.44 mL/kg/min, $p = 0.027$), irrespective of SR or UR groups.

Discussion: The lack of baseline physiological predictors suggests that adherence may be influenced more by psychosocial factors, such as a lower "perceived need" in fitter individuals, rather than physical capacity. Despite the short duration, the intervention successfully initiated meaningful cardiopulmonary improvements.

Conclusion: A brief, physician-guided PRT program can substantially improve fitness in older women with osteoporosis. This approach offers a promising, feasible strategy for managing musculoskeletal health and facilitating transition to sustainable exercise.

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ID 1996- The influence of inflammatory and fibrotic markers on atrial fibrillation development in patients with arterial hypertension

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Context: Polypharmacy is a major challenge in home care, increasing risks of adverse drug events, readmission, and mortality. Existing medication review tools (e.g. the Medication Regimen Complexity Index (MRCI), Beers, STOPP/START, PIM-Taiwan) are often fragmented and time-consuming.

Objectives: This study aimed to develop an integrated medication optimization flowchart that incorporates these criteria and to evaluate the feasibility and effectiveness of using a Large Language Model (LLM) to implement this flowchart for home care patients with polypharmacy.

Methods: Home care patients with MRCI scores above 40 were included. Comprehensive medication lists were collected for each patient. A LLM (ChatGPT, GPT-5.1 model) was adapted using structured prompts and rule-based constraints to apply the Beers Criteria (2023), STOPP/START (v3), and PIM-Taiwan (2023). The AI generated prescribing suggestions, identified potentially inappropriate medications, and recommended potential omissions based on START criteria. AI-generated recommendations were reviewed by two family physicians and implemented when clinically appropriate. The MRCI scores were calculated pre- and post-intervention. Paired t-tests were conducted to assess the significance of changes in medication regimen complexity.

Results: A total of 26 patients (mean age: 86.3) were included. Participants had an average of 5.7 chronic diseases and used an average of 13 medications. The mean MRCI score decreased significantly from 48.29 ± 10.41 pre-intervention to 40.69 ± 11.05 post-intervention, representing a mean reduction of 7.6 points ($t(25) = -4.4$, $p < 0.001$). No adverse events related to deprescribing were reported during follow-up.

Discussion: The integrated flowchart demonstrated feasibility and efficiency in reducing medication regimen complexity. The LLM significantly improved the speed and consistency of applying multiple prescribing criteria, indicating its potential as a decision-support tool. However, AI outputs required mandatory clinician verification to mitigate risks of hallucination or misinterpretation. The focus was on simplifying regimens; the direct impact on clinical outcomes like readmission warrants future longitudinal studies.

Conclusion: This study introduces an AI-assisted integrated medication optimization flowchart that enhances rational prescribing and reduces polypharmacy in home care settings. The use of a LLM shows strong potential as a valuable decision-support tool in primary care, particularly in resource-limited environments. Further studies are warranted to assess clinical outcomes and scalability across different healthcare systems.

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ID 1216- The Invisible Impact of Adolescent Obesity: A Primary Care Case Report

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Context: In post-war Kosovo, the magnitude of inappropriate use of benzodiazepines is unknown to date.

Objectives: The aim of this study was to assess the prevalence and correlates of continuation of intake of benzodiazepines beyond prescription (referred to as "inappropriate use") in the adult population of Gjilan region in Kosovo.

Methods: A cross-sectional study was conducted in Gjilan region including a representative sample of 780 individuals attending different pharmacies and reporting use of benzodiazepines (385 men and 395 women; age range 18–87 years; response rate: 90%). A structured questionnaire was administered to all participants inquiring about the use of benzodiazepines and socio-demographic characteristics.

Results: Overall, the prevalence of inappropriate use of benzodiazepines was 58%. In multivariable-adjusted models, inappropriate use of benzodiazepines was significantly associated with older age (OR 1.7, 95% CI 1.1–2.7), middle education (OR 1.8, 95% CI 1.2–2.7), daily use (OR 1.4, 95% CI 1.1–2.0) and addiction awareness (OR 2.7, 95% CI 2.0–3.8). Furthermore, there was evidence of a borderline relationship with rural residence (OR 1.2, 95% CI 0.9–1.7).

Discussion: The main finding of this cross-sectional study conducted in Kosovo consists of a high prevalence of inappropriate use of benzodiazepines. Independent correlates of inappropriate use of benzodiazepines included older age, middle education, daily use of these drugs and addiction awareness. Also, there was a hint for an association with rural residence.

Conclusion: Our study provides novel evidence about the prevalence and selected correlates of inappropriate use of benzodiazepines in Gjilan region of Kosovo. Health professionals and policymakers in Kosovo should be aware of the magnitude and determinants of drug misuse in this transitional society.

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ID 1860- The Last Breath: A Family's Reckoning with Death

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Context: Point-of-care ultrasound (POCUS) in primary care is expanding, but the level of scientific evidence remains limited. In the absence of international guidelines, this systematic review relies on several expert consensus statements and identifies ten main indications: confirmation of early intrauterine pregnancy, cholecystitis, cholelithiasis, intra-abdominal fluid, hydronephrosis, bladder volume assessment, abdominal aortic aneurysm, deep vein thrombosis, pleural effusion, subcutaneous abscess or foreign body.

Objectives: To evaluate the scientific evidence available in the literature supporting the expert-based indications for POCUS in general practice.

Methods: Systematic literature review following Cochrane methodology and PRISMA guidelines. The study was registred in PROSPERO. Searches were conducted in PubMed, Scopus, and Cochrane databases, including studies assessing POCUS in general practice between 2015 and 2025. Two independent reviewers screened eligible articles, extracted data using a standardized form, and assessed study quality using ROBINS-I v2 and QUADAS-2 tools.

Results: Of the 2985 articles sorted by title and abstract, 2919 were excluded. Of the 66 articles selected for full text reading, 61 were excluded and 5 prospective diagnostic or interventional studies were included (two on deep vein thrombosis, one on abdominal aortic aneurysm, one on abdominopelvic ultrasound, one on cutaneous abscess). Reported sensitivity of POCUS ranged from 69% to 98% and specificity from 95% to 99%. Cohen's kappa exceeded 0.80 in two studies. Three studies had a low risk of bias, while two showed high risk.

Discussion: The main strength of this study is that the selected articles concerned different

countries, a large number of patients and are contemporary, which reinforces the external validity. The limit was due to the heterogeneity of the articles, which did not allow a meta-analysis to be made.

Conclusion: Three high-quality studies confirm the reliability of POCUS for selected major indications in general practice. However, evidence remains limited for other applications. POCUS appears to be a promising tool in primary care, but further research is needed to strengthen the level of evidence.

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ID 118- The Longitudinal influence of oral health on muscle strength over 4 years in Elderly Koreans

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Context: Context and objectives: In France, the number of practicing gynecologists is declining.Midwives and general practitioners are authorized to provide gynecological care, but this remains uncommon among them, leading to delays and gaps in care. Midwives and general practitioners are authorized to provide gynecological care,but this is rarely practiced by the latter, leading to delays andgaps in patient care. The objective of this study was toevaluate the gynecological practice of general practitioners working in the PACA regionand to identify the factors that may influence it.

Objectives: The objective of this study was toevaluate the gynecological practice of general practitioners working in the PACA regionand to identify the factors that may influence it.

Methods: Materials and methods: Quantitative, observational, descriptive, and cross-sectional study using a self-administered questionnaire.

Results: Results: The majority of respondents performed routine procedures such as HPV vaccination, prescribing contraception, and STI testing, while technical contraceptive procedures (insertion/removal of IUDs or implants) and cervical cancer screeningwere less commonly performed. For obstetric care, while initial pregnancy checkupswere often prescribed, few provided follow-up care until the seventh month. Femalegeneral practitioners who considered their initial training to be sufficient or who hadundergone additional training were more involved in gynecological and obstetric care.The main barriers identified were lack of The main obstacles identified were the lack of routine practice, the proximity of specialists, and lack of time. Conversely,recognition of the role of the general practitioner, personal conviction or interest, and the desire to diversify the patient base encouraged gynecological practice.

Discussion: Discussion: Better informing patients, promoting gynecological procedures, strengthening perinatal networks, raising awareness among male physicians, adapting initial training to private practice, and delegating certain tasks could encourage general practitioners to become more involved in gynecological practice.

Conclusion: Conclusion: Our results are consistent with studies conducted in other regions and shed light on the factors influencing the practice of gynecology by general practitioners in the PACA region, enabling us to propose strategies for improving gynecological care in general medicine.

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ID 1192- The paradox of proximity: re-centering equity, liberty, and humanism in primary diabetes care

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Context: Our mentoring program has been defined as a "Pedagogical, support and exchange system between an experienced doctor (mentor) and the student (mentee) in a longitudinal (3 years) and non-hierarchical relationship, aimed at the professional empowerment of the mentee".The mentoring takes place in a friendly and non-hierarchical atmosphere with 4 meetings per year of

approximately 1.5 to 2 hours every 3 months during the 3 years of the mentee's assistantship.

Objectives: This is an interim evaluation of our mentoring program

Methods: Mentees' questionnaires were examined using a semi-quantitative approach, followed by an inductive thematic analysis of the open-ended responses. Mentors were assessed through a separate questionnaire."

Results: The results are very encouraging from both the mentees' and mentors' perspectives. The inductive thematic analysis highlighted seven main themes (the challenges of general practice residency, the organization of the internship, work–life balance, on-call duties, clinical cases, ethical issues, the final thesis, and professional relationships."). Four locations were identified where the meetings took place: the mentor's doctor's office, the mentor's home; a restaurant/café/bar; an outdoor or informal setting ("in a park," "during a walk," "in a garden," "during a bowling game"). Of the 27 students, only one did not complete all the meetings and was the subject of a separate analysis.

Discussion: Several potential pitfalls have been identified: mentor training and the method of forming mentor-mentee pairs. The deliberately encouraged informal framework for mentor-mentee meetings could lead to unstructured processes, but it remains a distinctive feature of our program.

Conclusion: Our interim evaluation after one year of operation is encouraging, even though many potential pitfalls have been identified. The specific features of our program, namely the three-year longitudinal follow-up of mentees and the informal framework of mentor-mentee meetings, still need to be precisely defined.

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ID 831- The positive impact of an innovative welcome day on the mental health of first-year family medicine residents : a qualitative and quantitative study in East Occitanie.ie

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Context: A 64-year-old man with poorly controlled hypertension and long-term smoking presented after a sudden, brief loss of consciousness triggered by laughter. Episodes were identical to two previous events years earlier. He experienced no prodromes, chest pain, palpitations, or dyspnea, and recovered fully within seconds. Examination and initial tests, including ECG, labs, and chest X-ray, were normal. The clinical picture suggested situational syncope, potentially laughter-induced ("gelastic syncope"), but cardiac causes required exclusion due to age and risk factors.

Methods: Assessment included detailed history, physical examination, and initial cardiovascular and neurological screening. Differential diagnoses considered reflex syncope, Valsalva-related situational syncope, arrhythmias, carotid sinus hypersensitivity, cataplexy, orthostatic hypotension, neurological disorders, and structural heart disease. Further recommended evaluations included Holter monitoring or event recording, echocardiography, and monitored carotid sinus massage, with consideration of tilt-table testing.

Originality: Laughter-induced syncope is an uncommon and often underrecognized entity within situational reflex syncope. Its reproducible emotional trigger, absence of prodromes, and abrupt onset make it a distinct clinical presentation, easily confused with neurological or cardiac disorders. This case highlights a rare but benign mechanism that contrasts with more typical vasovagal pathways.

Lessons learned and future implications: This case demonstrates the importance of exploring situational triggers when evaluating transient

loss of consciousness. Laughter can mimic a brief Valsalva maneuver, decreasing venous return and cerebral perfusion. Although reflex syncope is generally benign, older patients with cardiovascular risk factors warrant a systematic cardiac workup to rule out arrhythmogenic or structural disease. Increased awareness of laughter-induced syncope may prevent unnecessary investigations and reduce diagnostic uncertainty. Future research could clarify its prevalence and assess whether specific patient profiles—such as those with autonomic hypersensitivity—are predisposed.

Discussion: Laughter-induced syncope illustrates how everyday actions can provoke unexpected physiological responses. Recognizing emotional triggers enables clinicians to balance reassurance with targeted evaluation, avoiding misdiagnosis and unnecessary interventions.

Conclusion: The patient's presentation is most consistent with laughter-induced situational syncope, a rare form of reflex syncope. Despite its benign nature, appropriate cardiovascular evaluation remains essential in older individuals. Recognizing such unusual triggers helps refine diagnostic accuracy and supports personalized patient counseling

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ID 865- The Power of the recovery-supporting Network Intake in General Practice

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Context: Humanization in Primary Care is a wholistic and collaborative process in which all members of the multidisciplinary team—physicians, nurses, administrative staff, social workers, and other professionals—contribute to providing care that is proximate, more dignified, and person-centered. This approach recognizes that the quality of care depends on the coordinated interaction of diverse roles and competencies, particularly when addressing the needs of vulnerable populations. Within this framework, the SER+HUMANO (BE MORE HUMAN) strategy was developed to strengthen a culture of humanization through shared responsibility across the entire team.

Methods: The SER+HUMANO strategy was implemented in a Primary Care center with the goal of highlighting the contribution of all professionals and improving the overall patient experience. The initiative focused on promoting personalized care, enhancing communication and support for vulnerable groups, improving physical spaces to foster citizen well-being, and promoting the emotional and professional health of the team. Additionally, shared leadership and partnerships with local institutions were encouraged. After one year of implementation, adult patient satisfaction increased by 8%, complaints about inadequate treatment were reduced to zero, and perceptions of reception and accompaniment improved significantly, especially among older adults and individuals with communication difficulties. Identified limitations included the need for continuous evaluation and the importance of maintaining institutional commitment to ensure sustainability.

Originality: This project stands out for embedding humanization as a transversal axis across all professional roles, going beyond the traditional focus on the physician–patient relationship. It introduces a systemic approach in which every interaction—clinical, administrative, or social—contributes to truly person-centered care.

Lessons learned and future implications: Shared responsibility and effective communication among professionals were key to fostering trust, cohesion, and comprehensive responses. Future lines of work include consolidating impact indicators and expanding the model to other health centers.

Discussion: The experience shows that humanizing care does not mean adding tasks, but rather transforming the organizational culture by recognizing the value of each role within an integrated and empathetic approach.

Conclusion: Embedding humanization as a structural axis in Primary Care enhances satisfaction, accessibility, and respect in patient relationships, while strengthening teams committed to more inclusive, compassionate, and sustainable care.

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ID 1991- The Preventive Role of Family Physicians in Adolescent Mental Health – The TV Series Adolescence as a Metaphor

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Context: LHON is characterized by mitochondrial deoxyribonucleic acid (mtDNA) point mutations that lead to retinal ganglion cell degeneration and acute, progressive visual loss. In rare instances, referred to as LHON plus, additional systemic manifestations might occur, including peripheral neuropathy, ataxia, myopathy, or cardiac arrhythmias.

Methods: We report a male patient who first experienced mild visual impairment at 12 years of age. After two decades, his vision deteriorated over several months, resulting in the complete loss of reading ability. At age 45, he developed gait ataxia, lower limb paresthesia, foot pain, and left palm muscle atrophy. After extensive examinations, mtDNA sequencing detected two mitochondrial mutations, while electroneurography confirmed chronic sensorimotor axonal polyneuropathy. Based on these findings, a diagnosis of LHON plus was established.

Originality: Genetic analysis identified the m.8836A>G mutation, which has been reported in sporadic cases of LHON. Moreover, another mutation, m.9957T>C, typically linked to recurrent focal neurological deficits, seizures, headaches, and myopathy (MELAS syndrome), was also detected. The coexistence of these mitochondrial mutations has not been previously documented. The combination of this unique genotype and peripheral nerve involvement represents an atypical case of LHON.

Lessons learned and future implications: The coexistence of two mtDNA mutations might synergistically worsen mitochondrial dysfunction, broadening the phenotype from isolated optic neuropathy to systemic LHON plus. Comprehensive mtDNA sequencing should be performed in patients with an atypical clinical course.

Discussion: Our patient was treated with idebenone, vitamin E, alpha-lipoic acid, and creatine monohydrate for mitochondrial and neuroprotective support, alongside pregabalin and ongoing rehabilitation. Neuromuscular symptoms showed notable recovery, though visual improvement was temporary. Some studies report reversal of visual loss in patients treated during the acute stage, mainly in those harboring the more prevalent m.14484T>C mutation. These findings underline the potential role of genotype in determining therapeutic response.

Conclusion: LHON plus is often misdiagnosed and mismanaged due to its low prevalence in the population (<1:1 000 000). Despite limited treatment options, early diagnosis and prompt mitochondrial-targeted therapy might slow disease progression or partially restore function. Long-term multidisciplinary management is vital to preserve quality of life.

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ID 601- The Quiet Rebellion: Storytelling as a Tool for Healing in Burnout Recovery

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Context: The Mexican Social Security Institute (IMSS) is the largest healthcare institution in Mexico. It has 54 million beneficiaries, of whom 5.3 million are diagnosed with diabetes. The

target for fasting glucose control is at least 40% (fasting plasma glucose between 70 and 130 mg/dL).

Methods: One of the potential causes for not achieving the control target is therapeutic inertia, which is present in a certain proportion of primary care physicians. To identify therapeutic inertia, the IMSS Family Medicine Division developed an evaluation tool, consisting of a retrospective review of medical records to identify the therapeutic adjustments made by physicians in the last 6 months of care. During 2024, the tool was implemented in 1,250 Family Medicine Units nationwide, through department heads or unit directors.

Originality: The following results were identified: More than 12,000 patient records were reviewed each month. The results were analyzed quarterly In the first quarter, 47% of patients underwent therapeutic adjustments, increasing to 64% in the last quarter of 2024, with an annual average of 55.7%. The average for the first half of 2025 was 63%.

Lessons learned and future implications: There is therapeutic inertia in primary care, so mechanisms will be established to easily identify it and provide feedback to physicians. The implementation of Pharmacological Control facilitated adjustments to the pharmacological treatment of patients with diabetes, improving glycemic control. At the Mexican Social Security Institute (IMSS), this tool will continue to be implemented in Family Medicine Units, and training for primary care physicians on making therapeutic adjustments for diabetes will continue.

Discussion: It is possible to create agile monitoring and evaluation tools for primary care medical staff to advise and change pharmacological prescribing behaviors, for the benefit of patients

Conclusion: It is important and necessary to create tools to identify therapeutic inertia in primary care physicians, to provide guidance and change prescribing behavior in order to improve metabolic control in persons living with type 2 diabetes

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ID 2183- The Relationship Between Family Physicians' Burnout and Patient-perceived Psychosocial Support in Primary Care

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Context: Diabetes management requires the control of several metabolic and physiological indicators. Family factors influence metabolic control in persons living with diabetes.

Objectives: To determine the difference in family cohesion and adaptability between patients with controlled type 2 diabetes and those with uncontrolled diabetes.

Methods: Design: Observational, retrospective, cross-sectional, descriptive, and comparative. Materials and Methods: 147 patients with type 2 diabetes mellitus attending the outpatient clinic of a Family Medicine Unit were included. A survey on metabolic control and the FACES III questionnaire for family cohesion and adaptability were administered.

Results: A total of 147 patients were interviewed: 71 uncontrolled patients (48.3%) and 76 controlled patients (51.7%). Among patients with metabolic control, the following family cohesion patterns were found: Unrelated: 72.36%, Semi-related: 15.78%, Related: 6.66%, and Enmeshed: 5.26%. Family adaptability patterns were: Rigid: 1.31%, Structured: 9.21%, Flexible: 3.94%, and Chaotic: 85.54%. Among patients with poor metabolic control, the following family cohesion patterns were found: Unrelated: 85.93%, Semi-related: 7.04%, Related: 1.40%, and Enmeshed: 5.63%. Family adaptability patterns were: Rigid: 12.67%, Structured: 1.40%, Flexible: 9.85%, and Chaotic: 76.08%. For family cohesion, a chi-square value of 5.39 was obtained; $p = 0.020$. For family adaptability: chi-square value of 0.12; $p = 0.726$.

Discussion: Families with diabetic patients tend toward extreme cohesion, which is significantly accentuated in those with metabolic

dysregulation, who are more frequently classified as unrelated families. Patients with metabolic dysregulation tend to have more rigid family structures compared to the group with metabolic control.

Conclusion: Therefore, a lack of cohesion and family rigidity could influence metabolic dysregulation in patients with type 2 diabetes. There is no conflict of interest. The study was submitted for evaluation by the local ethics committee.

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ID 1634- The Relationship between TyG Index and Comorbidity of Diabetes and Hypertension in the old adults

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Context: Hypertension is one of the most common chronic conditions managed in primary care, yet blood pressure control remains suboptimal despite evidence-based guidelines. Institutional digital tools, including electronic health records and shared clinical platforms, are routinely used and may support continuity, safety and equity in hypertension follow-up. However, little is known about how primary care professionals perceive these tools in everyday clinical practice, and no qualitative studies have explored perceived usefulness, ease of use or barriers related to these systems in this primary care context.

Objectives: Primary objective: To explore primary care professionals' perceptions of institutional digital tools used in the follow-up of patients with hypertension. Secondary objectives: To identify barriers and facilitators influencing their use, examine how these tools are integrated into daily workflows, and explore expectations for future digital solutions.

Methods: This ongoing qualitative exploratory study is being conducted in primary care centres in a non-specified region (XXX). Semi-structured interviews are carried out with family physicians, residents, nurses and nursing residents who routinely use institutional digital tools. Purposive sampling ensures variation in experience, professional role and practice setting. Interviews are audio-recorded, transcribed verbatim and analysed using thematic analysis. A deductive–inductive approach is applied: the Technology Acceptance Model guides initial coding while allowing additional themes to emerge. Credibility is ensured through investigator triangulation and documentation of analytic decisions. Data collection and analysis will be completed before the conference.

Results: Anticipated themes include: – Perceived usefulness: better organisation of clinical information and support for timely follow-up. – Perceived ease of use: varied experiences related to system usability, navigation and consultation time. – Barriers: technical issues, interoperability limitations, administrative burden and structural constraints in some settings. – Facilitators: familiarity with the system, routine integration and rapid access to relevant data. – Equity considerations: digital literacy gaps and unequal patient access to digital resources. Final thematic categories will be presented at the conference.

Discussion: Preliminary insights suggest that digital tool adoption is shaped by technological, organisational and human-factor elements, highlighting both strengths and areas for improvement within primary care.

Conclusion: Understanding professionals' perceptions can inform more human-centred, equitable and effective digital strategies for hypertension management in primary care.

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ID 234- The Relationship of Body Mass Index and All-Cause Mortality: Mediation by Left Ventricular Mass

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Context: International medical graduates (IMGs) are a cohort of family medicine residents who have done their medical degree outside of XXX. Due to the heterogeneous

medical degree background of IMGs, one might wonder if IMGs have a different experience in receiving feedback compared to their XXX trained counterparts.

Objectives: The objective of this qualitative research study was to explore and describe the experience of recent IMG resident graduates' experience in receiving feedback during their Family Medicine training at Western University.

Methods: A qualitative descriptive design using Iterative and interpretative analysis techniques was used. A semi-structured interview guide was used.

Results: Three distinct themes were noted. The first theme was the meaning of feedback. The logistics of feedback was the second theme - four sub-themes 1) type and timing of feedback; 2) delivery of the feedback (who and how); 3) resident-initiated feedback and 4) evolution of feedback throughout residency. The final theme was experience with feedback: two sub-themes- 1) experience with positive feedback and 2) experience with negative feedback.

Discussion: All participants agreed the purpose of feedback is to address areas of improvement with the goal of improving overall performance. Both formal and informal feedback were received. They received feedback mostly from their core FM supervisors. Most feedback occurred face to face. Usually, most of the feedback is initiated by the supervisor. In this study, residents have initiated the feedback to comprehend the expectations of that rotation. Over the residency, residents did not notice any change in the frequency of formal feedback. Informal feedback became less frequent. Residents received positive and negative feedback in a wide variety of areas. Positive feedback boosted their confidence while negative feedback made them to question their ability and affected performance negatively.

Conclusion: This study provided an enhanced understanding of the experience of IMG residents in receiving feedback during FM residency, which can be used by the Postgraduate program in reviewing the way in which feedback is delivered to IMG residents.

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ID 915- The role of acupuncture in general medicine: between preconceptions and recommendations

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Context: The practice of hypnosis in general medicine is widespread in XX. While several studies have documented patients' positive experiences during and shortly after hypnotherapy, the long-term persistence of these therapeutic benefits remains insufficiently explored.

Objectives: Explore patients' experiences one year after specific hypnotherapy in general practice in XX.

Methods: Qualitative study conducted through semi-structured interviews with adult patients of five general practitioners trained in the same method of hypnosis. Participants had received 3 to 6 therapy sessions completed 12 to 15 months prior. The interview guide was developed in collaboration with several hypnotherapy experts. A thematic analysis was performed on verbatim transcripts after double independent coding. The external validity and methodological rigor were assessed using the COREQ checklist.

Results: Eleven interviews were conducted between May and July 2021, until data saturation was reached. Patients reported an overall positive therapeutic experience, with perceived benefits persisting one year later. Hypnosis was perceived as a therapeutic tool that promoted self-awareness, increased self-confidence, and improved symptom self-management skills. The therapeutic alliance was identified as a key factor. The main obstacle mentioned was the financial cost of the therapy.

Discussion: A key strength of this study is the inclusion of patients treated with the same hypnotherapy method. Hypnosis appears to be a relevant within a person-centered model of care. It enables patients to gain a better

understanding of their illness and become more autonomous in dealing with it. However, the lack of analysis of external factors may limit the interpretation of the results.

Conclusion: Patients reported a positive experience with concrete changes in their daily lives that were still evident one year later. They embraced it as a real therapeutic education tool, with half of the patients practicing self-hypnosis. These findings support the need for further research into the effectiveness and potential indications of hypnotherapy in primary care.

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ID 1770- The role of general practitioners in Mass gatherings events

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Context: General practitioners (GPs) working in prisons operate within a healthcare environment that diverges substantially from community practice. Prison consultations are shaped by collaboration with prison authorities, disciplinary measures such as solitary confinement, and the legal frameworks underpinning access to medical care for incarcerated individuals. Compared to the general population, prisoners demonstrate markedly higher prevalence of substance use disorders, psychiatric illnesses, and intellectual disabilities, creating complex challenges for primary care delivery. The European Forum for Primary Care position paper (2022) emphasizes the critical role of primary care in addressing detainees' complex health needs and ensuring continuity of care.

Objectives: To understand the legal and organizational principles of prison healthcare, using the Netherlands and UK as examples. To identify systemic and clinical differences between prison consultations and community practice. To explore the prevalence and complexity of health problems in prison populations. To compare challenges internationally and evaluate potential solutions. To define the scope of influence of GPs in prison healthcare systems.

Teaching method and workshop: The workshop will employ interactive group work, case-based discussions, and structured reflection. Participants will identify bottlenecks, compare them across countries, and identify feasible interventions. Facilitators will emphasize active engagement a

Expected outcomes: Participants will gain insight into prison healthcare systems, improve confidence in managing complex patient needs, and recognize interventions within their professional scope versus those requiring systemic change.

Conclusion: Prison healthcare presents distinctive challenges but also opportunities for innovation and collaboration. By sharing experiences internationally, participants will strengthen patient-centered care in prisons and advocate for systemic improvements. This workshop contributes to WONCA's mission of advancing primary care globally, while aligning with WHO recommendations on equivalence of care and the European Forum for Primary Care's call for stronger integration of prison health into mainstream primary care.

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ID 2271- The Role of Lifestyle Medicine in Family Medicine: Structured Debate and Vision-Building.

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Context: Family physicians often deeply intertwine their sense of identity with constant responsibility and service to patients. Because of this, the transition into retirement can be psychologically challenging. Retired or near-retirement doctors may experience anxiety, loss of purpose, and fear of becoming irrelevant. In such circumstances, some continue to work excessively, even beyond formal retirement, to preserve meaning, status, and routine. These patterns frequently remain

unrecognized in primary care systems, leaving physicians without adequate psychological or structural support.

Methods: A qualitative, reflective, case-based approach was used. The analysis focuses on a 66-year-old retired family physician who continues to work up to 20 shifts per month in both primary care and hospital settings. The case was interpreted using psychological frameworks related to work addiction, perfectionism, existential anxiety, and the need for control. The reflection examines behavioral patterns, emotional drivers, and environmental factors that contribute to persistent over-engagement in work after retirement.

Originality: Work addiction in physicians, especially after retirement, is an under-explored topic. This case highlights how identity loss—not financial motives—is often the central mechanism behind continued excessive work.

Lessons learned and future implications: This case demonstrates that retirement transitions require psychological preparation, not only administrative planning. Without structured support, physicians may remain trapped in unhealthy work patterns driven by fear of losing identity. Future healthcare strategies should include mentorship opportunities for retired doctors, gradual reduction of workload, psychological counseling, and improved awareness of work addiction within the medical profession.

Discussion: The presented case suggests that persistent work engagement after retirement reflects a coping mechanism rather than a continued professional duty. The doctor's behavior aligns with features of work addiction—compulsion, inability to disengage, and emotional dependence on professional roles. Primary care physicians often tie their self-worth to their usefulness, making retirement psychologically destabilizing. This highlights systemic gaps: insufficient emotional support, lack of transition planning, and a culture that rewards self-sacrifice.

