



Integrating Health (Reproductive Health) And Climate-Experience From Africa (Uganda)

Submission Type: **Oral**

Topic Title: General Surgery > Hemorrhoids and anal fissure treatment

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Integrating climate change strategies in Health (sexual reproductive health) programs and projects is key to health sector resilience to climate change shocks. Climate change has affected the health sector greatly leading to loss of lives and destruction of infrastructure such as roads and hospital facilities. This is an example from Uganda, a country in eastern Africa where climate change has greatly affected the health sector through flooding, mudslides, drought and famine with harsh weather conditions which have exacerbated increased disease burden, malnutrition and water-borne diseases. For example, in western part of Uganda, the flooding of River Nyamwamba in 2020, led to destruction of Kilembe hospital and other health facilities which affected the communities in the part of the country with reduced access to health services such as maternal health services, immunization, HIV&AIDS care, family planning services and adolescent health service provision leading to loss of lives of more than 571 people, destruction of 25 health facilities and 3 bridges. In eastern part of the country in 2017, there were the mudslides around Mount Elgon part of Bududa and Namisindwa which led to destruction of hospitals such as Butansi health center and Bushiyi health center in addition to destruction of homes and school infrastructure which led to loss of more than 345 people. In northern part of Uganda, there has been a long time drought leading to famine where more than 781 people living with HIV died due to malnutrition and drug resistance and low immunity. Climate has greatly affected the lives of people not only in Uganda, but in other countries such as Ethiopia, South Sudan, Ghana, Malawi and Senegal. There is a great need for increased funding for health sector resilience interventions from climate change shocks such as investment in water and wind barriers around health facilities, afforestation, constant upgrading of road infrastructure, investing in renewable, clean and solar energy, integrating health outcomes in climate change policies, increased domestic funding for health indicators in climate change GEF/GCF funding frameworks

Keywords: Integrating Health (SRHR) And Climate Change



Fibroadenom İle Takipli Adolesan Kızlarda Vitamin B12 Düzeyleri

Submission Type: **Oral**

Topic Title: **Pediatrics** > Vitamin, mineral and fish oil supplements for children

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Giriş: Fibroadenom stromal ve glandüler dokuların lokalize nodüler hiperplazisidir, adolesan yaşta en sık görülen benign meme kitlesidir. Bu yaş grubunda meme biyopsilerinin %70 - %95'inde fibroadenom saptanmıştır. Fibroadenomlar proliferatif epitelyal değişikliklerle hiperplazi, karsinoma insutu, nadir de olsa invaziv karsinom oluşturabilir. Vitamin B12 vücutta tüm hücreler için gerekli vitamindir. Düşük B12 vitamini seviyeleri kromozom kırıklarına ve DNA metilasyonunu etkileyerek DNA onarımının bozulmasına yol açar. Azalmış B12 vitamin düzeyi, DNA metilasyonu için gerekli olan S-adenosilmetiyonin aktivitesini azaltır ve gen ekspresyonunu bozar. Sonuç meme karsinogenezisine neden olabilir. Fakat bu konuda yayınlanmış az sayıda çalışma olduğundan Vitamin B12'nin meme kitlelerindeki rolü tam olarak anlaşılamamıştır. Bu bilgiler ışığında biz çalışmamızla adölesan çağda Vitamin B12 düzeyiyle fibroadenom arasında ilişki olup olmadığını göstermek istedik.

Gereç: 2014-2022 yılları arasında hastanemizde tanı alıp takipleri sırasında B12 seviyeleri olan 46 fibroadenom hastası ve 46 kontrol grubu olgusu çalışmaya dahil edildi. Kontrol grubu lenfadenopati tanısıyla takipli hastalardan oluşturuldu. Demografik özellikleri ve laboratuvar değerleri tespit edildi. İstatistiksel olarak bu verilerin B12 ile ilişkisi analiz edildi.

Bulgular : Fibroadenom hastalarını ortalama tanı yaşı 14,7 (9-19), kontrol grubunun 14,2 (10-18) idi. Fibroadenom hastalarının vitamin b12 düzeylerinin ortalaması 304,54 ±79 pg/ml iken ,kontrol grubunda ortalama 407 ± 137 pg/ ml bulundu. Vitamin B12 değeri 300 pg/ml altında olanların %88,9 (n:24) fibroadenom hastası idi. İki grup arasındaki fark istatistiksel olarak anlamlıydı (p: 0.006). Vitamin B12 değeri 340 pg/ml üzerinde olan fibroadenom hastası oranı %18,9 (n:7) iken kontrol grubunda bu oran % 81,1 (n:30) bulundu ve fark istatistiksel olarak anlamlıydı (p:0,019).

Tartışma : Çalışmamız fibroadenom ile takip edilen hastalarda vitamin B12 düzeyini gösteren ilk çalışmadır. Kontrol grubuna göre anlamlı düşük düzeylerin bulunması fibroadenom etiyojisinde vitamin B12 nin rolü hakkında literatüre yeni bilgiler eklemektedir. Bu konuda daha fazla sayıda olgu ve daha çok klinik parametre ile yapılacak ileri çalışmalara ihtiyaç vardır.

