



2024 EUROPEAN  
FORUM ON  
PREVENTION AND  
PRIMARY CARE

Edirne, Türkiye  
2024, April 25<sup>th</sup> - 26<sup>th</sup>

TRAKYA UNIVERSITY  
BALKAN CONGRESS  
CENTER



# PROCEEDINGS BOOK

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## WELCOME



**Dear Colleagues,**

This year EUROPREV takes a step to open new doors to reach colleagues dedicated to prevention and primary care throughout Europe.

The 2024 Forum will be held in Trakya University, Edirne, Türkiye. Being the former capital of the Ottoman Empire, Edirne boasts a rich architectural heritage, including the iconic Selimiye Mosque, a UNESCO World Heritage Site. Beyond its historical significance, Edirne offers our participants a warm and welcoming atmosphere, with delicious cuisine awaiting exploration.

The topic of EUROPREV 2024 is “Less is more”. In collaboration with EYFDM and TAHEK 2024, this forum will provide a productive medium to exchange knowledge and ideas on preventive medicine and create new collaborations and new perspectives, along with new memories.

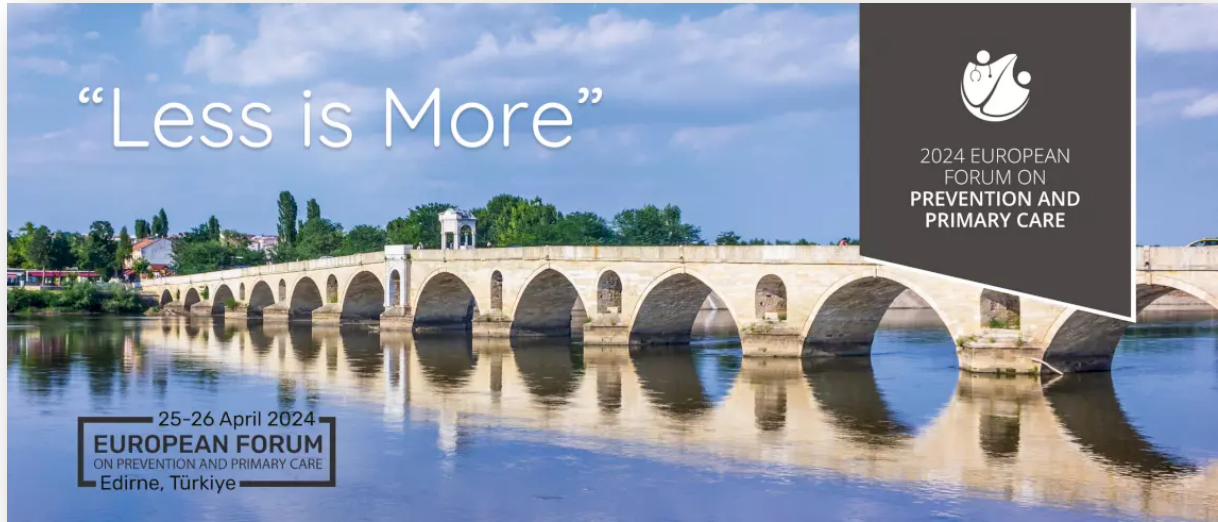
We hope to see you in the 2024 European Forum on Prevention and Primary Care in Edirne, Türkiye between 25-26 April 2024.