Conclusion: Work addiction and identity loss among retired physicians are real but frequently overlooked issues. Recognizing these patterns is crucial for building healthier retirement pathways. Structured interventions—education, counseling, mentorship roles, and gradual withdrawal from clinical duties—can help physicians navigate identity changes while maintaining well-being.

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ID 723- The Role of Point-of-Care Ultrasound (POCUS) in Community and Home Care

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Context: Given the increase in international migration, the health assessment of immigrant patients should be considered comparable to that of native-born patients, while incorporating specific considerations such as inclusion in preventive care and health-promotion programs, screening for imported diseases (according to country of origin and migration route), and assessment and adaptation of immunization status to the vaccination schedule in effect in the host country.

Methods: The patient is a 38-year-old woman, originally from XXX , residing in XXX for the past year. She is married and heterosexual. She denies engaging in high-risk sexual practices and reports no history of blood transfusions or intravenous drug use.

Originality: Six months after arriving in XXX, she attended her family physician for an initial consultation due to longstanding asthenia. She reported that, during the previous year in her country of origin, she had experienced multiple illnesses, including upper respiratory tract infections, pneumonia, episodes of diarrhea, and three episodes of oral candidiasis. These conditions were managed symptomatically, without further diagnostic evaluation. The patient also stated that access to healthcare in her hometown is limited. The patient's physical examination revealed no significant findings.

General blood tests showed lymphopenia, abnormal liver function tests, and positive HIV 1-2 antibodies and p24 antigen.

Lessons learned and future implications: Upon identification of human immunodeficiency virus (HIV), the patient is referred to the infectious diseases department at the designated tertiary care hospital, where she will initiate appropriate antiretroviral therapy. The transmission route was determined to be sexual. The patient is currently well controlled. It is important to underscore the differences in health equity across countries. According to the World Health Organization in 2025, the gap in life expectancy between nations may reach up to 33 years.

Discussion: Primary care physicians play a crucial role as the first point of contact with the healthcare system, allowing early identification of risk factors, timely diagnostic evaluation, and initiation of appropriate management.

Conclusion: Early diagnosis enables prompt initiation of antiretroviral therapy, providing both individual benefits—reducing morbidity and mortality—and collective benefits by interrupting the chain of transmission, making early detection in primary care essential for public health. Keywords:HIV infections, primary health care, immigrants, health equity.

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ID 637- The Role of Primary Care in Breast Cancer Screening

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Context: Lower back pain is one of the most common reasons patients visit primary care physicians. The Ministry of Health recognizes it as a significant public health issue due to its high prevalence and the substantial healthcare costs it imposes.

Methods: 70-year-old patient. Retired nurse. Medical history: benign prostatic hypertrophy. Three-month history of progressively worsening lower back pain, aggravated by physical activity, accompanied by asthenia. Self-medicated with first-step analgesics with partial improvement. Physical examination revealed moderate lumbar tenderness without radiculopathy and tenderness of the anterior wall of the left hemithorax. In light of the prolonged symptom duration, the patient's advanced age, and the presence of systemic manifestations, further diagnostic investigations were undertaken. Laboratory findings: normocytic-normochromic anemia, renal failure, hypercalcemia. Imaging tests: lumbosacral spine X-ray: no apparent alterations. CT scan : mass in the upper left chest wall, with lysis of the anterolateral region of the left third rib, measuring 7 x 4.4 cm in the axial plane. Several vertebral and sternal lytic lesions, the most evident of which was the vertebral transverse process (T8). Grade II compression fracture of T4. Lytic lesions of the sternum.

Originality: The combination of chronic back pain, anemia, renal dysfunction, hypercalcemia, and multiple lytic bone lesions suggests multiple myeloma with skeletal involvement. The patient was finally diagnosed with IgA kappa IIIA Durie-Salmon/International Staging System II multiple myeloma with treatment criteria for bone lesions.

Lessons learned and future implications: One of the common presentations of multiple myeloma is bone pain, which can be mistaken for other degenerative skeletal conditions, potentially delaying diagnosis. There is a Cochrane database review on "Red flags to screen for vertebral fracture in people presenting with low back pain" that may be useful in our practice.

Discussion: This case underscores the importance of careful evaluation of elderly patients with new-onset back pain and systemic symptoms, highlights early recognition of red flags, and emphasizes the role of primary care physicians in initiating timely investigations and coordinating management for serious underlying conditions.

Conclusion: The primary care physician plays a crucial role in the early diagnosis of multiple myeloma, thereby contributing to improved survival and quality of life. Keywords: multiple myeloma, hypercalcemia, low back pain.

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ID 1225- the role of primary care physicians in humanitarian aid to disaster zones

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Context: Energy poverty—difficulty achieving adequate indoor thermal comfort—has been consistently linked to poorer mental health. Yet the effects of corrective interventions on validated mental-health outcomes remain unclear

Objectives: Quantify the impact of interventions that reduce energy poverty (fabric insulation, draught-proofing, central-heating, whole-house packages, and educational advice) on validated mental-health outcomes versus usual care/no intervention or alternative interventions.

Methods: We registered a protocol (PRISMA 2020) and searched MEDLINE/PubMed, Embase, Scopus, Web of Science, CENTRAL, PsycINFO, CINAHL and grey sources (2005–2025). Eligible studies evaluated interventions targeting thermal comfort/affordability (fabric insulation, heating systems, whole-house retrofits, behavioural advice) and reported validated mental-health outcomes (e.g., GHQ-12, SF-12/36 MCS, HADS/PHQ/GAD). We included randomised and non-randomised comparative designs and undertook random-effects meta-analyses by intervention class where ≥3 comparable estimates were available; otherwise, we applied SWiM narrative synthesis. Risk of bias was assessed with RoB 2/ROBINS-I; certainty with GRADE.

Results: Eight intervention studies met criteria (United Kingdom n=6, New Zealand n=1, Portugal n=1), including one cluster RCT and seven non-randomised evaluations. Structural fabric upgrades and heating/system improvements were most common; purely behavioural/educational interventions were rare. Pooled effects (GHQ-12/SF-12 MCS) suggested small but clinically meaningful improvements in psychological distress/mental health following fabric upgrades and combined packages; system-only upgrades showed modest, directionally similar gains. Heterogeneity was moderate, reflecting differences in intervention bundles, populations and instruments. Subgroup evidence—limited but consistent—indicated larger benefits among more deprived households and those with poorer baseline thermal performance. Cost-effectiveness analyses (mainly UK) favoured insulation/heating upgrades when mental-health gains and co-benefits were included. Overall risk of bias was “some concerns” (cRCT) and “moderate–serious” (non-randomised) due to confounding, selection and self-report; GRADE certainty was low to moderate.

Discussion: Energy-efficiency retrofits—especially insulation combined with controllable heating—yield modest, consistent improvements in GHQ-12 and MCS, likely mediated by thermal comfort and reduced bill stress. Benefits appear larger in the coldest, most deprived homes. Evidence remains constrained by bias and heterogeneity; stronger, longer studies with objective mediators and economic evaluation are priorities.

Conclusion: Energy-efficiency retrofits—especially insulation and central-heating packages—likely improve mental-health outcomes, with equity-relevant gains in high-need groups. Stronger evidence is needed from well-designed RCTs/quasi-experiments using standardised mental-health measures, longer follow-up and cost-utility endpoints, particularly beyond the UK.

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ID 656- The role of teamwork in primary care in early recognition of CSF fistula as post-lumbar surgery complication - a case report

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Context: Rhinitis is highly prevalent across all ages, significantly impairing the quality of life of patients and their cohabitants. Underdiagnosis and misdiagnosis are common, leading to under or inappropriate treatment, negative economic impact, and potential harm. Most people manage it episodically, through self-management or OTC medications. Many underestimate their symptoms, not bringing them to the attention of their family physician. Allergic rhinitis (AR) is strongly associated with an increased risk of developing asthma often due to sensitisation to multiple allergens. Those with AR are more likely to have frequent asthma exacerbations and poorer symptom control than those with asthma alone. Managing allergic rhinitis well in primary care is also an important opportunity to take a One Health approach, protecting patients from environmental changes and protecting the planet from inappropriate medicines use.

Objectives: This workshop will discuss primary care-derived person-centred cases on diagnostic and management challenges in rhinitis. Participants will explore practical, evidence-informed strategies to improve recognition, shared decision-making, and sustainable management of rhinitis within the broader context of respiratory and planetary health.

Teaching method and workshop: After a short introduction, participants will engage in group work using clinical vignettes. The faculty will facilitate discussions introducing practical tools. A voting system will support interaction. These free tools were co-produced by primary care c

Expected outcomes: Participants should be able to a) List some challenges in the diagnosis and management of Rhinitis; b) Assess the impact of patients' symptoms considering their ideas, concerns, and expectations; c) Consider a diagnosis of asthma as the most important com

Conclusion: Rhinitis is a risk factor for the development of asthma and is often associated with poorer asthma control and reduced patient quality of life. Enhancing primary care with person-centred, environmentally responsible approaches can improve patient and planetary outcomes.

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ID 542- The School as a Territory of Care: Medical Education Building Bridges for Health Education on Electronic Cigarettes among Students

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Context: Health-risk behaviors often emerge or intensify during adolescence, potentially persisting into adulthood and contributing to increased morbidity and mortality. Among these behaviors, the use of electronic smoking devices (ESDs) has become increasingly prominent. The southern region of São Paulo, Brazil, is characterized by high levels of social vulnerability—with 59.3% of its population dependent on the public health system, 24.3% residing in informal urban areas, and a significant proportion of young people identifying as Black or mixed race

Methods: The health education intervention was carried out between April and May 2025 in public schools located in the southern region of São Paulo, involving students aged 13 to 17 years (approximately 360 participants).

The activities were developed within a university extension program associated with Family and Community Medicine, recognizing the school as an integral part of the community. The process included group discussions, educational materials, and open debates addressing risk factors and social determinants of health, fostering critical reflection and empowering students toward self-care and informed decision-making regarding the use of drugs, alcohol, and tobacco (DAT). Limitations included the short duration of the intervention and challenges in assessing long-term behavioral changes.

Results: This experience was innovative in integrating the school environment as a territory of care, strengthening the connection between health and education. The experience highlighted the importance of public policies for social protection, the monitoring and regulation of emerging tobacco products, and the implementation of intersectoral strategies aimed at improving adolescents' living and health conditions.

Discussion: The intervention demonstrated that the school environment represents a privileged setting for health promotion and disease prevention initiatives, particularly when coordinated with primary health care. The experience supports existing evidence on the effectiveness of community-based health education among adolescents in socially vulnerable contexts.

Conclusion: The findings indicate that health education initiatives in schools, when articulated with primary health care, highlight the potential of educational institutions as spaces for care and health promotion, integrating efforts across education, health, and community.

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ID 1247- The Silent Stumble: Association Between Objective Sensory Impairment and Fall History Among Elderly Residents in Singapore Rental Housing

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Context: Peptic ulcer disease (PUD) remains a frequent and clinically significant problem in both primary and acute care settings. Proton pump inhibitors (PPIs) have traditionally served as the cornerstone of therapy. Vonoprazan, a potassium-competitive acid blocker (P-CAB), has gained increasing use due to its rapid and sustained acid suppression, yet its advantages over PPIs in real-world clinical practice remain inadequately defined.

Objectives: To critically appraise recent evidence comparing vonoprazan with PPIs in the management of acute PUD, with a focus on ulcer healing, upper gastrointestinal (GI) rebleeding, adverse events, and cost-effectiveness from a primary care perspective.

Methods: A structured PubMed search identified 19 eligible studies published between 2019 and 2025, including randomized trials, cohort studies, meta-analyses, and network meta-analyses. Exclusion criteria included non-human studies, non-English publications, inconclusive results, and studies unrelated to peptic or duodenal ulcers. Extracted outcomes included ulcer healing rates, upper GI rebleeding, treatment-related adverse events, hospitalization duration, transfusion needs, and economic evaluations.

Results: Across studies, vonoprazan achieved ulcer healing rates that were consistently non-inferior and in some cases modestly superior to PPIs. Several East Asian real-world cohorts reported numerically lower short-term rebleeding rates with vonoprazan, though significance varied. Serious adverse events did not differ between groups, while minor gastrointestinal symptoms appeared slightly more common with vonoprazan but without clinical consequence. Economic analyses suggested potential cost-effectiveness for high-risk subgroups, although higher upfront drug costs limit widespread use. Mortality outcomes were low and showed no meaningful differences.

Discussion: Vonoprazan's potent acid suppression may offer clinical benefits in selected scenarios, particularly when rapid control is required or PPI response is suboptimal. However, the concentration of available evidence in East Asia and heterogeneity across studies limit broader generalization. For primary care physicians, treatment selection must balance clinical

efficacy with medication cost, patient comorbidity, and local practice patterns.

Conclusion: Vonoprazan offers potent and reliable acid suppression with efficacy and safety comparable to PPIs in acute PUD management. Although cost remains a limiting factor, it represents a reasonable therapeutic option in appropriately selected patients. Treatment choice should remain individualized, guided by clinical risk, treatment response, and healthcare system context.

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ID 1929- The smart use of credit in family medicine

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Context: Acute exacerbations of chronic obstructive pulmonary disease (AE-COPD) are commonly first evaluated in primary care, where early identification of patients at risk of deterioration is essential. The pulmonary artery–ascending aorta (PA/A) ratio on chest CT has been proposed as a non-invasive marker of pulmonary hypertension and adverse outcomes in stable COPD, but its relevance during exacerbations and its importance for general practice remain unclear.

Objectives: To assess the inter-observer variability of PA/A ratio values and their associations to clinically relevant outcomes in patients hospitalized with AE-COPD.

Methods: We performed a retrospective study of adults hospitalized with a primary diagnosis of AE-COPD who underwent chest CT during hospitalization between 1 January 2020 and 31 March 2025. Two independent observers measured the PA/A ratio using standardized anatomical landmarks, and the mean of their measurements was used to categorize patients into two groups using the established cut-off of PA/A >1. Outcomes included length of hospital stay, need for non-invasive ventilation (NIV), and antibiotic treatment. Statistical analyses included Bland–Altman comparison, t-tests, and Fisher's exact tests.

Results: Of 174 patients screened, 35 met inclusion and exclusion criteria (16 males/19 females, mean age: 68.8 ± 8.4 years). All patients were treated with systemic corticosteroids. Interobserver analysis showed good agreement (bias: –0.01, 95% limits of agreement: –0.15 to 0.12) and no systematic difference was found (p=0.32). 20 patients had a mean PA/A ≤1 and 15 patients showed PA/A >1. Length of hospital stay did not differ between groups (10.9 vs 11.3 days, p=0.83) and antibiotic rates were comparable (65% vs 73%, p=0.72). However, NIV use was significantly higher in the >1 group (25% vs 67%, p=0.02).

Discussion: A PA/A ratio >1 was strongly associated with an increased need for NIV, suggesting value as an early indicator of exacerbation severity. For primary care clinicians, familiarity with this parameter may support triage decisions and improve interpretation of radiology reports from referrals.

Conclusion: PA/A ratio is a reproducible measurement and may help identify AE-COPD patients at higher risk of requiring respiratory support. Prospective studies in community-managed COPD populations are warranted to explore its role in guiding referral urgency and follow-up in primary care.

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ID 1266- The Spiritual Dimension of Care in Bioethical Primary and Paediatric Practice: The Role of Family Physicians, Paediatricians, and Neonatal Clinicians

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Context: Hypertension is a major risk factor for cardiovascular and renal diseases. Genome-wide association studies (GWAS) have identified numerous single nucleotide polymorphisms (SNPs) linked to hypertension. Specifically, the rs17249754 polymorphism in the ATP2B1 gene is implicated in blood

pressure (BP) regulation. The A allele is hypothesized to confer protection by influencing Ca2+ ion handling in vascular smooth muscle cells.

Objectives: This study analyzed the association between ATP2B1 rs17249754 and BP, focusing on interactions with smoking and alcohol consumption in a cohort.

Methods: A total of 65,535 participants from the Genome and Epidemiology Study were included. Genotyping, quality control, phasing, and imputation were performed using standard protocols. The target polymorphism, ATP2B1 rs17249754, was extracted using PLINK. Linear regression evaluated the associations with systolic and diastolic BP, stratified by lifestyle factors and adjusted for covariates.

Results: Linear regression analyses, adjusted for covariates such as sex, age, BMI, and lifestyle factors, revealed that individuals with the AA genotype exhibited significantly lower systolic (SBP) and diastolic blood pressure (DBP) compared to GA or GG genotypes. Lifestyle factors strongly influenced these genetic effects. Among smokers, current smokers with the AA genotype showed SBP reduction compared to GA or GG genotypes. Similar associations were observed among non-drinkers and current drinkers.

Discussion: The ATP2B1 rs17249754 polymorphism regulates calcium homeostasis via PMCA1, reducing vascular smooth muscle contraction and BP. Smoking and alcohol consumption might disrupt calcium regulation and increase oxidative stress, which could exacerbate BP dysregulation, particularly in GA or GG genotypes. Smoking cessation and reduced alcohol intake may help mitigate these effects, possibly allowing the A allele to play a protective role.

Conclusion: This study emphasizes the interplay between genetic and environmental factors in BP regulation, supporting the integration of genetic markers with lifestyle interventions for personalized hypertension management.

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ID 1932- The tutor as an agent of transformation and improvement in Family and Community Medicine distance learning: a teaching experience report

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Context: The integrated curriculum aims to help students construct clinically meaningful knowledge. A systematic evaluation of content interconnection is necessary to assess its effectiveness. As curriculum autonomy has expanded following academic system reform, reviewing and refining each college's integrated curriculum has become increasingly important.

Objectives: This study aimed to evaluate the level of integration and operational status of the cardiovascular system block to prepare basic data for future curriculum evaluation and improvement.

Methods: We analyzed the cardiovascular system block delivered over four weeks (March 4–28, 2025) at Hanyang University. The course included 68 sessions (109 hours), which were conducted by 29 faculty members, and nine second-year students participated. The level of integration was assessed using three items scored on a 4-point scale. Scores were categorized as follows: Isolation (below 5), Initial (5 to under 8), Intermediate (8 to under 11), and Mature (11 to12). Students completed a survey after each session. Descriptive statistics were used, and a group interview was conducted after the course and qualitatively analyzed.

Results: The overall integration score of the cardiovascular system block was 8.60 (level of intermediate). The majority of sessions received an intermediate rating (n=48), followed by an initial rating (n=16) and a mature rating (n=1). No sessions received an isolation rating. Problem-based learning (PBL) and case-based teaching (CBT) had high integration scores (10.52 and 10.57). Students reported lower perceived integration when content or clinical cases were too detailed, rare, or broad.

Discussion: Reorganizing session order and using common clinical cases may enhance integration. For enhancing the overall integrated curriculum, future studies will compare faculty and student perspectives and explore integration in other system blocks.

Conclusion: The block showed moderate integration, but deeper content-level nesting—defined as the structural embedding of concepts across sessions—was limited. Deep learning methods, like PBL and CBT, augmented integration.

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ID 2283- The un-contacted contact lens

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Context: Despite major advances in lung cancer diagnosis and treatment, substantial geographic and socioeconomic disparities in survival remain worldwide. In Korea—where universal health coverage and national cancer screening programs are established—regional inequalities persist, suggesting an important role of contextual socioeconomic conditions. The Regional Deprivation Index (RDI) provides a multidimensional measure of structural deprivation that may explain spatial variations in outcomes.

Objectives: To investigate temporal trends and regional differences in lung cancer survival across Korea from 2003 to 2020, and to quantify the contribution of contextual deprivation to survival inequalities.

Methods: We analyzed data on 29,065 individuals newly diagnosed with lung cancer using the Korean Regional Cancer Registry. Survival outcomes were estimated using multilevel frailty survival models that incorporated individual-level clinical and demographic factors alongside regional-level characteristics. Contextual deprivation was measured using the RDI, a composite indicator comprising nine socioeconomic dimensions: housing environment, education, social class, elderly population share, single-person households, car ownership, housing type, household composition, and marital status. Empirical Bayesian estimation was applied to generate smoothed spatial survival estimates and to visualize variations by year, sex, age group, and cancer stage.

Results: Between 2003 and 2020, overall survival improved from 41.4% to 67.9%. However, persistent and substantial regional disparities remained throughout the study period. Each one-point increase in the RDI was associated with an approximately 3.9% decrease in survival probability. After adjusting for individual and contextual characteristics, regional heterogeneity was reduced by nearly one-third, indicating that contextual deprivation meaningfully contributed to spatial inequalities. More deprived regions consistently demonstrated lower 1-, 3-, and 5-year survival rates across all tumor stages.

Discussion: Even with national screening initiatives and advances in therapeutics, improvements in lung cancer survival have not been equitably distributed across regions. Contextual deprivation continues to exert a strong influence on survival disparities, reflecting enduring structural barriers within deprived communities.

Conclusion: Addressing socioeconomic deprivation and ensuring equitable access to high-quality cancer care are essential to reducing regional survival inequalities. Policies that incorporate social equity into cancer control strategies are needed so that future advancements translate into improved outcomes for all patients.

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ID 859- The uses of ecography in Primary Care.

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Context: Despite the growing evidence suggesting an association between screen time exposure (STE) in children and autism symptoms, an understanding of this among the general child population is lacking.

Objectives: We aimed to determine the associations between STE and results on the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F) questionnaire, in children from a multi-ethnic population-based sample in XXX.

Methods: This cross-sectional study included children between 17 and 24 months of age, with no known developmental conditions, attending routine visits in primary care. Caregivers reported daily screen time via a questionnaire and completed the M-CHAT-R/F (standard administration protocol followed). Logistic and linear regression analyses and structured equation modelling including covariates were conducted.

Results: The sample comprised 5,336 multi-ethnic children (mean age 18.6 ± 0.9 months, 64.2% Chinese ethnicity, 23.9% Malay, 5.8% Indian). Mean STE was 1.31 ± 1.33 h/day. Increased STE was associated with a higher likelihood of a positive M-CHAT-R/F screen (OR = 1.24, 95% CI [1.01, 1.53], $p < 0.05$). Higher STE was associated with greater odds of having a response of concern for the social-communication questions but not those on motor/sensory aversion. Both the final M-CHAT-R/F score and the screening outcome was directly explained by STE in the structural equation model ($\beta = 0.05$, 95% CI [0.03, 0.07], $p < 0.001$ and OR = 1.24, 95% CI [1.01, 1.53], $p < 0.05$).

Discussion: Strengths of study include the large, community-based multi-ethnic study sample. Limitations include: cross sectional nature limits ability to infer causality, potential reporting bias of STE. In future studies, factors such as screen time content and co-viewing could be explored.

Conclusion: Findings suggest a significant association between higher STE and autism symptoms, especially social communication domain. Evaluation and support of children with a positive M-CHAT-R/F screening result should include addressing STE and mitigating exposure.

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ID 2212- The Visual GP: Bridging Napkin Sketches and Generative AI for Patient Education

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Context: Osteoporosis and obesity are highly prevalent chronic conditions that pose major health challenges worldwide. While both are traditionally viewed through distinct clinical lenses, their coexistence is increasingly recognized as an important issue in primary care, where early screening and comprehensive risk management are critical. Understanding how these conditions interact to influence long-term mortality may help improve preventive strategies in aging populations

Objectives: To examine the combined effects of osteoporosis and obesity on all-cause and cardiovascular mortality in a nationally representative Korean population, emphasizing implications for integrated primary care management.

Methods: Data were drawn from the Korea National Health and Nutrition Examination Survey (2007–2012) linked with national mortality records through 2019. Adults aged ≥50 years who underwent dual-energy X-ray absorptiometry (DEXA) were included (n≈21,300). Osteoporosis was defined as a T-score ≤ −2.5, and obesity was defined by DEXA-measured body fat percentage. Participants were categorized into four groups according to osteoporosis and obesity status (G+O+, G+O−, G−O+, G−O−). Cox proportional hazards models were applied to estimate hazard ratios for all-cause and cardiovascular mortality after adjustment for demographic, behavioral, and clinical factors.

Results: Over a median follow-up of 8.2 years, approximately 2,100 deaths occurred, including 600 cardiovascular deaths. Preliminary analyses suggest that osteoporosis independently increases mortality risk and may amplify adverse outcomes when combined with obesity. Full analyses will be presented at the conference.

Discussion: These findings underscore the need for a holistic approach to managing patients with osteoporosis and obesity in primary care. Lifestyle counseling, fall prevention, and cardiovascular risk control should be integrated to address overlapping metabolic and skeletal risks.

Conclusion: The coexistence of osteoporosis and obesity may be a key determinant of long-term survival among older adults. Proactive screening and multidisciplinary management strategies in primary care can improve outcomes for this growing patient population.

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ID 987- Therapeutic management of climacteric symptoms: a survey of general practitioners in XXX (2024)

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Context: Population aging demands strategies that promote physical, mental, and social well-being, particularly within Primary Health Care. In a Family Health Unit in XXX, a group of older adults presented signs of social isolation, low mood, and mild functional limitations. In response, a structured handicraft group was implemented as a strategy to stimulate cognition, strengthen social bonds, and enhance overall quality of life.

Methods: The project was carried out over three years and involved approximately 17 older adults aged 57 to 89. Weekly sessions were conducted by the Unit Health team and included activities such as dish-towel painting, knitting, crocheting, emphasizing fine motor coordination, attention, memory, and creative expression. The Family and Community Medicine team monitored participants' physical and emotional conditions, adapting activities to individual needs. Strengths of the project included continuity, multidisciplinary involvement, and a welcoming environment. Limitations included material constraints and reliance on professional engagement to sustain the group.

Originality: Although social groups are common in Primary Care, the structured use of handicraft activities as a therapeutic tool, combined with the longitudinal follow-up provided by the Family and Community Medicine team, proved to be an innovative approach within the Unit Health. While the literature highlights the benefits of artistic interventions for older adults, few reports describe long-term initiatives integrated with clinical care, which distinguishes this experience.

Lessons learned and future implications: The experience demonstrated that cultural and artistic activities help build social ties, promote a sense of belonging, and may reduce symptoms of depression and anxiety. Future steps include expanding community partnerships, diversifying artistic techniques and developing quantitative assessment tools.

Discussion: The implementation of a structured handicraft group within the Family Health Unit demonstrated that artistic and manual activities can serve as powerful catalysts for physical, emotional, and social well-being among older adults. The observed outcomes align with evidence that group-based creative interventions promote cognitive stimulation, reduce loneliness and support functional capacity in aging populations.

Conclusion: Integrating manual activities, creativity and biopsychosocial care reinforces the central role of Primary Health Care in promoting health.This handicraft group positively impacted older adults' well-being and represents a replicable model for other communities, contributing to comprehensive and holistic care for older populations.

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ID 1563- Therapeutic Patient Education (TPE): From Learners' Feedback to Practical Multidisciplinary Collaboration Experiences

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Context: Meningitis is a severe infection of the meninges, primarily caused by viruses and bacteria, characterized by high lethality and rapid dissemination. Therefore, it is a notifiable disease in XXX. In 2023, the country recorded 14,281 confirmed cases and 1,604 deaths.

Objectives: This study aimed to analyze the epidemiological data on the incidence and temporal trends of meningitis in XXX between 2019 and 2023.

Methods: This ecological study used secondary data from the Notifiable Diseases Information System (SINAN). Incidence rates (per 100,000 inhabitants) were collected and organized into a time series, with emphasis on variations during and after the COVID-19 pandemic.

Results: The COVID-19 pandemic affected the dynamics of infectious diseases. Facciola et al. (2023) observed a 41% decrease in notifications during the pandemic period, including meningitis and tuberculosis. In the post-pandemic scenario, Bloom et al. (2023) reported a global increase in invasive meningococcal disease, attributed to declining vaccination coverage.

Discussion: In XXX, meningitis rates dropped in 2020–2021: a 57.6% decrease nationwide, 61.5% in XXX, and 32.6% in XXX. However, in 2023, the municipal rate reached 29.93 cases per 100,000 inhabitants, a 148.7% increase compared to 2022. Kadambari et al. (2019) also highlighted the rise in viral meningitis after isolation, associated with the resumption of social interactions and reduced vaccination coverage.

Conclusion: The decline in notifications during the pandemic reflects the effect of distancing measures, while the subsequent increase highlights the importance of continuous epidemiological surveillance, early diagnosis, and strengthened vaccination campaigns. Monitoring meningitis trends is essential for understanding the impact of health policies and preventing outbreaks in urban centers such as XXX.

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ID 1550- Therapeutic Patient Education (TPE): From Learners' Feedback to Practical Multidisciplinary Collaboration Experiences

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Context: Cobalamin deficiency, B12 deficiency, macrocytic anemia, megaloblastic anemia, nutritional anemia, vitamin B12 deficiency, Pakistan

Objectives: To examine the associations of sociodemographic factors, comorbidities, diet, medications, vitamin D levels, hematological indices, and symptoms with vitamin B12 status among primary care patients in Karachi, Pakistan

Methods: This cross-sectional study was conducted in 2023 at the tertiary care hospital. Adults recently tested for vitamin B12 as advised by physicians were enrolled (n=252). Data on demographics, comorbidity, medications, diet, and symptoms were collected through structured interviews, alongside BMI and laboratory results. Associations were analyzed using descriptive statistics, Chi-square, and correlation coefficient, with $p<0.05$ considered significant.

