

ABI030 The management of asthma and copd patients in crece: current situation and perspective*Prim Care Respir* 2002 **11**(2) 65**Author(s): C. Lionis and E. Rovithis: Clinic of Social and Family Medicine, School of Medicine, University of Crete, Greece**

A National Health Care System finally came about in Greece in the early 1980s and there are now 200 Primary Health Care (PHC) centre functioning in rural areas. Today PHC physicians who staff the Health Centres and their rural health posts mainly serve patients, who are living in rural areas. A thesis on the effectiveness of an educational intervention programme has been carried-out over the last few years as the result of the cooperation between the Clinic of Social and Family Medicine with the Lung and Thorax Clinic of the University Hospital Heraklion, Crete. The first results on the assessment of knowledge of bronchial asthma among PHC physicians who are serving the rural population of Crete have recently been published and this contribution reports and highlights some key issues, including the following:

- Bronchial asthma and COPD are frequent health problems, which the primary care physicians meet, in rural Crete.
- There is a lack of specific training programmes for the primary care physicians on the management of asthma and COPD and also the guidelines that have been published are not widely used in daily practice
- There is a lack of qualified and educated nursing staff and specific educational and diagnostic equipment on COPD issues. In only a few Health Centres is a spirometer available.

In conclusion there is a great deal of room for quality improvement as concerning the management of asthma and COPD in the Greek primary care. Specific actions to improve the current situation were undertaken, and a group of GPs and academics was created in order to review and disseminate practical guidelines (www.cgrg.gr). The current Health Care Reform that gives emphasis to the further development of the primary care and general practice is anticipated to invest time and resources to the development of continued medical education programmes and the implementation of quality improvement procedures.

ABI031: Guidelines for chronic obstructive pulmonary disease: do they give answers to controversies of copd management*Prim Care Respir* 2002 **11**(2) 65

Author(s): C. Lionis, N. Antonakis, E. Rovithis, D. Kounalakis, E. Thireos, G. Janidis, N. Papanikolaou, E. Georgakila, C. Kammilatos, A. Mariolis, S. Dimitrakopoulos, F. Georgopoulou, T. Lepenos, E. Stamouli, M. Karachaliou. The COPD Guideline Working Group in General Practice, Greek Association of General Practitioners (ELEGEIA) and Clinic of Social and Family Medicine, School of Medicine, University of Crete, Greece

Background General Practice/Family Medicine (GP/FM) has an important role in the management of chronic obstructive pulmonary disease (COPD), which is receiving an increasing interest in primary care

Aims: A literature review was made with the aim of comparing the clinical practice guidelines for COPD with a relevance to GP/FM and exploring any potential sources of discrepancy among their recommendations

Method We searched the computerized database MEDLINE (PubMed) (from 1990 to 2001) using a combination of key words. Six leading journals (New England Journal of Medicine, Lancet, JAMA, BMJ, Thorax and Chest) were thoroughly searched manually. All clinical practice guidelines for COPD and research papers in relation to their dissemination or their implementation in General Practice, written in English, French or German were included in our review. Each paper was independently reviewed twice. The reviewers examined the guidelines and research papers for specific components regarding the management of COPD in GP.

Result 24 articles fulfilled our review criteria. We found significant disagreement among clinical practice guidelines regarding the assessment of COPD. Furthermore, evidence based knowledge in GP, as this was reflected from the selected research papers, often contrasted with the recommendations. Key issues from these discrepancies are presented and discussed.

Conclusion Although interest in the management of COPD in primary care is on the increase, evidence based clinical practice guideline for COPD in General Practice is still a neglected subject.

ABI032: Knowledge of pneumococcal resistance rates in Spain by family doctors *Prim Care Respir* 2002 **11**(2) 65**Author(s): Carl Llo ¹, Ana Luqu ¹, Isabel González ¹, Josep M. Cot ², Carol Bayon ², Amadeo Herrera ³, Miguel Navarret ³**

Group on Infectious Disease, Catalan Society of Family Medicine, GRIN member, Group on Infectious Disease, Catalan Society of Family Medicine. Aventis Pharm

Aims To know the knowledge of Spanish physicians related to pneumococcal resistance rates in a country known to be one of the places with higher pneumococcal resistance rates and to know as well the choice of antibiotics in cases of suspected high penicillin-resistant pneumococcal pneumonia

Design A cross-sectional survey was set out in November during the Spanish Conference on Medicine Family held in Donosti (Basque).

Method All the participants who filled up a questionnaire were given a present at the Aventis Pharma's stand at the Conference. They were asked about the perception of resistance rates of *Streptococcus pneumoniae* towards penicillins and macrolides in Spain and whether they agreed on using macrolides and quinolones in cases of suspected high penicillin-resistant pneumococcal infections

Result 843 family doctors filled up the questionnaire and 35 inquiries were dropped out because of illegibility or non responses. Out of 75 doctors who answered the question about the pneumococcal resistance towards penicillins, 312 stated to be greater than 30% (41.6%) and only 90 thought to be less than 15% (12%). However, 153 doctors stated that pneumococcal resistance to macrolides was greater than 30% (23%) and 28 greater than 45% (4.2%). Respondents prefer the use of penicillins in patients with community-acquired pneumonia (344, 42.6%) but were reluctant to prescribe them in case of pneumonias suspected to be caused by resistant pneumococci (82, 10.3%). In these cases family doctors prefer the use of macrolides (251, 31.5%) and quinolones (321, 40.3%).

Conclusion Family doctors are aware of high resistance patterns but they think that higher pneumococcal resistance rates are reported towards penicillins than to macrolides; however, 30% of the Spanish pneumococcal strains isolated are currently resistant to macrolides and only 5% are highly resistant to penicillins. They also think that penicillin still is the first antibiotic choice in pneumococcal infections unless a resistant pneumococcus is suspected. Surprisingly, in suspected penicillin-resistant pneumococcal pneumonias too many doctors recommend the prescribing of macrolides instead of quinolones.

Keyword Resistance, pneumococcus, antibiotic prescribing