

# Ny kunnskap i allmennmedisin

## Presentasjon av sammendragene fra forskningsdagen på Nidaroskongressen 2015.

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### På forskningsdagen på Nidaroskongressen 2015 ble det presentert mange spennende foredrag fra forskning i norsk allmennmedisin.

Prosjektene spente fra innvandreres bruk av legevakt til allmennlevers erfaringer med kliniske retningslinjer. I tillegg presenterte Bente Mjølstad sin doktorgrad.

De som deltok med frie foredrag konkurrerte om de to allmennmedisinske

forskningsprisene – AFU-prisen som går til relativt ferske forskere, og AMFF-prisen som går til forskere på PhD-nivå. I år var det Inger Lyngstad som mottok AFU-prisen for sin presentasjon «Uønskede hendelser og pasientskader i norsk all-

mennmedisin». Elin Høyen Bergene fikk AMFF-prisen for presentasjonen «Strategies to give children bad tasting medicines».

Mer om de to prisbelønte prosjektene og den øvrige forskningen som ble presentert på Nidaroskongressen 2015, kan du lese i sammendragene som vi presenterer i dette nummeret av *Utposten*.

## General practitioners still commonly prescribe benzodiazepines, z-hypnotics and opioid analgesics for elderly patients without face-to-face contacts. The prescription peer academic detailing (rx-pad) study.

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### BACKGROUND

Elderly people are at particular risk of side effects from use of benzodiazepines, z-hypnotics and opioid-analgesics (BZO-drugs) in terms of dependency, oversedation, falls and fractures. Still, many elderly use these drugs. National guidelines recommend that the general practitioners (GPs) should see the patients for both initial and repeat prescriptions of BZO-drugs, and prescribing of small quantum packages and low doses should be preferred. Furthermore, the treatment should aim for short-term or intermittent use. The extent to which current practice complies with these recommendations is not known.

### PURPOSE

To describe and assess Norwegian GPs'

prescription patterns of BZO-drugs to elderly patients.

### MATERIAL AND METHODS

Contact- and prescription data from 148 Norwegian GPs for patients 70 years of age during an eight-months period in 2009. The patient-doctor contacts were categorized as direct (face-to-face office-consultations and home-visits) and indirect (via third party, phone or mail) contacts. Explanatory variables were characteristics linked to the GPs, their practices, patients and the drugs prescribed.

### RESULTS

Z-hypnotics were most commonly prescribed, both during indirect and direct doctor-patient contacts. More than 60 per cent of

prescriptions of BZO-drugs to elderly patients were issued during indirect GP-patient contacts, two thirds were for packages of 50 tablets or more. Prescribing during indirect contacts was associated with relatively low over all practice activity and a high number of listed older patients.

### CONCLUSIONS

Norwegian GPs BZO-drug prescribing to elderly patients still conflict with repeated national guidelines as the ordinations most frequently take place during indirect GP-patient contacts and typically are issued as relatively large quantum packages by each prescription. The prescription patterns further indicate that BZO-drugs commonly are prescribed as long term therapy, and not for short-term or intermittent use as recommended.

## Uønskete hendelser og pasientskader i norsk allmennmedisin?

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### BAKGRUNN

Det har vært arbeidet lite systematisk med pasientsikkerhet i norsk allmennmedisin, i fastlegeordningen og primærhelsetjenesten for øvrig. Det er ingen meldeplikt for uønskete hendelser og pasientskader i primærhelsetjenesten. En britisk oversiktsartikkel fra 2011 viser at det sannsynligvis forekommer pasientskade ved en til prosent av konsultasjoner i primærhelsetjenesten og at internasjonal erfaring viser at halvparten av skadene som oppstår i helse-tjenesten sannsynligvis kan unngås.

Formålet med min undersøkelse var å studere metoden «Primary Care Trigger tool» for måling av pasientskader i en norsk fastlegepraksis og vurdere om metoden kan brukes i forbedringsarbeid i primærhelsetjenesten.