Keywords: Vitamin B12 eksikliği, fibroadenom, adolesan kız çocuk



Aile Sağlığı Merkezine Başvuran Hastada Spironolakton Kullanımına Bağlı Gelişen Jinekomasti

Submission Type: **Sözlü sunum**

Topic Title: Family Physician > First step

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Amaç: Bu olguda jinekomasti ile gelen erkek hastalarda ayırıcı tanıda hastaların kullandığı ilaçların sorgulanması ve spironolaktonun bir etiyolojik faktör olarak hatırlanması amaçlanmıştır.

Gereç ve Yöntem: Aile Sağlığı Merkezine, bilenen kompanse kalp yetmezliği, diyabetes mellitus, hiperlipidemi, hipertansiyon tanıları olan 66 yaşındaki erkek hasta öksürük şikayeti başvurusu üzerine sistemik muayenesinin yapılması esnasında sol memede şişlik olduğu saptandı. Sol memede gelişen şişlik sorgulandığında 2 aydır mevcut olduğu ve ağrı şikayetinin olmadığını ifade etti. Testis tümörü açısından hasta sorgulandığında hasta impotans şikayeti olduğunu belirtti. Kullandığı ilaçlar: Linagliptin 5mg 1x1, Gliklazid 60 mg 1x1, Empagliflozin-Metformin 5/1000 2x1, Spironolakton 25 mg 1x1, Ramipril-Hidroklorotiazid 5 mg 1x1, Karvedilol 12,5 mg 1x1, Ivabradin 5 mg 1x1, Atorvastatin 40 mg 1x1. Bilinen bir karaciğer hastalığı bulunmayan hasta öncelikle genel cerrahi, kardiyoloji ve üroloji polikliniklerine yönlendirildi.

Bulgular: Hastanın vital bulguları stabil olup vki:28,9 kg/m² olarak saptanmıştır. Meme muayenesinde şişlik mevcut olup ele gelen kitle saptanmadı. Genel Cerrahi hekiminin değerlendirmesi sonucunda bilateral meme ultrasonografisinde; "sağ meme subareoler alan olağandır. Sol subareoler bölgede yaygın bir alanda santralinde nodüler komponenti olan diffüz jinekomasti alanları izlenmektedir. Yer kaplayan lezyon saptanmamıştır. Sol aksillada radyopatolojik lenf nodu izlenmemiştir." olarak belirtilmiştir. Kan tetkiklerinde bir patoloji saptanmamıştır. Ürolojiye de danışılan hastanın yapılan skrotal ultrasonografisinde herhangi bir patoloji saptanmamıştır. Kardiyoloji hekimi tarafınca değerlendirilen hastanın jinekomastisinin spironolaktona bağlı olduğu düşünülüp ilk etapta ilacı kesilip yerine eplerenon başlanmıştır.

Sonuç: Erkeklerde jinekomastinin patogenizinde, androjen veya androjen duyarlılığındaki azalma ile memenin glandüler dokusunda östrojenin etkisinin artması sorumludur (1). Erkeklerde jinekomastinin etiyolojisinde; obezite, karaciğer hastalığı, meme kanseri, testis tümörü, endokrinolojik hastalıklar, ilaçlar bulunmaktadır. Kalp yetmezliğinde kullanılan spironolakton; androjen üretimini azaltır, meme dokusundaki östrojen reseptörleriyle etkileşerek jinekomastiye neden olur(1). Multidisipliner bir yaklaşım sergilenen olgumuzda jinekomastinin kalp yetmezliğine bağlı kullanılan spironolaktona bağlı geliştiği saptanmıştır. İlacı kesildikten sonra hastanın şikayetleri gerilemiştir.

Kaynaklar: 1.Göksun AYVAZ: Jinekomastili Hastaya Yaklaşım ;Türkiye Klinikleri J Endocrin. 2003;1(2):85-7.

Keywords: Jinekomasti, Erkek, Spironolakton



The effect of music on healthy aging

Submission Type: **Poster**

Topic Title: Healthy Life > Healthy Aging

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Background:

The positive effects of adding musical elements in programs to enhance the quality of life and well-being of older people are clearly demonstrated. The purpose of this research study is to study the effect of music on healthy aging as well as to investigate related factors.

Method:

A questionnaire-based cross-sectional study was performed. Older adults (age > 65 years old) receiving conventional primary health care (PHC) answered an anonymous self-report questionnaire consisting of two sub-sections: i) Socio-demographic and other factors related to music, ii) Quality of Life Scale SF-36.

