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Family Medicine: A Holistic Approach Centered on the Patient

15-18 May 2019, Târgu-Mureș

BOOK OF ABSTRACTS

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ENDOMETRIOSIS - DIFFICULTIES IN DIAGNOSIS AND IMPLICATIONS IN INFERTILITY

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Introduction: Endometriosis is a chronic gynecological disorder characterized by the presence of functionally active endometrial tissue outside the uterine cavity. It is estimated that endometriosis is affecting 10-15% of women of reproductive age, 30% of infertile women and 80% of women with chronic pelvic pain.

Objectives: In this paper we aim to synthesize the medical literature on the diagnosis of endometriosis and the implications of this disease on the female fertility.

Material and Methods: Using the keywords, we analysed 58 scientific published over the past five years, selected from medical databases (PubMed, ScienceDirect and Google Scholar).

Results: Although the underlying principles of diagnosis and treatment of endometriosis are currently being applied, progress is being made but there are also difficulties in the management of this disease. The difficulty of diagnosing endometriosis is due to the fact that many patients also suffer from other comorbidities (irritable bowel, urinary infections, uterine fibromatosis, etc.) with same clinical symptomatology. As a result, biomarkers and imaging investigations for early non-invasive diagnosis and progression of the disease are required.

Conclusions: 1. The combination of symptoms and clinical findings in a practical algorithm is expected to simplify the diagnosis of endometriosis. 2. In order to improve the reproductive health of patients, it is necessary to establish an early and effective management of endometriosis.

Keywords: endometriosis, infertility, family doctor

ADVERSE EVENTS FOLLOWING IMMUNIZATION – BETWEEN MYTH AND REALITY

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Introduction: Immunizations rates are low in Romania, resulting in an insufficient control of vaccine preventable diseases. The lack of confidence in immunization's benefits and the fear of possible side effects are the main reasons why there is a refusal to vaccination. This prospective study analyses a group of 350 children, recorded and vaccinated in a family medicine office, between the 1st of January 2017 and the 31st of December 2017 (488 vaccine doses administered).

Aim: To analyze the adverse events following immunization (AEFI) and to quantify the rates and severity of these events.

Methods: During appointments for vaccination, parents were given information concerning possible AEFI and were advised on how to act, should these reactions appear, including reaching out to the family doctor by telephone or e-mail. There were records of adverse reactions being noticed by parents and by medical personnel and recorded following the methodology of the National Center of Control for Infectious Diseases.

Results: There were records of 53 minor AEFI in the first 2 to 10 days following vaccine administration, which consisted of 10,86% of the total number of children vaccinated. The adverse reactions were: moderate or low grade fever, food intake behavior disorder, sleep behavior disorder and mild local reactions. There was no need of emergency care treatment or clinical admission.

Conclusions: The evaluation and analysis of AEFI, confirms the low rates of occurrence and the lack of severity compared to risk of the vaccine preventable disease. The active involvement and counseling of parents in reporting possible AEFI gives them responsibility, lowers the unease about possible reactions and heightens vaccination acceptance rates

Keywords: adverse events following immunization (AEFI), vaccination refusal

GIANT ABDOMINO-PELVIC TUMOR IN A 12-YEAR-OLD PATIENT REVEALED IN THE FAMILY DOCTOR'S OFFICE – A CASE REPORT

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Aim: In the rare cases, the success of therapy is determined by early diagnosis. The aim of this paper is to illustrate the importance of judicious management of these cases by the family doctor.

Methods: We present the case of a 12 year-old girl, with class II obesity, presenting with abdominal pain. The symptoms, according to the mother, started 2-3 days ago. But, by discussing directly to the child, we discovered that these symptoms began about 1 month ago. The clinical exam was unremarkable. We decided to perform an abdominal ultrasound at once, supplemented by laboratory tests afterwards.

Results: On the ultrasound exam we detected a relatively rounded transonic, abdomino-pelvic mass, the outline without a Doppler signal, about 13 cm in diameter. In order to clarify the diagnosis, we have directed the patient for specialist consultation. The CT exam confirmed the giant cystic tumor. The treatment was surgical: laparoscopic right para-ovarian cystectomy; histopathology was serous cystadenoma. Evolution was favorable, early detection and rapid treatment thus prevented a series of complications. The particularity of this case was the camouflage of a rare diagnosis in children by nonspecific, banal symptoms.

Conclusions: The management of anamnestic and clinical data, the possibility of performing early extensive work-up in the general practitioner's office, attests to the important role of the family doctor in resolving the case early, before complications occur. Direct communication at the level of understanding of the young patient should be a desideratum of each consultation.

Keywords: tumor, child, communication, family doctor.

PREVENTING OBESITY IN CHILDREN IN FAMILY MEDICINE: THE IMPACT OF WHO PROTOCOL

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Introduction: Obesity in children has become a pandemic phenomenon which, in the long term, has multiple consequences on the health status, quality of life and life expectancy of the future adult. Thus, we consider that the development of a protocol, specifically designed for family medicine, is a necessity.

Objectives: To determine the efficacy of the WHO - developed protocol in preventing the abnormal weight gain in children.

Material and Methods: The control group consists of 101 children born in 2009. The intervention group has 92 children, born in 2013. The applied protocol aims to instruct the parents to follow the WHO consensus for preventing obesity. All children were assessed at the age of three for weight and height. We considered a child as being overweight if his or her calculated body mass index was above the 95th percentile + 2 SD of the WHO standard growth charts. We excluded children with chronic diseases.

Results: In the case group, 3.26% were overweight or obese (3 out of 92). In the control group 18.81% were overweight or obese (19 out of 101). The calculated odds ratio was 0.15 (95% CI 0.04 – 0.55), p=0.001, indicating a significant reduction in the risk of becoming overweight or obese for children included in the program, compared to the children not included in the protocol program.

Conclusions: With readily available interventions, we obtained a significant improvement in the health status of our young patients. This improvement has the potential to last, as the first 1000 days of life are important for developing healthy habits.

Keywords: prevention, obesity, child, protocol WHO

THE LOG BOOK FOR FAMILY MEDICINE TRAINING- FEEDBACK ON THE IMPLEMENTATION PROCESS

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Aim: To identify problems in the utilization of the logbook in the Centers where it is already implemented and to identify ways to extend the process in the Centers where the implementation process didn't start.