### MATERIALE OG METODE

Trigger tool metoden er en retrospektiv gransking av et tilfeldig utvalg av pasient-journaler, hvor det benyttes definerte kriterier til å finne fram til journaler som do-

kumenterer mulige pasientskader. I Pasientsikkerhetsprogrammet brukes metoden Global Trigger Tool ved alle landets helseforetak for å kartlegge forekomst av pasientskader. Primary Care Trigger Tool er utviklet i England og ble publisert i 2009 av National Health Service.

Jeg inkluderte alle de 57 pasientene over 70 år fra min fastlegeliste i perioden 2011-2012.

Resultater og konklusjon ble presentert muntlig på Nidaroskongressen.

## Strategies to give medicines to children who refuse – a qualitative study of parental online discussion forums

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### AIM

The aim of this study was to describe strategies parents use when giving medicines to children who refuse to take them.

### MATERIAL AND METHODS

A qualitative study of parents' postings on discussion forums. Google was used to identify threads from a Scandinavian internet forum where parents discussed giving medicines to resisting children. The threads were analyzed using systematic text condensation. The analysis was veri-

fied with threads from an English language forum.

### RESULTS

Parents chose different ways to give medicines to children who resisted, depending on the children's age and development and the parents' attitude towards medication and child rearing. The findings were categorized into three main strategies: 1) Hidden administration - in food or while the child was sleeping or distracted, 2) Open administration - by negotiation with re-

wards or threats, changing the medicines' palatability, or diverting the child's attention. 3) Forced administration - restraining the child and forcing it to swallow the medicine.

### CONCLUSION

Parents use a variety of strategies to give medicines to children who resist. Health professionals should be aware of parents' need for advice, but that there is no one size fit all approach on how to give bad tasting medicines to children.

## Gp's attitudes towards participating in emergency medicine: a qualitative study

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### BACKGROUND

Whether general practitioners (GPs) should accompany the ambulance to pre-hospital call outs is a matter of controversy. We aimed to gain insight into GPs' attitudes towards participating in call outs.

### MATERIAL AND METHODS

Focus group interviews with GPs at four rural or remote casualty clinics in Norway were analysed using thematic analysis as described by Braun and Clarke.

### RESULTS

The GPs felt that their role had changed during the last decades, resulting in less experience and more uncertainty. Also the Emergency Medical Technician teams (EMT) had evolved and they now function without a physician.

The GPs wanted to participate in call outs since this improved patient care and the community appreciated it. Due to ambulances being absent for extended periods of time, GPs sometimes must handle call outs alone. Consequently, being on-

te on a regular basis was seen as vital to maintain their skills.

The GPs had difficulties explaining how to decide whether to participate in call outs. Decisions were perceived as difficult due to insufficient information. GPs working in casualty clinics located close to EMT stations reported more participation.

### CONCLUSION

The GP's role in emergency medicine has changed, but is still important in the local community.

## General practitioners' experiences with multiple clinical guidelines: a qualitative study from Norway

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### BACKGROUND

It is well known that general practitioners (GPs) often do not adhere to clinical guidelines, but reasons for this seem complex and difficult to understand. Limited research focuses on the total amount of clinical guidelines as they appear in general practice. The aim of this study was to get in-depth information by exploring Norwegian GPs' experiences and reflections on the use of multiple clinical guidelines in their daily work.

### METHODS

A qualitative focus group study based on a purposeful sample of 25 Norwegian GPs within four preexisting groups. The GPs'

work experience varied from recent graduates up to 35 (mean 9.6) years. The interviews were analyzed with systematic text condensation which is a phenomenological approach.

### RESULTS

1) The GPs considered clinical guidelines to be necessary and to provide quality and safety in their clinical practice. 2) However, they found it difficult to adhere to them due to guideline overload, guidelines that were inaccessible and overly large, and because of a mismatch between guidelines and patients' needs. Adherence was especially difficult in multimorbid patients where several guidelines were expected to be

applied at the same time. 3) The discrepancy between judging guidelines as necessary but difficult to adhere to, created dilemmas for the practitioners. The GPs handled these by using their clinical judgement and by putting a greater focus on the patients' complaints and quality of life than on adhering to guidelines.

### CONCLUSIONS

The GPs provided compelling reasons for low adherence to clinical guidelines despite considering them to be necessary. This challenge the idea that quality of care in general practice is largely synonymous with adherence to guidelines for single diseases.

