

EUROPEAN GENERAL PRACTICE



RESEARCH NETWORK

*EGPRN is a network organisation within
WONCA Region Europe - ESGP/FM*

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European General Practice Research Network

Kraków – Poland

13th – 16th October, 2011

SCIENTIFIC and SOCIAL PROGRAMME

THEME: “Infectious Diseases in Primary Care; managing the interface between the person and the community”

Pre-Conference Workshops
Theme Papers
Freestanding Papers
One slide/Five minutes Presentations
Posters

Place

City Council

Urząd Miasta Krakowa

Plac Wszystkich Świętych 3-4

31-004 Kraków - Poland

Tram stop: Plac Wszystkich Świętych

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The College of Family Physicians in Poland



Pfizer



www.antybiotyki.edu.pl

National Programme on Antibiotic Protection



Honorary Partonage of Mr Jacek Majchrowski -
The Mayor of the City of Krakow



Małopolska

Honorary Partonage of Mr Marek Sowa - The
Marshal of Malopolska Region

The meetings of the European General Practice Research Network (EGPRN) have earned accreditation as official postgraduate medical education activities by the Norwegian, Slovenian, Irish and Dutch College of General Practitioners.

Those participants who need a certificate can contact Mrs. Hanny Prick at the EGPRN-Coordinating Office in Maastricht, The Netherlands.

22. **Norbert Donner-Banzhoff (Germany)**
Ruling out coronary artery disease in primary care: the Marburg Heart Score.
23. **Petra Erkens (The Netherlands)**
Safe exclusion of pulmonary embolism using the Wells rule and D-dimer testing in primary care: a diagnostic validation study.

12.45 - 13.45 : **Lunch**

13.45 - 14.10 : **Chairperson's report by Prof. Eva Hummers-Pradier. Report of Executive Board and Council Meeting.**

The meeting continues with 6 parallel Poster sessions till 15.25 h.

14.10- 15.25 : **Posters**
In six parallel sessions (6 groups)
in: Foyer City Hall

14.10- 15.25 : **Parallel group 1: Posters “Theme I: Managing Infections” (5)**

24. **Mehmet Ungan (Turkey)**
Prevalence of active tuberculosis infection among immigrant and refugees.
25. **Beata Mazinska (Poland)**
Pediatricians' attitudes and knowledge regarding antibiotics based on a questionnaire survey conducted within the National Programme for Antibiotic Protection.
26. **Luiz Miguel Santiago (Portugal)**
Trend of antibiotics prescription in the general practice/family medicine in the centre of Portugal: how informatics can help ascertain its reality.
27. **Pavlo Kolesnyk (Ukraine)**
Study of Helicobacter pylori-associated gastro duodenal disorders management and anemia among household members and opportunity of their treatment in family sources of helicobacteriosis in Transcarpathian region of Ukraine.
28. **Fergus O'Kelly (Ireland)**
The natural history of a community based cohort of injecting drug users (1985-2010).

14.10- 15.25 : **Parallel group 2: Posters “Theme II: Respiratory Infections” (5)**

29. **Kristian Anton Simonsen (Norway)**
Influenza-like illness in general practice in Norway: clinical course and attitudes towards vaccination and preventive measures during the 2009 pandemic.
30. **Claire Collins (Ireland)**

TITLE: Study of Helicobacter pylori-associated gastro duodenal disorders management and anemia among household members and opportunity of their treatment in family sources of helicobacteriosis in Transcarpathian region of Ukraine.

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Background:

Intrafamilial clustering and transmission is implicated as one of thea major routes for acquisition of H.pylori infection. There is an urgent need for the development a strategy for theof management and treatment of the patients in family sources of helicobacteriosis for reducing the ongoing the pathological process caused by chronic infection not only in gastroduodenal zone (that which is wellgood evaluated) but also in csertain non-gastric diseases such as Fe-insufficient anemia.

Research question:

The occurrence of Hp-associated digestive disorders among relatives of the patients with gastroduodenal diseases hasve been observed in correlation with prolongation of their co-living; proving the high risk of digestive and also non-gastric disorders, which were associated with Hp in the household members of the index patients, stimulates developing the algorithm of all-family eradication treatment.

Method:

Invasive and non-invasive tests for H.pylori detachment were held carried out among 248 household members of different age in 57 family sources of helicobacteriosis where patients with duodenal or gastric ulcer and gastritis lived.

Results:

The occurrence of digestive disorders in household members of the index patients families was observed by clinical and instrumental investigation ($p < 0,05$). The household members and the index patients got treatment by the schedule list that caused high eradication effect and low level of reinfection observed by invasive tests during 1 year and was mostly always accompanied by changes in Ig G titres.

Conclusions:

A Hhigh level of Helicobacter pylori-associated digestive disorders and anemia has been observed among household family members who lived with the patents with duodenal ulcer or gastritis. All-family eradication efficiency has been provend for reducing reinfection of H.pylori. All-family eradication may help to avoid reinfection, intrafamilial clustering and transmission of H.pyloriy infection among household members; eradication of H.pylori infection can reduce the risk of digestive disorders and csertain non-gastric diseases in family sources of helicobacteriosis.

Points for discussion:

What is the prevalence of H.pylori among the household members?
What is the frequency of H.pylori infection among children?
Is all-family eradication treatment necessary?