Results:

A total of 219 elderly people with a mean age of 73.2 ± 5.1 participated in the study. 142 (64.8%) of them were females. 44.7% were widowed, 41.6% were married, and 40.6% had secondary education. 34.7% of the participants received music training during their life, 86.3% loved to listen to music and 63.9% did not have any active engagement with music like participation in a choir, playing a musical instrument, etc. The total score of the SF36 - PHYSICAL HEALTH subscale is statistically significantly higher among those who have received music training ($p = 0.001$), those who like listening to music ($p < 0.001$), and those who are actively engaged in music ($p < 0.001$). The total score of the SF36 - MENTAL HEALTH subscale is statistically significantly higher among those who like listening to ($p = 0.001$) and those actively engaged in music ($p < 0.001$).

Conclusions:

Our study showed that music has a positive effect on healthy aging. Notably, receiving music education has an effect on physical fitness during aging, while it did not appear to affect mental health.

Keywords: elderly, music, quality of life



Knowledge, Attitude, and Practice of Telemedicine in a rural setting of India

Submission Type: **Poster**

Topic Title: Family Physician > First step

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Background : Telemedicine is the approach of healthcare professionals via telecommunication to evaluate, diagnose and treat patients who cannot consult a doctor in person. Especially in the Pandemic Era, this has grown in importance in the medical community. People have started to accept this method as a way of treatment, particularly for patients who are elderly or during pandemics.

Material and Methods: This was a questionnaire-based study and convenience sampling methods and snowballing sampling techniques were used. Statistical analysis was done using descriptive statistical tests such as Chi-square and P-value. For categorical data, percentages were used and interpreted using graphs.

Result: 511 people in total, ranging in age from 15 to 44, participated in the study. 35.42% of people who had heard of telemedicine (58.2%) had actually used it. When access to a healthcare provider is a problem, people accepted that telemedicine should be used (88.06 %), and doing so also decreased the likelihood of infection spreading (86.37%). Telemedicine was viewed as a blessing in times of covid -19 pandemics (95.3%). In the future, 72.99% of people want to be treated via telemedicine. A whopping 86.69% want to know more about telemedicine.

Conclusion: The study's conclusions imply that while there is little public knowledge or awareness of telemedicine, a sizable proportion of people have demonstrated a favorable attitude toward the necessity of using telemedicine.

Keywords: Patient satisfaction, Rural Medicine, Telemedicine, Telemedicine utilization, Telemedicine associated health outcomes



An Assessment of Peptic Ulcer Perforation (PULP) score: A predictor of mortality following Pepticulcer Perforation from a rural tertiary care setting

Submission Type: **Poster**

Topic Title: Gastroenterology > Gastritis, peptic ulcer, dyspeptic complaints

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Background: The prevalence of elective surgery for peptic ulcer illnesses has declined with the development of H2 receptor antagonists and proton pump inhibitors, however, peptic ulcer complications including perforation and bleeding have remained mostly consistent. The risk of death from an ulcer disease consequence is highest in perforation. Therefore, early identification of patients with perforated peptic ulcers who are more likely to experience negative outcomes after surgery is crucial for making the right treatment decisions.

Objectives: The purpose of this study is to use the peptic ulcer perforation (PULP) score to predict mortality within 30 days of surgery and to risk stratify patients undergoing surgical therapy for perforated peptic ulcers.

Materials and Methods: Following a thorough physical examination, a thorough medical history review, the appropriate pre-operative serological investigations, radiological imaging, and the use of a unique ASA score, patients who underwent surgical treatment for a perforated peptic ulcer were given points based on the PULP score.

Results: In total, 120 patients were involved in the study including 94 men and 26 women. 110 patients were in the low-risk group, and 10 were in the high-risk group. In the postoperative period, 8 patients from the high-risk group passed away, compared to 2 deaths in the low-risk group.

The authors must give more information about the PULP in the background. Is it a test used to predict the mortality of patients with perforated ulcers. do the results show the effectiveness of the use of this test and how?

Conclusion: Early diagnosis of the systemic inflammatory response syndrome (SIRS) and quick goal-directed treatment, including pre- and postoperative care, can be crucial and may also affect the outcome of the intervention.

Keywords: Peptic ulcer disease, Perforation, peptic ulcer perforation (PULP), systemic inflammatory response syndrome (SIRS)



COVID-19'a Bilinen Maruziyetin Bireylerin COVID-19 ile İlgili Bilgi Düzeyleri ile İlişkisi

Submission Type: **Oral**

Topic Title: Family Physician > Research planning and execution

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Giriş: Salgın yönetiminde hastaların hızla bulunması, temaslılar için önlemlerin alınması önemlidir. Ayrıca halkla etkili iletişim kurmak, engelleri analiz ederek iletişimi arttırmak gerekmektedir. Bu bağlamda, hastalıktan korunmada ve yayılımın önlenmesinde halkın bilgi düzeyi ve bildiklerini uygulaması önemlidir. Öğrenmenin mekanizması tam açıklanamasa da deneyimlerden oluşan değişimler olarak bilgiye dönüştüğü söylenebilir. Hastalığa maruziyet, somut bir deneyim şeklidir. Deneyimin iyi bir öğrenme ortamı sağlayabildiği ve insanların deneyimi bilgiye dönüştürebileceği gösterilmiş olmakla birlikte hastalığa maruziyetle oluşan deneyimin ne kadarının doğru bilgiye dönüştüğüne dair bilgiler kısıtlıdır.