## The impact of sex and age on the performance of FINDRISC. The HUNT DE-PLAN Study in Norway

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### INTRODUCTION

The Finnish Diabetes Risk Score (FINDRISC) is recommended as a screening tool for diabetes risk. However, there is lack of well-powered studies examining the performance of FINDRISC by sex and age.

### AIMS

To estimate, by sex and age, the prevalence of elevated FINDRISC and the positive predictive value (PPV) of FINDRISC for identifying impaired glucose metabolism (IGM) in a general Norwegian population.

### METHODS

We estimated the prevalence of elevated

FINDRISC (15) among 47,694 adults in the HUNT3 Survey (2006–08). Among 2,559 participants who participated in oral glucose tolerance testing, we estimated the PPV of elevated FINDRISC for identifying unknown prevalent diabetes and other forms of IGM.

### RESULTS

The prevalence of elevated FINDRISC was 12.1 per cent in women and 9.6 per cent in men, and increased from 1.5 per cent at age 20–39 to 25.1 per cent at age 70–79 years. The PPVs of elevated FINDRISC were 9.8 per cent for diabetes, 16.9 per cent for impaired glucose tolerance, 8.2 per cent for impaired fasting glucose, and 34.9 per cent

for any form of IGM. The PPV for IGM was lower in women (31.2 per cent) than in men (40.4 per cent), and increased from 19.1 per cent at age 20–39 to 55.5 per cent at age 180 years.

### CONCLUSION

FINDRISC identified more women than men as high-risk individuals for diabetes. FINDRISC had a high PPV for detecting prevalent IGM, and the PPV was higher in men than women and in older than younger individuals. Our data indicate that the impact of sex and age on diabetes risk is not adequately captured by FINDRISC, and that refinements to it might improve diabetes prediction.

## Knowing patients as persons. A theory-driven qualitative study of the relevance of person-related knowledge in primary health care

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### BAKGRUNN

Fastleger følger pasienter over tid og har mulighet til å bli kjent med deres personlige bakgrunn (biografi) og livssituasjon. Selv om slik kunnskap kan være medi-

sinsk relevant, blir den sjelden overført til annet helsepersonell når pasienter henvises. Prosjektet utforsker hva allmennlegers personrelaterte kunnskap består av og be-

tydningen av å overføre og vektlegge slik kunnskap når pasienter skal rehabiliteres.

### MATERIALE OG METODE

Fokusgruppeintervjuer med to grupper allmennleger (senior og junior) og en intervensjonsstudie på et sykehjem hvor ni pasienter, respektive fastleger og helsepersonell deltok. I intervensjonstudien ble det gjort telefonintervju av fastlegen og dybdeintervju av pasienten for å få informasjon om pasienten som

## Use of emergency care services by immigrants—a survey of walk-in patients who attended the Oslo Accident and Emergency Outpatient Clinic

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### BACKGROUND

The Oslo Accident and Emergency Outpatient Clinic (OAEOC) experienced a 5–6 per cent annual increase in patient visits between 2005 and 2011, which was significantly higher than the 2–3 per cent annual increase among registered Oslo residents. This study explored immigrant walk-in patients' use of both the general emergency and trauma clinics of the OAEOC, and their self-reported affiliation with the regular general practitioners (RGP) scheme.

### MATERIAL AND METHODS

A cross-sectional survey of walk-in patients attending the OAEOC during two weeks in September 2009. We analysed demographic data, patients' self-reported number of OAEOC and RGP consultations during the preceding 12 months and self-reported affiliation with the RGP scheme. The first approach used Poisson regression models to study visit frequency. The second approach compared

the proportions of first- and second-generation immigrants and those from the four most frequently represented countries (Sweden, Pakistan, Somalia and Poland) among the patient population, with their respective proportions within the general Oslo population.