Results: Of 252 participants (71.4% female, median age 46 years), fatigue (79.5%), muscle weakness (73.2%), and numbness/tingling (69%) were the most frequent symptoms in those with B12 deficiency or insufficiency. Decreased appetite (p=0.003) and weight loss (p=0.010) were significantly associated with low B12 levels. Dietary patterns showed strong

associations: reduced milk intake (72% deficient) and infrequent red meat consumption (49.6% deficient) were linked to deficiency. Vitamin D correlated positively with B12 levels (r=0.215, p=0.006), while mean corpuscular volume correlated negatively (r=-0.151, p=0.019). No significant associations were found with BMI (p=0.175), comorbidities (p>0.05), or metformin/PPI use (p>0.05).

Discussion: This study demonstrate that low vitamin B12 levels are strongly associated with inadequate consumption of milk and red meat, highlighting the central role of dietary insufficiency rather than chronic comorbidities or medication use. Constitutional symptoms—including decreased appetite and weight loss—alongside neurological manifestations such as numbness and weakness, were more prominent among deficient individuals, reinforcing their value as clinical indicators. The positive correlation between vitamin D and B12 levels suggests shared nutritional and socioeconomic determinants affecting overall micronutrient status. The absence of significant associations with BMI, metformin, and PPI use indicates that diet and socioeconomic factors may be more influential in this setting.

Conclusion: Low vitamin B12 levels were associated with specific dietary insufficiencies, constitutional and neurological symptoms, and hematological indices. These findings highlight the need for heightened clinical awareness and integration of dietary counseling within primary care. These findings highlight the need for targeted screening and interventions to prevent deficiency in underprivileged populations

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ID 691- Three magic ingredients in a seedbox for General Practitioners: a sparkling recipe for cultivating Planetary Health in primary care teams

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Context: CURRENT KNOWLEDGE ON THE MANAGEMENT OF ANKLE SPRAINS IN PRIMARY CARE: A SYSTEMATIC REVIEW OF THE LITERATURE

Objectives: Objective : Acute ankle sprains are one of the most common reasons for consulting a general practitioner. The aim of this study was to analyze recent data from the literature on the management of ankle sprains and compare it with previous French recommendations and the new HAS 2025 recommendations.

Methods: Materials and methods : This systematic review of the literature was conducted using the PubMed, Cochrane, Lissa, and Google Scholar databases, including randomized trials, meta-analyses, systematic reviews, and recommendations published between 2005 and 2024. The data were synthesized according to the main areas of management: diagnosis, initial treatment, immobilization, paraclinical examinations, drug treatments, rehabilitation, return to sport, alternative therapies, and surgery.

Results: Results : OARs are confirmed as the diagnostic tool of choice. The RICE protocol, although widely used, is based on a low level of evidence and provides only temporary symptomatic relief. Functional supports are superior to strict immobilization, except in rare cases of severe sprains. Paracetamol and topical NSAIDs are the first-line analgesics; oral NSAIDs should be reserved for selected cases, and opioids are not indicated. X-rays remain the first-line paraclinical examination, while ultrasound appears promising but requires further studies to clarify its role. Active, early, and proprioceptive rehabilitation is key to preventing recurrence, while passive modalities have not been shown to be effective. Return to sport must be individualized, guided by clinical, functional, and psychological criteria. Surgery does not provide lasting functional benefit and should remain exceptional.

Discussion: Discussion : The 2000/2004 recommendations were already ahead of their time, favoring functional treatment, paracetamol, and proprioceptive

rehabilitation. Recent data confirm these choices and refine them, particularly through the use of topical NSAIDs, the relativization of the RICE protocol, and the use of validated scores (FAAM, Ankle-GO, ALR-RSI).

Conclusion: Conclusion : Optimal management of ankle sprains is based on a functional approach that is well thought out and tailored to the clinical context. The 2025 recommendations confirm the relevance of historical guidelines, while incorporating recent evidence to guide follow-up and ensure a safe return to sport.

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ID 842- Thumb swelling as the first manifestation of lung cancer – a case report

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Context: Family physicians must be competent to manage the urgent care problems presenting to them for appropriate patient care. This workshop gives learners the knowledge and hands-on experience to manage common urgent cases confidently and recognize when emergency referral is needed. Through case based simulation and real-world scenarios, participants strengthen their skills, build confidence, and learn to provide safe, effective, and compassionate care for every patient in a safe enviorment. Moreover, Artifcial intelligence based scenario will be used to integrate innovative technology in teaching and learning

Objectives: Recognize and assess key urgent care presentations. Formulate appropriate initial management plans according to the recent guidelines. Identify red flags that warrant referral to emergency department Demonstrate effective communication and teamwork in acute scenarios. Using innovative technology (Artificial Intelligence) based scenarios to promote effective teaching and learning to promote learning in a safe enviorment. Reflect and apply feedback to improve performance.

Teaching method and workshop: Teaching method: Case based simulations Participants: Divided into 4 small groups for active participation. Each small group will be facilitated by a facilitator. Each group will discuss two case based simulation scenarios so tatal 8 scenarios will be di

Expected outcomes: By the end of the session the participants will be able to manage the common problems presenting in the Family medicine urgent care setting including appropriate referral.

Conclusion: This urgent care workshop is designed to empower learners with the skills and confidence needed to provide timely, effective patient care. By combining practical knowledge with hands-on experience, participants learn not only how to manage common urgent cases but also how to recognize situations that require immediate emergency referral. The workshop fosters critical thinking, sharpens decision-making, and emphasizes patient safety in a simulation based enviorment helping learners grow professionally. The integration of innovative Artificial Intelligence based scenarios will promote effective teaching and learning in a safe enviorment. The feedback to the trainees will help in invidualized learning and hence improving the quality of patient care.

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ID 1746- Thyreotoxicosis masked as essential tremor in a young woman

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Context: Multimorbidity (more than 2 chronic diseases or health conditions) was common in the Chinese population. Patients with multimorbidity have more complex healthcare requirements, which often result in more frequent hospitalizations, premature death, longer hospital stays, and greater costs.

Objectives: Little research has examined the relationship between multimorbidity phenotypes and clinical outcomes. Hence, this

study aimed to investigate the clusters of multimorbidity and ascertain the relationship between the clusters and hospital service utilization and mortality.

Methods: This population-based retrospective cohort study used data from 13,792 China Health and Retirement Longitudinal Study (CHARLS) participants.This population-based retrospective cohort study used data from the CHARLS, the baseline data collected in 2011. Participants were followed up in 2013, 2015, and 2018. The questionnaire information, laboratory data, hospital admission, and medication records were captured at each time. Data were analyzed between September 2023 to May 2024. Cox proportional hazards models were used to evaluate associations between multimorbidity clusters and future mortality. Negative binomial regression models were used to evaluate the relationship between the health service burden associated with various multimorbidity groups.

Results: Out of the 13,792 participants who were recognized as having multiple health conditions, four clusters were identified as multimorbidity clusters, including digestion and respiratory, hypertension, heart and digestion, and cancer. During the follow-up of 7 years, 1,743 individuals died. In a multifactorial Cox model, participating in the hypertension cluster was found to be associated with a higher risk of all-cause mortality [hazard ratio (HR): 1.398] compared to the cancer cluster. In 2018, the heart and digestive cluster had the highest risk of hospitalization. The incidence rate ratio (IRR) for hospital stays in the heart and digestion cluster was 1.661, indicating an elevated risk.

Discussion: These data indicate that multimorbidity manifests in various ways, and the clusters of multimorbidity are linked to varied levels of mortality and health burden in the general population. These findings could aid in identifying the population, rather than individual patients, to target treatments that can support healthcare systems.

Conclusion: These specific multimorbidity patterns emphasize the need to accurately and specifically identify, prevent, and manage multimorbidity in Chinese.

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ID 161- Thyroid diseases in men

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Context: Tick-borne encephalitis (TBE), which is highly endemic to XXXXXXXX, often follows a biphasic course. First phase encompasses fever, malaise, fatigue, myalgias, headache, arthralgias, leukopenia, thrombocytopenia and abnormal liver tests, followed by improvement. About 10% of patients then develop meningitis, meningoencephalitis or meningoencephalomyelitis.

Methods: A 64-year-old woman, later diagnosed with TBE, presented to primary practice in XXXXXXXX in May 2025 with 10-day history of cough, sneezing, myalgia, nasal and ocular discharge, joint pain and evening sweats. Physical examination, vital parameters and CRP were normal with borderline thrombocytopenia and low lymphocytes. Seven days later she had a fever, headache, high neutrophils and normal CRP. Next day somnolence, frontotemporal headache, neck pain, vertigo, poor concentration, photophobia and high fever developed. Rapid neurological exam was normal.

Originality: Most literature focuses on TBE cases where CNS infection has already developed and is written from the perspective of tertiary care. One study showed inadequate knowledge of TBE and its symptomatology in primary care doctors. Another concluded that clinical manifestation is often unclear in the initial phase of TBE and in cases manifesting without CNS involvement. There is a lack of similar publications about TBE in primary care.

Lessons learned and future implications: TBE is an important yet challenging diagnosis to make in primary care. Efforts at local and national levels focused on providing an up-to-date structured education about TBE epidemiology, clinical features and laboratory findings to family physicians in high-incidence

areas, could increase the number of diagnoses in early stages.

Discussion: Diagnosis of TBE is rarely made in the first phase due to nonspecific presentation. Even in highly endemic areas, many causes of similar disease manifestations must be considered. Fever, malaise, fatigue, myalgia, headache, arthralgia, leukopenia, thrombocytopenia and abnormal liver tests, however, are common and could contribute to improved early recognition of TBE. This case illustrates such nonspecific TBE presentation, where correct diagnosis was established only after CNS involvement.

Conclusion: This case report highlights the nonspecific presentation of TBE in the first phase and calls for a structured education about TBE for all family physicians working in high-incidence areas in order to improve early recognition and diagnosis of TBE and thus enhance patient care.

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ID 2299- Thyroid ultrasound screening and thyroid function in asymptomatic adults in primary care

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Context: Artesunate is the standard treatment for severe malaria. Although clinical recovery is typically rapid, a delayed haemolytic reaction can appear 1–3 weeks later, often when the patient has transitioned back to primary care. Awareness in community settings is therefore crucial, especially in regions where malaria is uncommon.

Methods: A 39-year-old man was treated with artesunate for severe Plasmodium falciparum malaria. He improved quickly and was discharged with stable haemoglobin. Two weeks later, he presented with fatigue, dark urine and jaundice. Tests showed severe anaemia, raised LDH, indirect hyperbilirubinaemia and low haptoglobin. The direct antiglobulin test (DAT) was weakly positive, creating uncertainty regarding autoimmune haemolysis. Further evaluation excluded G6PD deficiency, drug-induced causes, recurrent malaria and mechanical haemolysis. He was admitted and received transfusion. At six-week review, he was asymptomatic and the DAT had reverted to negative, indicating the initial weak result was likely a transient, infection-related false positive, while the overall pattern was consistent with post-artesunate delayed haemolysis (PADH).

Originality: PADH is uncommon and often under-recognised in non-endemic settings. This case is notable for the initially weakly positive DAT, which later reverted to negative, adding diagnostic complexity and demonstrating the importance of interpreting results within clinical context. The delayed haemolysis pattern also reflects the mechanism of splenic “pitting”, where once-infected erythrocytes are cleared from circulation, leading to reduced red cell survival

Lessons learned and future implications: Patients treated with artesunate should be advised about delayed haemolysis, and follow-up blood tests at 1–3 weeks can facilitate early detection. Understanding transient DAT positivity reduces the risk of incorrect autoimmune labelling.

Discussion: PADH typically presents 1–3 weeks after artesunate therapy with raised LDH, indirect hyperbilirubinaemia and low haptoglobin. The process involves splenic pitting of previously parasitised erythrocytes, explaining the predictable timing. Although DAT is usually negative, transient weak positivity may occur during infection and should be interpreted cautiously. Early recognition and shared follow-up between hospital and primary care are important as delayed haemolysis often emerges after discharge.

Conclusion: Post-artesunate delayed haemolysis is an important clinical entity. Increased awareness and structured post-treatment monitoring can support earlier diagnosis and reduce complications, particularly in regions where severe malaria is infrequently encountered.

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ID 207- Tick-borne encephalitis - a diagnostic challenge in primary care?

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Context: Sexuality is a topic that is increasingly present in public debate and in culture. It is also an important aspect of overall health. Yet it remains a taboo subject for both general practitioners and patients. We therefore looked into the practices, expectations, and barriers that General Practitioners face when addressing this topic during consultations.

Objectives: To analyze the perceptions of GPs regarding the discussion of sexuality in consultations with their patients, in order to identify barriers and facilitators.

Methods: A qualitative study based on 13 semi-structured individual interviews conducted with a representative sample of practicing GPs. The data were analyzed using an interpretative phenomenological method.

Results: All interviewed GPs unanimously acknowledged that addressing sexuality falls within their professional scope. However, the topic remains infrequently discussed and is approached unequally between genders. For male patients, aside from the pubertal period when screening for sexually transmitted infections is addressed, sexuality is almost never discussed. Among female patients, it is discussed when contraception is the reason for consultation and during screenings or smear tests, if performed by the practitioner. The most overlooked patients in discussions about sexuality are the elderly. The most frequently reported barrier is discomfort in addressing the topic, which is described as a societal taboo. Lack of routine inquiry is also mentioned, as sexual health questions are not commonly included in standard consultations. Gender differences between the practitioner and the patient present a significant challenge. The main facilitators seem to be the presence of informational materials in waiting rooms and the establishment of dedicated consultations.

Discussion: This study highlights a paradox between the prominent place that sexuality holds in the public sphere and the persistent difficulties in addressing it during General Practice consultations.

Conclusion: Although GPs are convinced of the necessity of discussing sexuality with their patients, they struggle to do so regularly and inclusively. Discomfort related to gender, age, and societal taboos hinders these discussions. Displaying information in waiting rooms and implementing dedicated consultations appear to help overcome these difficulties.

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ID 42- Ti'Doc Medical Congress

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Context: In XXX, there is more difficulties to have access quickly to primary care, moreover we observed that parents present a lack of knowledges, while newborn's medical care depends of parental vigilance. Improving parental knowledge on newborn's health by general practitioners could lead to a reduction of tension in primary care. Do multiparous have better knowledge as primiparous ?

Objectives: Compare medical knowledge of primiparous versus multiparous parents with respect to the main pathologies in newborns aged 0-12 months. Secondly, develop a brochure with basic information on newborns health.

Methods: We obtained CNIL authorization. We included parents with at least one child under twelve months, french speaking-reading-friendly. It was a single-center retrospective observational quantitative study. A questionnaire addressing the first year period was distributed in maternity and pediatrics emergency. Statistics data were compared with a Chi2-Test, Student-test, Fischer-Test, Wilcoxon-test. Moreover, an univarious and a multivarious analysis were made.

Results: 134 responses were obtained: 63 composed the group primiparous and 71 the group multiparous. 100% of the respondents

had under the middle mark, we found a significant difference regarding the number of false responses between multiparous and primiparous (29,6% vs 57,1% p=0,001). Infact, only 53% (p= 0,241) correctly defined fever, 30% didn't define correctly diarrhea (p= 0,229). Infront of fever, we also observed a tendency towards self-medication in the multiparous group. Our results confirmed our initial hypothesis, that multiparous skills gained through medical advice, provides them better knowledges as primiparous.

Discussion: Our sample was comparable to national statistics: the average age was 29,7 years (5.3) p<0,001; 82,9% were women p= 0.783; 53% were multiparous p<0,001; 51,2% were high-level study background p= 0.069. The study was limited by multiple bias linked to our selection mode (paper questionnaire) as selection, input, information, temporal biases. However our results were relevant, in agreement with literature's data.

Conclusion: We ascertained a global lack of parental knowledge regarding basic definitions, simple cares, emergency signs. Parents expressed their need to be informed. It seems important to develop standards preventing actions to help parents with newborn's health: as brochures, dedicated consultations, online articles/videos. It may improve parental empowerment in primary care.

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ID 2017- Time motion and patient satisfaction in outpatient department at a government tertiary hospital

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Context: Access to abortion is a major public health issue. The literature reports differences in the time taken to seek an abortion. This can be explained by inequalities in healthcare provision, but also by inequalities in access to care linked to social determinants of health, like migration. The choice of method, and even the possibility of an abortion, are also conditioned by pregnancy dating.

Objectives: The aim of this study was to assess the impact of migration on the delay in access to medical abortion, and to analyze the link between migratory background and access to care.

Methods: This was a retrospective, descriptive and analytical observational study via an online questionnaire. We surveyed adults who had requested an abortion in the last five years. The primary endpoint was the time between discovery of pregnancy and consultation for medical abortion. Secondary criteria were the date of pregnancy at the first abortion consultation and the time between the two consultations.

Results: 153 participants had undergone an abortion, 77% a medical abortion. The sample's health literacy concerning abortion was low. A comparison of participants by migratory group (first-generation migrants, second-generation migrants and non-migrants) revealed significant differences. Migrant participants were more likely to consult at the hospital and at a later date. They also had more difficulty booking appointments and more delays in complementary examinations.

Discussion: The sample had a high socio-economic status and good access to care in general. Participants who had a primary care physician (PCP) were more aware of the time required to carry out an abortion, had more reliable sources of information, reported fewer abortion-related delays due to complementary examinations, had fewer difficulties making an appointment. Having a PCP was found to be an indicator of good access to care, as it is correlated with socio-economic level and health literacy.

Conclusion: Common barriers to the entire population were identified: availability of care and health literacy concerning abortion. We also found barriers specific to the migrant population: socio- economic and health literacy in general. We observed that second-generation migrant participants had a better socio-economic level than first-generation migrants, but retained informational barriers compared with non-migrants.

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ID 1262- Timely Management of Hypertensive Urgency Through an Efficient Public Health System

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Context: Metabolic syndrome (MetS) is increasingly prevalent among young adults, largely influenced by diet quality and physical activity. University students represent a vulnerable group due to irregular routines, academic stress, and varying health behaviors.

Objectives: This study aimed to determine the prevalence of MetS among students at the University of Rijeka and examine its associations with dietary habits, physical activity, gender, and faculty type (health vs. non-health).

Methods: A cross-sectional study was conducted from September 2024 to March 2025 among 217 randomly selected students aged 18–24 years from 16 faculties. Data collection included the Mediterranean Diet Adherence Screener (MEDAS), the International Physical Activity Questionnaire Short Form (IPAQ-SF), and a general sociodemographic questionnaire. Anthropometric measurements (height, weight, waist circumference) and biochemical markers (fasting glucose, triglycerides, HDL cholesterol) were obtained following standardized procedures. MetS was diagnosed using IDF criteria supplemented by the Polish Experts Consensus (2022). Statistical analyses included descriptive tests, t-tests, ANOVA, Spearman's correlations, and multivariate logistic regression.

Results: MetS prevalence was 5.5%. Significant factors associated with metabolic risk included obesity (BMI, $p < 0.05$), low physical activity ($p < 0.05$), elevated blood pressure ($p < 0.01$), high triglycerides ($p < 0.05$), and increased waist-to-height ratio ($p < 0.01$). Female students reported lower physical activity ($p < 0.05$), while non-health faculty students showed lower Mediterranean diet adherence and lower physical activity (both $p < 0.05$). Higher MEDAS scores correlated with lower BMI and lower triglycerides ($p < 0.05$). Logistic regression indicated that waist circumference and triglycerides were significant predictors of WHR, while BMI showed a negative association. For WHtR, triglycerides, systolic blood pressure, and BMI were significant positive predictors. Glucose, HDL cholesterol, and diastolic blood pressure were not significant in either model.

Discussion: Lifestyle patterns—particularly diet and physical activity—demonstrate strong associations with metabolic risk. Differences by gender and faculty type highlight groups that may benefit from targeted health promotion.

Conclusion: The 5.5% MetS prevalence underscores the need to promote Mediterranean diet adherence and physical activity among university students, with particular focus on females and non-health faculty students. Longitudinal studies are recommended to evaluate intervention effectiveness.

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ID 1910- Tinea corporis incognito following systemic corticosteroid self-medication: a zoonotic infection masked as psoriasis

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Context: 41-year-old woman with no significant medical history came in for an examination due to pain in her right shoulder. The pain appeared suddenly on Friday evening after she had hung up laundry. Due to the severe pain, she was examined at the emergency room on Friday evening, Saturday, and Sunday, with the conclusion being a traumatic strain of the right shoulder. Analgesics were administered with temporary relief. Status presens: patient exhausted and sweaty, she stated that she had been coughing for the last few days, she had a

temperature of up to 38.5°C once, right shoulder is sensitive, mobility normal. Auscultation of the right lung weakened from the base to the scapula. A POCT CRP test elevated (above 200 mg/ml) a POCUS / Point of care Ultrasound/, showed no sliding and extensive effusion of the right lung. Diagnosis: V.s. lung empyema. The patient was transported to the pulmonary department in emergency mode. Excesive empyema of the right lung was confirmed. Although the course was complicated, patient survived and is doing relatively well.

Methods: The correct diagnosis was made in a very short time, approximately 15 minutes, based on a detailed medical history, thorough clinical examination, and the use of POCT methods - POCT CRP and POCUS.

Originality: This case study is unique in that, despite the patient being seen several times in the emergency room, her complaints were downplayed and she was misdiagnosed. I have known the patient for more than 20 years, so I knew at first glance that her condition was serious.The use of POCUS imaging helped me convince the patient, who believed she "only" had a pulled shoulder, to undergo acute hospitalization.

Lessons learned and future implications: POCT devices are not only helpful in determining an early diagnosis, but also helps save lives.

Discussion: How are POCT devices/methods used in your country?

Conclusion: Since 2024, general practitioners in XXXX are able to use a new method within POCT devices, the point-of-care ultrasonography (POCUS). It can be used independently or in combination with other POCTs. POCT- CRP, Troponin T, Nt-pro BNP, and D-dimer testing.Combining POCT methods in practice helps both doctors and patients.

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ID 1142- Agenoethics: Re-grounding Responsibility in Agency Beyond Biological Life

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Context: Optic neuritis in individuals living with HIV is an uncommon and diagnostically challenging condition. Unlike typical optic neuritis associated with multiple sclerosis, HIV-positive patients require a broader differential diagnosis that includes infectious, inflammatory, and demyelinating processes. This case highlights the crucial role of primary care in the early detection of neuro-ophthalmic emergencies and the importance of coordinated, multidisciplinary evaluation

Methods: A 52-year-old woman with long-standing HIV infection presented to her primary care physician with a one-week history of right-eye pain, visual discomfort, and progressive visual-field loss. Physical examination revealed a non-reactive right pupil and confirmed visual-field impairment. She was urgently referred to ophthalmology. Investigations included OCT, brain MRI, and pending CSF and serological studies (oligoclonal bands, anti-AQP4, and anti-MOG antibodies). High-dose corticosteroids were administered during hospitalization. Clinical evolution and specialist assessments were documented through discharge

Originality: This case is clinically relevant due to the diagnostic complexity created by HIV infection. MRI showed multiple subcortical lesions, but only one with clear demyelinating features—an ambiguous pattern that sits at the crossroads of several entities: early MS, NMOSD, MOGAD, or HIV-related white-matter changes. The case adds value to the limited literature addressing optic neuritis in HIV-positive individuals and emphasizes the importance of integrating clinical intuition with advanced diagnostics

Lessons learned and future implications: Primary care intuition and familiarity with the patient's history are essential for detecting early neuro-ophthalmic warning signs. HIV infection broadens the differential diagnosis of

optic neuritis and requires multidisciplinary evaluation. Timely referral and rapid corticosteroid treatment significantly improve outcomes.

Discussion: The patient exhibited significant clinical improvement following corticosteroid therapy, with visual acuity rising from 0.4 to 0.8 and resolution of retro-ocular pain. This favorable outcome was made possible by the prompt recognition in primary care that the presentation was not benign. The early suspicion of optic nerve pathology triggered rapid referral, timely imaging, and initiation of therapy—crucial factors in preserving optic nerve function.

Conclusion: Early identification and coordinated care between primary and specialist services were decisive in ensuring rapid diagnosis and optimal visual recovery. Further evaluation will clarify the underlying demyelinating process and guide long-term management in the context of HIV.

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ID 1441- Toxic Code Escape Room: Interactive Toxicology Training

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Context: Lung cancer is the leading cause of cancer-related mortality among non-AIDS-defining malignancies in people living with HIV (PLWH). Despite advancements in antiretroviral therapy, PLWH continue to face elevated risks for lung cancer due to various factors.

Objectives: To assess the prevalence and contributing risk factors of lung cancer among PLWH.

Methods: A comprehensive literature review was conducted, identifying 1,787 records through a systematic search strategy. After removing duplicates and screening titles and abstracts, 180 full-text articles were evaluated for eligibility. Thirteen studies met the inclusion criteria, encompassing data from eight countries with a total sample size of 1,275,734 individuals. The quality of each study was assessed using the Newcastle-Ottawa Scale for cohort studies.

Results: The standardized incidence ratios (SIRs) for lung cancer among PLWH ranged from 0.70 to 4.8 across the included studies. Notably, studies from China reported higher SIRs of 4.8 (95% CI: 4.4–5.1) for males and 4.2 (95% CI: 3.5–5.0) for females. Key risk factors identified include higher smoking prevalence among PLWH, immunosuppression, and low CD4 counts. While some studies suggest a potential link between highly active antiretroviral therapy (HAART) and lung cancer development, the evidence remains inconclusive.

Discussion: Lung cancer incidence is two to three times higher in people living with HIV, driven by factors such as aging, smoking, and HIV-related immunosuppression, despite improvements in survival associated with HAART. Most cases are non-small-cell lung cancers, particularly adenocarcinoma, reflecting patterns in the general population, though the underlying mechanisms in the context of HIV remain unclear.

Conclusion: Lung cancer remains a significant health concern for PLWH, with risk factors such as smoking, immunosuppression, and low CD4 counts playing pivotal roles. To mitigate this risk, it is crucial to implement smoking cessation programs, initiate early antiretroviral therapy, and maintain a high index of suspicion when evaluating respiratory symptoms.

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ID 1165- Trans-ancestry genome-wide association study reveals pleiotropic mechanisms linking viral susceptibility to post-acute neurological sequelae in a multi-ethnic Asian cohort

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Context: Tobacco use is a leading risk factor for non-communicable diseases (NCDs), and primary care physicians play a key role in smoking cessation. The WHO First Clinical Guidelines on Tobacco Cessation for Adults highlight that brief advice delivered by healthcare providers is among the most effective interventions to support smoking cessation.

Objectives: We examined the current practices, barriers, and opportunities faced by the regional primary care physicians in providing smoking cessation counseling.

Methods: In 2022, 45 in-depth telephone interviews were conducted with primary care physicians across three regions of XXX to explore various aspects of smoking cessation counseling.

Results: A total of 96% of doctors recognize smoking as a significant risk factor for the development of NCDs. The same portion reported providing smoking cessation counseling, with the frequency of consultations influenced by patient-specific diseases (cardiovascular disease, diabetes, chronic obstructive pulmonary disease, hypertension), symptoms (shortness of breath, cough, high blood pressure, pregnancy), age and smoking history. All physicians can identify smokers through observable indicators, such as smell, hoarse voice, cough, and yellowing of fingers. Most physicians (89%) highlighted smoking as an NCD risk and used tailored question–answer counseling with examples and statistics. Many physicians highlighted the limited evidence on the health effects of newer tobacco and nicotine products. 71% of doctors consistently documented patient's smoking in medical records and 70% of doctors used this information in clinical decisions, including treatment adjustments, medication choices, and monitoring smoking behavior. Half of physicians reported that patients rarely sought smoking cessation counseling on their own. Self-referral typically occurred when patients' health declined or they recognized smoking's impact on disease progression.

Discussion: Since heavy smokers are primary recognized by doctors, they are more likely to receive counseling than light smokers, indicating inequalities in access to care. Limited evidence on the risks of newer tobacco and nicotine products restricts physicians' ability to provide persuasive smoking cessation counseling.

Conclusion: Our study highlights the need for regular training of healthcare professionals in effective, evidence-based interventions to raise awareness of smoking's impact and strengthen tobacco control. Findings may inform strategies for smoking cessation and prevention of smoking-related diseases globally.

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ID 1034- Transforming a family physician-led home visit program to teach social determinants of health in undergraduate education: a longitudinal curricular and experiential program

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Context: Korea's healthcare system has expanded alongside rapid economic growth yet continues to exhibit structural imbalances, including metropolitan concentration of resources, weak capacity in essential disciplines, and uneven access to timely emergency and maternal–child services. Demographic aging, chronic disease burdens, and widening regional disparities intensify these pressures and challenge the sustainability of both primary and hospital care.

Objectives: To assess national policy responses introduced since 2020 to stabilize essential services and improve regional equity, and to appraise early signals of implementation and system effects.

Methods: We conducted a documentary review of government plans, legislation, and budget announcements from 2020–2025, complemented by secondary statistics and stakeholder statements. Each initiative was coded for goals, instruments, governance, funding, accountability, and stated indicators;

cross-cutting facilitators and risks were synthesized using a directed content-analysis framework.

Results: EFour flagship policies were identified: (1) a Public Medical Academy designed to expand public-interest training pipelines for essential disciplines; (2) a Regional Doctor System that channels trainees and specialists to underserved areas through region-linked admissions, rotations, and service obligations; (3) a Regional and Essential Healthcare Fund to develop networks, capacity, and continuity of critical services; and (4) reimbursement reform that realigns prices toward high-need, after-hours, and emergency care while protecting primary-care viability. Collectively, these policies pursue regional equity and essential-care sustainability but face obstacles of inter-ministerial coordination, consistent execution across jurisdictions, long-term workforce retention under obligation schemes, and balancing compensation across levels of care.