Amaç: COVID-19'a bilinen maruziyeti olan ve olmayan bireylerin bilgi düzeyinin ölçülmesi, aralarında bilgi düzeyi açısından anlamlı fark olup olmadığı; bunların sosyodemografik değişkenlerle ilişkisinin incelenmesi amaçlanmıştır.

Yöntem: Kesitsel-analitik planlanan çalışma, DEÜ Eğitim Aile Sağlığı Merkezleri'ne başvuran hastalarla yüz yüze gerçekleştirilmiştir. COVID-19 Bilgi Düzeyi Anketi (CBDA), literatürdeki çalışmalar ışığında, araştırmacılar tarafından; beş klinik, dört bulaşma yolları, sekiz korunma-kontrol olarak toplam 17 sorudan oluşmaktadır. Soruların doğru yanıtını bilenlere bir puan, yanlış yanıtlayan veya bilmiyorum şikkını işaretleyenlere sıfır puan verilmiştir. Veriler, SPSS.25 programıyla değerlendirilmiş; $p < 0,05$ anlamlı kabul edilmiştir.

Bulgular: Çalışmadaki 388 kişinin yaş ortalaması $41,87 \pm 14,60$ olup %53,4 (n:207)'ü kadındır. Katılımcıların %50'si COVID-19 geçirmiştir. CBDA toplam puan ortalaması $13,22 \pm 3,71$ 'dir. COVID-19 geçirenlerin ve aşı olanların CBDA toplam puanı daha yüksektir (sırasıyla $p < 0.001$; $p < 0.001$). COVID-19 geçirenlerde, kronik hastalığı olmayanlarda ve aşı olanlarda CBDA klinik puanı daha yüksektir (sırasıyla $p < 0.001$; $p = 0.005$; $p < 0.001$). COVID-19 geçirenlerde, kronik hastalığı olmayanlarda ve aşı olanlarda CBDA bulaşma yolları puanı daha yüksektir (sırasıyla $p < 0.001$; $p = 0.005$; $p < 0.001$). COVID-19 geçirenlerde ve aşı olanlarda CBDA korunma-kontrol puanı daha yüksektir (sırasıyla $p < 0.001$; $p < 0.001$).

Sonuç: COVID-19'a bilinen maruziyeti olan bireylerin bilgi düzeylerinin daha yüksek olduğu görülmüştür. COVID-19'a bilinen maruziyeti olmayanların bilgi düzeylerinin daha düşük olması, hastalığa maruz kalmadan önce önleyici bir faktör olarak bilgi düzeylerinin güçlendirilmesi ve buna bağlı olarak bireylerin COVID-19 karşısında daha doğru tutumlar geliştirmesinin gerekli olduğunu göstermektedir. Bunun için toplumdaki her bireyin hastalıklara maruz kalmadan önce bilgi düzeylerinin yükseltilmesi amaçlanmalıdır.

Keywords: COVID-19, COVID-19 maruziyeti, COVID-19 bilgi düzeyi



Prevalence of Metabolic Syndrome, its risk factors and associated complications among the rural population of India

Submission Type: **Oral**

Topic Title: Internal Medicine > Obesity and Metabolic syndrome

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Introduction: Metabolic syndrome (MS), also known as syndrome X, is defined by WHO as a pathologic condition characterized by abdominal obesity, insulin resistance, hypertension, and hyperlipidemia. With a promising conquest over infectious diseases around the world, this non-communicable disease (NCD) entity has become a significant health hazard in the modern world.

Aim: The present study was done to estimate the burden of Metabolic Syndrome and to identify its risk factors and its complications among the rural adult population of India.

Methods: The study was carried out at 26 villages comprising 5 Primary Health Centres (PHCs) situated under a tertiary care setting in India, following approval from the Institutional Review Board at Konaseema Institute of Medical Sciences and Research Foundation, India. It was a community-based cross-sectional study conducted among adults of both genders residing in the area of PHCs. A pretested structured questionnaire was used to collect information on socio-demography, diet, physical activity, perceived stress, tobacco and alcohol use, anthropometry, blood pressure, and lipid profile.

Results and discussion: The prevalence of MS was 35.8% among the study participants. Central obesity was found in 59.6% of the participants. In univariate analysis, age greater than 44 years, female gender, higher socioeconomic status, refined sunflower oil usage for cooking, less consumption of fruits and vegetables, physical inactivity, perceived high stress, tobacco, and alcohol consumption were identified as risk factors to develop MS.

Conclusion: The prevalence of MS was found to be high. Due focus must be given to the promotion of healthy lifestyle practices among the community members; and provisions for early screening for risk factors such as obesity, lack of physical activity, and stress must be enacted. Further research work is necessary to explore in detail the pathophysiology of different causative factors contributing to the development of MS.