**Prof. Dr. Serdar Öztora**

Forum Chair



## COMMITTEES



### FORUM CHAIR

Serdar Öztora

### SCIENTIFIC COMMITTEE

John Brandt Brodersen

Laura Rodriguez Benito

Carlos Brotons

Mateja Bulc

Sirkka Keinänen-Kiukaanniemi

Carlos Martins

Iva Petričušić

Veerle Piessens

Ivanna Shushman

Zoi Tsimtsiou

Jasna Vucak

### HOST ORGANIZING COMMITTEE

Hamdi Nezhil Dağdeviren

Ayşe Çaylan

Önder Sezer

Ekin Dikmen

# Programme

## Thursday, 25 April 2024

09:00 - 09:30	<b>Opening Ceremony</b> Location: HALL A
09:30 - 10:00	<b>Opening Speech</b> Location: HALL A <ul style="list-style-type: none"> <li>• What is EUROPREV? - Serdar Öztora</li> </ul>
10:00 - 10:30	<b>Coffee Break</b>
10:30 - 12:00	<b>Panel</b> Location: HALL A <ul style="list-style-type: none"> <li>• Benefits and harms of screening - John Brandt Brodersen</li> <li>• Doctors' Awareness and Management of Screening Harms - Ahmeda Ali</li> </ul>
12:00 - 13:30	<b>Lunch Break</b>
12:00 - 13:30	<b>Poster Walk</b> <ul style="list-style-type: none"> <li>• Comparison of Turkey with the European region countries of the World Health Organization's change in health indicators following The Health Transformation Program - Hamdi Nezh Dagdeviren</li> <li>• Health Literacy as A Measure of Dealing with Anti-Vaccination in Primary Care - Serdar Öztora</li> <li>• Improving Healthcare Resilience in Wars: Insights from Recent Conflicts - Seyma Handan Akyon</li> <li>• Investigating the level of health literacy of adults living in Edirne province centre and its effect on rational drug use - Hamdi Nezh Dagdeviren</li> <li>• Knowledge, attitudes, and behaviors of patients with chronic diseases regarding immunization at trakya university medical faculty - Hamdi Nezh Dagdeviren</li> <li>• The attitude towards diabetes management for tertiary prevention and the affecting factors - Önder Sezer</li> <li>• What's the evidence? An umbrella review of interventions that aim to improve HPV vaccine uptake in children, adolescents and young adults. - Hüsna Sarıca Çevik</li> <li>• Which healthcare institutions and why do adults prefer them? - Şükran Peker</li> </ul>
13:30 - 14:30	<b>Panel</b> Location: HALL A <ul style="list-style-type: none"> <li>• Achieving the Balance: Primum Non Nocere in the Era of Overdiagnosis - İkbāl Hümay Arman</li> <li>• Frugal Innovations: Cost-Effective Approaches to Primary Health Care - Gülşah Onur</li> <li>• Digital Minimalism: Using Technology for Efficient Primary Care - Seyma Handan Akyon</li> </ul>
14:30 - 15:30	<b>Free Presentations 1</b> Location: HALL A <ul style="list-style-type: none"> <li>• Ayşe Çaylan (Moderator)</li> <li>• Ahmeda Ali (Moderator)</li> <li>• A hospital-based nursing study on intention to leave job and nurse-physician collaboration - Melike Mercan Baspınar</li> <li>• Addressing the neglect of obesity in primary healthcare in the Republic of Croatia - Iva</li> </ul>

Petričušić

- Continuous Quality Improvement Study: Smoking Cessation in Pregnant Women - João Sobral
- Qualitative Analysis of Integrated Prevention Strategies for Non-Communicable Diseases - Şükran Peker
- Why do Turkish women reject free mammograms? A dissection of barriers - Fatma Doğanç

15:30 - 15:45

**Coffee Break**

15:45 - 17:00

**Workshop 1**

Location: HALL A

Do preventive services need a new approach in primary care?

- Duygu Ayhan Başer (Moderator)
- Önder Sezer (Moderator)
- İkbâl Hümay Arman (Moderator)

15:45 - 17:00

**Workshop 2**

Location: HALL B

Research priorities on prevention

- Ayşe Çaylan (Moderator)
- Ekin Dikmen (Moderator)

**Friday, 26 April 2024**

09:00 - 10:00

**Plenary**

Location: HALL A

- Overdiagnosis: what it is and what it isn't - John Brandt Brodersen

10:00 - 10:30

**Coffee Break**

10:30 - 11:30

**Panel**

Location: HALL A

- From primary prevention to planetary prevention: a new dimension? - Özden Gökdemir
- Building towards vaccine confidence - Zoi Tsimtsiou

11:30 - 12:30

**Free Presentations 2**

Location: HALL A

- Duygu Ayhan Başer (Moderator)
- Iva Petričušić (Moderator)
- Comparison of Maternal, Fetal and First Six Month Baby Data in Terms of Negative Outcomes Associated with Gestational Diabetes Mellitus (GDM) in Mothers Who Perform Oral Glucose Tolerance Test (OGTT) During Pregnancy or Not: A Prospective Cohort Study - Sanem Nemmezi Karaca
- Evaluation of Adult Individuals' Use of Vitamin and Mineral Supplements in Terms of Rational Drug Use - Sedef Duran
- Know Your Status - Quality Improvement Project of HIV/AIDS Screening in the Adult Population - João Sobral
- Transition ratio from prediabetes to diabetes in 15 years: a case-control study - Sanem Nemmezi Karaca

12:30 - 13:30

**Lunch Break**

13:30 - 14:00

**Panel**

Location: HALL A

- Suicide prevention and assisted suicide - Katrin Von Der Assen

14:00 - 15:15

**EYFDM Session**

Location: HALL A

Primary Healthcare in Europe and Quaternary Prevention Strategies:

- Türkiye Example - Ekin Dikmen
- United Kingdom Example - Muntarin Helal Kakita
- Portugal Example - Marta Cardoso
- Portugal Example - Laura Lapa
- Italy Example - Angelica Dentizzi
- Lithuania Example - Tadas Saulenas

15:15 - 15:45

**Coffee Break**

15:45 - 16:30

**Workshop Conclusions**

Location: HALL A



16:30 - 17:00 **Discussion and Feedback**

17:00 - 17:30 **Closing Ceremony**  
Location: HALL A

**Oral Presentation / Research****A hospital-based nursing study on intention to leave job and nurse–physician collaboration**

Melike Mercan Baspinar<sup>1</sup>, Zerafet Birer<sup>2</sup>, Sevgi Demiray<sup>3</sup>, Hakan Basar<sup>4</sup>, Gokhan Tolga Adas<sup>5</sup>

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2. Department of Nursing, Bakırköy Sadi Konuk Training and Research Hospital

3. Department of Nursing, Gaziosmanpaşa Training and Research Hospital

4. Head of Hospital and Department of Orthopedics and Traumatology, University of Health Sciences, Gaziosmanpaşa Training and Research Hospital

5. Head of Hospital and Department of General Surgery, University of Health Sciences, Bakırköy Sadi Konuk Training and Research Hospital

**Keywords:** Nursing, nurse-physician collaboration, intention to leave, job satisfaction

**Aim:**

Determining the roles and relationships of nurses, physicians, and managers of hospitals on intention to leave and job satisfaction is essential for high-quality, cost-effective and better health systems. This study was purposed to determine the relationship between intention to leave and job satisfaction versus nurse-physician collaboration.