Discussion: Reform momentum accelerated with medical-school expansion and the Essential Healthcare Support Plan, yet progress remains fragmented. Early gains are visible in selected emergency coverage and targeted fee adjustments, while durable improvements in distribution and timely access are not yet demonstrable. Stronger alignment between education, payment, and service delivery is required, supported by transparent monitoring dashboards, credible milestones, and sustained stakeholder engagement.

Conclusion: Sustained impact will require regionally accountable training pathways, value-based purchasing that rewards outcomes and continuity, and investment in housing, childcare, team-based clinics, and shared call coverage to anchor professionals locally and strengthen primary and emergency care. Together, these steps can advance more equitable national health development while consolidating essential services across regions.

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ID 2145- Transforming Long-Term Condition Management Through Digital and AI-Enabled Recall: A Practical Framework for Global Primary Care

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Context: Vitamin D deficiency is acknowledged as a general health concern globally, particularly among populations with limited sunlight exposure. Beyond its well-known role in musculoskeletal health, vitamin D holds a myriad of under-recognized health benefits, from cardiovascular health, immunity, brain function, to fertility and other chronic diseases. Primary care physicians play a key role in preventive health strategies, including counseling and supplementation practices. Understanding patient behaviors and beliefs is essential for improving preventive care and reducing deficiency-related complications.

Objectives: To determine the prevalence and predictors of vitamin D supplementation among adult patients attending a family medicine practice, to evaluate the supplementation behaviors and to identify opportunities for improving preventive counseling on vitamin D in family medicine.

Methods: A cross-sectional survey was conducted between November 2025 and December 2025 in a family medicine practice in Bucharest. A total of 100 consecutive adult patients attending routine consultations were invited to complete a structured questionnaire with 10 questions on vitamin D intake, sources of information and perceived benefits. Data on age, gender and comorbidities were collected from medical records. The inclusion criteria were: patients aged 18 years old and above, attending a non-emergency appointment, able to read and complete a short form. Descriptive and inferential statistical analyses will be performed to explore associations between supplementation and demographic factors. Data analysis is ongoing.

Results: (Anticipated results): Although data collection is ongoing, early patterns suggest

suboptimal adherence to vitamin D supplementation during winter. The final results are anticipated to clarify which patient groups are least likely to supplement and to highlight opportunities for improving counseling and prevention in the family medicine setting. Comprehensive findings will be presented at the conference.

Discussion: Initial observations indicate suboptimal supplementation practices among adult patients. This highlights a broader public health challenge in regions with limited sunlight exposure. Understanding patient motivations and barriers may support the development of community-level prevention strategies grounded in primary care insights.

Conclusion: Early findings suggest that vitamin D supplementation remains inconsistent among adults. Preliminary trends emphasize the importance of patient education regarding vitamin D and its health benefits. Strenghtened communication and counseling in family medicine could improve supplementation practices.

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ID 67- Transforming physician mental health support: Development, implementation and impact of an innovative "Mifne" service

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Context: Missed appointments affect 6 to 10% of general practice patients in France, representing approximately 27 million absences annually. The main causes include forgetfulness, personal or professional constraints, and logistical or financial obstacles. These absences more frequently affect vulnerable populations such as young people, the elderly, those in precarious situations, or those with psychiatric disorders. Current solutions are primarily punitive and could exacerbate the marginalization of these patients.

Objectives: The following study aims to evaluate a non-punitive approach to reintegration into care.

Methods: A health center in the Paris region implemented a system to remind patients who had missed their appointment with a general practitioner and offer them a new appointment within a reasonable time frame. These consultations systematically included time dedicated to screening for violence, using digital tools and educational resources for practitioners. The study targeted patients over the age of 18 who had previously consulted at the health center and missed an appointment without notice between February and September 2024. The objective of the study was to assess the proportion of violence newly identified during appointments offered to patients who had missed a general medicine appointment.

Results: A total of 287 patients missed an appointment without notice, and of these, 151 were contacted by phone to reschedule a consultation. Sixty-one patients (40.4%) accepted a second appointment, and 31 (50.8%) actually attended. During systematic screening, 61.1% of those screened (N=11), reported violence, including 63.6% (N=7) that were previously unknown to healthcare professionals.

Discussion: Despite the low sample size due to a hard-to-reach population, the program illustrates the value of a proactive approach to turning missed appointments into opportunities for intervention.

Conclusion: These results highlight the importance of improving access to care for vulnerable populations and strengthening systematic screening for violence.

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ID 1439- Transforming Rural Healthcare: An Evidence-Based Review of Artificial Intelligence Applications in Telemedicine

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Context: Dermatological conditions are a frequent reason for consultation in primary care. Poikiloderma of Civatte (PC) is an underrecognized cutaneous disorder characterized by chronic hyper- and hypopigmentation, telangiectasias, and superficial atrophy. Awareness of this entity is important for early recognition and appropriate management.

Methods: A 70-year-old woman with fair skin phototype and medical history of hypertension, dyslipidemia, and osteoporosis presented to primary care with one-year history of hyperpigmented macules on the anterior and posterior infracervical regions and both forearms. She denied pruritus or other associated symptoms. Physical examination confirmed reticulated hyperpigmented lesions in the neck and décolletage area, without involvement elsewhere. Laboratory and endoscopic studies ruled out secondary causes of hyperpigmentation. She was referred to dermatology, where the main differential diagnoses were lichen planus pigmentosus or post-inflammatory pigmentation due to photosensitivity. Daily topical clobetasol and strict photoprotection were prescribed. Subsequent follow-up allowed confirmation of the diagnosis of Poikiloderma of Civatte.

Originality: This case highlights an uncommon but clinically relevant dermatological entity in primary care, often misdiagnosed due to its subtle presentation and similarity to other hyperpigmentation disorders. While PC is benign, its cosmetic impact can be significant and progression is typically irreversible.

Lessons learned and future implications: Early recognition of PC allows appropriate counseling on photoprotection and management, avoiding unnecessary investigations. Clinicians should consider PC in postmenopausal women presenting with reticulated pigmentation in sun-exposed areas, especially the neck and chest.

Discussion: PC predominantly affects sun-exposed regions in fair-skinned individuals over 40 years, with higher prevalence in postmenopausal women. Etiology is multifactorial, including ultraviolet radiation, hormonal changes, contact sensitization from perfumes or cosmetics, and intrinsic aging. Diagnosis is primarily clinical, supported by histology which is characteristic but not pathognomonic.

Conclusion: Poikiloderma of Civatte is a common, acquired, benign skin disorder with progressive course. Awareness in primary care is essential to provide early management, reduce cosmetic concerns, and prevent misdiagnosis.

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ID 2086- Transient Ischemic Attack after Anticoagulant Discontinuation in Atrial Fibrillation

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Context: Inappropriate antibiotic use is one of the key drivers of bacterial resistance and remains a major challenge in primary care. In family medicine, patients' understanding of when and how antibiotics should be used is often limited, which may lead to unnecessary antibiotic requests or incorrect self-medication behaviors.

Objectives: To assess adult patients' knowledge regarding the appropriate use of antibiotics in a family medicine setting in Romania.

Methods: This cross-sectional observational study was conducted in a family medicine practice. A total of 100 consecutive adult patients, attending for various reasons, were invited to complete an anonymous five-item questionnaire (Yes/No/Don't know). The questions addressed five common misconceptions: 1. Antibiotics treat colds or flu. 2. Leftover antibiotics can be used for another illness. 3. Antibiotic treatment can be stopped once symptoms improve. 4. It is safe to take antibiotics given by someone else. 5. Misuse of antibiotics can lead to bacterial resistance. Descriptive analysis (percentages) was used to summarize correct responses and identify knowledge gaps.

Results: A considerable proportion of patients are expected to hold misconceptions regarding antibiotic use—for instance, believing antibiotics are effective against viral infections or can be stopped early. The study will identify which questions reveal the most significant knowledge deficits.

Discussion: The preliminary findings of this study suggest that misconceptions regarding antibiotic use remain common among patients in primary care. Misunderstandings such as believing that antibiotics treat viral infections or that treatment can be stopped early reflect a gap in public health education. These results are consistent with other European studies showing persistent misinformation about antibiotics despite ongoing awareness campaigns. Family doctors are in a unique position to address these gaps through brief educational messages during consultations or by distributing clear informational materials. Implementing such low-cost, targeted strategies in daily practice could significantly improve patients' understanding and reduce unnecessary antibiotic use.

Conclusion: This study highlights the current level of patients' understanding regarding antibiotic use in Romanian primary care. The findings may guide simple, targeted educational interventions in family medicine practices to promote rational antibiotic use and help reduce antimicrobial resistance.

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ID 1483- Traumatic Injury of the Sigmoid Colon: A Rare Complication of a Blunt Abdominal Trauma.

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Context: In XXXX, there is an ongoing socio-political debate regarding the legalization of medical assistance in dying (MAiD). This study aimed to evaluate XXXX general practitioners' (GPs) perceptions and attitudes of home-based end-of-life care and their potential involvement in MAiD should it become legalized.

Methods: A cross-sectional quantitative survey was conducted using a questionnaire developed from previously published qualitative studies. Participants included private practice GPs—both established and locum physicians—regardless of whether they had completed their doctoral thesis.

Originality: This study provides new quantitative evidence regarding GPs' attitudes toward MAiD, complementing existing qualitative findings and broadening understanding of physicians' perspectives on this ethically complex issue.

Lessons learned and future implications: A total of 119 completed questionnaires were analyzed between March and May 2025. Among respondents, 61% were women and 56% were aged 30–40 years. Home-based end-of-life care was relatively infrequent, 50% of physicians managing one to two patients per year and 25% reported feeling comfortable with such care. The most reported concerns were insufficient time for patient support (61%) and professional isolation (66%). If MAiD were legalized, 49% of GPs stated they would consider performing the procedure. The most important conditions cited were the absence of external pressure on patients (94%) and adequate information regarding palliative care options (88%). Physicians were more favorable toward MAiD in cases involving refractory pain (81%), amyotrophic lateral sclerosis (87%), or other neurodegenerative diseases (81%). If MAiD were legalized in XXXXX, further studies will be required to explore GPs' perceptions of its impact on their clinical practice and professional identity.

Discussion: Home-based end-of-life care provided by GPs was rare and demanding, requiring significant time commitment and personal involvement. Many physicians reported feelings of isolation and difficulties accessing external resources such as home hospitalization services or palliative care teams. Existing legislation appeared inadequate for certain cases, particularly those involving refractory suffering in patients without a short-term terminal prognosis.

Conclusion: While a majority of GPs supported the legalization of MAiD, fewer expressed willingness to personally perform the act. Each end-of-life situation warrants an individualized ethical and clinical approach, supported by multidisciplinary collaboration and appropriate legislative frameworks.

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ID 138- Triglyceride–Glucose Index as a Potential Indicator of Metabolic Syndrome

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Context: Family Medicine strives for equity, yet health disparities are persistently driven by social determinants. Historical attitudes often reinforce these disparities, and 19th-century visual culture is a powerful medium for critiquing the origins of these systemic biases. This visual analysis addresses the critical gap in understanding how historical art can illuminate the visual stigmatization and exclusion of vulnerable patients, a crucial dimension for cultivating humanism and enhancing Narrative Medicine in Primary Care.

Objectives: This paper employs a critical visual analysis of two key 19th-century European paintings to examine historical power dynamics and the representation of social determinants of health in patient care. The goal is to draw actionable implications for contemporary Family Medicine practice by demonstrating how these visual narratives challenge the traditional medical gaze.

Methods: Using the framework of narrative competence, this paper conducts a focused visual critique of Sir Luke Fildes' The Doctor (1891) and Christian Krohg's Sick Girl (1881). The analysis categorizes findings based on compositional elements, lighting, and subject positioning to interpret themes of power dynamics, social exclusion, and the presence or absence of professional fraternity in the doctor-patient relationship.

Results: It reveals a persistent pattern of visual exclusion and historical bias. Critiques of Fildes' The Doctor illustrate a Victorian emphasis on the heroic, dominating physician ("the gaze"), relegating the poor family to the dark periphery. This underscores a paternalistic system where the "human touch" was conditioned by the patient's low social status.

Discussion: By examining Fildes' compositional choices, physicians can recognize and challenge the contemporary remnants of the "medical gaze"—the tendency to objectify the patient or overlook the power imbalance inherent in clinical interactions. Conversely, studying Krohg's work provides a visual vocabulary for understanding the weight of social factors (housing, nutrition, and income) that often constitute the real story behind a chief complaint.

Conclusion: Visual critique, anchored by art historical sources, is a powerful tool for cultivating reflexive medical practice. This paper argues that by deconstructing the "invisible patient" in these visual narratives, Family Physicians can enhance their narrative competence. This enhanced skill set fosters genuine humanism and reaffirms a commitment to health equity in modern primary care.

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ID 425- Twelve Months, Twelve Actions: Empowering Primary Care for Planetary and Human Health

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Context: Working as a general practitioner (GP) in a prison environment entails distinctive challenges. Incarcerated individuals frequently present with complex health problems, including substance dependence, psychiatric disorders, intellectual disabilities, and chronic conditions. Delivering care is further complicated by restricted resources and the necessity of adhering to strict security measures.

Methods: Effective prison healthcare requires continuous refinement of protocols and preventive strategies. Tailored guidelines must

be implemented to ensure that medical services adequately respond to the distinct health profiles of inmates.

Originality: Over time, prison healthcare in the Netherlands has developed into a structured, safe, and multifaceted system. A central aim is to strengthen preventive medicine and to establish guidelines that specifically address the unique needs of the prison population.

Lessons learned and future implications: GPs working in prisons must demonstrate adaptability, creativity, and a thorough understanding of legal and security frameworks. Inmate health literacy is often limited, and medical resources remain less extensive than those available in community settings, demanding innovative approaches to care.

Discussion: Illustrative case studies will be presented to highlight both the challenges and the opportunities inherent in prison healthcare.

Conclusion: The overarching objective for GPs in prisons is to guarantee that the quality of care matches that provided outside prison walls. Despite systemic constraints, it is possible to deliver high-quality, patient-centered care. By acknowledging and addressing the specific healthcare needs of incarcerated populations, GPs can uphold standards of equity and continuity within correctional facilities.

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ID 1413- Type 1 diabetes mellitus: relevance of the problem; a comprehensive approach to addressing issues related to prevention and effective measures to avert the development of the disease in children born to mothers with type 1 diabetes

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Context: Cancer is a major cause of mortality and a leading driver of healthcare costs, ranking second in total medical expenditure in South Korea. Although hospice and palliative care improve quality of life and reduce costs, comparative evidence on end-of-life medical costs across hospice settings in Korea remains limited. Therefore, a comprehensive evaluation of hospice cost-effectiveness is needed to inform healthcare resource allocation.

Objectives: To compare end-of-life medical costs among cancer patients across home-based hospice, inpatient hospice, and general ward settings, and to assess cost differences according to place of death.

Methods: This retrospective study analyzed medical records of 1,261 cancer patients who died at a single tertiary institution between January 1 and December 31, 2022. Medical expenses were evaluated for the final 1, 3, 6, and 12 months of life using SAS 9.4. Patients were categorized into hospice and non-hospice groups; hospice users were further divided into home-based and inpatient hospice subgroups, with the home-based group additionally classified as home-death or ward-death. Secondary analyses excluded patients who died within seven days of hospice admission to minimize underestimation of hospice-related costs.

Results: Hospice users showed more than 50% lower total medical expenditures than non-hospice users across all periods ($p < 0.05$). After excluding patients who died within seven days of hospice admission, home-based hospice care consistently incurred lower costs than inpatient hospice ($p < 0.05$). Furthermore, home deaths were associated with reduced expenses compared with ward deaths, except during the 12-month pre-death interval ($p < 0.05$).

Discussion: These findings provide quantitative evidence that hospice care—particularly home-based services—significantly reduces the economic burden at the end of life. The results are consistent with international evidence showing that early hospice referral and community-based palliative care, by

maintaining continuity outside hospitals, are associated with lower costs.

Conclusion: Hospice care substantially reduces end-of-life medical expenses for cancer patients, with the greatest savings observed in home-based and home-death settings. Early hospice referral and the expansion of home-based palliative services may enhance cost-effectiveness and promote patient-centered end-of-life care for cancer patients.

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ID 626- Ulceronecrotic Tonsillitis in a Young Adult: A Rare Presentation

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Context: In recent years, sociocultural influences and changing health awareness have contributed to growing misperceptions of body weight, leading individuals to either underestimate or overestimate their body size. Inaccurate perceptions can result in inappropriate health behaviors, delayed recognition of obesity, and psychological distress. Understanding the discrepancy between objectively measured BMI and perceived body image is essential for improving awareness and developing effective health management strategies.

Objectives: This study aimed to examine the association between BMI-based body image perception accuracy and health behaviors and mental health indicators , and to further evaluate its relationship with metabolic syndrome components within the obese subgroup.

Methods: A cross-sectional analysis of 5,504 adults aged ≥ 19 years from the 2023 National survey was conducted. Participants were classified into three groups—underestimation, accurate perception, and overestimation—based on the concordance between measured BMI and self-perceived body image. Variables included sociodemographic factors, lifestyle behaviors, mental health indicators and clinical parameters. Among obese individuals, logistic regression analyses were performed to assess the association between obesity awareness and the prevalence and odds ratios of metabolic syndrome and its individual components.

Results: The underestimation group showed higher smoking rates, lower aerobic activity, and less frequent weight control efforts compared with the accurate perception group ($p<0.01$). They also had a higher prevalence of hypertension and diabetes and showed greater proportions of moderate and high risk hs-CRP levels. ($p<0.01$) The overestimation group exhibited higher anxiety scores and lower perceived health despite greater attempts at weight reduction. Among obese adults, unawareness of obesity was independently associated with increased odds of metabolic syndrome prevalence, abdominal obesity, hypertension, and hypertriglyceridemia compared with those who recognized their obesity ($p<0.01$).

Discussion: Underestimation of body weight was linked to adverse metabolic profiles and unhealthy lifestyle patterns, suggesting that individuals unaware of their obesity may fail to engage in preventive behaviors. Overestimation, in contrast, was associated with psychological distress, emphasizing the dual burden of both types of misperception.

Conclusion: Improving accuracy of body weight perception may promote healthier behaviors and reduce the risk of metabolic complications. In primary care, targeted strategies to enhance self-awareness could be beneficial for managing obesity.

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ID 178- Ultrasound in Primary Care: A Diagnostic Tool

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Context: Reti-CVD is a deep learning-based algorithm that estimates cardiovascular

disease (CVD) risk through analysis of retinal fundus images. As a non-invasive and accessible tool that does not require blood tests or radiation exposure, it has gained interest as a novel screening method.

Objectives: This study aimed to investigate the relationship between Reti-CVD scores and coronary artery calcium scores (CACS), and to evaluate predictive differences according to body mass index (BMI) using subgroup analysis in a health screening population.

Methods: A retrospective cross-sectional study was conducted on 147 adults who underwent both retinal imaging and coronary CT at a university hospital in XXX Province, XXX, in 2024. Reti-CVD scores were calculated using a deep learning model based on retinal images. CACS was binarized: a score of 0 was defined as the non-calcified group, and ≥1 as the calcified group. Covariates included hypertension, DM, dyslipidemia, waist circumference, BMI, SBP, DBP, HbA1c, liver enzymes, renal markers and lipid profiles.

Results: The presence of coronary artery calcium was significantly associated with higher Reti-CVDscores (β = 3.84, p = 0.014). Hypertension (β = 3.69, p = 0.029) and systolic blood pressure (β = 0.21, p = 0.006) were also significant predictors. In subgroup analysis, participants with BMI ≥ 25.0 (n = 66) showed a stronger association between CACS and Reti-CVD (β = 6.03, p = 0.012). In contrast, the BMI < 25.0 group (n = 81) showed no significant association between CACS and Reti-CVD (p = 0.131), while SBP, DBP, and BMI remained significant predictors.

Discussion: The Reti-CVD score demonstrated a significant association with coronary artery calcium, particularly in overweight and obese individuals, suggesting that it reflects structural vascular changes. The observed associations with hypertension and blood pressure support the hypothesis that retinal microvascular changes correlate with systemic vascular health.

Conclusion: Reti-CVD was more sensitive to coronary calcification in individuals with higher BMI, indicating that this algorithm maybe especially useful in identifying high-risk groups. These findings support the potential of Reti-CVD as an adjunctive tool for early risk stratification and clinical decision-making. Reti-CVD may serve as a scalable biomarker for cardiovascular screening in both primary care and health screening settings.

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ID 1304- Unconjugated hyperbilirubinemia in an adolescent with ulcerative colitis: a clinical diagnostic challenge

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Context: Schisandra chinensis has traditionally been recognized for its anti-inflammatory and antioxidant. Recent studies have further suggested its potential benefits for joint health, indicating that it may help protect cartilage and reduce inflammation-related discomfort.

Objectives: This study aimed to evaluate the efficacy and safety of oral Schisandra chinensis extract supplementation in improving joint and cartilage health among adults experiencing knee discomfort.

Methods: In this randomized, double-blind, placebo-controlled trial, 70 participants aged 40–75 years with knee joint discomfort were enrolled. Participants were randomly assigned to receive either Schisandra chinensis extract (1,000 mg/day; 500 mg twice daily) or a placebo for 8 weeks. The primary outcome was change in the Visual Analogue Scale (VAS) score. Secondary outcomes included changes in the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and inflammatory biomarkers (CRP, ESR). Safety was evaluated through vital signs, laboratory tests, and adverse event monitoring.

Results: In the intention-to-treat (ITT) analysis, the treatment group showed a greater reduction in VAS than placebo (p=0.021), and WOMAC also improved significantly (p=0.035), with no serious adverse events.

Discussion: Eight weeks of oral Schisandra chinensis extract supplementation appears to be effective and safe for improving joint symptoms in adults with knee discomfort. These results are consistent with the traditional anti-inflammatory and antioxidant properties of Schisandra chinensis and suggest its potential to support cartilage protection and joint function. The improvement observed may be related to modulation of inflammatory pathways and oxidative stress, although the exact mechanisms require further investigation.

Conclusion: Schisandra chinensis extract supplementation shows promise as a functional ingredient for joint health. Further long-term and large-scale studies are warranted to confirm its clinical efficacy and elucidate the underlying mechanisms.

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ID 503- Understanding health beliefs among women in developed and developing nations: a comparative survey study in XXX and YYY

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Context: Team-based care is vital in primary care where patients often have complex medical and psychosocial needs. However, medical undergraduates frequently struggle to appreciate how healthcare professionals collaborate to deliver coordinated, patient-centred care, despite participation in traditional student sit-ins at individual service stations at our primary care clinics.

Methods: Each year, eight batches of 18 medical undergraduates from the National University of Singapore undergo primary care rotations in our clinics. Previously, students observed various team members providing one-to-one care, followed by theoretical discussions. From June 2025, the teaching approach was redesigned to include: (1) a nurse preceptor-led briefing on team-based care; (2) continued sit-ins with nurses and allied health staff; (3) a two-hour allied health–led teaching session on professional roles in primary care; and (4) role-play sessions with pre-crafted scenarios followed by debriefing, replacing didactic discussions. Pre- and post-implementation feedback was collected and analysed.

Originality: This method of instruction has not been used before.

Lessons learned and future implications: Albeit more effort is needed to get the tutors from different domains to come together and teach the module, the results show that the undergraduates were better able to appreciate team-based care for holistic care of our chronic care patients. Gathering domain tutors for every batch of students was initially difficult, but when they eventually saw the benefit of modular teaching on this subject.

Discussion: Students reported markedly improved understanding of team-based care concepts and clearer appreciation of the distinct and complementary roles of healthcare professionals. They found the role-play simulations more engaging and relevant compared to passive observation. Tutors from multiple disciplines noted stronger student participation and insight during debriefings. Pre- and post-implementation surveys further confirmed the better appreciation of team-based care.

Conclusion: A structured, experiential teaching approach incorporating preceptor briefings, allied health teaching, and interprofessional role-play significantly enhanced medical students' appreciation of team-based care in primary care settings. This model, though resource-intensive, offers a replicable framework for other undergraduate training programs.

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ID 814- Understanding Student Health Needs at a Multidisciplinary University in XXX: A Three-Year Retrospective Analysis of Health Service Utilization

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Context: Diet is a key modifiable risk factor for non-communicable diseases, yet evidence linking macronutrient intake to mental health—particularly anxiety—remains limited. Understanding these associations may provide insight into potential preventive strategies.

Objectives: This study examined the association between macronutrient-based dietary patterns and mental health outcomes, including moderate-to-severe anxiety and suicidal ideation, and explored potential sex-specific differences using nationally representative data.

Methods: We analyzed 9,002 adults aged ≥19 years from the 2021–2023 Korea National Health and Nutrition Examination Survey. Dietary patterns were categorized as normal, high-carbohydrate (HCHO), high-fat (HF), or high-protein (HP) based on macronutrient energy proportions. Anxiety was assessed using the GAD-7 (≥10), and suicidal ideation was identified through self-report. Complex-survey logistic regression with sequential covariate adjustment was employed, including sex-stratified models.

Results: Dietary patterns were not associated with suicidal ideation. However, individuals in the HP group had significantly lower odds of moderate-to-severe anxiety compared with the normal-diet group (adjusted OR 0.49, 95% CI 0.30–0.81). In sex-stratified analyses, this inverse association remained significant only in men (OR 0.23, 95% CI 0.09–0.60). No significant associations were observed in women. Higher anxiety scores were strongly associated with suicidal thoughts, planning, and attempts.

Discussion: The association between high protein intake and lower anxiety may relate to increased availability of amino acids involved in neurotransmitter synthesis and stress regulation. The stronger effect observed in men suggests possible sex-specific metabolic or hormonal influences. However, the cross-sectional design limits causal interpretation, and dietary quality within macronutrient categories was not evaluated. Despite these limitations, the findings indicate that dietary composition—particularly protein intake—may be a modifiable factor linked to anxiety risk.

Conclusion: High-protein dietary patterns were associated with reduced odds of moderate-to-severe anxiety among Korean adults, especially men. Although no relationship was found between dietary patterns and suicidal ideation, the strong association between anxiety severity and suicide-related behaviors highlights the importance of identifying modifiable contributors to anxiety. Longitudinal studies are needed to clarify causality and underlying mechanisms.

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ID 1841- Understanding Vulnerability to Homicides of Adolescent Females from the Perspective of Virtual Violence and Intersectionality

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Context: Understanding frailty is the key to identifying and predicting the health status of the older adults. The Frailty Index , which utilizes an accumulation of various variables , is very useful in predicting a patient's health status as changes in the degree of frailty can be monitored.

Objectives: It remains unclear whether the frailty index has a meaningful predictive value for major outcomes such as mortality and intensive care unit (ICU) admission. Therefore, the author aimed to investigate the association between the frailty index and major outcomes based on nationwide cohort data from the Korean population.

Methods: A total of 135,581 individuals who requested long-term care between 2009 and 2012 were enrolled in the study, and were followed-up until the end of 2020. A deficit-accumulation frailty index (range: 0–1; robust <0.15, pre-frail 0.15–0.24, mild-to-moderately frail 0.25–0.44, severely frail ≥0.45) was calculated using 41 variables at enrollment. Hazard ratios (HRs) and 95% confidence intervals (CI) were calculated using multivariate-adjusted Cox proportional hazards regression analysis.

Results: During the 6.30 years of follow-up, 92,336 cases of mortality were recorded. After adjustment, the HRs (95% CI) for mortality, compared to the robust group, were 1.27 (1.22−1.33) in the pre-frail group, 1.61 (1.55−1.67) in the mild-to-moderately frail group, and 2.32 (2.23−2.41) in the severely frail group (p for trend <0.001). Additionally, during the 5.49 years of follow-up for ICU admission with 40,070 cases, The HRs (95% CI) for ICU admission were 1.18 (1.11−1.26) in the pre-frail group, 1.39 (1.32−1.46) in the mild-to-moderately frail group, and 1.81 (1.72−1.90) in the severely frail group (p for trend <0.001).

Discussion: A significant increasing association depending on the stage of frailty according to FI was confirmed in our study (p for trend <0.001). Through this study, we confirmed that the HRs for mortality and ICU admission increased proportionate to the degree of frailty.

Conclusion: In this large-scale nationwide cohort study of older adults, frailty was significantly associated with increased risks of mortality and ICU admission according to frailty stages measured by frailty index. It seems that the frailty index provides additional value in predicting severe major outcomes such as mortality and ICU admission.

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ID 1233- Unexpected intracranial finding after minor trauma

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Context: Transgender and gender-diverse people continue to face major barriers in accessing primary healthcare, often due to lack of knowledge, assumptions, and systemic gaps within family practice settings. Family physicians serve as the first and sometimes only point of contact for this population, yet many report uncertainty in communication, hormone management, and preventive care. This workshop, led by three family physicians from Tel Aviv experienced in gender-affirming medicine, aims to equip participants with the knowledge, skills, and practical tools to provide inclusive and affirming care.

Objectives: • Recognize the unique health needs and barriers faced by transgender and gender-diverse patients. • Develop communication skills that foster trust and respect during clinical encounters. • Gain confidence in managing hormone therapy, preventive care, and multidisciplinary coordination. • Design practical steps toward building trans-friendly approaches within everyday family practice.