Methods: A focus group with tutors and medical residents is to be organized. The research questions are: Is the logbook a useful orientation tool for the resident? Is the format of the log book friendly enough for data registration? Is there a need for improvement? How will function the dedicated log book for family medicine in the light of the unified logbook that is proposed by the Ministry of Health? Is the portfolio of clinical maneuvers a useful tool? How will the evaluation process at the end of the residency program will be done?

Results: We expect that information will show an underutilization of the logbook and some barriers of understanding from the part of the medical resident's in the functions of the logbook.

We expect to agree on the general principles of the evaluation at the end of the residency training.

We shall be able to draw a position paper concerning the functions of the logbook and its role in the evaluation process.

Conclusions: It is of major importance that all medical Universities unite in the effort of improving the quality of training in the residency program of Family Medicine.

Keywords: family medicine training, logbook implementation

BLITZ DIAGNOSIS IN FEBRILE RASH IN CHILDREN

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Introduction: The febrile skin rashes are common illnesses in children, which lead to presentations at the emergency room or at the medical office. The ultimate goal of medical activity is to develop a diagnosis of certainty, as fast as possible, followed by appropriate therapeutic behavior.

Aims: Correct and rapid assessment of children with eruptive diseases based on: disease history, epidemiological inquiry, physical examination with special attention to the type and characteristics of the eruption, association of fever and other signs and symptoms.

Materials and methods: Systematic reviews of practice guides, articles and studies published between 2000 and 2018 on various types of rash in children, with or without fever.

Discussions and conclusions: In children, exanthema is most often linked to infection and, among these, viral infections are the most common. Some extensions have very specific morphologies that help identify and characterize the eruption. The distribution or direction of spreading an eruption and the number and type of lesions can help narrow the diagnosis, but by itself rarely suggest a single diagnosis. Epidemiological characteristics, history of immunization or prior disease, immune system status, and medication administered are particularly useful in identifying the pathogen. Other clinical features such as fever, general, mental and cardiopulmonary status, lymphadenopathy, may restrict differential diagnosis. This systematic clinical approach allows for the timely diagnosis of patients who have rash and requires immediate medical intervention to prevent further transmission of the infection without initially performing laboratory tests.

Keywords: rash, fever, viral exanthema

PERIODIC EVALUATION OF TYPE 2 DIABETES

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Aim: Type 2 diabetes mellitus is a complex chronic disease, developing in parallel with an increase in the prevalence of obesity and sedentary lifestyle. The aim of the study is to identify the factors for the progression of this disease through complete clinical and biological evaluation.

Methods: 119 patients with non-insulin-treated type 2 diabetes, with an average age of 60.84 ± 10.01 years, were enrolled in the study. Data on: lifestyle, diet, associated co-morbidities, anthropometry, clinical evaluation, chronic complications, biological parameters were collected.

Results: 70.59% of the participants were from the urban area, 21.41% from the rural area. 11% were smokers, 21.57% were alcohol consumers. 59.66% were obese and 35.29% overweight. 74.4% had hypertension, 52.4% dyslipidemia, 24.6% neuropathy, 5.2% retinopathy and 1.7% arteriopathy. Glycosylated hemoglobin media was $6.9\% \pm 1.2$. 61% subjects had a good control, 24% moderate and 15% poor. The waist circumference was positive correlated with HbA1c ($r=0.196$, $p=0.041$) and fasting blood glucose ($r=0.212$, $p=0.027$). Subjects who did not have a fixed meal schedule consumed more sugar and snacks (20.02 g, $p=0.04$). Those who ate at night also had a higher intake of carbohydrates (261.81 g, $p=0.05$) and energy (2093.79 kcal, $p=0.07$). Those who ate in front of the TV had a higher intake of calories and sugars (1866.62 kcal and 15.6 g sugar).

Conclusions: Periodic assessment is an important component in the management of this pathology and is the basis for subsequent recommendations, thus reducing diabetes progression and long-term complications.

Keywords: diabetes, evaluation

SMOKING AMONG MEDICAL STUDENTS: PREVALENCE AND ATTITUDES

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Aim: Smoking is the main risk factor for both cardiovascular diseases and a number of neoplastic diseases (e.g. pulmonary, oropharyngeal, bladder, renal, colon neoplasm). In the last years, in Romania, we have seen a huge progress regarding the legislation against smoking in public places/areas.

Methods: Our study was based on a questionnaire of 20 questions addressed online to medical students from Carol Davila University of Medicine and Pharmacy, throughout the family medicine rotation.

Results: The questionnaire was addressed to all Medicine students in the 6th year in the academic year 2017-2018. The students who answered our questionnaire are aged between 23 and 26 years old, with a mean age of 24 years. A fifth of responders are male. Only 1% of the interviewed mothers admitted they have smoked during the pregnancy and 20% of them have smoker parents. Almost 15% of the students are smokers, more males than females. The number of cigarettes varies between 10-20 per day. The onset of smoking was 19 years old, corresponding with admission at college. The consequences of smoking, especially at young age, are well-known. Only half of them have taken into consideration the possibility of quitting smoking, but 10% have tried and have had a period of abstinence longer than 2 months.

Conclusions: Smoking among medical students is at 15%, under the prevalence of smoking in Romania or in Europe. Smoking prevalence is higher in males than in females. The prevalence of smoking among students is lower than among their parents.

Keywords: smoking, medical students, prevalence

THE ROLE OF FAMILY PHYSICIAN IN SLEEP APNEA SYNDROME MANAGEMENT

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Aim: Sleep apnea syndrome (SAS) is a disease with increasing prevalence. Sleep apnea syndrome has many potential consequences such as metabolic dysfunction, as well as an increased risk of cardiovascular disease. Sleep apnea syndrome causes overstimulation of the renin-angiotensin-aldosterone axis.

Implications: At the moment, the effect of sleep apnea syndrome on the cardiovascular system is being studied increasingly. The pathophysiological mechanisms involved are increased sympathetic tone, overstimulation of the renin-angiotensin-aldosterone axis, intermittent hypoxia and systemic inflammation. One in two patients with sleep apnea syndrome has arterial hypertension, many of whom have resistant arterial hypertension. In order to manage the patients with sleep apnea syndrome and arterial hypertension it is very important to assess the

dipper or nondipper profile of these patients. Sleep apnea syndrome has been associated with other medical conditions, such as diabetes or ischemic heart disease. All guidelines recommend establishing the behavioral modifications and positive airway pressure as initial therapy. In patients with SAS and arterial hypertension, the use of CPAP is necessary in order to avoid vascular dysfunction and target organs injury.