### RESULTS

The analysis included 3,864 patients: 1,821 attended the general emergency clinic and 2,043 the trauma clinic. Both first- and second-generation immigrants reported a significantly higher OAEOC visit frequency compared with Norwegians. Norwegians, representing 73 per cent of the city population, accounted for 65 per cent of OAEOC visits. In contrast, first- and second-generation immigrants made up 27 per cent of the city population but accounted for 35 per cent of OAEOC visits. This proportional increase in use was primarily observed in the general emergency clinic (42 per cent of visits). Their pro-

portional use of the trauma clinic (29 per cent) was similar to their proportion in the city. Among first-generation immigrants only 71 per cent were affiliated with the RGP system, in contrast to 96 per cent of Norwegians. Similar findings were obtained when immigrants were grouped by nationality. Compared to Norwegians, immigrants from Sweden, Pakistan and Somalia reported using the OAEOC significantly more often. Immigrants from Sweden, Poland and Somalia were over-represented at both clinics. The least frequent RGP affiliation was among immigrants from Sweden (32 per cent) and Poland (65 per cent).

### CONCLUSIONS

In Norway, immigrant subgroups use emergency health care services in different ways. Understanding these patterns of health-seeking behaviour may be important when designing emergency health services.

## Should pulse oximetry be included in GPs' assessment of patients with obstructive lung disease?

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### OBJECTIVE

To explore associations between decreased pulse oximetry values (SpO<sub>2</sub>) and clinical, laboratory, and demographic variables in general practice patients diagnosed with asthma or chronic obstructive pulmonary disease (COPD) including COPD and asthma in combination.

### DESIGN/SETTING

A cross-sectional study in seven Norwegian general practices, of patients aged 40 years or more diagnosed by their general practitioner (GP) with asthma or COPD. The patients were examined during a sta-

ble phase of their disease. Patients diagnosed with COPD (including COPD/asthma in combination) and those diagnosed with asthma only, were analyzed separately.

### MAIN OUTCOME MEASURES

Decreased SpO<sub>2</sub> values ( $\leq 95$  per cent and  $\leq 92$  per cent).

### RESULTS

Of 372 included patients (mean age 61.5 years, 62 per cent females), 82 (22.0 per cent) had SpO<sub>2</sub>  $\leq 95$  per cent among which 11 had SpO<sub>2</sub>  $\leq 92$  per cent. In both asthma and COPD pati-

ents, SpO<sub>2</sub>  $\leq 95$  per cent was significantly associated with reduced lung function (spirometry), a diagnosis of coronary heart disease, and older age ( $\geq 65$  years). Haemoglobin above normal was associated with SpO<sub>2</sub>  $\leq 95$  per cent in the COPD group. These associations were confirmed by multivariable logistic regression, where FEV<sub>1</sub> per cent predicted  $\leq 50$  was the strongest predictor of SpO<sub>2</sub>  $\leq 95$  per cent (OR 6.8, 95 per cent CI 2.8–16.4).

### CONCLUSION

Pulse oximetry represents a diagnostic adjunct in assessing the severity of obstructive pulmonary disease. Decreased pulse oximetry values in asthma and/or COPD patients during stable phases should prompt the GPs to consider revising diagnosis and treatment and to look for comorbidity.

person. Det ble laget biografiske journalnotat til bruk under oppholdet. Både fastlege og pasient vurderte hva som var vesentlig å vektlegge i rehabiliteringsprosessen.

### RESULTAT

Allmennlegene i fokusgruppene hevdet å ha personrelatert kunnskap om sine pasienter og vektla den som viktig; senior leger i større grad enn juniorer (artikkel I). Intervensjonsstudien viste at allmennlegene

faktisk hadde begrenset kunnskap om sine pasienter som personer selv ved langvarige lege-pasient relasjoner (artikkel II). Til tross for institusjonens intensjon om å individualisere behandlingen, var tilnærmingen i stor grad standardisert og tok i liten grad hensyn til allmennlegenes anbefalinger og pasientenes individuelle ønsker.

### DISKUSJON

Avhandlingen belyser behovet for en mer

fleksibel og person-senteret tilnærming til pasienter. Ulike tilnærminger til hvordan personen kan gjeninnføres i medisinen diskuteres, herunder en humanistisk og en teknologisk variant av persontilpasset medisin, foruten narrativt basert medisin.

DISPUTAS: 03.09.2015 – Ph.d i samfunnsmedisin  
VEILEDERE: Professor Irene Hetlevik dr.med., Professor Anna Luise Kirkengen dr.med., Professor Linn Getz ph.d.