Teaching method and workshop: The workshop will be highly interactive, combining short, evidence-based presentations, small-group work, and experiential learning. • Mini-lecture: Overview of trans health inequities and key international guidelines. • Small-group case discus

Expected outcomes: Participants will gain practical, evidence-based skills to provide gender-affirming care, enhanced confidence in communication, and a clear understanding of where to intervene along the patient journey. The session promotes empathy, reflection, and a

Conclusion: This workshop offers a space for reflection, empathy, and skill-building, empowering family physicians to become advocates for equitable, humanistic, and gender-affirming primary care. Participants will leave with both practical tools and renewed confidence to make every clinical encounter more inclusive.

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ID 1616- Unexpected Marked LDL-C Elevation in the Setting of Extensive Liver Metastases: Possible Pseudo-Hypercholesterolaemia

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Context: Facial pain is a rare but potentially debilitating condition that can be a diagnostically challenging presentation in primary care. Early recognition of trigeminal

neuralgia is paramount to prevent prolonged suffering and unnecessary treatment. Here we present a case which highlights the importance of interprofessional collaboration, structured clinical reasoning, and pharmacogenetic considerations in managing neuropathic pain in a primary care setting.

Methods: A 56-year-old Chinese woman with hypertension, hyperlipidaemia and type 2 diabetes, presented with a one-month history of sharp, shooting right brow pain which radiates along the ophthalmic (V1) branch of the trigeminal nerve. Pain was triggered by wind and light touch, not relieved by pregabalin and lorazepam prescribed elsewhere. Physical examination was unremarkable. Based on the history and examination, a clinical diagnosis of trigeminal neuralgia was made. Given the patient's Asian ethnicity, she was referred to a neurologist for consideration of carbamazepine and HLA-B*1502 testing to avoid severe cutaneous reactions. Amitriptyline 10 mg nightly was prescribed for interim symptomatic relief. Magnetic resonance imaging (MRI) of the brain subsequently confirmed neurovascular compression of the right trigeminal nerve. The neurologist started the patient on carbamazepine after negative allele testing, and neurosurgery advised continued medical therapy.

Originality: This case highlights the important role of family physicians in recognizing uncommon neurological disorders and initiating safe, evidence-based management. While trigeminal neuralgia is well-described in literature, reports focusing on its identification and genetic testing implications in Asian primary care populations remain limited.

Lessons learned and future implications: Early identification of trigeminal neuralgia in primary care relies on meticulous history-taking and awareness of its characteristic pain distribution. Integrating pharmacogenetic testing into prescribing decisions demonstrates personalised, culturally sensitive care. Strengthening coordination between family physicians, neurologists, and neurosurgeons ensures timely diagnosis and optimal outcomes.

Discussion: This case reinforces the educational value of clinical reasoning and multidisciplinary coordination of care between family physicians and other specialists to provide holistic patient-centred care.

Conclusion: Family physicians play a pivotal role in early detection and safe management of trigeminal neuralgia through patient-centred, and collaborative care. Compassionate listening, shared decisions, and culturally informed prescribing reflect the humanistic values that define high-quality primary care.

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ID 618- Unexplained Left Ventricular Hypertrophy Revealing Transthyretin Cardiac Amyloidosis: A primare Care-Driven Diagnosis

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Context: Thyroid ultrasound has proven to be a highly valuable diagnostic tool when performed directly in primary care. Although hypothyroidism and thyroid disorders are often considered functional diseases, ultrasound enables rapid and non-invasive identification of structural abnormalities that can guide the etiological diagnosis and help rule out more serious conditions. Thyroid ultrasound can reveal chronic thyroiditis (CT) in up to 34% of patients with negative serological studies but histologically proven disease. In recent decades, the diagnosis of thyroid cancer—particularly papillary carcinoma—has increased significantly due to the widespread use of imaging techniques such as ultrasound.

Methods: We present the case of a 40-year-old woman who consulted for a right anterior cervical lump she had noticed four days earlier. She reported no weight loss or pain on palpation, and the lump was mobile when swallowing. Her family physician ordered routine blood tests and a thyroid ultrasound. The blood results were completely normal, but the ultrasound appointment had not yet been scheduled. Since I regularly perform

ultrasounds in my practice, I performed one during the consultation. The thyroid gland showed an irregular structure suggestive of chronic thyroiditis. A teleconsultation with the endocrinologist was requested to review the images and confirm the diagnosis, leading to early management.

Originality: The originality of this case lies in the practical application of ultrasound within the family medicine setting, where such resources are not routinely available. Performing point-of-care ultrasound (POCUS) in the office demonstrates how this tool enhances diagnostic accuracy, improves resource utilization, and strengthens continuity of care.

Lessons learned and future implications: This case highlights the need to incorporate thyroid ultrasound into the initial diagnostic approach in primary care, particularly in patients presenting with cervical masses or suspected thyroid dysfunction. Point-of-care imaging facilitates early detection of chronic thyroiditis, timely referral, and better patient reassurance.

Discussion: In this case, despite normal lab results and no alarming clinical signs, ultrasound revealed glandular changes consistent with chronic thyroiditis.

Conclusion: This enabled early referral and timely treatment, avoiding diagnostic delays and uncertainty. Immediate in-office ultrasound improved differential diagnosis and coordination with endocrinology, highlighting its value in enhancing diagnostic accuracy, physician autonomy, and efficient, patient-centered primary care.

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ID 2135- Unintentional weight loss and palpitations leading to the diagnosis of hyperthyroidism in primary care: a case report

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Context: Sarcomas are tumors that represent 1% of all malignant neoplasms in adults. Despite well-defined referral guidelines, the diagnosis of sarcoma is often delayed, due to the rarity of the disease and inconspicuous presentation, as well as other patient- and physician-dependent factors.

Methods: A 58-year-old male patient underwent minor surgery for a fibroid (2017) on the anterior aspect of the left thigh. Investigating the patient's medical history, the pathological anatomy of the removed piece is not found. In 2018, the patient came again because the fibroid had reappeared, being painful on palpation and presenting a purplish color suggestive of a keloid. It is treated with topical treatment without improvement. He consulted again a year later, 2019, for the same symptoms. Physical examination: tumor of about 2 cm in the left thigh Evolution: Due to the persistence of the symptoms and the slow growth of the lesion, the patient was referred to the surgery service for evaluation. During the consultation, he suggests that it is a sebaceous cyst, but it was removed in 2020 and the lesion was sent for analysis. The pathological study describes a leiomyosarcoma measuring approximately 7 cm that affects the resection edges.

Originality: - Limited knowledge of the subject - The rarity of the disease.

Lessons learned and future implications: In Spain, there are no specific guidelines for these tumors, although there are general guidelines for tumorous lesions. By reviewing these clinical cases, we are conducting a doctoral thesis on the knowledge of family doctors about these tumors in order to develop training courses, protocols, and specific units for these types of tumors.

Discussion: Sarcoma must be managed by qualified professionals who achieve early diagnosis and treatment and are referred to expert reference centers. This management has a considerable time-dependent impact on the prognoses of these patients.

Conclusion: For many years, cancer care has focused primarily on improving survival rates. Now, there is increasing emphasis on

prevention, early diagnosis, long-term survivor care, and end-of-life care. Because of this, primary care is poised to play a crucial role due to its capacity to provide comprehensive, person-centered, longitudinal, and accessible care.

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ID 1914- Unintentional Weight Loss Attributed to Anxiety in Primary Care: Hyperthyroidism Revealed Through Targeted Reassessment

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Context: Acute coronary syndrome (ACS) is a common but diagnostically challenging condition in general practice. Its clinical presentation is often atypical or subtle, which can delay recognition. Late diagnosis or inappropriate management may result in poor outcomes and medico-legal consequences. Enhancing diagnostic skills in primary care is essential to ensure timely treatment and patient safety.

Methods: This report presents case studies of patients diagnosed with ACS in a general practice setting. Point-of-care testing (POCT) for cardiac biomarkers and electrocardiogram (ECG) recordings were performed directly in the outpatient clinic. The diagnostic process, clinical decision-making, and referral to specialized cardiology centers were analyzed. Current best-practice recommendations for ACS management in primary care are summarized. The cases illustrate varied presentations and highlight the role of rapid diagnostics in improving care.

Originality: These cases show that POCT and ECG are useful tools for general practitioners. The new point is that fast testing can directly improve patient outcomes. Finding problems early in primary care shortens the time from first contact to treatment, and lowers the risk of complications. Using these tests correctly in daily practice can greatly improve patients' chances of recovery.

Lessons learned and future implications: Timely use of POCT and ECG directly enhances quality of care and patient safety. General practitioners should be trained in rapid cardiovascular diagnostics and interpretation of test results. Future efforts should focus on wider implementation of POCT, structured GP training, and increased awareness of early intervention in suspected ischemic conditions. These measures can improve early diagnosis, reduce treatment delays, and enhance overall clinical outcomes.

Discussion: Early and accurate diagnosis of ACS in primary care remains central to effective pre-hospital management. Integration of POCT and ECG allows GPs to identify high-risk patients, initiate appropriate actions, and ensure timely referral. These practices support well-coordinated regional networks for acute cardiac care and improve patient outcomes.

Conclusion: Systematic use of ECG and POCT improves the diagnostic efficiency of general practitioners managing suspected ACS. It shortens the time to treatment and contributes to better patient outcomes within a collaborative healthcare system

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ID 1282- Unmasking Neuroleptic Malignant : A Comprehensive Biological Profile .

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Context: Gender and racial inequalities in access to and utilization of health services are shaped by multiple factors, including professional practices and the availability of targeted care strategies. Effective procedures for welcoming patients and identifying the

specific needs of these populations are essential to ensure quality care. However, the intersection between race/ethnicity, gender, and tobacco use remains underexplored in Latin America, including Brazil.

Objectives: To analyze population data on tobacco, use in Brazil, categorized by race and gender, and to examine access to Primary Health Care (PHC) services, with emphasis on smoking cessation programs and harm reduction strategies. Additionally, to map the existing literature on the intersections of race, gender, and access of LGBTQIA+ populations to PHC services.

Methods: This was a descriptive cross-sectional study using data from the 2023 Vigitel survey, considering variables related to tobacco use, race, gender, and access to health services. The quantitative analysis was complemented by a narrative literature review on healthcare access among LGBTQIA+ populations and racial intersections.

Results: The prevalence of adult smokers was 9.3% (11.7% among men and 7.2% among women). The use of electronic cigarettes was reported by 2.1% of participants (2.9% men and 1.4% women), despite their illegal marketing in Brazil. Regarding self-rated health, 6.0% reported a poor condition; hypertension (27.9%) and diabetes (10.2%) were the most frequently reported chronic diseases. Notably, 72.9% of individuals living below the poverty line self-identified as Black, revealing an overlap between socioeconomic and racial vulnerabilities that may limit access to smoking cessation and harm reduction strategies.

Discussion: Despite significant advances in tobacco control, structural inequalities related to race, gender, and sexual orientation persist, influencing both consumption patterns and access to treatment. The scarcity of detailed population data continues to hinder the development of culturally sensitive and equitable public health strategies.

Conclusion: The inclusion of race, gender, and sexual orientation dimensions in epidemiological studies and public policies is essential for promoting equitable care strategies that incorporate cessation and harm reduction approaches with sensitivity to social and cultural contexts. Policies grounded in social justice, diversity, and comprehensive care are crucial to reducing historical inequalities and strengthening Primary Health Care.

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ID 1046- Unmasking Primary Hyperparathyroidism Through Elderly Screening: A Primary Care Case Featuring Severe Osteoporosis

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Context: Sarcopenia, an age-related loss of skeletal muscle mass and strength, increases the risk of adverse health outcomes and socioeconomic burden; however, the metabolic causes of sarcopenia are unclear.

Objectives: This study investigated the association between plasma metabolites and incident sarcopenia and evaluated their predictive value for the incidence of sarcopenia.

Methods: This prospective cohort study included 33,797 participants aged 40-69 years from the UK Biobank who were free of sarcopenia and had plasma metabolomic data available. Plasma metabolite levels, including amino acids, fatty acids, lipid/lipoprotein subclasses, creatinine, and glycoprotein acetyls, were measured using nuclear magnetic resonance-based profiling. Incident sarcopenia was defined using the ICD-10 codes or criteria for low skeletal muscle mass and muscle strength.

Results: During a follow-up period of over 14 years, 829 participants developed sarcopenia. Of the 249 metabolites tested, 38 were significantly associated with the incidence of sarcopenia. The area under the ROC curve (AUC) of sarcopenia incidence for the 38 metabolites was 0.696 (95% CI: 0.666-0.726), and the AUC for conventional risk factors was 0.738-0.892, according to the models. The combined model, which integrated

conventional risk factors and metabolites, significantly improved prediction (AUC: 0.779-0.898).

Discussion: This study identified 38 plasma metabolites associated with incident sarcopenia. Incorporating these metabolites into models with conventional risk factors yielded statistically significant improvements in prediction beyond that of conventional factors alone; however, the gain was modest, and its clinical relevance remains to be determined. These findings suggest that although the clinical utility of these metabolites for predicting sarcopenia incidence has not yet been fully established, they may nevertheless provide insights into underlying biological pathways and could contribute to the development of preventive or therapeutic strategies in geriatric care.

Conclusion: This prospective study identified multiple plasma metabolites significantly associated with the incidence of sarcopenia in a large community-based cohort. Incorporation of these metabolites into predictive models significantly improved the accuracy of sarcopenia risk prediction beyond conventional factors.

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ID 2236- Unnecessary access to the Emergency Room: role of General Practice

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Context: Osgood-Schlatter disease (OSD) is a common traction apophysitis of the tibial tuberosity in adolescents, typically associated with sports participation and repetitive strain of the patellar tendon. Despite its frequency, current management is largely empirical, relying on expert consensus rather than high-level evidence. Since 2018, several studies have explored new conservative and minimally invasive treatments, yet their methodological quality and clinical relevance remain uncertain.

Objectives: To update and synthesize current evidence on the effectiveness of non-surgical treatments for Osgood-Schlatter disease, to assess methodological quality using validated Cochrane tools, and to determine whether recent studies provide stronger evidence supporting a specific therapeutic strategy.

Methods: A systematic literature review was conducted following the PRISMA guidelines and registered in PROSPERO (CRD420251028687). All studies evaluating non-surgical interventions for OSD were included without language restriction, provided they reported at least one relevant clinical outcome (pain, symptom duration, return to sport, functional recovery, or quality of life). The databases searched included PubMed, Embase, CENTRAL, and Medline, complemented by grey literature. The risk of bias was assessed using the Cochrane tools ROB 2 (for randomized trials) and ROBINS-I (for non-randomized studies).

Results: Among 3,491 records identified, 16 original studies published between 1948 and 2022 met the inclusion criteria, involving 1,162 patients. Four double-blind randomized controlled trials assessed subpatellar injections of dextrose plus lidocaine versus lidocaine alone, with conflicting results. Twelve non-randomized studies investigated various conservative treatments—rest, stretching, physiotherapy, taping, nonsteroidal anti-inflammatory drugs, shockwave therapy, platelet-rich plasma, and immobilization—showing heterogeneous designs and high risk of bias.

Discussion: Overall, the methodological quality of available studies remains low. Only injective approaches have been evaluated through randomized trials, but none compared invasive versus conservative modalities. Evidence supporting traditional conservative management remains indirect but consistent with expert recommendations. The heterogeneity of study populations and outcome measures limits comparability and meta-analytic synthesis.

Conclusion: Current evidence on non-surgical management of Osgood-Schlatter disease remains weak. Classical conservative measures—activity modification, stretching, muscle strengthening, and taping—should

remain first-line approaches (recommendation grade C). Future high-quality comparative trials are needed to assess the true effectiveness of these non-invasive therapies and guide standardized treatment protocols.

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ID 1484- Unnoticed intrauterine device migration into the pelvis: a case report

Slavica CONIC

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Context: The thyroid gland acts as an internal thermostat and the main regulator of metabolism. In addition to functional disorders, the pathological morphology of the thyroid is a serious problem, from micronodous, polynodous goiters to carcinoma (Ca). Women suffer from thyroid autoimmune diseases 5-10 times more often than men, and 3 times more often from malignancies.

Objectives: The aim of the study is to examine the frequency of thyroid disease in men, according to the type of pathology in a random sample; to determine the frequency of Ca thyroid; to determine the frequency of Ca thyroid patients with smoking status and according to BMI (body mass index).

Methods: Men, older than 50 years of age, were randomly selected, regardless of clinical findings, and underwent ultrasound and hormonal status.

Results: The total number of subjects was 40 (N-40). Based on this, they were divided into groups: n1(10 subjects) - morphological pathological findings, functional pathological findings; n2 (16 subjects) morphological pathological findings, normal thyroid function; n3(2) morphologically normal findings, functionally pathological; n4(12). morphologically and functionally normal thyroid. According to BMI values, 3 subjects were of normal nutrition; 2 were obese, and the rest had an increased body mass (35/ 87.5%). Five subjects used cigarettes. After the diagnosis, aspiration biopsy (FNA) was indicated in 12 (30%) subjects, and according to the results of the said diagnosis, surgical intervention was performed in 6 (15%) subjects, of whom 4 (10%) were diagnosed with carcinoma; 2 (5%) underwent thyroidectomy (benign characteristics) Among the subjects with a malignant outcome, there was not a single smoker.

Discussion: Diseases of the thyroid gland are not rare in men.The incidence of serious disorders, such as cancer and other morphological pathology that requires monitoring and even operative treatment, is statistically significant in a small sample. Subjects in whom cancer was diagnosed by screening were asymptomatic.

Conclusion: Considering the incidence of the disease by gender, screening diagnostics in men is not common. Considering the results of this study with the outcome of early detection of cancer without dissemination, screening diagnostics should be carried out regardless of gender in the elderly population

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ID 602- Unveiling multifactorial erectile dysfunction in Klinefelter syndrome: a clinical case

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Context: Continuing medical education (CME) is a professional duty and a legal requirement for physicians in many European countries. However, in Country XXX, no structured national framework for CME accreditation, evaluation, or financial support currently exists. Understanding current CME practices is essential to guide the development of an effective and equitable system.

Objectives: This study aimed to describe the CME activities, preferences, and perceived challenges among general practitioners (GPs) in Country XXX, and to identify priorities for improving the national CME framework.

Methods: A descriptive cross-sectional survey was conducted between March and April 2025 among registered GPs in Country XXX. Data

were collected through an anonymous online questionnaire including closed and open-ended questions. Quantitative data were analysed using descriptive statistics, while free-text responses provided qualitative insights into individual experiences and expectations.

Results: A total of 174 GPs completed the survey, representing a substantial proportion of the national GP population. Most participants engaged regularly in CME, combining various formats such as face-to-face events, digital learning, and self-directed study. While in-person education remained central, digital formats and self-study units were increasingly valued for their flexibility. Scientific independence from pharmaceutical sponsorship emerged as a key quality criterion. Participants reported several barriers of the current system, including insufficient thematic diversity, lack of centralized coordination and accreditation, limited visibility of existing opportunities and absence of financial support.

Discussion: CME among GPs in Country XXX is widely practiced and marked by a growing diversity of learning formats. However, significant structural gaps remain. The findings underline the need for a more coherent national strategy that guarantees independence, transparency, and equitable access to high-quality CME.

Conclusion: A national CME framework, featuring accreditation, quality assurance, and a central digital platform, would help integrate CME as an inherent part of professional practice. Reinforcing these structures is crucial to sustain medical competence, foster continuous professional development, and enhance patient-centred care.

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ID 97- Updating of a Knowledge Agenda using an innovative online methodology directly involving General Practitioners combined with a invitational conference

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Context: Across XXX, primary care relies heavily on immigrant clinicians—family physicians, nurse practitioners, and aides who sustain access in communities that would otherwise go without. Yet the very people who keep clinics open often face the narrowest pathways to leadership, fair pay, and professional belonging. This study quantifies their contribution and the inequities that persist within the workforce they help sustain.

Objectives: To describe the scope, distribution, and advancement of immigrant clinicians in XXX primary care and to examine disparities in compensation and leadership representation compared with locally born peers.

Methods: We analyzed pooled workforce microdata from XXX covering the period 2003–2023. Variables included occupation, work hours, region, gender, earnings, and supervisory roles. Weighted regression models adjusted for education, hours, and geography to estimate adjusted odds of leadership and pay gaps. Sub-analyses explored gender and region-of-birth differences.

Results: Immigrant clinicians comprised roughly one-third of the primary-care workforce and were over-represented in safety-net and shortage areas. After adjustment, they earned less and held fewer leadership roles than locally born counterparts despite equivalent hours and qualifications. Gender and region-of-birth stratification revealed compounded inequities: immigrant women experienced the steepest gaps. Workforce diversity aligned closely with local patient demographics, underscoring a missed opportunity for language and cultural concordance.

Discussion: Findings highlight a paradox: the same clinicians bridging national access gaps face systemic barriers that limit their own advancement. Equity in recognition, compensation, and leadership is not only a matter of fairness but of health-system resilience.

Conclusion: Primary care in XXX depends on global talent, yet the structures governing that talent remain exclusionary. Policies that streamline credentialing, modernize visa pathways, value linguistic and cultural labor, and track equity metrics in pay and promotion could transform this dependence into shared belonging. Keywords: workforce diversity; immigrant clinicians; primary care; underserved areas; equity; leadership

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ID 1834- Urban–Rural Differences in Depression Severity Among Patients with Type 2 Diabetes in Primary Care

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Context: Artificial intelligence (AI) is increasingly entering clinical workflows through transcription and documentation systems, often referred to as "AI scribes." In UK general practice, these tools promise to reduce administrative burden and support clinician focus during consultations. Their introduction, however, raises complex questions about safety, accountability, governance, and patient trust.

Objectives: To explore the governance, ethical, and professional framework surrounding the implementation of AI scribe technology within UK general practice, and to examine whether AI represents an emerging and likely development in the delivery of primary care.

Methods: A narrative literature review and policy synthesis were undertaken. Data sources included published NHS digital governance frameworks, clinical safety standards (DCB0129/0160, DTAC), regulatory and professional guidance (RCGP, MHRA), and evaluation reports of AI scribe deployment in general practice. Key themes were identified around safety, data protection, consent, and clinical accountability.

Results: AI scribes demonstrate potential to improve documentation efficiency and clinician workload management. However, consistent governance frameworks, data protection clarity, and transparent patient communication are essential. Risks identified include misinformation ("AI hallucination"), variable data handling practices, and ambiguity regarding legal bases for data processing. Existing regulatory standards were not designed for adaptive AI systems, creating uncertainty around liability and consent processes.

Discussion: While AI scribes align with the NHS Long Term Plan and broader priorities for digital transformation in UK primary care, their adoption must remain clinician-led, ethically governed, and evidence-informed. The current infrastructure for risk management and data governance requires adaptation to reflect AI-specific challenges.

Conclusion: The integration of AI into general practice appears increasingly likely but must be approached cautiously and with appropriate oversight. Safe and effective implementation will depend on the evolution of clinical governance and safety standards, independent validation mechanisms, and ongoing engagement with both clinicians and patients. AI scribes should be viewed as tools that augment, not replace, clinical judgment.

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ID 1206- Use of 24-hour ambulatory blood pressure monitoring in the diagnosis and follow-up of arterial hypertension in Primary Care: preliminary data.

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Context: Preservation of muscle mass during aging reduces the risk of frailty and age-related chronic diseases. Preservation of muscle mass during aging reduces the risk of frailty and age-related chronic diseases.

Objectives: We aimed to evaluate lifestyle factors and common cardiometabolic diseases as possible predictors of accelerated muscle loss in middle-aged and older men.

Methods: Men aged 40 years and older who underwent health examinations at a tertiary care hospital in Korea in 2010-2011 and after a 6-year follow-up were included in the study. Lifestyle and health status were evaluated through a standardized questionnaire. Body composition including muscle mass was estimated using bioelectrical impedance analysis. Relative change in appendicular muscle mass (ASM) was calculated as the difference in ASM between the baseline and follow-up. Accelerated muscle mass loss was defined when ASM decreased greater than 3% for 6 years. Logistic regression analysis was executed to examine the association of muscle mass loss with lifestyle factors and common cardiometabolic diseases.

Results: A total of 2,270 men aged 40 years and older were included in this study. The number of participants with ASM loss more than 3% for 6 years was 467 (20.6%). Diabetes mellitus was associated with accelerated muscle mass loss after adjustment for age, body mass index, activity and calories intake (odds ratio [OR] 2.09, 95% confidence interval [CI] 1.39-3.14, P < 0.001)

Discussion: Sarcopenia is associated with resistance, impaired fasting glucose, and diabetes. The loss of muscle mass in older adults with diabetes is thought to be due to multiple factors, including the following possible mechanisms: First, loss of anabolic activity due to increased insulin resistance. Second, loss of anti-inflammatory responses (tumor necrosis factor-α, highly expressed in adipose tissue of insulin-resistant obese patients, induces interleukin-6, thereby inhibiting muscle tissue differentiation) leads to sarcopenia. This loss is also attributed to changes in muscle fiber composition (a decrease in aerobic type 1 fibers and an increase in glycolytic type 2 fibers) and mitochondrial dysfunction associated with muscle aging. Conversely, sarcopenia acts as a risk factor for diabetes.

Conclusion: Diabetes mellitus is a predictor for accelerated muscle mass loss in middle-aged and older men.

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ID 1575- Use of mindfulness apps by general practice patients

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Context: As population aging accelerates, healthcare expenditures are steadily increasing. In Korea, poor diet quality has been linked to various chronic diseases, but evidence on its association with actual medical costs remains limited.

Objectives: This cross-sectional study examined the association between diet quality, measured by the Korean Healthy Eating Index (KHEI), and med-ical expenditures among Korean adults.

Methods: We used data from the Korea National Health and Nutrition Examination Survey (2016–2021). Adults aged ≥20 years with complete data on diet, sociodemographics, and healthcare use were included. Medical costs were estimated from self-reported service use and converted to USD. KHEI scores were categorized into quartiles. Multivariable linear regression was used to assess the association between KHEI quartiles and log-transformed costs. Subgroup analyses were conducted by age (<57 vs. ≥57 years), and sensitivity analyses treated KHEI as a contin-uous variable. A two-part model addressed skewed, zero-inflated cost data.

Results: Compared to Q1, participants in Q4 had significantly lower inpatient (β = -0.080; 95% CI: -0.139 to -0.020) and total costs (β = -0.086; 95% CI: -0.144 to -0.027). In the younger group, Q4 was associated with lower total costs (β = -0.115; 95% CI: -0.198 to -0.031). Higher continuous KHEI scores were also linked to lower costs. In the two-part model, Q4 participants had a higher probability of incurring any cost but lower conditional costs (Q3 vs. Q1: β = -0.173; Q4 vs. Q1: β = -0.160; both p < 0.05).

Discussion: Higher adherence to a healthy dietary pattern, measured by the Korean Healthy Eating Index (KHEI), was associated with lower inpatient and total healthcare expenditures after adjusting for sociodemographic and health factors. Although participants with higher KHEI scores were older and had more chronic conditions, they incurred lower medical costs, possibly due to better disease management. The inverse association was significant mainly among younger adults, suggesting age-specific differences in how diet affects healthcare use.

Conclusion: Higher diet quality was associated with reduced healthcare costs in Korean adults, especially among younger individuals. Promoting healthy eating may help lower economic burdens in aging soci-eties.

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ID 1569- Use of mindfulness apps by general practice patients

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Context: Triglyceride–Glucose Index, a simple proxy of Metabolic Syndrome

Objectives: The triglyceride–glucose (TyG) index has recently been proposed as a surrogate marker of metabolic syndrome risk, but its association with individual metabolic risk components has not been clearly established. This study aimed to investigate the relationship between the TyG index and various metabolic risk variables in a representative sample of the Korean general population.

Methods: We analyzed data from 6,614 participants (mean age, 46.7 ± 22.5 years; mean BMI, 23.3 ± 4.2 kg/m²; 54.3% female) from the 2021 Korea National Health and Nutrition Examination Survey (KNHANES). Sociodemographic data (height, weight, neck circumference) and cardiometabolic parameters (waist circumference, blood pressure, fasting plasma glucose, total cholesterol, HDL cholesterol, triglycerides, and fasting insulin) were collected. Pearson's correlation analyses were performed using SPSS for Windows (version 18.0; IL, USA). Two-sided p values < 0.05 were considered statistically significant.

Results: The TyG index showed a strong positive correlation with the HOMA-IR index, glycated hemoglobin (HbA1c), and white blood cell count after adjustment for age, sex, BMI, waist circumference, blood pressure, total cholesterol, and HDL cholesterol ($p < 0.001$).

Discussion: . Further controlled clinical studies are warranted to confirm these findings and clarify the underlying mechanisms.

Conclusion: The triglyceride–glucose index may serve as a significant and practical marker of metabolic syndrome in the general population.

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ID 395- Usefulness of critical flicker fusion threshold (CFFT) as a measurement tool of fatigue symptom in primary care

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Context: Patients on antiplatelet medication, such as Aspirin and Clopidogrel, are at increased risk of gastrointestinal complications. PPIs are frequently co-prescribed for gastroprotection, but certain PPIs (e.g., Omeprazole) can negatively interact with Clopidogrel due to shared metabolic pathways (CYP2C19). This audit was undertaken in a rural Irish GP practice to evaluate prescribing practices and ensure safety in a population with increasing multimorbidity and polypharmacy.