Conclusions: The management of a patient with sleep apnea syndrome begins by early establishment of the diagnosis and the cardiovascular risk factors. The patient should be educated on the natural history, and on the consequences of sleep apnea syndrome. Weight loss should be recommended to all patients with sleep apnea syndrome who are overweight or obese. Positive airway pressure therapy is recommended for adults with sleep apnea syndrome, as initial therapy

Keywords: sleep apnea syndrome, cardiovascular disease

STATISTICAL CORRELATIONS BETWEEN DIET, LIFESTYLE, BIOLOGICAL STATUS AND THE RISK OF DEVELOPING DIABETES AT PEOPLE OVER 50 YEARS OLD

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Background: Our target was to monitor the statistical correlations between diet, lifestyle behavior and some biochemical parameters related to the risk of developing diabetes at a group of people over 50 years old.

Material and Methods: We have a cross-sectional study, with a design on randomized household survey, done in 2015, on a sample of 108 subjects, who agreed to answer to a specific questionnaire regarding their lifestyle and health status. We used Medcalc software for statistical evaluation.

Results: Regarding the weight-blood sugar correlation for our sample we obtained for 59 participants (54.62%) a positive correlation with 0.14 ($p=0.27$), and for the correlation between LDL cholesterol and blood sugar we found for 57 participants (52.77%) a negative correlation of 0.11 ($p=0.45$). These two parameters along with age over 50, also lifestyle risk factors mentioned by the subjects in the questionnaire (smoking, alcohol abuse, sedentarism, stress and high caloric menus) showed a high risk for type 2 diabetes to be develop, and the need for further monitoring.

Conclusions: The statistical correlation between relevant serological parameters and personal data and lifestyle, also informing the patients, can have an important role in preventing diabetes in people over 50 years old.

Keywords: diabetes, lifestyle, risk factors, diet

INITIAL EVALUATION OF PATIENTS WITH OBESITY

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Aim: Obesity has an epidemic evolution, being associated with an increase in morbidity. The aim of the study is to assess the prevalence of overweight and obesity in a rural community, together with the assessment of cardiovascular risk of these subjects.

Methods: 3248 adults were evaluated and the demographic, anthropometric, clinical and biological data was filled in. Weight status was defined according to the criteria of the World Health Organization (WHO) based on the body mass index (BMI, kg / m^2) and waist circumference (WC, expressed in cm). Standard criteria for diagnosing comorbidities were used.

Results: In the studied group, 58.71% were women and the mean age of the participants was 50.58 ± 18.26 years. Overweight prevalence was 34.5% and for obesity 17.5%, mainly grade I and abdominal obesity (74.9% of the study population had a high abdominal circumference value). The study has shown that the higher the BMI ($p < 0.005$) and the WC ($p < 0.001$), the higher the prevalence of comorbidities among overweight people is. WC and BMI values have the same predictive power for diabetes, hypertension and dyslipidemia in the study population.

Conclusions: The prevalence of overweight and obesity increases with aging, starting at the age of 35 and women are at high risk. High WC is an independent cardiometabolic risk factor. We propose that the initial evaluation of those with high WC should be completed with the calculation of the cardiovascular risk, to high include risk individuals in specific therapeutic, prevention and treatment programs.

Keywords: obesity, evaluation

ASSESSING THE ATTITUDE OF A GROUP OF MURES CITIZENS UPON AIR POLLUTION

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Background: According to WHO, in 2012, 7 million people died as a result of air pollution, which has become one of the most devastating problems of the urban community.

Material and Methods: We used an observational study, conducted through a questionnaire. Data were collected from 216 adult respondents living in Tirgu Mures, the city where Azomures SA nitorgen factory is located. The questionnaire was made up of three sections: first section refers to gender, age, socio-economic status, living conditions and how respondents travel (the means of transport), second section focuses on whether they are thinking about air pollution or not, and the last section refers to their attitude to air pollution, how it appears and how to solve the problem.

Results: Our group consisted of 216 adults, of whom 41% were men, and with an average age of 34.6 years. Most respondents reported that their daily work is located near a busy road or in a dusty place. Most respondents (81%) reported the smell of pipes as sources of air pollution, and dust and burning of garbage were mentioned as a source of air pollution, quite frequently. Results reflected a poor knowledge about air pollution and an indifferent attitude towards pollution reduction methods, even the frequency of respiratory and skin diseases was high.

Conclusion: We consider that the authorities should control the level pollution and apply more drastic sanctions, also the schools and universities has to be more involved in preventive measures and educative informations for the community exposed.

Keywords: air pollution, prevention, knowledge

THE IMPORTANCE OF PRIMARY DIAGNOSIS IN BREAST CANCER

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Aim: Recording a constant increase worldwide, breast cancer ranks first place in female cancer incidence. Early diagnosis offers the statute of curable disease in a significant proportion, thus breast cancer ranks first in prevalence as well.

Methods: Over a period of 3 years a number of 823 patients evaluated through ultrasound ± mammography ± MRI for breast tumors, underwent core-needle and/or excisional biopsies for the purpose of establishing a diagnosis or therapeutic approach.

Results: A total of 502 patients have been diagnosed with breast cancer, infiltrative ductal carcinoma representing 83%. Ultrasound evaluation has revealed 382, respectively 120 patients with highly suspicious lesions, respectively intermediary suspicious lesions for malignancy (BIRADS 5 and 4), benign lesions (BIRADS 3 and 2) being present in 321 patients, associating as such a sensitivity of 100% and specificity of 76.1%. Core-needle biopsy determined a positive diagnosis in 341 cases, with a sensitivity of 90% and specificity of 92.5%. Reevaluation through a second core-needle biopsy was necessary in 22 cases. Excisional biopsy was performed in 309 patients presenting with benign imagistic characteristics, respectively in 16 patients that imagistic malignancy suspicion was not confirmed by core-needle biopsy.

Conclusions: Primary clinical and imagistic diagnostic evaluation may constitute the first step in the screening and early diagnosis of breast cancer, with a prompt formulation of following diagnostic and/or therapeutic steps with the purpose of decreasing cost and posttherapy morbidity, with an improvement of medium and long term **Results:**

Keywords: breast cancer, ultrasound, primary care, early diagnosis.