**Method:**

A cross-sectional survey design was used to collect data. The data was gathered using: sociodemographic variables, region of childhood, priorities on job expectations, self-score of job satisfaction level (0-10 points), intention to leave scale score, and nurse-physician collaboration scale score.

**Results:**

In total, 325 nurses aged  $29.71 \pm 6.39$  years and had an experience of  $7.88 \pm 7.15$  years were enrolled. The situation of participating in visits with doctor-nurse together and working experience time in the institution were significant on job satisfaction self-score ( $p= 0.012$  and  $p= 0.027$ , respectively). It has been demonstrated that the job satisfaction self-score has a positive relationship with a high level of socioeconomic and physical environment in workplace environment characteristics ( $p=0.035$ ;  $r=0.117$ ) and a negative relationship with intention to leave the job ( $p<0.001$ ;  $r= -0.502$ ) There was no significant correlation between the intention to leave and the nurse-physician collaboration scores ( $p= 0.370$ ;  $r= -0.050$ ). Based on childhood geography demographics, nurses from the Aegean region had the highest intention to leave ( $p= 0.214$ ) and the lowest job satisfaction score ( $p= 0.359$ ), although it was not statistically significant

**Conclusions:**

A negative relationship was determined between intention to leave and job satisfaction of nurses independent of nurse-physician collaboration. The fact that the intention to leave is different according to childhood regions showed the need to investigate cultural differences that cannot be measured, such as upbringing.

**Oral Presentation / Research****Addressing the neglect of obesity in primary healthcare in the Republic of Croatia**

Magdalena Petrovčić Kafadar<sup>1</sup>, Ljiljana Čenan<sup>2</sup>, Iva Petričušić<sup>2</sup>, Jelena Rakić Matic<sup>3</sup>, Lea Peretić<sup>4</sup>, Vjera Lovrek<sup>2</sup>, Ines Balint<sup>2</sup>, Diana Kralj<sup>2</sup>

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3. Dom zdravlja Zagreb Zapad,

4. Dom zdravlja dr. Ante Franulović, Vela Luka,

**Keywords:** body mass index, waist circumference, overweight, obesity, prevention

**Aim:**

Overweight and obesity pose a growing public health challenge globally, with far-reaching health and economic consequences. This study aims to highlight the issue of neglecting obesity as a disease within the healthcare system of the Republic of Croatia.

**Method:**

The research involved 53 family medicine practices in Croatia, providing numerical data on the total number of contracted patients aged 18 and above, the gender distribution among these patients, measured waist circumference and body mass index values categorized by gender, and finally, the number of recorded diagnoses of obesity in medical records.

**Results:**

The findings revealed a low level of awareness among primary healthcare physicians regarding the recognition of obesity as a disease and, consequently, the diagnosis rates were low. Only 12% of obese men and 18% of obese women had an obesity diagnosis in their medical records.

**Conclusions:**

In conclusion, the study underscores the urgency for healthcare professionals to take a leading role in recognizing, preventing, and treating obesity. It calls for increased awareness not only among healthcare practitioners but also within the broader community. The study advocates for ongoing education for patients and their surroundings, emphasizing the collective effort required to overcome this health challenge.

Presentation on 25/04/2024 14:30 in "Free Presentations 1" by Iva Petričušić.

**Oral Presentation / Research****Continuous Quality Improvement Study: Smoking Cessation in Pregnant Women**Carolina Quental<sup>1</sup>, João Sobral<sup>2</sup>, Daniela Bento<sup>1</sup>, Ana Mafalda Macedo<sup>1</sup>

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2. USF Baltar

**Keywords:** Pregnancy, Smoking, Quality Improvement Study**Aim:**

Smoking during pregnancy has serious consequences for maternal and child health, associated with complications in pregnancy and serious long-term health implications. In Portugal, 27.7% of women were smoking before becoming pregnant. Pregnancy monitoring appointments provide multiple opportunities for counseling, at a stage when the woman is more open to changing her behavior. This study aimed to improve the quality of the clinical records of the smoking cessation counseling intervention with the aim of carrying out one or more brief or very brief approaches in at least 40% of pregnant smokers aged 15 or over.

**Method:**

Our study population were all the pregnant women in 2023 with at least one medical or nursing maternal appointment in the 1st trimester of pregnancy. Health professionals from our family health units were recruited through several phases to implement professional strategies to support pregnant women in the stop smoking process. A preliminary evaluation was carried out and the results presented to health professionals (doctors, nurses). During the implementation of the project (January-December 2023), a mid-term evaluation was carried out and the results presented to all those involved. Monthly reminders were created for health professionals. The range of interventions offered to promote smoking cessation in pregnancy were individual strategies which include: provision of advice and counselling, using various tools (written/ electronic resources), motivational interviewing and encouragement.

**Results:**

The number of pregnant women who received smoking cessation interventions throughout the duration of the study was recorded. After analysis and intervention, the objectives initially proposed were achieved.

**Conclusions:**

Smoking cessation interventions in pregnancy reduce the proportion of women who continue to smoke in late pregnancy, and reduce low birthweight and preterm birth. Therefore it should be implemented in all primary care settings, in order to reduce the maternal and fetal risks.