Objectives: To assess the extent of PPI co-prescription in patients taking antiplatelet therapy. To determine whether the choice of PPI aligns with recommended guidelines, particularly for patients on Clopidogrel.

Methods: A retrospective chart review of patients aged >16 years prescribed antiplatelet therapy was performed. Data collected included PPI co-prescription status and appropriateness of PPI choice. Audit standards

were based on JACC recommendations, and data were analysed using Excel.

Results: Total patients on Aspirin: 38 PPI co-prescribed: 22 (57.9%) No PPI documented: 16 (42.1%) PPIs used: Esomeprazole (8), Pantoprazole (7), Lansoprazole (6), Omeprazole (1) 2 patients were on Clopidogrel: 1 prescribed Pantoprazole (appropriate) 1 prescribed Omeprazole (interaction risk identified)

Discussion: This audit shows inconsistent adherence to gastroprotection recommendations for patients on antiplatelet therapy, with over 40% having no documented PPI cover. This may reflect incomplete documentation, OTC PPI use, or missed prescribing opportunities. One case of inappropriate PPI selection in a patient on Clopidogrel highlights the need for improved awareness of drug–drug interactions, particularly the avoidance of Omeprazole due to CYP2C19 inhibition. Strengthening medication reviews, especially within CDM clinics, and improving documentation practices will help reduce gastrointestinal risk and optimise patient safety.

Conclusion: There is inconsistent PPI co-prescribing in patients taking antiplatelet therapy, with a notable proportion lacking gastroprotective cover. An inappropriate PPI choice was identified in a patient on Clopidogrel. Improvements are needed in prescription review, documentation, and guideline-based selection of PPIs (preferably Pantoprazole when Clopidogrel is used) to enhance patient safety and reduce adverse outcomes

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ID 2175- Uses of Information and Communication Technologies by patients: typology, perceptions and determinants

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Context: Childhood overweight and obesity are public health concerns, with rising prevalence observed across many countries. Several factors are linked to this trend, including exposure to antibiotics. While recent studies suggest a potential link, few data exist for children older than two years old, and none have been conducted in the French population.

Objectives: Investigating the association between antibiotic prescriptions during general practitioner consultations and the onset of overweight or obesity among French children aged 2–17 years.

Methods: A retrospective cohort study was conducted using data from the French primary care database XXXX (2012–2022). Children aged 2–17 with an initial BMI classified as normal were included. Antibiotic exposure was assessed both as the average annual number of prescriptions received and as the absolute number of prescriptions. The main outcome was the onset of overweight or obesity (IOTF criteria). Relative risks (RRs) were estimated using quasi-Poisson regression models, adjusted for sex, age, and medical centres.

Results: Among 8,353 included children (47,054 person-years), 1,026 developed overweight or obesity. A significant dose–response relationship was identified in the trend analysis between the mean annual number of antibiotic prescriptions and the onset of overweight or obesity (RR = 1.20; 95% CI: 1.11–1.29; $p < 0.001$), indicating a 20% higher risk for each additional antibiotic prescription per year. When considering the absolute number of antibiotic prescriptions between ages 2 and 4, a significant association was also observed (RR = 1.09; 95% CI: 1.03–1.14; $p < 0.001$). Both high and non-high ecological impact antibiotics were implicated.

Discussion: Although antibiotics are often essential in paediatric care, this study from a real-word database found a significant dose–response association between antibiotic exposure and the development of overweight or obesity in children aged 2-17 years. These results align with previous epidemiological studies, biological plausibility, and veterinary evidences of antibiotics used as growth promoters. It represents the first evidence from French primary care.

Conclusion: These findings strengthen concerns that antibiotic exposure may

contribute to overweight and obesity during childhood. They support the need for strengthened antibiotic stewardship in primary care and further evaluation of modifiable risk factors for overweight and obesity.

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ID 1844- using generative AI to support research protocol development in primary care: an interactive skills-based workshop

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Context: General practitioners face growing administrative workloads, with clinical documentation contributing significantly to stress and burnout. This practice-based reflection describes the supervised introduction of an artificial-intelligence (AI) language model (ChatGPT) into routine documentation at a single Irish general practice. The initiative aligns with WONCA's values of liberty, equity, fraternity, and humanism by exploring responsible innovation that supports clinician well-being and enhances patient safety.

Methods: Over three months, ChatGPT (GPT-5) was used to generate structured SOAP-style consultation notes, referral letters, and patient-education summaries under clinician supervision. Baseline manual documentation metrics were compared with those recorded after implementation. Outcomes assessed included average documentation time, completeness of safety-netting statements, and note readability. Qualitative feedback was gathered from GPs regarding usability, confidence, and perceived impact on patient interaction.

Originality: To our knowledge, this is one of the first documented primary-care reflections on real-world AI integration in clinical documentation. The approach illustrates how digital tools can be ethically and safely embedded into existing workflows while maintaining clinician oversight and confidentiality compliance.

Lessons learned and future implications: AI-assisted documentation reduced average note-completion time by approximately 32 %, improved inclusion of safety-netting statements from 68 % to 96 %, and enhanced record clarity. Staff reported improved focus on patient communication and reduced cognitive fatigue. Lessons learned include the importance of transparent governance, data protection, and balancing empathy with technology.

Discussion: The introduction of supervised AI support demonstrated measurable workflow improvements while maintaining safety and professionalism. Although limited to a single-practice reflection, findings suggest that AI can complement—not replace—human clinical judgment. The experience underscores the need for ethical responsibility, transparency, and patient trust, reinforcing the role of family doctors as innovators who integrate technology while preserving empathy and equity.

Conclusion: Supervised AI assistance can enhance documentation efficiency and patient safety without compromising professional judgment or data integrity. Broader multicentre evaluation is warranted to develop evidence-based frameworks for equitable and human-centred AI adoption in family medicine.

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ID 1118- USS Examination Techniques for the assessment of common pathologies of the Shoulder, Knee and Wrist in Family Medicine

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Context: Context: Ayurveda, the science of life, describes comprehensive methods for maintaining health and managing disease through medicinal, surgical, and parasurgical approaches. Among these, Agnikarma (therapeutic cauterization) and Viddhakarma (controlled micro-needling) are classical interventions indicated in various musculoskeletal, neurological, and pain-related disorders. Their application in modern

integrative pain management has shown encouraging outcomes. Keywords: Ayurveda, Agnikarma, Viddhakarma, Pain Management, Integrative Medicine, Case Reflection,Kshipra marma.

Methods: This reflection is based on three clinical cases. Case 1: A 45-year-old male with bilateral knee osteoarthritis (VAS 7/10) underwent Agnikarma using a heated Suvarna Shalaka (gold probe) on tender points. Pain reduced to 2/10 immediately and to 1/10 after five days. Case 2: A 45-year-old obese female with anosmia, frontal headache, and joint pain received Viddhakarma using a 26G needle at nasal and eyebrow points, followed by Agnikarma on painful joints. Complete relief from headache and joint pain was achieved with partial restoration of smell. Case 3: A 65-year-old female with radiating shoulder pain to right hand,(VAS 8/10) was treated with Viddhakarma on 2 fingers above Kshipra marma and 4fingers above and below flexed right elbow joint,lateral aspect and Agnikarma on the shoulder girdle. Pain reduced to 1/10 post-procedure immediately.

Originality: Originality: These procedures offer rapid, sustained pain relief with negligible adverse effects, serving as non-pharmacological alternatives to opioids and NSAIDs. They integrate traditional dosha-based reasoning with modern procedural safety.

Lessons learned and future implications: Agnikarma and Viddhakarma are effective, minimally invasive, and low-cost methods for acute and chronic pain management. Their inclusion in integrative pain clinics could enhance patient outcomes and reduce drug dependency.

Discussion: The observed cases demonstrate significant pain relief through Agnikarma and Viddhakarma, likely via enhanced circulation and neural modulation. These safe, low-cost techniques offer effective non-pharmacological alternatives to NSAIDs or opioids. Their integration into modern pain clinics may strengthen evidence-based, holistic approaches to global pain management.

Conclusion: The revival of classical Ayurvedic procedures holds promise for global integrative medicine by combining ancient therapeutic wisdom with modern clinical practice.

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ID 45- Vaccination Coverage and Associated Factors of Hepatitis B, Measles-Mumps-Rubella, Varicella, and Tetanus-Diphtheria-Acellular Pertussis Among Primary Health Care Workers in Qatar: A Retrospective Study (2020–2024)

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Context: Insulin resistance and impaired glucose regulation are major contributors to the development of type 2 diabetes mellitus (T2DM). Inositol, a naturally occurring carbocyclic sugar, has shown as a low-risk intervention to improve metabolic outcomes. Although its efficacy in managing polycystic ovary syndrome (PCOS) is well established, its metabolic applications remain unclear.

Objectives: This systematic review aimed to evaluate the effects of inositol supplementation in adults with various metabolic risk factors.

Methods: A systematic search of PubMed was conducted to identify studies published between January 2015 and May 2025 that investigated the effects of myo-inositol or D-chiro-inositol supplementation in adults with metabolic risk factors. Eligible studies were limited to human and English trials with outcomes related to glycemic parameters. Studies exclusively focused on PCOS or lacking relevant metabolic endpoints were excluded. The primary outcome was change in insulin resistance, assessed by the homeostasis model assessment of insulin resistance (HOMA-IR). Secondary outcomes included fasting plasma glucose (FPG), oral glucose tolerance test (OGTT) results, incidence of gestational diabetes mellitus (GDM), and adverse effects. Key study characteristics and metabolic outcomes were extracted and synthesized descriptively.

Results: A total of twelve studies were included. Most trials reported significant

reductions in HOMA-IR following myo-inositol supplementation, either alone or in combination with other agents. Improvements were also observed in glycemic markers such as fasting glucose and OGTT results. Four out of five studies reported significantly lower GDM incidence in intervention groups. No serious adverse events were reported.

Discussion: Inositol supplementation appears to be a safe and effective for improving insulin resistance, as evidenced by consistent reductions in HOMA-IR across diverse at-risk populations. The observed improvements in secondary glycemic outcomes and the low incidence of adverse effects further suggest its potential role as an adjunctive therapy for early metabolic risk management. However, variations in study design and participant characteristics highlight the need for more standardized research protocols.

Conclusion: Current evidence supports inositol supplementation as a promising adjunctive intervention to enhance insulin sensitivity and metabolic outcome. Future studies should determine the optimal dosage, timing, and target populations—particularly among individuals with prediabetes—to facilitate its integration into routine metabolic care.

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ID 1145- Vaccine hesitancy

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Context: This study explored whether measuring extracellular fluid (ECF) changes can serve as a quantitative indicator of treatment effectiveness for chronic venous disease (CVD).

Objectives: The Clinical-Etiology-Anatomy-Pathophysiology (CEAP) classification to describe patients with chronic venous disease (CVD) has limitations in that it cannot be quantitatively evaluated. Thus, we aimed to determine whether measuring changes in extracellular fluid (ECF) can be an objective and quantitative indicator after CVD treatment.

Methods: In this retrospective, single-center study, changes in ECF and symptoms of CVD were analyzed using bioelectrical impedance analysis (BIA) at baseline (V0), after 1 month (V1), and after 3 months (V2) between April and November 2023. Subgroup analysis was performed to determine whether sex, body mass index (BMI), baseline CEAP grade, and additional diuretic use could affect further ECF reduction.

Results: Compared with V0, ECF in both legs significantly reduced over the intervention period. At V1, compared with V0, significant ECF reduction in the right leg (RL) (-0.47%, P = 0.0085) and left leg (LL) (-0.57% and P = 0.0021) were observed. ECF reduction at V2 was more pronounced compared to 1 month after treatment in the RL (-0.66%, P = 0.001) and LL (-0.71% and P = 0.0003). Sex, baseline CEAP grade, and additional diuretic use did not affect the difference in the decline of ECF after treatment, but BMI caused significant differences in the degree of ECF reduction after treatment.

Discussion: Using bioelectrical impedance analysis, we found significant ECF reduction in both legs after 1 and 3 months of treatment. The reduction was more pronounced at 3 months. This suggests ECF measurement could be a reliable method to assess CVD treatment outcomes, with BMI being a key factor in the degree of fluid reduction.

Conclusion: Changes in ECF evaluated by BIA can be an objective indicator of the treatment effect of chronic venous insufficiency. Diuretic combination with a venoactive drug did not bring additional benefits. The decrease in ECF after CVD treatment was more pronounced in patients with BMI less than 23.

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ID 1881- Validation of a virtual reality tool for learning orotracheal intubation

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Context: Many studies have evaluated the impact of oral inflammatory diseases on muscle strength in the elderly, but previous studies have been limited to cross-sectional designs. To reveal the causal effects of this relationship, we conducted this prospective study.

Objectives: The aim of our study was to determine the association between oral health and baseline grip strength, and the causal effects of oral health on muscle strength after 4 years in an elderly Korean population using nationally representative data.

Methods: This prospective study used the database from the Korean Longitudinal Study of Ageing (KLoSA). The participants included 6,940 individuals aged 55 years or older. Oral health satisfaction (OHS) was assessed using the General Oral Health Assessment Index (GOHAI), and muscle strength was measured by maximum handgrip strength at baseline and every 2 years during the 4-year follow-up. Multiple confounding factors were evaluated.

Results: This study included 2,936 men (mean OHS score 51.4, mean maximum handgrip strength 31.6 kg) and 4,001 women (mean OHS score 51.2, mean maximum handgrip strength 20.2 kg). Baseline OHS was associated with grip strength in both men (β=1.16, P=0.028) and women (β=1.11, P=0.001). Using a mixed-effects model, we found that changes in OHS over the study period were associated with changes in handgrip strength over time in women (β=0.045, P<0.001), and were marginally associated in men (β=0.02, P=0.059). The sarcopenia group at 4 years was associated with poor baseline OHS status in women (adjusted OR 1.41, 95% CI 1.10-1.96).

Discussion: Low grip strength not only affects physical function but also has a broader impact on various poor health outcomes in the elderly. This study implicates that maintaining and enhancing oral health is important for preserving muscle function in the elderly.

Conclusion: We observed an association between baseline oral health and handgrip strength, and a positive longitudinal influence of oral health on changes in muscle strength in elderly Koreans over 4 years.

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ID 372- Validation of indications for point-of-care of ultrasound in general practice based on international expert consensus: systematic literature review

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Context: Addressing inequities in health outcomes requires that medical curricula facilitate critical evaluation of the structural determinants of health and the intersectional oppression of marginalised groups. To support Primary Care Placement Leads in enhancing their curricula, I applied a health justice lens - a structured evaluative framework designed to promote equity-focused education. This work is sustainable as it aligned with continuing initiatives, including curriculum ‘deep dive’ processes, assessment question-writing days, and faculty development activities, and informs ongoing strategy.

Methods: The health justice lens assessed materials across three intersecting EDI themes: representation, humility, and advocacy. Representation analysed the diversity of people depicted in case studies and materials, assessing whether they reflect local populations, redress under-representation, and subvert stereotypes. Humility focused on person-centredness, accessibility, and decolonising within content, outcomes, and assessments. Advocacy explored how learners apply knowledge to challenge health injustices in primary care. The process followed a structured EDI mapping approach: meetings with placement leads; review of existing mapping; systematic resource review using the health justice lens; collaborative discussions; feedback to management; implementation of adjustments; and presentation of findings and future considerations. Strengths included strong engagement and reflective dialogue; limitations included time and curriculum space.

Originality: This approach operationalises EDI review through a health justice framing that integrates representation, humility, and advocacy across curriculum, assessment, and faculty development. It differs from existing audits by embedding health justice and decolonising principles into curriculum design processes in a context-specific, iterative and sustainable manner.

Lessons learned and future implications: The experience highlighted the value of iterative collaboration and reflective discussion in embedding EDI principles. Findings now inform curriculum deep dives, assessment question-writing, and faculty development, supporting sustainable, health justice-oriented educational practice.Specific examples of changes included the innovative 'Stop and Think' bias resource.

Discussion: The mapping process was deeply interpersonal and reflective, relying on open communication to navigate faculty members' diverse lived experiences and positionalities. Establishing trust and shared understanding was essential when introducing new health justice perspectives within an already content-dense curriculum, highlighting the need for dialogue-led, empathetic curriculum change.

Conclusion: Using a health justice lens provides a transferable, systematic method to align primary care education with broader institutional equity goals, advancing healthcare training.

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ID 758- Validity and Prevalence of Pediatric Feeding Disorders in a General Population Sample Using the MCH-FS

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Context: People from marginalized groups continue to face structural inequities in healthcare (e.g. longer waiting times, higher rates of misdiagnosis, feeling dismissed in clinical encounters). These inequities not only affect individual health outcomes but also contribute to higher overall healthcare costs through delayed diagnoses, inadequate treatments, and increased use of emergency services. Promoting diversity-sensitive and respectful communication among medical students and healthcare professionals early in their education is key to building equitable and inclusive care.

Objectives: By the end of the session, participants will be able to: 1. Recognize and reflect on key diversity dimensions such as culture, migration, disability and LGBTQIA+ identities. 2. Identify and question their own stereotypes and unconscious biases. 3. Explain why diversity-sensitive communication is essential for equitable, high-quality care. 4. Apply inclusive communication strategies and use practical tools and resources for working with diverse patient groups in primary care.

Teaching method and workshop: The workshop combines brief theoretical input, self-reflection exercises, and small-group activities to foster applied learning, practical skill development, and peer exchange. Participants engage in case-based discussions and collaborative problem-solvin

Expected outcomes: Participants will gain a deeper understanding of diversity and inclusion in healthcare, acquire practical strategies and resources to promote equitable, patient-centered communication, and benefit from peer discussion and networking opportunities.

Conclusion: We are all influenced by unconscious biases. Reflecting on them and practicing inclusive communication enables healthcare professionals to promote equity in care and contribute to a more inclusive society.

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ID 2279- Verbal consent as a key care enhancer in nursing homes medical care: an uncontrolled before-after study

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Context: With advances in medical technology and early detection, the survival rate of cancer patients has increased significantly. However, as the number of elderly cancer survivors grows, concerns regarding their post-treatment quality of life (QoL) have become more critical.

Objectives: The purpose of this study is to identify the factors that affect the quality of life of elderly cancer survivors and to establish the basis of support programs in primary health care to help elderly cancer survivors return to their stable and high-quality daily lives.

Methods: Raw data of the National Health and Nutrition Examination Survey(2016-2020) were used. Retrospective data searching was performed and a sample of 513 cancer survivors aged 60 years or older was included. The median age is about 65.8 years. The data were analyzed by descriptive statistics, t-tests, ANOVA, Pearson correlation, and multiple regression analysis.

Results: The most significant factors affecting the quality of life of elderly cancer survivors were activity limitation(β=.32, p<.001), subjective health status(β =-.21, p<.001), age(β=-.14, p<.001), economic status(β=.14, p=.003) and gender(β=-.06, p<.001).

Discussion: Physical independence is a major determinant of well-being among older cancer survivors. Self-perception of health beyond clinical test results also plays a vital role in perceived life satisfaction. Overall, the findings underscore the multifactorial nature of QoL, requiring a holistic, interdisciplinary approach that integrates physical rehabilitation, mental health counseling, and socioeconomic assistance.

Conclusion: Quality of life in elderly cancer survivors is influenced by multiple, interrelated factors—particularly physical activity limitation, perceived health status, age, economic condition, and gender. To enhance QoL, primary health care systems should prioritize personalized, community-based interventions that promote physical function, improve subjective health perception, and provide socioeconomic and emotional support. Strengthening multidisciplinary collaboration among healthcare professionals, social workers, and community organizations will be essential in helping elderly cancer survivors maintain independence and achieve stable, meaningful lives after treatment.

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ID 2119- Violence and Care : the professional relationship as a powerful ool

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Context: For people living with human immunodeficiency virus (PLWHIV), the advent of antiretroviral therapy has significantly improved both prognosis and quality of life. HIV infection is now considered a chronic disease. As patients age and comorbidities increase, the general practitioners (GPs)'s central role remains insufficiently described.

Objectives: To analyse the perceptions of GPs in the Hauts-de-France region in 2025 who have at least one PLWHIV among their patients, focusing on their views regarding the specificities and their position in their overall management of these patients.

Methods: A quantitative, descriptive, cross-sectional study was conducted using on a questionnaire sent to GPs practising in the Hauts-de-France region who are registered as the primary care physician for at least one PLWHIV. Qualitative variables were compared using Chi-square or Fisher tests, quantitative ones with Student or Mann–Whitney tests (Shapiro–Wilk for normality); significance was set at $p \leq 0.05$.

Results: Among the 773 practitioners contacted, 71 were included. GPs were most comfortable in vaccination (median 6/10 [IQR:

5-8]) and least comfortable in the management of iatrogenic risks (median 4/10 [IQR: 2-5]). Sixty-two percent routinely asked their patients about self-medication, and 95% checked for potential drug interactions when prescribing a new treatment. Nonetheless, vigilance regarding high-risk molecules (such as divalent cations and proton pump inhibitors) remained inadequate. Most GPs believed they played an essential role in overall care, particularly in reporting “affection de longue durée” (97%) and monitoring vaccinations (93%), with varying levels of compliance depending on the recommendations (75% reported pneumococcal vaccination, 29% hepatitis A vaccination). Some cancer screenings were well followed (e.g. no specific guidelines for prostate or breast cancer), while others, such as adaptation for anal margin screening were less applied (56%).

Discussion: GPs expressed a willingness to be involved in the follow-up of PLWHIV, despite moderate self-assessed confidence. Their practices are generally in line with recommendations, particularly regarding vaccinations, but attention to drug interactions and certain specific screenings remains suboptimal. Nearly half would like additional training. Strengthening coordination with specialists appears crucial.

Conclusion: GPs lack confidence in managing PLWHIV but express a genuine desire to be involved in patient care.

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ID 1738- Violence Motivated by Gender, Racism, and Xenophobia in São Paulo, Brazil: Implications for Medical Education

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Context: Objectives: The current investigation sought to evaluate the impact of a 24-week squat exercise regimen on body composition and muscle oxygenation among overweight and obese older adults, with particular emphasis on outcomes related to sarcopenia.

Methods: A prospective case series involved overweight and obese older adults performing body-weight squats three times a week for 24 weeks. Body composition measures, including skeletal muscle index (SMI), fat mass, and limb lean mass, were taken via dual-energy X-ray absorptiometry (DXA) at baseline and after the intervention. Muscle oxygen saturation (SmO_2) was also measured using an optical sensor on the dominant leg, focusing on the vastus lateralis (VL) and biceps femoris (BF). Descriptive analyses reported changes as median or mean ± standard deviation values.

Originality: This study offers a novel perspective on community-based exercise interventions for obese older adults living in geographically disadvantaged areas, a group rarely represented in rehabilitation research. Combining body composition analysis with non-invasive muscle oxygenation monitoring it introduces an accessible approach to evaluate physiological changes outside clinical settings.

Lessons learned and future implications: Implementing such interventions through collaboration between primary care teams and community physiotherapists could help reduce health inequalities and promote active aging. Future studies should include larger samples and long-term follow-up to validate these outcomes and guide the integration of practical exercise models into public health frameworks

Discussion: Nine participants (6 males, 3 females; mean age 68.2 ± 3.9 years; mean BMI 32.3 ± 4.9 kg/m²) completed the intervention. From baseline to post-exercise, median changes were observed in BMI (−0.88 kg/m²), body weight (−2.0 kg), fat mass (−1.5 kg), and SMI (+0.04 kg/m²). Muscle oxygenation improved in both VL and BF muscles, with a median increase in SmO_2 of +0.8%

Conclusion: Twenty-four weeks of regular squat exercise was associated with reductions in body fat and improved local muscle oxygenation among inactive obese older adults. These findings suggest that simple, home-based resistance exercises can enhance metabolic efficiency and functional health in elderly populations with limited access to structured rehabilitation or exercise programs

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ID 1735- Virtual Care as Deployed to Improve Access to Primary Care in 3 Canadian Provinces: A policy focused qualitative study

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Context: Functional constipation affects 10–12% of the global population, significantly impairing quality of life. Current treatments are often insufficient, creating a need for safe, effective long-term strategies. Probiotics are promising, particularly spore-forming Bacillus coagulans. While the B. coagulans MTCC 5856 (LactoSpore®) strain has shown efficacy in diarrhea-predominant irritable bowel syndrome, its effectiveness in managing functional constipation is clinically unverified.

Objectives: The primary objective of this study was to evaluate the efficacy and safety of B. coagulans MTCC 5856 supplementation on clinical symptoms and the fecal microbiome in adults with functional constipation.

Methods: This 8-week, randomized, double-blind, placebo-controlled trial enrolled 80 adults (aged 19–75) with functional constipation, as defined by the Rome IV criteria. Participants were randomly assigned (1:1) to receive B. coagulans MTCC 5856 (2×10^9 CFU/day) or placebo. The primary endpoint was the change from baseline in the constipation Visual Analogue Scale (VAS) score at weeks 4 and 8. Secondary endpoints included IBS Quality of Life (IBS-QOL), IBS Symptom Severity Score (IBS-SSS), and gut microbiome composition. An intention-to-treat (ITT) analysis was performed using linear mixed-effects models.

Results: In the ITT analysis (n=80), the B. coagulans group showed significantly greater improvement in constipation VAS scores versus placebo at week 8 (adjusted mean difference: 28.8; 95% CI, 14.1–43.4; $p < 0.001$) and week 4 ($p = 0.012$). At week 8, significant improvements were also seen in VAS-IBS ($p < 0.001$), IBS-QOL ($p = 0.033$), and IBS-SSS ($p = 0.019$). However, no significant differences in fecal microbiome composition or diversity were found between the groups. No intervention-related adverse events were reported.

Discussion: This study is the first RDBPC to demonstrate that B. coagulans MTCC 5856 significantly improves symptoms in adults with functional constipation. The fact that this strain also shows benefit in IBS-D suggests a potential bidirectional regulatory effect on gut motility. Symptomatic improvement occurred without significant alterations to the overall microbial composition, suggesting that the mechanism of action may be functional (e.g., metabolic) rather than structural.

Conclusion: Eight-week supplementation with B. coagulans MTCC 5856 was effective in improving clinical symptoms and quality of life in adults with functional constipation and demonstrated an excellent safety profile.

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ID 1902- Virtual Reality–Assisted AI chatbot for elderly patients in primary care: A digital health intervention to support self-management and care equity

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Context: Counselling women about osteoporosis prevention in primary care is typically performed in post-menopausal women as part of a ‘healthy checkup’ or following low trauma fracture diagnosing osteoporosis. However, implementing lifestyle change earlier can influence rates of osteoporosis after menopause. Patient perspectives are relevant in considering approaches to counselling perimenopausal women to improve compliance and thus overall bone health.

Objectives: This session aims to present perspectives on the methods and timing of osteoporosis prevention advice given to

women in perimenopause, based on our experience in xxx general practice, by considering guideline recommendations and what patient and practitioner barriers to implementation exist. Reference to international guidelines will be included to support reflection for primary care physicians across continents.

Teaching method and workshop: This session is designed to encourage self-reflection on possible change to practice and will be presented using mixed methods that incorporate: 1. Presentation of information on preventative advice from various guidelines that are useful to the family ph

Expected outcomes: Learning outcomes include: 1. Review the recommendations on lifestyle advice to prevent osteoporosis in perimenopausal women. 2. Understand patient perspectives and family practitioner barriers to implementation when counselling perimenopausal women on os

Conclusion: In recognition of the barriers to counselling women about osteoporosis prevention earlier than the first fracture, this session is offers practical suggestions that incorporate evidence based knowledge and guidelines to empower the primary care clinician to provide up to date advice for women in perimenopause. Consideration of the role of menopause hormonal therapy, lifestyle measures and screening activities will be reviewed to support improvements in women's preventative health activities.

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ID 2266- Visceral Leishmaniasis - Human Immunodeficiency Virus Coinfection and Mortality in XXX, XXX(2015–2024): Epidemiological Characterization and Intervention Strategies

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Context: Primary care faces numerous challenges, including an aging population, physician shortages, evolving roles of medical staff, increasing bureaucracy, and the growing impact of telemedicine and artificial intelligence. These changes raise critical questions about the future role of family physicians.

Objectives: To evaluate the perceptions of family physicians about the future of family medicine.

Methods: We conducted focus group discussions using a semi-structured interview developed by the TLV-GPRN (Tel Aviv General Practitioner Research Network). Discussions explored key themes related to the future of family medicine. The meetings were transcribed and analyzed using a thematic analysis approach.

Results: Three focus groups were conducted: two with young family physicians and one with senior family medicine leaders. A total of 18 practicing family medicine specialists participated. The interviews were held via Zoom between October and December 2024. Family physicians expressed confidence in their ability to adapt to future challenges while maintaining comprehensive patient care. They emphasized the importance of adopting new technologies to enhance diagnosis, patient management, and efficiency while minimizing administrative burdens. A key concern was balancing their broad expertise with increasing topic specific specialization demands. Participants highlighted the need for structured support to integrate AI and digital tools into daily practice while preserving the physician-patient relationship.

Discussion: Family physicians feel prepared to evolve with the healthcare landscape but emphasize the need for strategic technology implementation and role adaptation.

Conclusion: Policymakers should incorporate their perspectives when designing future healthcare systems to ensure that changes align with primary care needs and patient-centered care principles.

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ID 796- visual hallucinations in a blind patient

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Context: This is a clinical case of a 71-year-old woman who went to an urgent consultation for pain in the distal region of the sole of the right foot; she denied trauma or effort. On physical examination, there was an induration, which was painful on palpation.