THE IMPORTANCE OF PREOPERATIVE DIAGNOSIS IN THYROID CANCER

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Aim: Thyroid cancer records a continuously increasing incidence worldwide in the past decade. Although radical surgical treatment represents an important part of the therapeutic protocol, it is often performed in a two-step manner due to an absent preoperative diagnosis of certainty.

Methods: A number of 206 patients with either single thyroid lesion or nodular goitre requiring surgical treatment, that have undergone thyroidectomy, have been evaluated preoperatively through thyroid ultrasound and selectively through fine needle aspiration biopsy (FNAB).

Results: A total of 35 patients have been diagnosed with thyroid cancer, papillary carcinoma representing 71.4%. Preoperative ultrasound examination has revealed 24, respectively 9 patients with highly suspicious lesions, respectively intermediary suspicious lesions for malignancy, associating a sensitivity of 92.3% and specificity of 75.3%. FNAB diagnosis revealed only 5 lesions suggestive for malignancy, with a sensitivity of 33.3% and specificity of 93.3%. Total thyroidectomy with modified radical neck dissection has been performed in 21 patients, only 8 of these surgeries being done per primam. The 13 patients that required a second surgery, have initially undergone total or subtotal lobectomy. From the total number of cases of thyroid cancer 5.7% represent incidentalomas, being evaluated pretherapeutically as benign lesions.

Conclusions: Establishing a more sensitive and specific preoperative evaluation protocol can reduce the need of a second surgery, improving not only the diagnostic act itself, but especially the quality and accuracy of the therapeutic act, reducing thus the risk of intraoperative incidents, postoperative morbidity and associated healthcare costs.

Keywords: thyroid cancer, ultrasound, primary care, early diagnosis.

HUMAN PAPILLOMAVIRUS VACCINATION EFFICIENCY AGAINST CERVICAL DISEASE PREVALENCE. A COMPARISON BETWEEN THE SCOTTISH AND ROMANIAN EXPERIENCE

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Introduction: Human papillomavirus (HPV) is the most common viral infection of the reproductive tract. Most sexually active individuals will be infected at some point in their lives. Cervical cancer is the most common HPV-related disease. Nearly all cases of cervical cancer can be attributable to HPV infection. (99,7% of the cases). These can be prevented by immunization with the HPV vaccine.

Objective: To study the effect on cervical disease of the Human papilloma virus vaccine, comparing Scottish and Romanian national screening and vaccination programs.

Material and Methods: Both countries initiated in 2008 a national immunization program against HPV using vaccines, mandatory and presented in advance in Scotland, but optional and accompanied with less information in Romania. The immunization program was school based, targeted girls and boys aged 11-13 with histological screening follow-up.

Results: During the national Scottish program, 138692 records were retrieved. There are reports of significant reductions in all grades of cervical disease, concluding to vaccine effectiveness estimates of 80% or greater after routine immunization at age 11-13 years. In Romania, after the lack of pertinent results of the 2008 program, the need for a national registry and for a more efficient program for immunization and screening still stands.

Conclusions: Routine vaccination of girls aged 11-13 years with the HPV vaccine in Scotland has led to a significant reduction in cervical disease. The HPV vaccine is confirmed as being highly effective and should greatly reduce the incidence of cervical cancer. Such findings in the Romanian population are to be explored.

Keywords: Human papillomavirus vaccine, screening program, cervical disease

CARDIOVASCULAR DISEASE IN PATIENTS WITH HEMATOLOGIC MALIGNANCIES

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Aim: Chemotherapy for hematologic malignancies can lead to short- and long-term cardiovascular involvement. Identifying patients with high cardiovascular risk is important for reducing morbidity and cardiovascular mortality. The objective of this study was to establish prevalence of cardiovascular diseases in patients with hematologic malignancies.

Material and Methods: This retrospective study included 142 patients with hematologic malignancies admitted in a tertiary care hospital between January 2009 to December 2017. Data were retrospectively collected from the available paper files and electronic recordings. The patient data were compiled using a Microsoft Excel[®] spreadsheet (Microsoft[®] Office 2013; Microsoft Corporation, Redmond, WA, USA).

Results: The median age at diagnosis was 56.5 ± 7.55 years (range 22-88 years), and 69 (48.59%) were men. The median duration of follow-up for patients was 46 months (range 6-96 months). In our study, cardiovascular disease was not identified in 34.50% of patients. Patients who experienced cardiovascular disease during or after treatment had cardiac risk factors. Hypertension was reported in 49.29% of patients and was mainly grade one and two. Cardiac arrhythmias were present in 22.53% of the cases, most commonly reported in patients with multiple myeloma. Patients who developed heart failure and ischemic heart disease had cardiac risk factors before being diagnosed with hematological malignancies.

Conclusions: An increased incidence of cardiac events was observed in survivors. Further research is needed to identify high-risk patients; a multidisciplinary team (family physician, hematologist and cardiologist) is needed to perform full screening, diagnose, monitor and treats promptly cardiovascular events.

Keywords: hematologic malignancies, cardiovascular diseases, risk factors

THE ROLE OF THE FAMILY PHYSICIAN IN THE PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

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Introduction: Sexually transmitted infections (STIs) are an important factor in general population health with a special impact on human fertility. Statistics show a steady increase in the incidence of STIs in Romania due to lack of education in STI prevention.

Objectives: 1. Assess appropriate moments when STI prevention counseling can be provided. 2. Assess the need for physician STI management and counseling education using physician self-evaluation **Results:**

Material and Methods: The study involved 12 family medical practices in Iași, Romania. Physicians completed a questionnaire on the use of prophylactic counseling related to STIs and infertility, including the self-assessment on their educational needs to provide STI counseling. The questionnaires were statistically processed.

Results: 1. The authors have identified the optimal time when STI-related counseling can be provided: the 14- and 18-year screening, contraception consultation, premarital counseling, prenatal counseling, STI consultation and secondary prophylaxis within an STI. 2. Six distinct prophylactic consultations are proposed. 3. A CME project focusing on self-perceived educational needs in the area of STI education is proposed.

Conclusions: Prophylactic counseling by family doctors using key messages can lower the incidence of STI among patients.

Keywords: STI counseling, continuing medical education (CME)

CLINICAL APPLICATIONS OF BODY COMPOSITION MEASUREMENTS

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Introduction: Body composition impacts numerous metabolic and musculoskeletal conditions. It is defined as the proportion of adipose tissue, lean tissue, bone tissue and residual mass in the human body. Clinically, it allows the appreciation of metabolic risk in some cardiovascular, endocrine, nutritional and gastrointestinal disorders, thus enhancing the clinical work-up and follow-up of these conditions.