**Oral Presentation / Research****Qualitative Analysis of Integrated Prevention Strategies for Non-Communicable Diseases**

Şükran Peker<sup>1</sup>, Ahmet Topuzoğlu<sup>2</sup>, Seyhan Hidiroğlu<sup>3</sup>, Özlem Tanrıöver<sup>4</sup>, Dilşad Save<sup>3</sup>

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3. Marmara University School of Medicine Department of Public Health

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**Keywords:** Noncommunicable diseases, integrated health care systems, qualitative research, primary care

**Aim:**

Non-communicable diseases (NCDs) are an important public health problem worldwide. This research aims to reveal the factors hindering the success of integrated preventive healthcare services of NCDs

**Method:**

This qualitative research was conducted through in-depth interviews with 29 participants aged 28 to 63.

**Results:**

Of the 29 participants in the study, five were Family Physicians (FPs) and 21 were selected from the community.

The participants from the community (PfC) stated that they made a considerable effort to maintain good health but economic constraints to live in a healthy environment were declared as barriers. Additionally, most participants had limited knowledge about preventive health services in the health care system.

The term 'check-up examination' meant paid health checks in private health institutions for most PfC. A few participants with a family history of cancer and heart disease stated that they applied to the governmental hospital but were followed up in a private hospital due to busy schedules. They also added that if they do not have any disease, health staff were reluctant to perform check-ups.

Some FPs stated that every visit from a patient was a chance to engage in preventive health measures, while others cited a decline in motivation due to factors such as heavy workloads, the deficiency of a robust referral mechanism, and insufficient feedback. Feelings of inadequacy and worthlessness were also expressed. Preventive health services were provided only to patients who applied, FPs also complained about the high number of unnecessary applications due to low health literacy.

**Conclusions:**

Implementing team-based community screening strategies and reactivating the referral system in primary healthcare institutions could potentially contribute to the prevention of NCDs. This highlights the need for an integrated approach to enhance access to preventive health services.

**Oral Presentation / Research****Why do Turkish women reject free mammograms? A dissection of barriers**

Ayşe Özaydın<sup>1</sup>, Arzu Uzuner<sup>2</sup>, Kirstin Öztürk<sup>3</sup>, Fatma Doğanç<sup>2</sup>, Cemre Yurtcanlı<sup>2</sup>, Beyza Ataoğlu<sup>2</sup>, Vahit Özmen<sup>4</sup>

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2. MARMARA UNIVERSITY

3. TÜBİTAK

4. FLORENCE NIGHTINGALE HOSPITAL

**Keywords:** breast cancer screening, early diagnosis, access to screening programs, prevention

**Aim:**

The National Cancer Control Program in Türkiye was initiated in 2008. The program's population-based breast cancer screening objective is for 70% of women aged 40-69 years to have mammograms performed once every 2 years. Although free screening tests have been provided to the target population since 2008, the compliance rate is only 37.9% (2.829.261/2023). This study set out to examine barriers to women's compliance with the National Cancer Control Program's guidelines and recommend improvements to the Program.

**Method:**

Qualitative data were collected through in-depth interviews via telephone with women aged 40-69 who had not had a mammogram in the last 2 years and were living in five different regions in Türkiye during 16.08.2023-31.01.2024 (Ethics-approval:03.03.2023/09.2023.405). Participating women were asked about the barriers to their participation in breast cancer screening programs. Interviews were recorded with their consent, transcribed, coded, and analyzed using atlas.ti.

**Results:**

In this research, a total of 51 women were interviewed. The median age of the women was 55.0 (54.2±7.8, range:41-69). Participants included women living in rural(19.6%) and urban(80.4%) areas. The most commonly cited barriers to getting mammograms were related to health motivation, access, shame, availability, and lack of information regarding where to go and how to get appointments.

**Conclusions:**

Although free mammograms are available to women nationally, only a third of women utilize the service. The Turkish National Cancer Control Program may improve utilization through increasing public health informational campaigns to address common barriers related to access (better appointment systems and invitation messages/letters to screening), lack of information (more frequent multi-media awareness campaigns), availability (extended hours/days), and shame (only female health workers for breast cancer screening services). The barriers women face related to fear and health motivation can be addressed through continuous in-service training of healthcare providers and mammography technicians.

**Oral Presentation / Research****Comparison of Maternal, Fetal and First Six Month Baby Data in Terms of Negative Outcomes Associated with Gestational Diabetes Mellitus (GDM) in Mothers Who Perform Oral Glucose Tolerance Test (OGTT) During Pregnancy or Not: A Prospective Cohort Study**

Inci Kahrıman, Sanem Nemmezi Karaca, Yeltekin Demirel, Begum Kurt

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**Keywords:** Gestational diabetes mellitus, gdm complication, oral glucose tolerance test, OGTT

**Aim:**

To monitor the health of mother, fetus, and baby in the first six-months of life in terms of negative outcomes associated with GDM and comparison in women who perform OGTT during pregnancy or not.

**Method:**

A total of 414 pregnant women (189 of whom performed OGTT while 225 did not) in the third-trimester who applied to obstetrician clinic of our hospital during six months were included in this prospective observational cohort study. The surveys noted maternal, fetal, and the first six months complications related with GDM were administered face to face at the first interview, and via phone during follow-ups. The information of mother and baby about birth were recorded from hospital files. Data was analyzed using SPSS-25.0 and  $p < 0.05$  was accepted significant.