Methods: Ultrasound and X-ray evaluation showed a foreign body (FB) associated with a granuloma in the distal end of the metallic linear image, measuring 6.5 cm, projected at the base of the second metatarsal. Sent to traumatology, a partial extraction of the FB was performed. It showed extensive corrosion, causing a metallosis reaction. The patient kept a part of the FB with about 3 cm, with adequate healing, and she recovered completely.

Originality: When asked about the discovery, she remembered an episode of trauma with a rod from an umbrella, more than 40 years ago, which was supposedly removed by a healer. She was unaware that that piece of the object remained.

Lessons learned and future implications: This is a rare case of a 71-year-old woman with a metallic FB retained in the foot for an extended period after the trauma, without symptoms. Despite surgical removal, a residual fragment remained; nevertheless, the patient achieved full recovery without apparent complications. Although a fragment of an FB remained on her foot, this did not prevent the patient from fully recovering and continuing to walk, without complaints, during two years of follow-up. However, it is unpredictable if any other symptoms may develop in the future.

Discussion: This case highlights the importance of thorough clinical history-taking and consideration of remote traumatic events in the differential diagnosis of unexplained pain in the foot or other anatomical regions in elderly patients. However, unusual FBs can also appear in other age groups, particularly in patients of other nationalities, which is increasingly common with the emigration of patients whose countries have very different social, cultural, and health conditions.

Conclusion: This case underscores the extraordinary capacity of the human body to tolerate retained foreign materials for prolonged periods. Clinicians should maintain some suspicion for FBs in patients presenting with atypical localized pain, even when the inciting event may have occurred decades earlier.

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ID 2059- Vitamin D Levels and Prophylactic Supplementation in Adults Aged 80 Years and Older: Frailty-Oriented Implications for Primary Care Practice

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Context: Hydatidosis is a parasitic zoonosis caused by Echinococcus granulosus, still prevalent in rural areas where livestock and domestic animals coexist. Although hepatic involvement is most common, secondary pulmonary dissemination is unusual and can mimic malignancy. Early recognition in primary care is essential to prevent complications and unnecessary interventions. We present the case of a woman with a history of hepatic hydatidosis who developed multiple pulmonary lesions, initially suspected to be metastatic cancer, and who was followed for several years in coordination between primary care, internal medicine, and thoracic surgery.

Methods: A 67-year-old woman, resident in a rural area and with occupational exposure in a butcher shop, consulted for chronic cough and progressive dyspnea. Chest X-ray revealed multiple nodular opacities in both lungs. CT scan showed multiple cystic lesions compatible with hydatid cysts in hepatic segments IV–VIII and numerous pulmonary nodules of varying size. Serology was positive for Echinococcus granulosus. The patient was treated with albendazole (Eskazole® 400 mg/12 h) under regular clinical and analytical monitoring. Given

the diffuse pulmonary dissemination and absence of surgical indication, a conservative approach was adopted.

Originality: This case illustrates an uncommon presentation of metastatic hepatopulmonary hydatidosis years after surgical treatment of hepatic cysts. The pulmonary spread simulated neoplastic metastases on imaging, representing a diagnostic challenge. Its follow-up within the framework of primary care coordination underscores the relevance of family physicians in the long-term management of chronic parasitic diseases.

Lessons learned and future implications: Primary care has a pivotal role in early suspicion, coordination with specialized care, and sustained follow-up in chronic infectious diseases. Health education and prevention—particularly in rural populations with livestock exposure—remain key strategies.

Discussion: Hydatidosis remains a neglected zoonosis in developed countries, often underdiagnosed. Differential diagnosis with malignant lung disease is complex, especially when lesions are multiple and bilateral. Medical treatment with albendazole can stabilize or reduce cystic lesions, although complete eradication is rare in disseminated forms. Continuous monitoring in primary care, ensuring adherence and managing comorbidities, is fundamental.

Conclusion: Metastatic hepatopulmonary hydatidosis is a rare but important differential diagnosis of multiple lung lesions. This case highlights the value of an integrated, multidisciplinary, and long-term follow-up approach led by primary care.

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ID 235- Vitamin D supplementation during winter: a cross-sectional survey in a family medicine practice

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Context: Post-traumatic epilepsy (PTE) is a well-known delayed complication of traumatic brain injury (TBI). In primary care, recognition can be challenging when seizures present only as sensory phenomena, such as olfactory auras, rather than convulsive episodes. These subtle manifestations may lead to underdiagnosis and delayed treatment, affecting patients' quality of life and functional outcomes.

Methods: We describe the clinical follow-up of a young adult male with a history of moderate TBI involving multiple intracranial haemorrhages and diffuse axonal injury type II. He later developed a generalized tonic–clonic seizure preceded by a persistent olfactory aura described as a "smell of gasoline." Neurological examination, brain MRI, EEG, and response to antiepileptic therapy were evaluated.

Originality: Olfactory auras are rare in post-traumatic epilepsy and often overlooked in general practice. This case uniquely correlates mesial temporal structural changes with clinical presentation, emphasizing MRI as a crucial diagnostic tool even when EEG appears normal.

Lessons learned and future implications: Subtle sensory auras can be the first manifestation of structural post-traumatic epilepsy. MRI should be prioritized in atypical or non-convulsive cases regardless of EEG findings. Family physicians must remain vigilant for non-classical seizure forms to prevent diagnostic delays and optimize neurological outcomes.

Discussion: MRI revealed left hippocampal atrophy with subtle T2-FLAIR hyperintensity compatible with early mesial temporal sclerosis, while EEG remained normal. Levetiracetam controlled convulsive seizures but not olfactory auras. Switching to lacosamide initially caused irritability, prompting temporary withdrawal, after which a new seizure occurred temporally associated with cannabis use. Gradual reintroduction of lacosamide (150 mg twice daily) achieved full seizure control. This case highlights the importance of correlating MRI findings with clinical features, especially when EEG results are inconclusive.

Conclusion: In patients with delayed-onset epilepsy following TBI, olfactory auras may represent focal temporal seizures. MRI-based assessment can guide targeted therapy and improve outcomes. Primary care physicians play a key role in recognizing atypical seizure patterns and coordinating timely referral for neuroimaging and specialist evaluation.

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ID 22- Vizz, Blujepa, Imaavy, Mounjaro … Exploring the namescape of novel drugs approved by the FDA between 2021 and 2025

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Context: This case report describes a 34-year-old man with a history of adult-onset PFAPA (Periodic Fever, Aphthous Stomatitis, Pharyngitis, Adenitis), von Willebrand disease and Factor XI deficiency who experienced an anaphalactic allergic reaction to Hexakapron.

Methods: Case report

Originality: Original and rare

Lessons learned and future implications: The rarity of such reactions presents a diagnostic challenge, as there are no widely accepted, specific tests for TXA-induced allergies. Treatment of these patients in case of bleeding from any cause raises a therapeutic dilemma, to date the most common and widely used anti hemorrhagic medication remains TXA. In this patient it is worth to consider whether the co-morbidity of adult-onset PFAPA, a rare rheumatologic presentation

Discussion: Hexakapron (tranexamic acid - TXA) is a widely used antifibrinolytic agent that is generally well-tolerated, with allergic reactions being uncommon. Severe hypersensitivity responses, such as anaphylaxis, are exceedingly rare, making the occurrence in this case particularly noteworthy. The rarity of such reactions presents a diagnostic challenge, as there are no widely accepted, specific tests for TXA-induced allergies. Skin testing may help confirm the diagnosis, although its sensitivity and specificity are not well-established, and drug provocation tests may sometimes be required to confirm the connection between the drug and the allergic reaction but carries a risk of invoking a life threatening event. Treatment of these patients in case of bleeding from any cause raises a therapeutic dilemma, to date the most common and widely used anti hemorrhagic medication remains TXA. As the response is not dose dependent and can manifest with even nominal exposure, as in this patient during allergy testing, it remains a challenge to manage bleeding.

Conclusion: This case highlights a challenge and treatment dilemma in this patient and others like him who on the one hand have a bleeding disorder and are prone to bleeding, but are severely allergic to Hexacpron on the other hand limiting the available treatment course in case of bleeding from any cause. In conclusion, while the incidence of allergic reactions to Hexakapron remains low, continued awareness, research, and case reporting are critical for advancing our understanding and ensuring patient safety.

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ID 302- Vonoprazan versus PPIs in Acute Peptic Ulcer Disease

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Context: Le cancer du sein est la première cause de mortalité par cancer chez la femme en Tunisie. L'identification des facteurs de risque permet d'adapter les recommandations de dépistage et d'orienter celles à haut risque vers un suivi spécialisé. Cette étude vise à analyser la prévalence des facteurs de risque du cancer du sein dans une population consultant dans un centre de soins primaires.

Objectives: Analyser la prévalence des facteurs de risque du cancer du sein dans une population consultant dans un centre de soins primaires.

Methods: Notre étude est de type descriptif transversale. Elle a été menée auprès d'une population cible composée de femmes âgées de 20 ans et plus, consultant au dispensaire de Sidi Mansour à Sfax lors d'une journée de dépistage organisée le 28 octobre 2024. Les données ont été recueillies à l'aide d'une fiche de renseignement détaillée. Pour l'analyse des données, les participantes ont été classées selon leur niveau de risque de cancer du sein (faible, moyen, élevé) à l'aide du modèle de Gail (Breast Cancer Risk Assessment Tool).

Results: Un total de 40 participantes (n=40) a été inclus dans l'étude. La répartition des niveaux de risque de cancer du sein a révélé que 22,5 % des femmes présentaient un risque faible, 62,5 % un risque moyen et 15 % un risque élevé. Les facteurs de risque les plus fréquents étaient l'absence d'allaitement maternel (42 %), suivi de la ménopause tardive (survenant après 55 ans, 12,5 %), des antécédents familiaux de cancer du sein (25 %) et de l'obésité (7,5 %).

Discussion: La majorité des participantes présentent un risque moyen ou élevé selon le modèle de Gail, ce qui souligne l'importance d'un dépistage renforcé. Les facteurs modifiables identifiés, tels que l'obésité et l'absence d'allaitement maternel, représentent des cibles prioritaires pour les interventions préventives. Les antécédents familiaux et la ménopause tardive confirment l'importance d'une évaluation personnalisée pour identifier les femmes à haut risque

Conclusion: L'évaluation des facteurs de risque est essentielle pour identifier les femmes nécessitant un dépistage renforcé. Les résultats de cette étude permettront d'adapter les stratégies de prévention et de dépistage en soins primaires pour optimiser la prise en charge .

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ID 1510- What can we eat for our health within planetary boundaries? An information sheet.

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Context: Le dépistage précoce du cancer du sein est un pilier essentiel de la réduction de la mortalité liée à cette maladie. Cependant, la participation aux programmes de dépistage reste insuffisante dans de nombreuses régions, en raison de barrières psychosociales, culturelles et économiques.

Objectives: Explorer les facteurs motivants et les barrières perçues par les femmes concernant le dépistage du cancer du sein.

Methods: Type d'étude : Étude descriptive transversale. Population cible : Femmes âgées de 30 ans et plus consultant au dispensaire de Sidi Mansour lors d'une journée de dépistage organisée le 28 octobre 2024. Collecte des données : Utilisation d'une fiche de renseignement structurée recueillant des informations sur les motivations et les obstacles liés au dépistage.

Results: *Nombre total de participantes : 40 femmes (n=40). *L'âge moyen : 51,92± 14,73 ans. *Participation antérieure à une campagne de dépistage : 6 % seulement. *Toutes les participantes (100 %) ont jugé le dépistage comme une méthode efficace pour la détection précoce du cancer du sein. *Une appréhension concernant les résultats a été exprimée par 78 % des femmes. *Pour les facteurs motivants : *Peur de la maladie : 54% *Désir de la prévention :20% *Influence des campagnes : 12% *Antécédents familiaux de cancer : 8% *Pour les barrières : *Peur de la douleur / examen : 44% *Distance géographique : 18% *Manque du temps : 14% *Manque de l'information : 8%

Discussion: *La peur de la maladie est le principal facteur motivant, ce qui souligne l'importance des campagnes éducatives axées sur les bénéfices du dépistage. *Les barrières psychosociales, telles que la peur de la douleur et l'appréhension liée aux résultats, restent des obstacles majeurs. *Les facteurs économiques et géographiques limitent également l'accès au dépistage, particulièrement dans les zones rurales ou défavorisées.

Conclusion: *Cette étude met en évidence l'importance des campagnes de sensibilisation et des recommandations médicales pour motiver les femmes à participer au dépistage du cancer du sein. *Les interventions futures devraient cibler les barrières psychosociales et culturelles, tout en renforçant l'éducation sanitaire et l'accès aux services de dépistage, en particulier pour les femmes à risque élevé.

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ID 406- What do increasing pollution levels mean for sore throat – a narrative review

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Context: This case discusses a 33 year old male patient who presented over the course of one year (2023-2024) with recurrent episodes of high fever (38-39 ^{o}C), malaise, myalgia, pharyngitis, and adenitis. On physical examination at each time a notable tonsillar enlargement and erythema, as well as exudate were observed. The diagnosis of adult onset PFAPA was made based on ruling out other conditions and clinical course of his disease.

Methods: Case report

Originality: Original

Lessons learned and future implications: FAPA can present in adults — consider it in recurrent pharyngitis with fever Diagnosis is clinical and by exclusion Steroid responsiveness is a strong diagnostic clue Avoid repeated antibiotics; manage as autoinflammatory disease

Discussion: Adult PFAPA underrecognized due to rarity and diagnostic overlap Key differentiator: regular periodicity + rapid steroid response No infectious or autoimmune etiology Awareness critical to prevent unnecessary antibiotics and referrals

Conclusion: While the diagnosis in children is based most often on a set of criteria first proposed by Marshall et al. and later modified by Thomas et al., building on their clinical observations. The latter set of criteria, often referred to as the modified Marshall criteria, they are not applicable to adults as the first criteria requires the patient to be under 5 years old at the first episode. However, this patient presented with all the signs and symptoms of PFAPA (fever ranging 38-39 ^{o}C, sore throat, swollen glands, hoarseness, tonsillar exudate, myalgia, and malaise), excluding age of first onset and thus the diagnosis was determined based on ruling out other conditions and clinical basis. It is unclear whether the hematological disorder he presented is related in this case to the presentation of PFAPA and requires further investigation. This patient illustrates the difficulty of diagnosing this syndrome in an adult due to lack of unifying criteria that exist in pediatrics (modified Marshall criteria) and the need for clinicians to stay vigilant and aware of the adult presentation to prevent unnecessary and potentially harmful use of antibiotics.

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ID 478- What is the clinical pathway of women with lipedema ? A mixt study among French patients

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Context: Background: Physicians often face substantial personal and professional challenges, leading to high rates of burnout, psychological distress, and an elevated risk of suicide, which can significantly impact both doctors' well-being and patient care. Recognizing these challenges, the Israeli Medical Association established the 'MIFNE' service to provide tailored mental health support for physicians and their families.

Objectives: Aims: This study explores the development, implementation, and impact of MIFNE on physician mental health and identifies key trends in service usage and satisfaction.

Methods: Methods: Data were collected from October 2020 to March 2024. A mixed-

methods approach was employed, using referral data, demographic analysis and feedback from satisfaction surveys to evaluate the service's effectiveness.

Results: Results: In the first three and a half years, MIFNE received 964 referrals, averaging 270 per year, with increases during the COVID-19 pandemic and the October 7th war. Demographic analysis indicated higher service usage among female physicians, residents, and younger doctors. The main reasons for referral were family issues, anxiety, depression, and work-related stress. Satisfaction surveys showed high ratings for accessibility (94%), confidentiality (98%), professionalism (91%), and service quality (84%), with 65% of participants reporting a substantial positive impact on their mental health.

Discussion: The critical need for mental health support programs for physicians has been well-documented, especially in light of rising levels of stress, burnout, and psychological challenges in this profession. Despite growing awareness of the well-being concerns faced by physicians, time constraints, privacy issues, and stigma remain formidable barriers for doctors to access care and support, and initiatives specifically designed to address these obstacles are lacking. The MIFNE service, a pioneering initiative by the IMA, was designed to address these gaps

Conclusion: Conclusions: MIFNE's comprehensive support model effectively addresses the mental health needs of physicians and their families, with the flexibility to develop new services and targeted interventions, particularly during times of crisis. The service's success highlights its potential as a model for global healthcare systems to improve provider well-being and resilience.

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ID 2208- What place for advocacy and political engagement? Ethical reflection on the role of the clinician and researcher

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Context: Hypertension screening and early treatment are essential for preventing severe health complications such as stroke, heart failure, and coronary heart disease. Screening allows for the identification of hypertension at an asymptomatic stage, facilitating timely control before irreversible damage occurs. However, in low- and middle-income countries such as Ethiopia, hypertension screening practices are poorly understood and inadequately addressed in national disease prevention strategies.

Objectives: This study aims to examine the barriers and enablers of hypertension screening practices among middle-aged adults in Ethiopia.

Methods: This study employed a descriptive qualitative research design, conducted between April and May 2025 in Ethiopia. The study used a purposive sampling technique to recruit study participants. Data were collected through in-depth interviews and conducted by an experienced qualitative data collector. The interviews were transcribed verbatim, translated from the local language into English, and inductive thematic analysis was performed using ATLAS.ti software version 7. Finally, the results were presented thematically with thick descriptions.

Results: In-depth interviews were conducted with three participants from rural, urban, and semi-urban areas. An inductive thematic analysis revealed three main themes and seven subthemes related to hypertension screening: Theme one, Personal barriers to hypertension screening; theme two, External barriers to hypertension screening; and theme three, Enablers of hypertension screening.

Discussion: This study examines the barriers and facilitators of hypertension screening practices among middle-aged adults. Findings from thematic analysis and interviews are categorized into three main themes and nine categories. The study identified several barriers to hypertension screening, such as cultural beliefs, limited support from health professionals, community-related factors, inadequate health facility services, and individual-level challenges. Conversely,

enabling factors included community mobilization, the involvement of community and religious leaders, the presence of role models, facility-based screening programs, awareness initiatives, and accessible diagnostic services.

Conclusion: Overall, the findings suggest that barriers to hypertension screening go beyond individual factors. They include community, interpersonal, and health service-related challenges. Addressing these complex barriers necessitates a collaborative effort involving communities, government entities, religious institutions, and non-governmental organizations.

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ID 1685- What solutions to improve communication with deaf patients in primary care consultations? The example of video remote interpreting in French Sign Language (FSL)

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Context: Prevalence of Diabetes Mellitus in South Asian countries is a burning issue. In recent times association of anxiety with newly diagnosed type 2 diabetes mellitus patients have been increasing. In this regard, sub cutaneous Insulin for treating with anxiety can be more effective on both glycemic control and anxiety reduction.

Objectives: Determine the efficacy of early insulin administration on the diabetic patients associated with anxiety disorders.

Methods: 535 patients [age range [(27-45) +_ 2 years] came to Medicine outdoor patient department with complain of insomnia, anxiety from February 2024-August 2025. Printed questionnaire was supplied to the participants for desired data. Participants were advised to do Oral Glucose Tolerance Test (OGTT) under sharp supervision. Patients of different systemic diseases, diagnosed as diabetic, pregnancy were excluded for avoiding bias outcome. Finally,470 patients were included for the study who were advised to start sub cutaneous insulin (3 times per day according to requirement) with practical training and follow-up after 1 month.

Results: Range of Initial Fasting Blood Sugar value of 37 % patient (group A) was (7.2-7.9) mmol/L, 45% was (group B) (8.0-10.5) mmol/L and remaining was (10.6-13.0) mmol/L. The 2 hours after breakfast glucose(2HABFS) for Group A (11.6- 12.5) mmol/L, group B (12.7-14.0) mmol/L, group C (14.3-15.0) mmol/L. In group A, anxiety affected rate was 29%, group B 41% and group C it was 30%. During follow up, the FBS reduction for group A 25%, group B 33%, group C 38%. In 2HABFS, the reduction rate for group A 25%, group B 31 %, group C 39%. In anxiety, group A became 10%, group B 15% and group C 12.5%.

Discussion: Simultaneous use of Sub cutaneous insulin can be a effective prevntive way for controlling diabetes associated anxiety,

Conclusion: Anxiety individually controlled by oral drugs but when it is associated with Diabetes it's management should be started earlier by insulin for its proven reduction capability.

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ID 2201- What's common is common? A Case of Persistent Fever in a 12 year old girl.

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Context: Long COVID (LC), a multisystem disorder with persistent symptoms >=4 weeks after a COVID-19 infection, has impacted healthcare systems substantially. In XXX, a care trajectory post-Covid-19 (CT) was launched in July 2022, in which diagnosed LC patients with symptoms >=12 weeks can benefit from reimbursement of treatment costs when consulting healthcare provider(s)(HCP) in primary care for their rehabilitation. In this care pathway, general practitioners have a key position and are point of referral.

Objectives: Identifying the characteristics and healthcare utilization of LC patients included in a CT.

Methods: COVIMPACT is a longitudinal online cohort study in the XXX adult population recruited after SARS-CoV-2 infection, including people suffering from LC. In the last wave, questions focused on CT inclusion, allowing for comparing CT versus non-CT LC respondents. All variables with significant bivariate association with CT inclusion were included in a backward multivariable logistic model.

Results: Among all LC sufferers visiting HCP for their persistent symptoms (N=1246), 5% (N=64) were included in CT while 23% responded to not yet have heard or being informed about this CT. In total, 42% of CT patients were (very) satisfied with their inclusion, 28% answered neutral and 30% were dissatisfied. Being included in CT did not significantly differ among XXX regions, nor was there effect of respondents' age, educational level, ethnicity or urban residency. CT patients were mainly female and had few chronic conditions (p<.01). Compared to non-CT LC sufferers, CT patients had numerous LC symptoms (p<.01), suffered more from breathing and memory problems and persistent fever (p<.05), symptoms lasted longer, majority was not recovered and daily life was strong impacted by LC. Total number of consultations was higher and they consulted specialists (p<.05), physiotherapist (p<.01), mental health professional (p<.001) more frequently than non-CT LC sufferers.

Discussion: About one in three of the included CT patients were not satisfied with the benefits and care delivery received for their Long COVID rehabilitation.

Conclusion: As patients included in CT experience major daily impact of LC compared to non-CT LC sufferers, these CT patients have increased care needs and higher healthcare utilization.

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ID 1296- When a Rash Misleads: Persistent Granuloma Annulare Uncovering Underlying Juvenile Arthritis- A Case Report

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Context: Dignity is an inalienable human right. Creative arts can, by improving people's mental health, lead to enhanced sense of self-worth.

Objectives: Aim: to demonstrate how artistic expression has the potential to enhance our dignity and sense of self-worth. Objective: to inspire participants to engage with the creative arts, to the benefit of themselves and their patients, through their clinical encounters, educational activities and research projects.

Teaching method and workshop: 1. Introduction and scene setting (10 minutes): The introduction will situate dignity as an inalienable human right, and explain how creative arts can, by improving people's mental health, lead to enhanced sense of self-worth. Research evidence will be p

Expected outcomes: Participants will discover how engaging with creative arts enhances their own lives, and inspires their clinical encounters and their educational and research activities.

Conclusion: Artistic expression enables us to discover, regain or strengthen our dignity and sense of self-worth in the face of challenges to our mental health and well-being.

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ID 1822- When chest pain is not cardiac: Herpes zoster revealed by careful inspection in family medicine - A practice-based reflection

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Context: Healthcare workers (HCWs) are at increased risk of occupational exposure to vaccine-preventable diseases. Immunization protects both staff and patients. Although international guidelines recommend comprehensive vaccination for HCWs, uptake remains suboptimal in many countries, including Qatar. Limited published data exist for the Primary Health Care Corporation (PHCC), the largest primary healthcare provider in Qatar. This study aimed to evaluate vaccination coverage and associated factors among PHCC healthcare workers for hepatitis B (HBV), measles-mumps-rubella (MMR), varicella (VAR), and tetanus-diphtheria-acellular pertussis (Tdap).

Objectives: To measure the vaccination coverage for HBV, MMR, VAR, and Tdap among PHCC healthcare workers between 2020 and 2024, and to explore demographic and occupational factors associated with vaccine uptake.

Methods: A retrospective observational study was conducted using electronic medical records and HR data from 31 PHCC health centers. All healthcare workers employed for at least 3 months during 2020–2024 were included. Vaccination status for HBV, MMR, VAR, and Tdap was retrieved. Descriptive statistics were used to report coverage rates. Chi-square tests and logistic regression were used to identify predictors of vaccine uptake. Statistical significance was set at $p < 0.005$.

Results: Among 7,463 employees, the mean age was 40.8 years, with 65.1% female and 72.2% non-Qatari. Clinical staff made up 64.2% of the workforce. Vaccine coverage was: HBV 16.8%, MMR 5.9%, VAR 1.8%, and Tdap 12.9%. Younger age, female gender, non-Qatari nationality, fewer years of service, and higher education levels were significantly associated with greater uptake. Non-clinical staff had higher HBV coverage, while clinical staff had better varicella coverage.

Discussion: The study reveals suboptimal vaccination coverage in PHCC despite strong policy support. Multiple demographic and occupational disparities were found. These findings highlight gaps in staff immunization and the need for targeted interventions.

Conclusion: Vaccination coverage among PHCC healthcare workers remains below international targets. Strengthening occupational vaccination programs with tailored strategies based on staff characteristics is essential to enhance coverage and improve healthcare safety.

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ID 1274- When Continuity Makes the Difference: A Family Doctor's Role in the Diagnosis of a Ovarian Mass in an Adolescent

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Context: Healthcare workers (HCWs) are a priority population for vaccination due to their high exposure risk and key role in maintaining healthcare system resilience. While COVID-19 vaccination campaigns have achieved notable success globally [1], seasonal influenza uptake remains inconsistent. This study assessed COVID-19 and seasonal influenza vaccination coverage among HCWs at the Primary Health Care Corporation (PHCC) in Qatar between 2020 and 2024, and identified associated demographic and occupational determinants.

Objectives: To measure COVID-19 and seasonal influenza vaccine coverage among PHCC HCWs and analyze associations with age, gender, nationality, job role, service duration, and education.

Methods: A retrospective study was conducted using data from PHCC's electronic medical records and Human Resources Database, covering 31 health centers. All HCWs employed ≥3 months were included. Descriptive statistics summarized uptake. Chi-square tests assessed associations with demographic and occupational factors. Significance was set at $p < 0.05$.

Results: Among 7,463 HCWs, COVID-19 vaccine uptake was 94.05% (18,844 doses). Influenza

coverage was 65.20% (4,866 HCWs, 16,533 doses), exceeding the global average of 41.7% [4] but below the WHO 75% target [2]. Higher uptake was associated with older age, non-Qatari nationality, female gender (for COVID-19), and shorter service duration ($p < 0.05$). Education level was significantly associated with both vaccines. Clinical role was significant only for COVID-19.

Discussion: COVID-19 uptake aligns with high-income country benchmarks [1], while influenza coverage remains suboptimal. Post-COVID vaccine fatigue, shifting risk perception, and reduced seasonal vaccine focus may explain this decline. Tailored strategies—such as reminders, peer modeling, and education—can improve uptake. Older HCWs showed higher compliance, consistent with global studies. Females had higher COVID-19 uptake; males had higher influenza uptake, reflecting gender-based variation. Non-Qatari staff had higher uptake, likely due to institutional requirements. While job role did not affect influenza uptake, non-clinical staff had higher COVID-19 coverage.

Conclusion: Sustained institutional efforts are needed to reduce vaccine fatigue and improve annual influenza uptake, especially among younger, Qatari, and longer-serving HCWs. Tailored education and mandates may strengthen future compliance and protect healthcare system integrity.

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ID 1907- When dyspnea is not an infection: pulmonary thromboembolism in a young male cocaine user

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Context: The Ti'Doc Association is a non-profit organization led by French-speaking medical students in XXXX. Each year, it promotes medical education, solidarity, and intercultural exchange through academic projects. In March 2026, Ti'Doc will host the second edition of its International Health Congress, gathering students and professionals from the fields of medicine, dentistry, pharmacy, and veterinary sciences. The congress aims to strengthen collaboration between future healthcare professionals and foster discussions on innovation, prevention, and humanitarian values in medicine.

Objectives: The main goals of this event are to promote medical knowledge exchange, encourage multidisciplinary dialogue, and create a space where students can interact directly with experts. The congress also seeks to raise awareness of global health issues and to inspire young healthcare students to become empathetic, responsible, and engaged professionals.

Teaching method and workshop: The congress will include interactive lectures, practical workshops, and round-table discussions led by international specialists. Sessions will combine scientific presentations with hands-on learning, allowing participants to develop both theoretical und

Expected outcomes: By the end of the congress, participants will have strengthened their scientific knowledge, improved their communication and teamwork skills, and gained new perspectives on the ethical and professional aspects of healthcare. The event will also promote lo

Conclusion: In conclusion, the creation of the TI'Doc Congress reflects the ambition to foster early scientific exchange and collaborative research among French-speaking medical students, particularly those studying abroad. This initiative helps to build strong connections between students' host countries and their countries of origin, thereby strengthening cooperation, a shared medical culture, and the vitality of the Francophone medical community on an international scale.