Materials and Methods: In order to measure the tissular proportions, several methods are used, the preferred ones in clinical practice being dual X-ray absorptiometry (DXA) and bioelectrical impedance analysis (BIA). We describe and comment on these devices from a clinician's point of view.

Results: Despite being much studied and a helpful clinical tool, its usage in clinical practice is inconstant, due less to the availability of the method and more to the precision errors that can bother the correct serial assessment of the patients. While BIA is used mostly for an initial assessment, DXA can be used to track changes following therapeutic and nutritional interventions.

Conclusions: More has to be done in order to increase the awareness of medical staff relating to the usefulness of body composition measurements; among patients, it seems easy to agree to an initial measurement but the compliance to serial ones can be challenging.

Keywords: body composition, adipose tissue, lean tissue, densitometry

HEART FAILURE (HF) MANAGEMENT IN GENERAL PRACTITIONERS' ACTIVITY- INTERVENTIONS CENTERED ON THE PATIENT

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Aim: The data shows us that every year in Europe are 3,6 millions people are diagnosed with heart failure(HF).The situation in Romania is even worse, around 4,7% of the general population over 35 years are diagnosed with HF.

Methods: A retrospective study has been performed over one year, analyzing the medical records of the patients with HF who were in the GPs' evidence from 1 of Mars 2018 until 28 February 2019. The study analyzed the demographic data, the association of certain diseases that led to heart failure, the drugs used in the treatment and the average number of visits the patient made to the cardiologist and to the GP.

Results: There were evaluated the medical records of 62 patients with confirmed diagnosis. The average age was 76,2 years. The results regarding the associated pathology were: high blood pressure(82,25%), coronary heart disease(95,16%), atrial fibrillation(53,22%) and stroke (12,9%). The HF and comorbidities treatment contains ACE inhibitor and ARBs (82,25%), diuretics (84,48%), statins (53,22%) anticoagulants (54,83%) and antiplatelets (56,45%). The average number of visits was 1,35 visits/patient/year at the cardiologist and 8,85 visits/patient/year at the general practitioner. The average number of hospitalization was 3,87day/patient/year(M-5,34days/patient/year and W-2,8days/patient/year).

Conclusions: The HF management has the following steps: prevention, diagnosis, the treatment for stable HF, identifying the signs and symptoms of acute HF and palliative care for terminal patient. The GP is most accessible for the patient, proved by the high number of visits/year. The GPs' need a worksheet for monitoring the patients with HF.

Keywords: heart failure, GP, efficiency, monitoring

PREGNANCY MONITORING IN THE FAMILY PHYSICIAN'S OFFICE

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Introduction: In the perinatal period, women receive medical care from many types of healthcare providers. This includes family physicians, obstetricians and other specialists according to the risk associated to the pregnancy. The general observation for our country is that there is a decline in attending prenatal visits at the family physician's office.

Material and Methods: This analysis describes the rate of attendance of pregnant women to prenatal care in the family physician's office at the level of County Brasov, analyzing data from 2017/2018, and identifies the main causes of low attendance rates.

Results: Data from the National Institute of Statistics from 2017, is showing that 1887 of pregnant women were registered at the family doctor in County Brasov. Of it, 207 were included in high risk pregnancies. 16 % were registered during the second trimester and another 8,4% during the third trimester. This data is revealing a series of problems in delivering the service of prenatal care in the family doctor's office like lack of access, lack of resources but is also revealing a lack of education in the population. It has also showed problems in the data reporting system from the level of primary care.

Conclusions: There is a low rate of attending services for maternal surveillance in family doctor's offices. These problems need a multilevel approach in order to be solved. The family doctor's community needs to improve its engagement in pregnancy monitoring.

Keywords: pregnancy monitoring, family physician

THE RELATIONSHIP BETWEEN METABOLIC SYNDROME AND INFERTILITY

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Introduction: Metabolic syndrome (MS) is defined by the association of distinct metabolic alterations, including abdominal obesity, hypertension, dyslipidemia and alterations in glucose metabolism.

Objectives: This review aims to study the relationship between MS and infertility.

Material and Methods: For this purpose, we have conducted a summary of medical literature on MS and infertility, including 62 articles published over the past five years, selected from medical databases (PubMed, ScienceDirect and Google Scholar).

Results: Medical evidence shows the negative impact on fertility induced by MS. Thus, in male, MS is associated with hypogonadism, increased scrotal temperature, alteration of spermatogenesis, decreased sperm motility and concentration and an increasing of DNA-fragmentation of sperm. Women with MS may experience abnormalities of the hypothalamic-pituitary-ovarian axis, menstrual cycle disorders and/or oligo/anovulation. On the other hand, infertile men have a higher risk of developing cardiovascular diseases and diabetes, and women with infertility have been described as having an atherogenic lipid profile as well as increases in proinflammatory plasma factors.

Conclusions: 1. GP should inform patients with MS about the risk of infertility. 2. Adopting a healthy lifestyle is the most important step in order to prevent the effects of MS on reproductive health.

Keywords: metabolic syndrome, infertility, family medicine

OLDIES BUT GOLDIES IN CARDIOVASCULAR DISEASES PREVENTION - HIGHLIGHTS IN A GENERAL PRACTITIONER PRACTICE

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Objective: The presentation proposes a check list of criteria which can be used at every consultation of the patient with cardiovascular risk, making the practitioner's work easier in individual risk assessment and implementation of the European guideline.

Materials and Methods: Examples of cases are given where following criteria surprised the dynamic of the cardiovascular risk, using the SCORE chart for the HIGH-risk countries, but also the biological age, ethnicity, vitality, comorbidity and personal preferences.

Results: The proposed check list criteria can be implemented in the clinical practice in a number of GPs practices and taking in consideration certain quantification regarding time, number of patients, risk levels, associated affections; some results will be drawn as end points into a following presentation.

Conclusion: Estimation of the cardiovascular disease risk and assessment of lifestyle factors, including psychosocial aspects, should be repeated on regular basis using a personalized approach considering the parameters proposed. Cardiovascular disease prevention needs to be paramount in clinical practice, supported by clear policies and adequate organization, including a proper financial support.

Keywords: prevention of cardiovascular disease, cardiovascular risk factors, European guideline

ACQUISITION PREVALENCE OF NATURAL DIETARY SUPPLEMENTS IN A GROUP OF PEOPLE FROM TARGU MURES COUNTY

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Background: The main objective of our study was to evaluate the prevalence of acquisition and administration for natural herbal products and dietary supplements, and also people's knowledge and attitude towards these products.