Keywords: Diabetes, Metabolic Syndrome, Non-communicable diseases, Rural Health



Türkiye Aile Hekimliği Dergisi'nde son 5 yılda yayınlanan makalelerin analizi

Submission Type: **Oral**

Topic Title: Family Physician > Research planning and execution

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Amaç: Türkiye Aile Hekimleri Uzmanlık Derneği (TAHUD) ana yayın organı olan Türkiye Aile Hekimliği Dergisi Türk aile hekimlerinin ele aldıkları araştırma konularını, ana ilgi alanlarını yansıtan önemli bir gösterge olarak kabul edilmektedir. Bu çalışmada derginin son 5 yılında yayınlanan araştırmaların yapısal olarak incelenmesi amaçlanmıştır.

Gereç ve yöntem: Tanımlayıcı nitelikteki çalışmada 2018-2022 yıllarındaki Türkiye Aile Hekimliği dergisinde yayınlanmış bilimsel çalışmalar incelendi. Çalışma türü, çalışmanın kimlerle yapıldığı, araştırmacıların cinsiyetlere göre dağılımı, araştırma yeri, veri toplama yöntemleri analiz edilmiştir.

Bulgu: Değerlendirilen 113 çalışmanın 87'si (%77) orijinal araştırma, 12'si (%10.6) derleme, 11'i(%9.7) olgu sunumu, 3'ü (%2.7) editöre mektuptu. Orijinal araştırmaların %87'si (n=69) kesitsel nitelikte, %13,7'si (n=12) retrospektif tasarımdaydı. İncelenen çalışmaların sadece ikisinin metodolojik tasarımda, ikisinin de müdahale çalışması olduğu gözlemlendi. Ortalama yazar sayısı 3,42±1,801(min:1, max:11) araştırmacıdan oluşmaktaydı. Çalışmaların %31,1'i (n=35) 2, %22,1'i (n=25) 4, %19,5'i (n=22) 3 araştırmacı tarafından yürütülmüştü. Araştırmacı sayısının 6 ve üzeri olduğu 10 çalışma mevcuttu. Çalışmaların 16'sı saha çalışması iken, 15'i birinci basamak sağlık kuruluşlarında tasarlanmıştır. Online anketlerin sadece 3 araştırmada uygulandığı gözlemlendi. Araştırmaların 70'inde yüz yüze anket uygulanmıştı. Anket çalışmalarının ağırlıklı olduğu görüldü. Yazar ağırlığının kadın olduğu 50 çalışma (%44,2),erkek olduğu 37 çalışma (%32,7), kadın ve erkeğin eşit oranda olduğu 26 çalışma (%23) görüldü. 66 araştırmada (%58,4) birinci yazar kadındı.

Sonuç: Araştırmalarda sıklıkla anket uygulamalarının kullanıldığı anlaşılmaktadır. Orijinal araştırma çalışmalarının yoğunlukta olduğu ancak kanıt düzeyi yüksek deneysel ve prospektif çalışmaların kısıtlılığı dikkat çekmektedir. Yazarlar arasında kadın araştırmacıların çoğunlukta olduğu çalışmaların daha fazla olduğu görülmüştür. Birinci basamak hekimleri tarafından yürütülen ve saha tabanlı çok merkezli epidemiyolojik çalışmaların artırılması aile hekimliği disiplini açısından önem arz etmektedir.

Keywords: aile hekimliği dergisi, birinci basamak sağlık hizmeti, bilimsel araştırma, araştırma yöntemleri



Bir Eğitim ve Araştırma Hastanesi Asistanlarının YNSA (Yamamoto New Scalp Acupuncture-Yeni Nesil Scalp Akupunktur) Hakkında Farkındalıklarının Değerlendirilmesi

Submission Type: **Oral**

Topic Title: Healthy Life > Functional medicine and Holistic Health

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¹ İKÇÜ Atatürk Eğitim Araştırma Hastanesi Aile Hekimliği Anabilim Dalı

Amaç: Organizmada fasya sistemi ile vücut bulan meridyen ağlarının bilimsel açıklamasının yapıldığı ve mikroakupunktur sistemlerinin bilimsel temellerinin atıldığı akupunktur dünyasında Yeni Nesil Scalp Akupunktur (YNSA) tanıs ve tedavi anlamında etkinliğinin farkına varılışıyla son zamanlarda önemli bir ilgi odağı olmuştur. Ülkemizde YNSA 'ya olan ilginin günden güne artması sebebiyle workshoplar düzenlenmesine neden olmuş ve hekimler tarafından öğrenilmeye başlanmış ve uygulanması artmıştır.

Çalışmamızın amacı alanda etkin olarak çalışacak hekimlerin YNSA hakkında bilgi düzeylerini belirlemek ve bu konuda farkındalıklarının artmasını sağlamaktır.