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ID 797- When Familiar Support, Exercise and Modern Therapy Converges: A Diabetic Turnaround

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Context: Cervical cancer is highly preventable, yet women living with HIV (WLWH) remain six times more likely to develop it than the general population (WHO, 2020). In the UK, NICE guidelines recommend annual cervical screening for WLWH aged 25–64, but adherence is inconsistent. Primary care, as the first point of patient contact, is ideally placed to uphold the principles of liberty, equity, fraternity, and humanism by ensuring inclusive, accessible, and patient-centred preventive care. This audit explores how a London general practice addressed disparities in cervical screening uptake among WLWH through system-level and educational interventions

Objectives: To assess adherence to annual cervical screening recommendations in WLWH, identify barriers to engagement, and evaluate interventions designed to promote equitable and humanistic care.

Methods: A retrospective audit was conducted using the EMIS database to identify all WLWH aged 25–64 registered between 2020–2023 (n=38). Data were reviewed for coding accuracy, recall intervals, and reminder notifications. Interventions included tailored patient communication, staff training on HIV-specific screening guidance, and patient education regarding cancer risk and screening importance. Outcomes were measured through improvements in coding accuracy and screening uptake.

Results: 84% of patients were coded correctly; however, only 40% underwent annual screening. Barriers included inconsistent recall intervals, variable reminder systems, and limited patient understanding. Following intervention, screening uptake improved by 30%, supported by improved staff confidence and clearer patient communication. These findings demonstrate that structured, human-centred approaches can significantly reduce inequities in preventive care.

Discussion: A systematic review found that WLWH face barriers such as fear of results, limited access, and system inefficiencies (Khalil et al., BMC Cancer, 2021). Women receiving tertiary HIV care without primary care input are less likely to be screened (Cohen et al., Indian J Cancer, 2021), highlighting the need for integrated models. Practices should update recall systems, train staff on annual screening criteria, send automated reminders, and offer consultations for non-engagement to enhance participation and trust.

Conclusion: Embedding equity and humanism into primary care can transform cervical screening access for WLWH. By addressing systemic and interpersonal barriers through integrated care and tailored communication, primary care can lead the way in reducing cervical cancer disparities across Europe.

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ID 1306- When Intoxication Leads to Seizures: What Does the Emergency Department Reveal?

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Context: Despite the proven health benefits, the rate of breastfeeding remains low according to WHO data. Breastfeeding counseling has been shown to increase the frequency of exclusive breastfeeding (Sikorski et al. 2003), so providing support to all women, is one of the most important steps in changing these statistics. Unfortunately, according to scientific data (Levinienė et al. 2013, Marks et al. 2015, Biggs et al. 2020), medical professionals are not well trained to support breastfeeding women.

Methods: As a family doctor, I often found myself not being able to provide breastfeeding woman with the information they needed. This encouraged me to seek opportunities for building my knowledge and becoming a small but important change, I became a certified lactation consultant (CLC). In this way, I started to provide real support to women after childbirth, rather than just being a passive source of information.

Originality: I am one of the very few general practitioners in my country that is also a certified breastfeeding specialist. I realise that I will not be able to create a significant change in breastfeeding statistics on my own, but I still believe that you need to start the change where you are.

Lessons learned and future implications: In order to provide appropriate support to all women after giving birth, it is important to develop easy-to-use and accessible sources of eviden-based information on breastfeeding for healthcare professionals, such as mobile applications. To increase the availability of breastfeeding support to all women, regardless of their financial situation, a breastfeeding specialist should be part of the primary healthcare team.

Discussion: My goal is to encourage my colleagues to expand their knowledge about breastfeeding by inspiring them with my example, so they can provide timely help and much-needed support to women after giving birth. I became a trainer, giving presentations to colleagues on breastfeeding topics and participating in projects aimed at promoting breastfeeding in my country.

Conclusion: Knowing that providing information about breastfeeding and supporting women can increase the duration of breastfeeding, which will also have a positive impact on women's emotional health, each of us can become an important and so needed change.

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ID 779- When is not only a matter of health

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Context: Many family doctors feel trapped by their own schedules—constantly behind, unable to meet patient demand, and with little time left for themselves. I felt similarly and thought that was how practice was just supposed to be. Patients waited weeks for appointments, staff were stressed, and a "good doctor" was supposed to be busy and running behind. Learning and implementing Advanced Access—a scheduling model designed to balance supply and demand so clinicians can “do today’s work today”—transformed my practice, my patients’ experience, and my own sense of control.

Methods: Implementation began with the understanding of the principles and learning the steps required: 1. Assess Current State (using the fundamental formula that underlies all of our practices) 2. Team Meetings and Buy-In 3. Eliminate Backlog 4. Increase Supply 5. Decrease and Control Demand

Originality: This change was not imposed by administration or policy—it came from my desire to improve my practice life. The focus was on practical, low-cost steps any clinician can apply. It also linked scheduling reform to personal well-being, proving that system improvement can directly enhance professional satisfaction.

Lessons learned and future implications: My experience with Advanced Access has been clear: I am able to have more control over my practice and could finish on time and enjoy real flexibility. My patients could usually be seen the same or next day; staff felt calmer and more capable; and my stress levels dropped. With an organized and responsive schedule, this can be the reality for more of us.

Discussion: The success of Advanced Access lies in its simplicity. It does not require new software or funding—only the commitment to measure, adjust, and stay consistent. It is fundamental in its nature and helps with the most important aspect of your patients' care - their ability to see you when they need to!

Conclusion: Implementing Advanced Access was the best practice change I ever made. It improved access for patients, strengthened team morale, and gave me back control of my time and my freedom.

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ID 1204- When the eyelid falls… but the alarms rise

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Context: Secondary use of health data has gained increasing attention, especially since the COVID-19 pandemic. While hospitals have long relied on Health Data Warehouses (HDWs), primary care is now developing its own systems for data collection and valorization, opening new perspectives for data exploitation. However, the parallel development of hospital and primary care HDWs risks fragmentation, making their interconnection a key lever to improve care coordination, analyze patient pathways, and strengthen territorial health policy.

Objectives: This study aimed to identify the main issues, barriers, and facilitators to linking hospital-based HDWs with those from primary care, in order to understand the conditions for effective and meaningful data integration.

Methods: Nine semi-structured interviews were conducted with general practitioners and professionals from public organizations involved in the regulation, organization, and governance of health data and services. An inductive thematic analysis was used to identify tensions, expectations, and potential courses of action.

Results: Results indicate a strong interest in the secondary use of primary care data, seen as a lever for research, care quality, and alignment of policies with local needs. However, support is conditional on an ethical, secure, and transparent framework. While convergence of HDWs is widely desired, significant barriers remain, including fragmented governance, lack of interoperability, cultural tensions, asymmetries in data access, and mistrust toward certain institutions. Identified facilitators include recognition of data producers, concrete feedback on data use, and shared governance. Overall, successful interconnection relies on fostering trust and demonstrating tangible utility for stakeholders.

Discussion: This study highlights that primary care professionals are supportive of data reuse and HDW interconnection when clinical utility is clear, feedback to contributors is meaningful, governance is transparent and inclusive, and institutional trust is established. These conditions extend beyond technical feasibility, reflecting deeper human, professional, and organizational expectations.

Conclusion: In conclusion, linking hospital and primary care HDWs depends primarily on shared governance, trust among actors, and collective construction of meaning around data. Understanding these socio-organizational requirements is essential to harness the full potential of health data for research, quality improvement, and territorial health system planning.

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ID 2117- When the Specialist says no: The Rising Remit of Family doctors in Europe.

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Context: Point-of-care ultrasound (POCUS) has become an increasingly valuable tool in general practice (GP), allowing clinicians to enhance diagnostic accuracy and guide frontline decisions. Among its most relevant applications for GPs, are the assessment of pulmonary diseases (such as pneumonia, pleural effusion, and interstitial syndromes) and the evaluation of suspected lower limb deep vein thrombosis (DVT) through compression ultrasound (CUS). Integrating POCUS into daily practice can optimize patient management and reduce the need for immediate referral to secondary care.

Objectives: The objectives of the workshop include: acquiring basic knowledge of lung ultrasound in common respiratory conditions, understanding of CUS in suspected lower limb DVT and learning practical skills to perform focused POCUS examinations.

Teaching method and workshop: A blended format combining short lectures with a hands-on session will be used. Faculty will provide interactive teaching, demonstrations, and guided practice on ultrasound machines. After a brief introduction on ultrasound in General Practice, the first

Expected outcomes: Participants will acquire essential knowledge of POCUS applications in pulmonary and vascular medicine, practice key ultrasound techniques, and improve confidence in integrating sonographic findings into clinical reasoning in primary care.

Conclusion: This workshop provides an accessible and clinically relevant introduction to the use of POCUS in pulmonary and vascular medicine for GPs. By combining theoretical knowledge with practical skills, it aims to empower primary care physicians to adopt ultrasound as a valuable extension of their clinical examination.

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ID 1424- When the Story Behind the Symptoms Emerges

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Context: Within the climate emergency, the use of MDI (metered dose inhalers) contributes to the increase in atmospheric CO2. These medications are widely used in patients with respiratory conditions, but the type of inhaler should be changed to dry powder or fine mist to improve environmental sustainability.

Objectives: 1. Establish a clinical and therapeutic profile of respiratory patients treated in the emergency department. 2. Determine the number of MDI inhalers both upon admission and upon discharge from the hospital.

Methods: Medical records of patients treated in the emergency department between January 1 and April 30 ,2025 who presented with exacerbation of bronchial asthma or chronic obstructive pulmonary disease (COPD) were reviewed. Demographic variables (age, sex), clinical variables (comorbidities), and treatments used were obtained. The data were processed using the SPPS program.

Results: A total of 218 patients were enrolled, of whom 89 had asthma and 129 had COPD. In the asthma group, 57.3% were women, while in the COPD group, 81.4% were men. The average age in the asthma group was 51.2 ± 10.2, while in the COPD group it was 74.6 ± 18.4 years. Main comorbidities in both groups were high blood pressure, diabetes mellitus and dyslipidemia. Total number of MDI inhalers in the asthma group prior to admission was 78 (ratio 0.87), while in the COPD group it was 140 (ratio 1.08). At discharge, the number was 90 (ratio 1.01) in the asthma group and 176 (ratio 1.36) in the COPD group. Rescue MDI use was +85.7% for salbutamol and +76.9% for ipratropium in the asthma group, and +37.14% for salbutamol and +23.53% for ipratropium in the COPD group.

Discussion: Use of MDI devices whose propellant gases contribute to the increase in environmental CO2 is widespread in the management of respiratory patients worldwide, and their widespread use has grown exponentially in recent decades. Use is even greater when it comes to rescue medication.

Conclusion: 1. There is a high proportion of MDIs in the patients studied. 2. The use of MDIs is even greater upon hospital discharge and when used as rescue medication. 3. The use of DPI and SMI devices should be promoted.

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ID 1506- When the superficial veins speak: a case report of recurrent superficial thrombophlebitis

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Context: Given the whopping number of drugs on the market, finding a unique brand name has become a major challenge for manufacturers. Therefore, naming agencies must imagine novel strategies that do not contravene health authorities' stringent regulations.

Objectives: The main objectives of our study were to (1) review the most widely used

naming strategies and (2) identify the novel ones, based on a corpus of all 220 drugs that were approved by the FDA between 2021 and 2025.

Methods: We conducted a mixed analysis. The primary outcome was the lexicological matrices. We first examined how the names were formed from a linguistic point of view. We investigated whether some letters and sounds were more popular than others. We checked whether the names or part of the names had a meaning in English, and whether they conveyed an imagery or a value. Eventually, we extracted and analysed those that were particularly interesting from a linguistic and a semantic point of view.

Results: 80% of the names contained three or more syllables. 40% contained the letter Y. 9% exhibited double letters. 4% included a silent H. 12% started with O. 4% had an unconventional structure. 15,5% contained the [vi] sound. From a semantic point of view, 80% of the names were motivated either because they embedded part of the name of the drug's molecule or included a reference to the drug's medical indication. 14% embedded part of a real word that had a meaning in English.

Discussion: Most names have three syllables to be distinctive. Distinctiveness is also enhanced using downstroke letters like Y, and including a silent H. Several names embed meaningful words that convey positive values. Developing brand names that include double letters and use imageries to address specific consumers (e.g., African-Americans) are among the most novel naming strategies.

Conclusion: The FDA recommends that the brand name be neutral not to influence consumers and prescribers. But the prescription drug market is highly competitive. Therefore, developing a unique name is paramount for pharmaceutical companies. As for the future, naming agencies will need to discover unusual sequences of letters, borrow images from new fields and rely on AI.

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ID 2096- While We Breathe, We Will Hope, A Family case presentation on Chronic Obstructive Pulmonary Disease

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Context: Artificial Intelligence (AI) is increasingly recognized as a transformative force in healthcare, offering opportunities to enhance diagnostic accuracy, streamline administrative processes, and improve patient outcomes. In resource-constrained settings like Kosovo, the integration of AI into primary care could address systemic challenges such as workforce shortages, fragmented health data systems, and the growing burden of chronic diseases.

Objectives: This study aims to investigate the integration of Artificial Intelligence (AI) in diagnostic medicine within Kosovo's primary healthcare system, focusing on the perspectives of family physicians. The primary objectives are:To explore how family physicians in Kosovo perceive the potential benefits and challenges of incorporating AI technologies into primary care.

Methods: Using a qualitative research design, semi-structured interviews were conducted with approximately 70 family physicians across diverse regions of Kosovo. Participants were selected through purposive sampling to ensure variation in experience, specialty, and geographic context. Thematic analysis, supported by NVivo software, was employed to identify key patterns and insights.

Results: Preliminary findings from the interviews indicate that family physicians in Kosovo recognize the potential benefits of AI in enhancing primary care delivery. Many participants expressed optimism about AI's ability to improve diagnostic accuracy and reduce the burden of administrative tasks. For instance, several physicians noted that AI tools could assist in identifying patients at risk for chronic diseases, enabling early interventions and personalized care plans.

Discussion: The integration of AI into primary care in Kosovo presents both opportunities and challenges. The positive perspectives of family physicians suggest a willingness to embrace technological advancements that can enhance patient care. However, addressing ethical concerns and ensuring that healthcare providers are adequately trained to use AI tools are essential steps in the implementation process. Moreover, fostering collaboration among stakeholders, including policymakers, healthcare administrators, and technology developers, is crucial for creating an environment conducive to AI integration By working together, these stakeholders can develop guidelines and best practices that prioritize patient care while leveraging the advantages of AI technologies.

Conclusion: The integration of AI in primary care has the potential to transform healthcare delivery in Kosovo, as highlighted by the perspectives of family physicians in this study. This study contributes to a growing body of literature on AI in primary care by centering the voices of frontline practitioners in a low-resource European context.

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ID 1080- Who are the patients consulting general practitioners in the municipal health centers of the city of XXX (Paris area), and where do they come from?

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Context: 38 Year old Pat.has consumed alcohol since the age of 12.She has not had a period of abstinence since the age of 12 no even during pregnancy,during pregnancy consum only reduced.

Methods: After clinical deterioration Family took the Pat. first to family doctor and after check to an acute hospital where liver cirrhosis CHILD C 13 points was diagnosed with Ascites,splenomegaly,encephalopathy GRAD III, esophageal varices GRAD II and the pat.is on the waithing list for transplantation registered with requirement to remain abstinent for 1 Year and to make long -term detoxycation Therapy.After 4 Weeks in acut Hospital the pat.was transferred to a long-term Detx Clinic.In admission laboratory and ultrasound liver cirrhosis CHILD C 10 points was diagnosted with encephalopaty GRAD I-II,normochromic normocytic Anemia ,thrombocytopenia,esophagus varices GRAD I-II and hypokalemia.In Ultrasound liver cirrhosis with splenomegaly and minimal ascites.After 5 Month of abstinence by Clinic discharge the pat.had liver cirrhosis CHILD B 8-9 points,normochromic Anemia with Thrombocitopenya.After 1 Year abstinence th pat.came again to alcohol rehab Clinic for a Long-Term Therapy and on admission labaratory and ultrasound was diagnosed liver cirrhosis CHILD A 5 points with out Anemia and Thromocytopenia.

Originality: Liver cirrhosis CHILD C is a classification for decompensated liver cirrhosis ,carrying a poor prognosis with a 1-year survival rate of approximately 45-49%,and a 2-year survival rate around 35%..In this case we have seen that by alcoholic liver cirrhosis with abstinence pat.can remove in CHILD A with much better survival rate.

Lessons learned and future implications: From this case we have learned that abstinece by alcoholic liver cirrhosis can improve life expectancy.It is very impotrant to have alcoholic advice center and family doctor who can advice the patient and Family.

Discussion: Liver cirrhosis CHILD C has very shortly life expectancy and it is very important ro recognize who has problem with alcohol and to motivate to alcohol treatment.

Conclusion: From this case we have to learn how important is prevention od alcohol illness,to have advice center for young people to explane what does it mean alcohol dependence.Very important is to have a family to suport people who have problem with alcohol,and to have good contact with Family doctor.

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ID 400- Who to Vaccinate and When: Practical Immunisation Decisions in Primary Care for Acute Respiratory Viruses

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Context: American Medical Association (AMA) endorses financial health as a part of well-being programs for medical residents. Medical education may contribute to debt, impose time constraints to develop financial competencies, and delay savings. The medical literature describes financial planning aspects of medical education that were intended to foster personal financial well-being such as meeting current and ongoing financial obligations, feeling secure about future fincances, and making choices that allow enjoyment in life.

Objectives: To evaluate change in knowledge, skills, and attitudes of medical residents who participate in a learning activity in financial planning that may be related to workforce well-being which may impact burnout prevention and employment retention.

Methods: Medical residents at Stamford Health are participating in a financial planning learning activity during the 2025 - 2026 academic year as part of the standard didactic curriculum. We estimate a convenience sample size of current residents (N=72) in the medicine, family medicine, obstetrics and gynecology, and surgery residency programs. At the beginning of the first financial planning session, the medical residents were asked to self-administer a SurveyMonkey. Then, at the end of the third session (the last session), the medical residents will be asked to complete a post-survey to evaluate change in financial planning knowledge, skills, and attitudes. Paired t-tests using a p-value of 0.05 will be performed for each item between pre- and post- responses. Descriptive statistics will include PGY level and residency program. Financial planning knowledge, skills, and attitudes will be measured using Likert scale of 1 (strongly disagree) to 5 (strongly agree).

Results: Ten family medicine residents have completed the pre- survey. Poster will update pre- and post-survey results.

Discussion: Medical education literature describes previous financial wellness curricular development and implementation. Financial well-being may relate to the scope of physician wellness that addresses distress, burnout, and depression. The discussion section will compare findings of this study with previous studies, acknowledge limitations, and suggest future research directions.

Conclusion: Preliminary findings of this convenience sample of medical residents who are participating in a financial planning curriculum represent low quality of evidence and follow-up suggestions will be made to address limitations of interpretation of this data.

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ID 327- Work Addiction and Identity Loss Among Retired Family Physicians: When Duty Becomes Dependence

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Context: Stimulation of the vagus nerve influences biomarkers associated with both the hypothalamic–pituitary–adrenal (HPA) axis and the autonomic nervous system.

Objectives: The goal of the study was to evaluate the effect of transcutaneous vagus nerve stimulation (tVNS) on stress biomarkers and related symptoms and compare the effect of unilateral and bilateral stimulation.

Methods: Total of 37 participants remained throughout the entire study. One-centimeter hair segments were taken and analyzed, representing cortisol and cortisone accumulation over the most recent month. The segments were taken before the study and after 4 weeks of stimulation. Three questionnaires (GAD-7, PHQ-9, PSQI) were used to evaluate anxiety and depressive symptoms as well as sleep quality during the study.

Results: Analysis of hair cortisol showed statistically significant reduction across the full sample ($n = 37$, $V = 514$, $p = 0.013$), with no significant change following unilateral stimulation ($n = 17$, $p = 0.159$) and a significant decrease in cortisol in the bilateral group ($n = 20$, $V = 165$, $p = 0.024$). Cortisone reduction was observed in the full sample ($p = 0.059$), with no significant change in the unilateral group ($p = 0.431$) and a near-significant effect in the bilateral group ($p = 0.058$). Changes in cortisone were moderately and positively correlated with changes in cortisol (Spearman's $\rho = 0.50$, $p = 0.002$). Significant improvements were observed across all self-reported measures following four weeks of VNS. PHQ-9 decreased significantly - total sample $n = 37$, $p < 0.05$, unilateral $p = 0.0005$ and bilateral $p = 0.002$. GAD-7 also showed significant reductions overall ($p < 0.05$), and in both subgroups ($p = 0.002$ unilateral; $p = 0.008$ bilateral). PSQI improved significantly in the full sample ($p < 0.05$) and in both groups (unilateral $p < 0.05$ and bilateral $p < 0.05$).

Discussion: TVNS may reduce long-term cortisol accumulation while improving depression, anxiety, and sleep outcomes. The findings highlight bilateral stimulation as particularly effective for modulating chronic stress physiology, although further research is needed to confirm these effects.

Conclusion: These findings support the potential of tVNS as a non-invasive intervention targeting both physiological and psychological aspects of stress-related disorders.

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ID 2128- Working With Women in Situations of Vulnerability Based on the Trajectory of Malala Yousafzai

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Context: General Practice (GP) workforce shortages are well established, with one strategy being to inspire more medical students into a career in primary care. The factors that influence a medical student's career choice are well described, including the active role of General Practitioners in undergraduate medical education. However, less is known about the perceptions of General Practitioners about their role in undergraduate medical education and what factors enable or inhibit this.

Objectives: To identify the facilitators and barriers faced by General Practitioners when engaging with undergraduate medical education, as reported in the literature and through a consultation exercise.

Methods: A scoping review methodology was conducted according to the six-stage framework developed by Arksey and O'Malley (2005) and enhanced by levac et all. OVID Medline, Embase and Web of Science, were searched for the relevant concepts, and records were screened at abstract and full-text levels. Data extracted was analysed and emerging themes were identified by thematic analysis as advised by Braun and Clarke (2006). The findings of the scoping review were then presented,as the 6th step of scoping review, to the stakeholders in interviews, which included Teaching GP, non-teaching GPs, members of RCGP, members of DOH and NIGPCPA.

Results: 1088 unique articles were initially identified and screened at the abstract level, then at full text level. 10 articles were identified for inclusion. Predominant themes identified included lack of empowerment, respect, funding, and recognition. Further, pre-existing workload and the valuing of General Practice

and tutors played a determining role in GP Tutor's involvement with undergraduate teaching.

Discussion: The identification of facilitating factors and barriers through this reserach allows policy makers to form informed policies that increase GP tutors engagement with Medical students, increasing the quantity and quality exposure of medical students to Primary care, thereby affecting their fuiture career choices in favour of General Prcatice.

Conclusion: The scoping review highlighted the increased workload, financial undercompensation for GPs and lack of respect as the key inhibiting factors, while contrastingly, a sense of empowerment and value from the students and universities, as a motivational factor the GPs, to teach medical students in Primary care.

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ID 886- Workplace exercise programs for improve health and work productivity

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Context: There are some differences between countries in the practice of family medicine, which is the basis of countries' health systems and has a complex structure. These different characteristics make it difficult to develop family medicine standards globally. Family medicine practice is a medical discipline and has core values. Today, different practices of family medicine among countries lead to deviations from the core principles.

Objectives: It is important to clarify the standards in terms of the application of the basic principles of family medicine for acting for more liberty, equity, and fraternity. The Göktaş definition of family medicine/general practice raises awareness in the literature for this purpose.

Methods: The Göktaş Definition in 2018 in the literature added the rights, freedoms, spiritual power, and personal agenda of the family physician to the definition made by WONCA Europe (World Organization of Family Doctors) in 2011. Prepared in this direction, the Global Health Project puts WONCA, the World Health Organization (WHO), and the United Nations (UN) in an important position regarding family medicine.

Results: These institutions are invited to cooperate in this project. For this purpose, information on family medicine standards applied by the Family Physicians' Associations of the countries is collected and shared with www.fmgpglobal.world. Finally, the global revision and integration of these standards is aimed.

Discussion: With the global horizon project of the Göktaş Definition, a global healthcare model acting for more liberty, equity, and fraternity will be developed on the basis of family medicine. The cooperation of WONCA, WHO and the UN is important.

Expected outcomes: The Göktaş Definition of family medicine/general practice is the pioneer of the Global Health Project for acting for more liberty, equity, and fraternity.

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ID 543- Workplace violence against physicians in a large Brazilian urban center: epidemiology, training, and labor market

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Context: Medical professionals encounter various occupational hazards, such as workplace violence. To help address these challenges, medical education aims to foster a professional practice grounded in strong interpersonal relationships and a comprehensive, integrative understanding of health.

Methods: Given the scarcity of studies examining reports of workplace violence in the medical field, this cross-sectional study aimed to determine the prevalence of physical, psychological, and sexual violence among medical professionals working in the city of São Paulo in 2023.

Originality: This cross-sectional, quantitative, descriptive, and retrospective study included all 122 medical professionals who experienced violence and whose cases were reported in the Information System for Violence and Accident Surveillance (SIVVA) of the São Paulo Municipal Health Department. SIVVA documents incidents of accidents and violence using standardized notification forms for both suspected and confirmed cases. Data collection covered the period from January to December 2023. In 2023, a total of 122 cases of work-related violence against medical professionals were reported in the city of São Paulo. Regarding the sex of the victims, 36.1% were male and 63.9% were female. Third parties were responsible for 98.4% of the violent incidents, while 1.6% were self-inflicted. As for the type of violence, 22.9% was physical, 75.5% psychological, and 1.6% sexual.

Discussion: The daily work routine is often marked by episodes of violence, which bring implications for the organization of work: absence from work, resignation, impacts on the quality of care, and an increase in service demands. It is important that, in this context where users needs are recognized, the professional team carries out health practices that foster welcoming care.

Conclusion: In the city of São Paulo, during 2023, a total of 122 cases of violence against physicians during their professional activities were reported. The physicians who were victims of violence were predominantly young women, and the most frequent type of violence was psychological. Among the reported cases of violence against medical professionals, 51.6% were not accompanied by an official Work Accident Report (CAT). Professionalism represents a key component in medical education, contributing to the qualification of healthcare professionals and the strengthening of public health policies.

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ID 484- Wrist-type home blood pressure monitoring device improves usability and preserves sleep quality compared with conventional ambulatory monitoring

Amina SMAILOVA

Context: According to Health XXX surveillance data, the incidence of first-episode acute rheumatic fever (ARF) hospitalisations among Māori has declined by approximately 35% when comparing 2007/2008 with 2024/2025.

Objectives: Guided by Te Tiriti o Waitangi and an explicit equity-focused approach, a comprehensive framework of prevention and care initiatives has been implemented. This includes regular updates to national clinical guidelines for sore throat management, ARF, and rheumatic heart disease, alongside ongoing review and prioritisation of actions within the Rheumatic Fever Roadmap 2023–2028.

Methods: Community-embedded services work in prevention and further care Hauora providers, school clinics, Mana Kidz programme, providing nurse-led care for >34,000 children across 88 South Auckland schools, and a targeted “swab and treat” local pharmacy programme in high incidence rate areas (June 2024–June 2026), delivering timely sore throat assessment, swabbing, and antibiotic treatment. In parallel, support of community-centred clinical studies strengthens prevention and management strategies. For example, a recent study published, which is under review, in PLOS Global Public Health demonstrates that subcutaneous benzathine penicillin (SCIP), administered 10-weekly, is safe, well tolerated, and improves adherence.

Results: Despite this reduction, the risk profile has remained unchanged, with the highest incidence consistently observed among children aged 5–14 years. In 2024/2025, a total of 194 first-episode ARF hospitalisations were reported nationwide; Māori were approximately 18 times, and Pacific peoples 70 times, more likely to be hospitalized than the non-Māori, non-Pacific population.

Discussion: These inequities are further amplified in rural and remote communities, positioning rural general practitioners as a critical component of the coordinated, multi-organisational response to ARF in XXX.

Conclusion: Despite these advances, rural GPs remain pivotal, as they encounter the main gaps in care delivery. Their experiences and insights must actively inform the implementation of national programmes and integration of local initiatives, ensuring that ARF prevention strategies are both effective and contextually relevant across rural XXX.

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ID 245- Young, busy, and at risk: metabolic syndrome in the college years

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Context: Bariatric surgery has become a powerful therapy for patients with obesity and type 2 diabetes mellitus (T2DM) whereby significant weight decreases are achieved, and metabolic remission can take place. However, remission rates differ widely, making predictive tools that support personalized care crucial.

Methods: The intent of the present study was to generate and test machine learning (ML) and deep learning (DL) models for predicting T2DM remission following bariatric surgery in addition to detect major clinical and behavioral predictors through explainable AI approaches.

Originality: Cross-sectional study at King Fahad Specialist Hospital from January to April 2024. Clinical, anthropometric, and behavioral data were used to train classification models (10 ML and 4 DL).

Lessons learned and future implications: SHapley Additive exPlanations (SHAP) were employed to interpret the models. Analysis of performance metrics including ROC AUC, accuracy, precision, recall, and F1-score was also performed.

Discussion: Bottleneck Network showed the highest ROC AUC of 0.889, followed by Random Forest (0.863). SHAP analysis revealed the percentage of weight regain, BMI, A1c levels, and dietary habits as significant predictors.

Conclusion: Explainable AI models provide a logical and interpretable model to predict T2DM remission after bariatric surgery for the personalized decision-making and personalized care of patients. Keywords Bariatric surgery, Hypoglycemia, machine learning

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