Material and method: We used a descriptive observational study through a questionnaire applied to a group of 155 customers from natural products stores: Vitamix and Edelweiss in Targu Mures. Interviewing people was carried out during February to April 2016, and to the persons who completed the questionnaire were offered information about the purpose of the trial as well as confidentiality of data provided. The questionnaire consisted of 21 questions, and comprised two segments: socio-demographic information and information about attitude towards natural products.

Results: More than half (54.60%) of the subjects used to consume natural products, 29.60% of them saying that they do not have this habit, the rest (15.80%) saying a that they are consumer rarely, occasionally. When asked "What are the reasons that you enter a natural product store? 70% said" the acquisition of nutritional supplements, "66.80% to purchase dietary supplements in order to treat certain diseases", accounting for 48.90% they have the habit only to buy food, while 36.70% purchased organic products in these stores.

Conclusion: Data analysis shows that respondents of the sample used to consume food herbal and dietary supplements quite frequently, for the purpose prevention or treatment, and many of them turn to the pharmacist's advice and „Internet" for information on the benefits of these products.

Keywords: nutrition, dietary supplements, prevention, health

STUDY ON NUTRITIONAL BEHAVIOR AND FOOD ASSOCIATION FROM A TARGU MURES COMMUNITY

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Background: Obesity has become a chronic disease whose aetiology can be based on an imbalance between the individual's contribution and energy expenditure where behavior against food consumption and physical activity plays an important role as determinants in this energy balance.

Material and method: The sample had a total of 108 subjects, aged 18 to 58, and analyzed food consumption behavior, physical activity and its association with nutritional status in a population in Targu Mures. Based on a specific form of 46 questions, we analyzed the main elements of risk in relation to the state of health, lifestyle, and food combining of each individual.

Results: 89% of participants believed that a healthy dietary choices can help digestion. The subjects were asked about their food preferences, and we found out that the ascending classification was: sugar (for 75%), cereals (for 95%), fast food (62%), fruits(30%), eggs (60%), followed by cheeses, vegetables, fats, sausages and fish. Snacks consisted 62% in sugar products, in fruit 56% and in pastries 45%. Only 60% said they practice regular physical activity, but at different levels.

Conclusion: Our results highlighted several nutritional aspects that can help to improve the risk profile of obesity on this community, based on food associations and behavioral risk factors.

Keywords: food preferences, obesity, physical activity, risk factors

MASCULINE INFERTILITY, A REAL PROBLEM IN A COUPLE'S LIFE

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Introduction: The World Health Organization defined couple infertility through the lens of the partners' ages. Thus, the absence of a pregnancy after a year of trying is defined as infertility for couples younger than 30 years old, while in couples who have exceeded this age, this diagnosis is established after 6 months of trying to get pregnant.

Material and method: In this study, we analyzed from the perspective of male infertility 64 spermograms performed at the Dobsi Med Polyclinic in Medias between September 2016 and March 2019. The tests were performed in compliance with the international standards recommended by the World Health Organization.

Results: 10.94% of patients came with a referral note from the urologist with the diagnosis of infertility. The rest came on their own or at the recommendation of a gynaecologist. The age of the patients is between 14-47 years old. The incidence of changes that excluded the fulfilment of fertility conditions, normospermia 42,42%, followed by the age group 18-30 years, 34.78%. In about 15% of cases of leukospermia, a chronic prostate inflammation or male urogenital infection is present in both normozoospermia and fertility disorders. The presence of agglutinates in patients with normozoospermia is significant, 39.47%.

Conclusions: After the age of 30 at least 1 in 3 men have fertility problems, and the presence of agglutinates in the case of normozoospermia should draw attention that the diagnosis of normozoospermia is not equivalent to the lack of fertility problems.

Keywords: infertility, spermogram, leukospermia, agglutinate

A RADIOGRAPHIC STUDY OF SELECTED SITES OF CALCIFIC TENDINOPATHY

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Background: Tendinopathies negatively affect life quality of affected individuals. A clear pathomechanism has not been established yet, however, metabolic disorders such as diabetes mellitus have long been reported to influence the occurrence of calcific tendinopathy, particularly of the shoulder joint. Recent studies highlight an association between thyroid hormones and tendon conditions, as thyroid hormone receptors (TR) have been reported in human tendons. It is believed that TR may have a role in tenocyte proliferation and apoptosis.

Materials and Methods: 300 patients attending outpatient rheumatologic evaluations for an 11 month period, ages between 40 and 78 years old were consecutively screened for radiographic evidence of calcific tendinopathy in pelvis, ankle, knee, spine and shoulder regions. Each subject was investigated for the following metabolic conditions: hemochromatosis, hyperparathyroidism, hypomagnesemia, hypophosphatasia, and thyroid disorders.

Results: Plain radiography was used for screening of calcific tendinopathy. Patients were classified as suffering from degenerative disease of the spine, hip or knee (63%), diffuse idiopathic skeletal hyperostosis-DISH (10%) and shoulder impingement syndrome (27%). Female patients were predominant gender in the study group. Thyroid disorders as well as diabetes mellitus were positively associated with shoulder impingement syndrome, and as expected, DISH was positively associated with diabetes mellitus.

Conclusions: Plain radiography provides good imaging of calcific tendinopathy. Within a general rheumatic population, metabolic disorders represented by thyroid disease and diabetes mellitus have the highest risk for calcific tendinopathy development.

Keywords: calcific tendinopathy, thyroid dysfunctions, diabetes mellitus

EVALUATION OF MURES ADULTS LIFESTYLE RISK PROFILE FOR DIABETES 2

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Background: Our objective was to evaluate the risk of developing type 2 diabetes in a group of adults from Mures county, based on their lifestyle aspects, and to create a starter for future community intervention plan.

Material and method: A survey was conducted in three family doctors cabinets from Mures county, in 2018, upon 567 patients, which were monitored for: blood glucose, blood pressure, body mass index, abdominal circumference. Also, a lifestyle questionnaire was applied to evaluate their family history of diabetes, eating habits, physical activity, health risk behaviors, stress level, and addressability to medical services.