**Results:**

OGTT was performed by 45.7% of the mothers. The most common reasons for not to perform were 'the thought of not necessary (26.7%)' and 'fear of potential harmful effect (17.8%)'.

GDM were diagnosed 9.4% of mothers. The relationship between OGTT and maternal and fetal complications, which are most associated with GDM, was not found to be significant.

When pregnant women diagnosed with GDM were excluded, mothers who didn't perform OGTT were found to need more intervention for health problems at birth, and their babies' 5th minute APGAR score was found to be lower. In addition, the fourth month weight percentiles of preterm babies of these mothers were found to be higher. The second, fourth-and sixth-month weight averages and second month weight percentile of term babies were significantly lower.

**Conclusions:**

Increased maternal, fetal, and neonatal risks detected in mothers with GDM have been proved the importance and necessity of screening. Unfortunately, complications and need for intervention observed in mothers who did not perform OGTT have suggested that some cases could not be diagnosed, and they are detected after health problems arise.

**Oral Presentation / Research****Evaluation of Adult Individuals' Use of Vitamin and Mineral Supplements in Terms of Rational Drug Use**

Sedef Duran

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**Keywords:** vitamin and mineral, rational use of medicine,**Aim:**

Our study aimed to evaluate the use of supplementary vitamins and minerals in adults over the age of 18 in terms of rational drug use.

**Method:**

A total of 758 people living in Turkey between November and January 2023 were included in this descriptive study. A web-based survey was applied within the scope of the study. The survey consisted of 22 questions, including the sociodemographic characteristics of the applicants, their attitudes towards vitamin-mineral use, and questions about rational drug use. Descriptive statistics were used to summarize the data, and chi-square analysis was used for group comparisons.

**Results:**

The average age of the participants was  $26 \pm 8.16$  years. 474 (62.53%) were women and 284 (37.47%) were men. Group 1: Individuals who supplement several times a month or more frequently, 2. Group: Consisting of those who use once every few months or less frequently, 263 (34.69%) are in the 1st Group, 495 (65.31%) are in the 2nd Group. In the study of "Drug use without consulting a physician in the last month", one of the variables questioned to determine rational drug treatment, it was 44.7% in the 1st group, while it was 20% in the 2nd group, and statistically significant differences between the groups continue ( $p < 0.001$ ). The number of people using medication without a doctor's advice for health-related problems is; It was found to be quite high: 177 (66.3%) in the 1st Group and 297 (60%) in the 2nd Group.

**Conclusions:**

Individuals who use supplements more frequently have a higher rate of having a disease than those who use supplements less frequently, and it can be said that there is a significant difference between the groups.



**Oral Presentation / Research****Know Your Status - Quality Improvement Project of HIV/AIDS Screening in the Adult Population**João Sobral<sup>1</sup>, Carolina Quental<sup>2</sup>, Joana Ferreira<sup>1</sup>, Ana Rocha<sup>1</sup>

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2. USF Prelada

**Keywords:** HIV/AIDS; Screening; Adult**Aim:**

Screening for the Human Immunodeficiency Virus (HIV) can be conducted through an individualized approach within the Primary Health Care (PHC) setting. Knowing one's HIV status provides infected individuals with an opportunity to understand prevention and treatment options, ultimately enhancing their chances of survival and reducing the transmission of the infection. In 2019, approximately 149,417 HIV tests were administered at PHC facilities in Portugal, leading to the diagnosis of 778 new cases of HIV infection. The incorporation of rapid tests in PHC, within an opportunistic diagnostic framework, has proven to be a crucial screening tool. As per the clinical guidance standard 058/2011 of the DGS, laboratory screening for HIV infection is recommended for all individuals aged between 18 and 64 years.

**Method:**

A continuous quality improvement project was developed to increase the percentage of rapid tests carried out at the USF. The project was implemented between February and October 2023, and an initial and final assessment was carried out using the BI-CSP based on indicator 306 "proportion of users consulted in the last 12 months and without prior screening for HIV/AIDS who were screened in that period". During the project period, information leaflets were distributed to users and physical alerts were implemented to raise awareness among health professionals. A quality standard was defined: Insufficient-screening rate of less than 3%; Satisfactory-screening rate of (3% to 5%); Good-screening rate of more than 5%.

**Results:**

A total of 334 tests were carried out during the project period. The proportion of patients screened in the study period increased from 2.7% (insufficient) to 8.2% (good).

**Conclusions:**

HIV screening in primary healthcare plays a crucial role in early detection of the infection, enabling timely interventions and improving treatment outcomes. Additionally, it significantly contributes to HIV transmission prevention by identifying virus carriers and providing counseling on preventive measures.

**Oral Presentation / Research****Transition ratio from prediabetes to diabetes in 15 years: a case-control study**

Merve Bahadiroglu Guduk, Sanem Nemmezi Karaca, Yeltekin Demirel

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**Keywords:** Case-control study, diabetes, hyperglycemia, prediabetes, progression.

**Aim:**

To determine the ratio of progression from prediabetes to diabetes (DM) in the fifth, tenth and fifteenth years in prediabetic (PDM) and normoglycemic individuals (NGM) and to investigate possible associated risk factors for transition.