Yöntem: Tanımlayıcı tipteki çalışmamızın evrenini İKÇÜ Atatürk EAH'ta uzmanlık eğitimini almakta olan 630 asistan hekim oluşmaktadır ve örneklem büyüklüğü %95 güven aralığı, %5 hata payı, %50 bilinmeyen sıklık ve %5 sapmayla en az 239 kişi olarak hesaplanmıştır. Veriler 01.11.2022- 31.01.2023 tarihleri arasında online anket formuyla toplanmaktadır.

Bulgular: Devam etmekte olan çalışmamıza şimdiye kadar toplam 86 aile hekimliği asistanı katılmıştır. Bunların %62,6'sı (52) kadındır. Katılımcıların % 30,1'i (25) asistanlığının ilk yılında, %40,9'ü (34) ikinci yılında, %29'u (24) üçüncü yılındadır. Asistan hekimlerin %19,2'si (16) YNSA'yı daha önce duyduğunu belirtmiştir. YNSA hakkında bilgi sahibi olmayanlar arasında konuyla ilgili eğitim almak isteyen katılımcıların sıklığı % 73,5'tir. YNSA'nın hangi hastalıkların tedavisinde kullanıldığı sorusuna katılımcıların %89,2'si başağrısı; %84,3'ü migren; %80,7'si kas iskelet hastalıkları; %78,3'ü fibromiyalji cevabını vermiştir. Asistan hekimler arasında 2. yıl eğitim düzeyinde olanlar diğer yıllardaki asistanlara göre YNSA'nın birçok hastalığın tedavisinde etkili olduğu (p=0,009), kafa bölgesi uygulaması temelinde çalıştığı (p=0,004), ilk seanstan itibaren etkilerinin görüldüğü (p=0,006) ve somatotopik noktalardan oluşan bir sistem olduğu (p=0,000) konularında doğru bilgi sahibi olma bakımından istatistiksel anlamlı farklılık saptanmıştır.

Sonuç: Yeni Nesil Skalp Akupunktur başta olmak üzere akupunktur eğitimlerinin geleneksel ve tamamlayıcı tıp eğitimleri gibi Sağlık Bakanlığı onaylı olarak düzenlenmesinin ve bu hizmetlerin Sağlık Bakanlığı denetimindeki kurumlarda, eğitimini almış yetkin hekimlerce sunulması, eğitimlerinin yaygınlaştırılması gerektiğini düşünmekteyiz. Bu konuda yapılan bilimsel araştırmalar yaygınlaştırılmalı, 'akupunktur ve özellikle YNSA' kavramı ile ilgili farkındalık artırılmalıdır.

Keywords: YNSA, akupunktur, sistem



Koroner Arter Bypass Greft Operasyonlu Hastalar ile Sağlıklı Bireylerin Birinci Basamakta Koruyucu Sağlık Hizmeti Alma Durumlarının Kıyaslanması

Submission Type: **Oral**

Topic Title: **Cardiology** > Diagnosis and follow-up in cardiovascular diseases

¹ **Meryem Çakır**, ² Habib Çakır, ² Köksal Dönmez, ² Ertürk Karaağaç, ² İsmail Yürekli, ² Ali Gürbüz, ¹ Kurtuluş Öngel

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Giriş ve Amaç: Birinci basamakta koruyucu sağlık hizmeti sunumu ile pek çok hastalığın önüne geçilebilmektedir. Özellikle toplumdaki en sık ölüm nedeni olan kardiyovasküler hastalıkların önlenmesine yönelik birinci basamak hekimlerine önemli bir görev düşmektedir. Bu çalışmada KABG operasyonlu kişilerin birinci basamakta koroner arter hastalığına yönelik koruyucu sağlık hizmeti alma durumlarının sağlıklı kontrol grubu ile kıyaslanması amaçlandı.

Gereç ve yöntem: Kesitsel tanımlayıcı desende planlanan çalışmaya 151 KABG hastası ve 167 sağlıklı birey dahil edildi. Hastaların koroner arter hastalığından korunmalarına yönelik sağlık hizmeti alma durumlarını ve sosyodemografik özelliklerini inceleyen bilgi formu hastalara yüz yüze görüşme tekniği ile uygulandı.

Bulgular: Çalışmada KABG operasyonu olan hastaların sağlıklı kontrol grubuna göre, sigara ve alkolün koroner zararları, sağlıklı beslenme, kilo kontrolü ve asetilsalisilik asit kullanımının koroner yararları hakkında daha fazla bilgi aldıkları bulundu ($p<0.005$). Yine KABG hastalarının birinci basamakta daha sık kan basıncı, lipit ve kan şekeri kontrollerinin yapıldığı bulundu ($p<0.005$). İleri yaş, erkek cinsiyet, Hipertansiyon ve Diabetes Mellitus tanılı ve egzersiz yapmayan hastaların daha fazla KABG operasyonu geçirdiği saptandı ($p<0,005$).