Results: In our group of adults the risk for type 2 diabetes (evaluated by FINDRISC score) was increased with age and was higher in males versus females and at those with family diabetes background. Obesity as the main risk factor was more frequent in males and in sedentary patients. The percentage of addressability to medical services varied according to age, especially at elderly. Diet-related practices showed a low consumption of fresh vegetables and fruits, high saturated fat and high calorie intake, along with smoking, alcohol abuse, stress, and sedentarism risk factors associated. Starting with analysis of each lifestyle items, it was found that risk of diabetes was 1.5 times higher in subjects with unhealthy lifestyle (60.31%) compared to subjects with a healthy lifestyle (38.62%).

Conclusion: The study results underlined the need to plan more efficient community interventions focused on reducing the lifestyle risk factors, like diet, sedentarism and daily stress, for a better quality of life.

Keywords: diet, diabetes, risk factor, stress

THE TREND EVOLUTION IN OBESITY AND DYSLIPIDEMIA – A RETROSPECTIVE STUDY IN A FAMILY MEDICINE PRACTICE

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Aim: As family physicians, we have the opportunity to examine patients at each consultation and to be able to follow the evolution of their health over time. As the WHO has warned of a worrying development of obesity and dyslipidemia among the general population since 2008, and the risk of these diseases to precipitate the development of cardiovascular disease, we have made the decision to analyze the evolution of these disorders in a family medicine practice.

Material and method: A retrospective observational study was conducted on a randomly selected population group of 200 adults, aged between 20 and 65 years. All personal data was removed from spreadsheet. Medical records of the annual medical check-up and the laboratory results were evaluated to see whether obesity and dyslipidemia occurred during this period and how they progressed over time. The body mass index, total cholesterol and triglyceride and serum glucose values were analyzed. The statistical analysis was performed using Graph Pad® and Microsoft Excel® 2010 software.

Results and Discussion: The results of the study confirm the evolution of obesity ($BMI \geq 30 \text{ kg/m}^2$: 24 cases / 2016, respectively 38/2018) and concurrently with dyslipidemias (cholesterol > 200mg/dl: 115cases / 2016 versus 119/2018, trygliceride > 150mg/dl: 69cases / 2016 vs 72/2018) in general population.

Conclusions: This study will guide our activity in the future, where and how we can intervene to improve the general health of the population and at the same time reduce the number of risk factors for the occurrence of cardiovascular diseases.

Keywords: Dyslipidemia, obesity, family practice

TYPE I GLYCOGEN STORAGE DISEASE – CASE PRESENTATION

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Introduction: Type I Glycogen storage disease known as von Gierke disease is caused by the deficiency of glucose-6-phosphatase activity in the liver and kidney. There are two subtypes: Ia and Ib, whose deficiency leads to inadequate hepatic conversion of glucose-6-phosphatase to glucose through normal glycogenolysis and gluconeogenesis, affecting individuals susceptible to fasting hypoglycemia.

Material and method: The patient, a 5 months old boy, was admitted with fever (39°C), diarrhea with mucus (watery stools x7-8/day) and inappetence. He is known for multiple admissions into the hospital for respiratory and digestive disorders, with a persistent hepatocytolysis syndrome and tubulo-interstitial nephritis. Clinical examination revealed a stationary weight chart for the last two months, round face ("doll-like face") and hepatomegaly. Laboratory findings showed a refractory hypoglycemia, hepatocytolysis syndrome, dyslipidemia, hyperuricemia and proteinuria. Ultrasounds proved a markedly hepatomegaly and nephrocalcinosis. All these findings rised the suspicion for a metabolic storage disorder of glycogen, which requires a genetic test confirmation.

Results: The eating plan was changed to a non-lactose powder milk and supplementation of pure dextrin-maltose. Weight chart, stool's aspect, oscillation of glycemia values were monitorized before every meal and dietary intake. The evolution was good and genetic test was positive for type Ia glycogenesis.

Conclusion: This case is representative for von Gierke disease, being a didactic "by the book" case.

Keywords: glycogenesis, hypoglycemia, hepatomegaly, nephrocalcinosis.

PULMONARY HYPERTENSION INCIDENCE AND ETIOLOGY IN THE PH EXPERT CENTER TARGU MURES, ROMANIA

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The study **aims** to present the incidence and etiology of precapillary pulmonary hypertension (PH) in the National Diagnosis and Treatment Expert Center Targu Mures, Romania.

Method: Retrospective observational study included 25 PH adult patients analysis data. Main inclusion criteria were precapillary PH, defined by right heart catheterization (mean pulmonary arterial pressure ≥ 25 mmHg and pulmonary arterial wedge pressure ≤ 15 mmHg in the absence of other concomitant causal diseases), and guideline recommendation for specific therapy (5-phosphodiesterase inhibitors, endothelin receptor antagonists or soluble guanylate cyclase). We excluded two cases of precapillary PH secondary to lung diseases without specific drug therapy recommendations. Pulmonary arterial hypertension associated with congenital heart disease in adults has been treated unitarily as a consequence of the group heterogeneity.

Results: Since 2015, there is a rising incidence of PH total number cases, but no statistically significant difference in incidence regardless of the PH etiology ($p=0.32$). Clinical classification including clinical condition, hemodynamic characteristics, and treatment strategy, distribute 19 patients (76%) into group 1 - pulmonary arterial hypertension (PAH), 24% (six patients) into group 4.1 - chronic thromboembolic PH (CTEPH). Significant statistical difference in the mean age of the gender comparison group ($p=0.03$), no significant statistical difference of the PH etiology ($p=0.05$).

Conclusions: Increasing the awareness of the multiple PH clinical conditions along with the support of a precise PH diagnosis will contribute to a better outcome for our PH patients. Integrative nature of PH calls for a multidisciplinary approach: family medicine, cardiologists, pneumologist.

Keywords: pulmonary hypertension, multidisciplinary team

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PSYCHOLOGICAL FACTORS AFFECTING FERTILITY

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Introduction: This paper is a review of scientific literature, which tries to identify other risk factors that contribute to infertility.

Aim: The main challenge faced in this paper was the identification of the psychological risk factors that may contribute to the development of infertility. Many of which can lead to a form of stress which can lead to infertility.

Material and Methods: Literature databases (Cochrane and PubMed) were searched for articles that show a connection between the couple's psychological state and conception issues. A total number of 891 articles were analyzed.