**Method:**

For each group, 306 people who applied to our tertiary hospital in 2008 were included in this case-control study. The patients' sociodemographic characteristics, habits, comorbidities, medications used, exercise and diet status were questioned, and then it was measured waist-hip circumference, height, and weight by the same researcher. Body mass index (BMI), waist/hip and waist/height ratio were calculated. Data were upload to SPSS 23.0 program and  $p < 0.05$  was accepted significant.

**Results:**

The progression ratio from prediabetes to DM in the fifth, tenth and fifteenth years were 18.3%, 29.7% and 43.8% in the PDM, while it was respectively 3.9%, 8.5% and 15% in NGM. It was found that the PDM returned more frequently to DM ( $p < 0.001$ ).

In both groups, frequency of conversion to DM increased with a family history and with increasing BMI, the waist/height ratio, waist/hip ratio ( $p < 0.005$ ). It was determined that a 1 cm increase in waist circumference increased the risk of DM by 3%.

In PDM, the transition rate was statistically higher in individuals aged 50 and over ( $p = 0.005$ ). As education levels decreased, the transition to DM increased ( $p = 0.008$ ). Furthermore, 44.8% of individuals who switched from PDM to DM did not go on a diet ( $p = 0.001$ ).

The risk transition to DM increased from the fifth year onwards when FPG was 110-125 mg/dL ( $p < 0.001$ ). When initial FPG value was  $\geq 106.5$ , patients were more likely to return to DM after fifteen years ( $p = 0.002$ ).

**Conclusions:**

Transition ratio was higher in PDM. Initially high FPG, large waist circumference, positive family history, low education level, go on self-styled diet, hypertension and hyperlipidemia history increased the rates of transition to DM with different degrees.

**Poster Presentation / Research**

## **Comparison of Turkey with the European region countries of the World Health Organization's change in health indicators following The Health Transformation Program**

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**Keywords:** Primary health care ; Preventive health services ; Social health

### **Aim:**

Numerous factors have an impact on national health systems. In tandem with changes in the social and economic framework, Turkey's healthcare system has developed over time. "Health for All" is one of the headings of the 58th Government's "Emergency Action Plan," which was released in 2002. The Health Transformation Program's guiding concepts have been presented and implemented under this name beginning in 2003. Our study's objectives were to assess the Health Transformation Program's outcomes and demonstrate the effectiveness of the initiative.

### **Method:**

The factors from the Sustainable Development Goals program's health sub-heading, whose data we could access, were utilized to create the variables we used for this. The Health Transformation Program was gradually implemented beginning in 2003, and the whole execution was finished in 2010. We have chosen the year 2010 (including 2010) as the cut-off point for the data we will compare in this regard. We examined the data up until the year 2015, taking into account the time before 2010 as the time before the Health Transformation Program and the time after 2011 as the time after the Health Transformation Program.

### **Results:**

The average health indicators for the World Health Organization's European Region were used as the control group, along with the three major nations that are well-known for implementing health financing systems. These countries included Germany (Bismarc System), England (Beveridge System), and the United States (Private Health Insurance System). We also used the "Difference in Differences" approach, which is essentially an econometric estimating method, in our analysis. By using this technique, we hoped to show how the policy change had an impact on the differences or indifferences between the groups.

### **Conclusions:**

Our study showed that after the Health Transformation Program, overall health outcomes significantly improved. In light of this, it may be concluded that the new policy was largely effective.

**Poster Presentation / Research****Health Literacy as A Measure of Dealing with Anti-Vaccination in Primary Care**

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**Keywords:** vaccine, anti-vaccine, health literacy, Family Medicine**Aim:**

The aim of our study is to examine the effects of health literacy on anti-vaccination, the factors affecting health literacy and anti-vaccination in individuals aged 18-65 who applied to family health centers in Edirne city center.

**Method:**

Our study was carried out by using face-to-face interview technique with 296 people between the ages of 18-65 who applied to family health centers between April 1, 2022 and May 31, 2022 and agreed to participate in the study. In this cross-sectional study, the data were collected by applying a questionnaire including the participants' sociodemographic data and opinions about the vaccine, the long form of the Anti-Vaccination Scale and the Turkish Health Literacy-32 Scale.

**Results:**

Of the participants 161 (54,4%) were female and the mean age of the participants was  $40,45 \pm 13,39$  years. The mean score of the participants' anti-vaccination scale was calculated as  $41,57 \pm 11,32$ , and the mean score of health literacy scale was  $33,75 \pm 7,58$ . It was found that 10,5% of the participants had insufficient, 44,5% problematic-limited, 28,4% sufficient and 16,6% excellent health literacy levels. The rate of anti-vaccine/vaccine hesitancy was found to be 16.9%. In our study, a statistically significant relationship was found between age, chronic disease status, the number of applications to health institutions in the last year, the ability to pay health expenses and anti-vaccination. A statistically significant relationship was found between age, having a child, education level, monthly income level, perception of health status, ability to pay health expenses and health literacy. An inverse and significant relationship was also found between health literacy and anti-vaccination.

**Conclusions:**

Health literacy was found to be an important factor affecting anti-vaccination. Increasing health literacy will also reduce anti-vaccination. For this, all health workers and health authorities, especially family physicians, have important duties.