Sonuç: Kişilerin koroner arter hastalığına yönelik birinci basamak sağlık kuruluşlarında koruyucu hizmet almalarının yaygınlaştırılması ve birinci basamak hekimlerinin bu konudaki bilgi ve deneyimlerini arttıracak stratejiler geliştirmek oldukça önemlidir. Birinci basamakta hastaların koroner risk değerlendirmelerinin yapılması ve gerekli durumlarda hastaların tedaviye erken yönlendirilmesi ile hastaların yaşam süresinin uzadığı unutulmamalıdır.

Keywords: Birinci basamak, koruyucu, koroner risk, sağlık.



Atorvastatin Kullanımına Bağlı Hemogloblin Düzeyinde Düşme; Olgu Sunumu

Submission Type: **Poster**

Topic Title: **Cardiology** > Current approaches in the treatment of hyperlipidemia

¹ Sezen Kaya, ¹ **Meryem Çakır**,

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Giriş: Gelişmiş ve gelişmekte olan ülkelerde ölümlerin başlıca nedeni aterosklerotik kardiyovasküler hastalıklar (ASKVH)'dır (1). Serum kolesterol düzeylerini düşürmek ve kardiyovasküler hastalıkları önlenmek için statinler kolesterol biyosentezi inhibisyonu yaparak kolesterolü düşürürler. Onaylanmış statin dozları ender olarak önemli yan etkiler ile ilişkilidir. Alerjik reaksiyon, cinsel istek-yetenekte azalma, uyumakta zorluk çekme, gastrointestinal sistem yan etkileri görülebilir (1). Statin tedavisi sırasında, miyopati oranı yaklaşık 10.000'de 1 hasta olup, rabdomiyoliz oranı daha da düşüktür (1). Az sayıda çalışmada statin kullanımının inflamasyonu azaltarak hastaları anemiden koruyabileceği vurgulanmakla birlikte, çok nadir olarak statin kullanımına bağlı anemi geliştiğini gösteren vaka sunumları da bulunmaktadır (2,3). Bu vakada Atorvastatin kullanımı sonrası Hemoglobinde (HGB) düşüş ve Laktat Dehidrogenazda (LDH) yükseliş görülen bir hastaya klinik yaklaşımın sunulması amaçlanmıştır.

Olgu: 69 yaşında erkek hasta aile hekimliği polikliniğine vücutta yaygın kaşıntı şikayeti ile başvurdu. Hastanın bilinen kronik hastalıkları diyabetes mellitus, hipertansiyon ve peptik ülserdi. Anamnezinde hastaya beş gün önce ölçülen kan değerlerinde düşük yoğunluklu lipoproteini (LDL) 135 mg/dL olması nedeniyle atorvastatin 20 mg başlandığı öğrenildi. Fizik muayenede inspeksiyonda kollarda ve bacaklarda kaşıntıya bağlı izler mevcuttu. Hastanın yapılan tetkiklerinde HGB'nin 12,5 gr/DL, LDH'nin 425 u/L olduğu görüldü, diğer kan sonuçları normaldi. Hastanın beş gün önceki tetkikleri incelendiğinde HGB'nin 14,5 gr/DL, LDH'nin 186 u/L olarak ölçüldüğü görüldü. Atorvastatin kullanımını takip eden dördüncü günde HGB'de 2 birimlik düşüş, LDH'da 2 kattan fazla yükselme ve şiddetli kaşıntı şikayeti olması nedeniyle hastanın atorvastatin tedavisi kesildi. Hasta antihiperlipidemik tedavi kullanmak istemediğini belirttiğinden yaşam tarzı değişiklikleri önerildi ve hasta diyetisyene yönlendirildi.

Sonuç: Statinler birinci basamak hekimlerince hiperlipidemi tedavisinde oldukça sık kullanılan ilaç grubunda olup yan etkileri konusunda daha fazla çalışma yapılmasına ihtiyaç duyulmaktadır. Statin kullanan hastalarda sık görülen bir yan etki olmasa da HGB düşüklüğü ve LDH yüksekliği konusunda dikkatli olmak gerekmektedir. Bu yan etkileri fark edebilmek ve ayırıcı tanıdan asıl tanıya gidebilmek için hastalardan detaylı anamnez alınması fayda sağlayacaktır.

Keywords: Hemogloblin, statin, yan etki



A Report on the Difficulties Faced by Female Syrian Migrants In Türkiye in Regards to Access to Sexual and Reproductive Health; compared with difficulties in Sweden

Submission Type: **Oral**

Topic Title: Gynecology And Obstetrics > Family planning and birth control methods

¹ **Doğukan Pira,**

¹ Izmir Ekonomi Üniversitesi

Introduction: More than a decade after the onset of the Syrian Civil War and the ensuing humanitarian crisis, the peoples displaced from their homes are still struggling to create a new, stable life for themselves away from violence. Syrian refugees yet face discrimination in many facets of public life; and are denied equitable opportunities in access to healthcare.

Aim: This report aims to compare the challenges Syrian migrants must overcome regarding sexual and reproductive health in the two European countries of Türkiye and Sweden; both of which have political landscapes dominated by discussion of the ongoing refugee crisis.