Results and Conclusion: From a physiopathological point of view, we have found a direct connection between anxiety and the luteinized unruptured follicle syndrome. The state of mind of the woman interferes with the endocrine balance, and once this balance is disrupted, we can have a fertility issues. The same issue was present in men as well. One of many paradigm shifts related to infertility occurred in the 1930s when a psychosomatic concept was introduced in gynecology as an explanation as to why some couples could not conceive despite the absence of an organic pathology. In the 1970s the relation between psychological consequences of infertility and counseling in infertility was investigated. The results showed lots of benefits when the couple, by using psychotherapy, managed the anxiety and other stress related issues.

Keywords: psychological, risk factors, infertility

THE PERSPECTIVE OF PRIMARY CARE IN ROMANIA

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Introduction: The importance of primary health care is recognized in any country, regardless of how the health system is organized. In Romania, general practitioners are the representatives of this first line of health care, and according to existing data at county health insurance, the deficit of general practitioners increases annually.

Material and Methods: To create this study we used the responses provided in a questionnaire by 112 practitioners of Mures county which attended the local professional organization meeting on 29.01.2019. The doctors' age was between 30 and 70 years old, and the questions in the questionnaire aimed at identifying the future of this specialty from the perspective of those who practice it. In order to see whether there is a different perception, depending on age, the responses were binned over 10-year intervals.

Results: Approximately 40% of doctors are over 60, and 66% of them answered that they would choose this specialty again with the benefit of hindsight. This opinion is less often found in lower age groups, with only 33% of people saying that they'd choose this profession again. Permanent healthcare under-financing has developed the capacity of young general practitioners to look for complementary sources of income, 34% of those under the age of 40, but this ability decreases as the age group grows, reaching 12% for doctors aged over 60 years old.

Conclusions: Identifying sources of complementary income by young doctors could mean a decline in people pursuing specialty, and if we correlate this with the average age of general practitioners, we believe that the future of this specialty is in jeopardy.

Keywords: family medicine, general practitioners, primary care

RENAL DISEASE PATIENT, MORE OR LESS COMPLICATED- A MULTIDISCIPLINARY TEAM APPROACH: FAMILY MEDICINE DOCTOR AND NEPHROLOGIST

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Introduction: In the last decades Nephrology has become a true "spearhead" of internal medicine. This new position is due both to kidney involvement in the pathology of other organs, but also to the important advances in understanding the molecular pathogenesis of kidney diseases, as well as to the unprecedented development of diagnostic and treatment means, in particular of the renal replacement therapies: dialysis and renal transplantation.

Aim: Given the fact that all the organs have interrelations and influence each other, renal disease can be followed by other organs diseases or their complications or can coexist with them (hypertension, diabetes mellitus). This is why the family physician, providing primary care and emphasizing disease prevention and health promotion, is due to make an overall analysis of patient symptoms and signs in order to find renal disease at an early stage and refer the patient to the nephrologist for diagnosis confirmation through specific investigations.

Material and method: To illustrate the need and concerns of the newly created group: NEFRO Working Group of SNMF and to highlight the importance and incidence of kidney disease in the general practitioner practice, we have proposed two presentations of clinical cases.

Results and Conclusion: The first case concerns a patient with multiple comorbidities, including chronic kidney disease. In this case, diagnostic synthesis should reveal the links that exist between different diseases and lead to a personalized therapeutic strategy to avoid poly medication and overdosing. The second case illustrates the pathology and particularities of urinary tract infection, as well as its risks to the young pregnant woman.

Keywords: kidney diseases, comorbidities, pregnant woman

SIX MINUTES WALK TEST IN DIFFERENT SUBSETS OF PULMONARY HYPERTENSION PATIENTS

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Aim: We conducted a retrospective observational study aiming to assess the disease severity by patients exercise capacity in different subsets of pulmonary hypertension (PH) patients.

Method: The study investigated previously diagnosed with at least three months of stable drug-specific treatment, patients database. We evaluated the severity of patients in different groups of PH aetiologies: pulmonary arterial hypertension (PAH), PH associated with connective tissue disease, PH associated with congenital heart disease and chronic thromboembolic PH patients. A submaximal exercise test by the 6-minutes walking test (6MWT) and the Borg score at the end of the 6MWT were used to determine the level of effort. Additionally, we recorded peripheral O₂ measurements at the beginning and the end of the test in all patients.

Results: There was no significant statistical difference between the patients' number of different PH aetiology ($p=0.05$), presenting a high prevalence of PH associated with congenital heart disease patients. The assessment of walking distance through the 6MWT showed a statistically significant difference ($p=0.0160$) for the mean distance between the different PH aetiology groups, being significantly higher for the PAH group associated with congenital heart disease, with a mean travelled distance by 429.2 ± 84.64 meters.

Conclusion: Severity evaluation in different PH aetiology groups using the 6MWT is a valuable test providing prognostic information. As there is no standard relevant for all patients, results must be interpreted in the clinical context.

Keywords: 6-minutes walk test, evaluation of severity, pulmonary hypertension etiology

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HEART FAILURE WITH PRESERVED EJECTION FRACTION – SHOULD WE EXTEND SCREENING?

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Aim: Heart failure with preserved ejection fraction (HFpEF) is commonly seen in older, female patients. It is accomplished by systemic hypertension, atrial fibrillation, chronic lung disease or chronic renal disease, and anaemia. Our study aimed to identify if a current simple test (NT-proBNP) can be used by family physicians in the diagnosis in HFpEF patients.

Material and Methods: A total number of 286 patients (132 male, 154 females) from a family practice with a clinical diagnosis suggestive for HF (based on medical history, symptoms and signs) were referred for routine ambulatory cardiology assessment (EKG, echocardiography, natriuretic peptides). Using blood samples, values of NT-proBNP were determined. We used the agreed cut-off value of 125 pg/mL, accordingly to ESC 2016 Guidelines.

Results: Among the study group, 34 hypertensive patients with left ventricular hypertrophy (EKG and cardiac ultrasound criteria) and ejection fraction >50% (20 female, 41.2% male) had an NT-proBNP value above this limit and were HFpEF classified. One hundred fifty-three cases (79 female, 74 male) had an NT-proBNP value above this limit and an EF between 40-49% and were considered HFmrEF patients. Sixty patients (35 female, 25 male) had within range NT-proBNP values not sustaining the diagnosis of HF.

Conclusion: Use of a simple test (NT-proBNP) that can be performed using a point-of-care (POC) device in family medicine practice can improve the diagnostic accuracy of HF in family practice, avoiding overdiagnosis and could be cost-effective.

Keywords: heart failure, diagnosis, natriuretic peptides, family practice

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