**Poster Presentation / Review****Improving Healthcare Resilience in Wars: Insights from Recent Conflicts**Seyma Handan Akyon<sup>1</sup>, Gülşah Onur<sup>2</sup>, Pavlo Kolesnik<sup>3</sup>, Zaheer Nazzal<sup>4</sup>

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**Keywords:** Patient Safety, Disaster Medicine, Healthcare facilities, Warfare, Disaster Planning**Review:**

Our review underscores the imperative to strengthen security protocols in medical settings in the midst of war and highlights the criticality of protecting essential resources, including water, electricity, medical services, infrastructure and basic medical supplies to ensure adequate support to the sick and exposed population. Through analysis of the conflicts in Ukraine and Palestine, we aim to draw lessons from these recent conflicts to formulate approaches to strengthen the resilience of health systems. Our focus includes protecting critical infrastructure, fortifying medical facilities against hostilities, preparing hospital environments for physical challenges, and ensuring accessibility to alternative sources of essential services such as water and electricity. Our recommendations to enhance the resilience of health systems include designing comprehensive emergency response frameworks for medical centers, guaranteeing stable energy supplies under pressure, developing concrete defenses for medical venues in conflict zones, organizing response mechanisms for hazardous scenarios, including chemical, biological, nuclear or radiological threats, integrating advanced health technologies, establishing effective water supply systems and securing ample reserves of nutritional supplies and essential equipment.

Presentation on 25/04/2024 12:00 in "Poster Walk" by Seyma Handan Akyon.

**Poster Presentation / Research****Investigating the level of health literacy of adults living in Edirne province centre and its effect on rational drug use**

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**Keywords:** health literacy, rational drug use, Family Medicine

**Aim:**

In our study, it was aimed to determine the levels of health literacy and rational drug use of adult individuals living in Edirne city centre and to investigate the effect of health literacy on rational drug use.

**Method:**

Our study was carried out with 583 voluntary participants aged 18-64 years who were enrolled in 54 Family Health Units in 23 Family Health Centres in Edirne. The data were collected with a questionnaire including 30 questions questioning the socio-demographic characteristics, reading habits, chronic disease status, health service and drug use habits of the participants, Turkey Health Literacy Scale-32 and Rational Drug Use Scale. Descriptive statistics, Mann Whitney U, Kruskal Wallis and Spearman correlation tests were used to analyse the data. Bonferroni correction was used in the comparison of multiple groups

**Results:**

Our study was conducted with 292 (50.1%) female and 291 (49.9%) male participants. The mean age of the participants was  $39.63 \pm 12.79$  years. The mean health literacy score of the participants was  $35.66 \pm 7.74$ , 22.8% had excellent, 38.4% had adequate, 31.4% had problematic/limited, and 7.4% had inadequate health literacy. The mean rational drug use score of the participants was  $37.01 \pm 4.48$  and 78.2% had adequate rational drug use knowledge. In our study, a significant relationship was found between age, educational status, monthly household income, number of books read in the last year, subjective health status assessment, number of family health centre visits in the last 6 months and total number of health institution visits and health literacy levels. A statistically significant relationship was found between gender, educational status, occupation, monthly household income and number of books read in the last year and rational drug use levels.

**Conclusions:**

In our study, health literacy was found to be an important factor affecting rational drug use. By improving the level of health literacy, rational drug use will be popularised.

**Poster Presentation / Research****Knowledge, attitudes, and behaviors of patients with chronic diseases regarding immunization at trakya university medical faculty**

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**Keywords:** chronic diseases, immunization, adult vaccination

**Aim:**

In this study, the aim is to determine the risk status of patients being followed due to chronic diseases at Trakya University Medical Faculty in terms of vaccine-preventable diseases, their concerns and barriers regarding vaccination, their desire for knowledge about adult vaccinations, and the preferred methods of obtaining information.

**Method:**

The sample of our study consisted of adults over 18 years of age with chronic diseases who applied to outpatient clinics at Trakya University Faculty of Medicine for any reason. The survey form included 28 questions. The Adult Vaccination Knowledge Level Questionnaire, consisting of 16 questions, was developed to evaluate the level of knowledge. Factor analysis was used for construct validity. The scale's Cronbach's alpha value was determined to be 0.85.

**Results:**

In the evaluation of adult vaccination status, individuals who had received any adult vaccination were considered vaccinated. Among the most well-known vaccines in our study, seasonal flu had a 58.3% awareness rate, tetanus had 52.87%, and pneumonia had 36.8%. Of the participants, 70.8% stated that they did not have information about vaccine costs. In our study, individuals with cardiovascular disease had a higher vaccination rate. Women were found to have a more positive attitude towards vaccination compared to men. Lower educated ones showed more negative attitudes and behaviors towards vaccination compared to others. Healthcare workers had a higher vaccination rate compared to others.

**Conclusions:**

In conclusion, creating an adult immunization card with the goal of reaching the entire population, starting with high-risk groups, and ensuring free and easy access to these vaccines can be targeted. Family Medicine, which implements a multidisciplinary team approach for the preservation and improvement of health, plays a key role in educating and raising awareness among individuals about adult immunization, as well as identifying and eliminating barriers to vaccination through necessary trainings.

**Poster Presentation / Research****The attitude towards diabetes management for tertiary prevention and the affecting factors**

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**Keywords:** tertiary prevention, type 2 diabetes, attitude

**Aim:**

Diabetes is a chronic metabolic disease that has become an increasing public health problem worldwide. Prevention, diagnosis, and effective management of diabetes are of great importance for tertiary prevention. Diabetes attitude refers to individuals' approaches and attitudes towards managing and controlling diabetes. In this study, we aimed to evaluate the diabetes attitudes of diabetic patients.

**Method:**

Our study was conducted by reaching 270 patients who applied to Trakya University Health Research and Application Hospital Diabetes Outpatient Clinic between June 15, 2022, and September 15, 2022, had type 2 DM for at least 6 months, and agreed to participate in our study. All patients who applied constituted the population of our study. Data were collected with a questionnaire consisting of 22 questions questioning the sociodemographic characteristics of the participants, presence of additional chronic diseases, diabetes education, compliance with diet, exercise, blood glucose measurement, treatment type, presence of a person with diabetes in the family, frequency of control visits and 34 questions of the Diabetes Attitude Scale.

**Results:**

Of the participants, 51.1% were female and the mean age was  $59.35 \pm 11.42$  years. The mean score of the participants on the Diabetes Attitude Scale was  $3.78 \pm 0.42$  and 258 (95.6%) of the participants had a positive attitude while 12 (4.4%) had a negative attitude. In our study, it was found that demographic factors such as gender ( $p=0.001$ ), marital status ( $p=0.013$ ), occupation ( $p=0.039$ ), region of residence ( $p=0.022$ ), and exercise frequency interact with attitudes towards diabetes.

**Conclusions:**

Family physicians should identify their patients' attitudinal behaviors, such as accepting lifestyle changes, exercising regularly, adopting healthy eating habits, monitoring blood glucose levels, encouraging positive attitudes, and making recommendations to change negative attitudes in order to prevent complications within the scope of tertiary prevention.



**Poster Presentation / Review****What's the evidence? An umbrella review of interventions that aim to improve HPV vaccine uptake in children, adolescents and young adults.**

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**Keywords:** HPV, Human papillomavirus, vaccination

**Review:****Background**

It is well established that Human papillomavirus (HPV) vaccination offers protection against the virus responsible for cervical cancer as well as oropharyngeal, anal, vulval and penile cancers. Internationally, numerous interventions aimed at increasing HPV vaccine exist, but considerable variations in uptake persist, with many countries' rates remaining suboptimal. This umbrella review aimed to identify what interventions exist and to determine their effectiveness.

**Methods**

An umbrella review that appraised interventions used to enhance HPV vaccine uptake and/or intention among children aged 9 years and older, adolescents and young adults up to the age of 26, was undertaken using the JBI methodology. Comprehensive searches for English language systematic reviews were conducted across five databases from January 2011 to July 2021. Hand searches and forward citation tracking were also conducted.

**Results**

Ten systematic reviews met the inclusion criteria. A total of 79 studies were included across the reviews. Interventions promoted change at the individual level, the community level or the organisational level, while others used a multi-component approach. Face-to-face presentations, printed information and supplementing both strategies with additional components appeared to be effective at increasing HPV vaccination intention. Reminders and multi-component strategies, especially those that included interventions aimed at provider level (e.g. nurse standing-orders, health record alerts, pre-typed consents) appeared most effective at increasing vaccination uptake.

**Conclusions**

This is the first umbrella review to explore the evidence for interventions used to improve HPV vaccination intention and uptake in children, adolescents and young adults. The evidence suggests that there is no single solution to increasing vaccination uptake, and different approaches may be better suited to certain populations. However, generalisations are limited by poor reporting and a paucity of studies beyond the USA. Further high-quality research is, therefore, needed to understand how best to increase HPV vaccine uptake in different target populations.

**Poster Presentation / Research****Which healthcare institutions and why do adults prefer them?**

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**Keywords:** Primary healthcare, health system, referral system

**Aim:**

The annual number of physician-contact/persons in Turkey-2019 was 9.8. Only 42.2% of applications were made to primary healthcare institutions, and 57.8% to secondary and tertiary healthcare institutions. The probability of an individual utilizing services depends on their perceptions of their needs, social and cultural norms and expectations, and previous experiences of utilizing care.

In this study, the healthcare institutions preferred by adults to receive healthcare services and the factors affecting their preferences were investigated.

**Method:**

Ethical approval was obtained (23.03.2022-09.2021.1374, Marmara University), and informed consent was obtained from the participants.

Patients, coming to the hospital for any reason between April and May 2022, agreed to participate in in-depth interviews that were taken until saturation was 28. Content analysis was applied to identify the themes for qualitative data.

**Results:**

Interviews were conducted with 15 male and 13 female volunteers (median age: 43.9, range:19-75). Most of them stated that they could reach any healthcare institution when they needed it although there were difficulties with appointments. They mostly preferred secondary and tertiary healthcare institutions. They said the reason for the density of hospitals and appointments was the insufficient number of physicians, huge number of patients, and unnecessary applications to the healthcare institution.

The reasons why preferred primary healthcare institutions were explained as satisfactory, were easy accessibility to appointments, being less crowded, closer distance, and familiarity of the family physician with the patients. The reason why secondary and tertiary healthcare institutions are preferred is having chronic diseases and thinking of the need for comprehensive hospital care, but feeling satisfaction and trust were rarely referred.

**Conclusions:**

Gaps in the information about patients' circumstances, values, and needs are often unnoticed. We believe that this study will highlight them and thus have a profound impact on the solution to the overuse of healthcare services through patient-reported experiences.

Presentation on 25/04/2024 12:00 in "Poster Walk" by Şükran Peker.

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