Methods: This report was prepared via literature review of current reports on migrant health in Türkiye and in Sweden; and via the integration of direct observational findings in a fortified migrant health-center in Türkiye.

Results: Migrants In both reviewed countries yet face many difficulties in accessing reproductive health services. Healthcare providers' discriminatory attitudes, poor integration into society, ignorance towards migrants' cultural norms and biases against reproductive health services and methods, and language barriers are cited as prevalent barriers to access.

Discussion: The international community has long been aware of the low living standards in refugee settlements. The immigrants must overcome innumerable challenges to establish their new life following forced displacement. The issue of sexual and reproductive health plays a critical role in the process of reintegration. Access to family planning and contraception can significantly enhance the quality of life in this population. As maternal and newborn health are vital indicators of the wellbeing of every society, it is critical to ensure every person has access to quality healthcare.

Conclusion: Migrant access to holistic and preventative Sexual and Reproductive Healthcare is essential. Both countries must implement long term strategies for the proper integration and education of migrants to avoid an upcoming healthcare crisis.

Keywords: Health Equity; Sexual Health; Right to Health Care; Attitude of Health Personnel; Migration Policy



Planetary Health and Family medicine. Towards a climate-resilient primary health care practice

Submission Type: **Oral**

Topic Title: Family Physician

¹ Christian Lueme,

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Climate change has been declared the biggest threat to human health in the 21st century. Climate change and global pollution are ecological drivers associated with significant health and social effects that are often seen in primary healthcare services. Exposure to climate change-induced extreme weather events is associated with immediate loss of life and injuries as well as destroying homes and livelihoods. Not all family doctors are aware of the issues and how to tackle them. There are three key aspects to consider: the health and social effects of climate change, the challenge of climate change to primary healthcare facilities and services, and the contribution of health services to the problem of climate change.

Several reports have underlined the difficulty of PHC facilities and services to operate after extreme weather events. In consideration of the challenge of climate change to PHC facilities and services, the WHO has developed the operational building blocks of a climate-resilient health system. The contribution of health services to the problem and its carbon footprint should also be considered. This presentation suggests practical steps that family doctors can take to address these issues: planetary health education and climate-resilient primary health care.

Keywords: planetary health, family medicine, climate change



Balint groups: A supervision model in primary care

Submission Type: **Oral**

Topic Title: Family Physician

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² İzmir Ekonomi Üniversitesi

Balint groups refer to a clinical supervision model developed by Mihaly Balint, a Hungarian-born physician who practiced his professional life in the United Kingdom. It can also be defined as a kind of consultation model between general practitioners, and a supervision process is run for the physician who has a difficult doctor-patient relationship experience. The purpose of Balint groups; is to ensure the positive transformation of the uncertain, complex, and challenging doctor-patient relationship. In addition to clinical method differences in primary care such as community-oriented perspective and low-prevalence medicine, there is a dynamic psychological dimension arising from the long-term patient-physician relationship. Solidarity, trust, and empathy among colleagues ensure the management of difficult cases and protect the family physician against burnout. Several physicians come together to form a Balint group under the leadership of a group leader who has experience in the Balint model. The leader asks the group who wants to present the case. The physician who wants to share a case comes forward and shares his experience. After completing his presentation, the physician withdraws and the participants take turns asking questions about the case. These questions may be about the characteristics of the patient such as age, gender, and medical condition. In addition, it may be related to the pattern and flow of the event between the patient and the doctor. In the last stage, there is the discussion process in which the presenter and other participants exchange their views together. The task of the group leader is to provide a flow in line with the basic principles of the Balint model and to enrich the discussion with open-ended questions where necessary. Within the scope of this presentation, the dynamics of the relationship between a patient with a late diagnosis of colon cancer and a physician will be discussed.

Keywords: Balint groups, family medicine, leadership , supervision



Online and Face to Face Education Perspective

Submission Type: **Oral**

Topic Title: Family Physician

¹ Ferhat Gündoğan,

¹ İzmir Ekonomi Üniversitesi

I am here as a student that took not all years of online education out of but that took 1,5 years out of 2,5 years, plus this month after the earthquake that affected 11 cities in Turkey. In high school going to school was a burden for me but as the years proceeded and I got my place in the faculty I wanted in the university, that changed. I don't remember wanting to go to school this much, but online education kind of both stopped us, and mentioning it like this I think sounded unfair because it was also a savior in the years of Covid 2019 pandemic. Other than situations that require online education like pandemics and earthquakes, face-to-face education is way more effective than online education. Participation and attendance fall dramatically, the most crowded lecture sometimes has 20 participants and that's $\frac{1}{4}$ of my class. Participation is another thing in online lectures, 5 of 20 speak at most. I did a quick research and couldn't find any data on this but this is what I have observed first hand. There are systems that record these lectures and luckily my university has one of those systems. I don't have data about the clicks or time spent on that replay system but I don't quite believe that it's as effective as attending online. The questions asked on face to face lectures are very limited and it decreases with the transition to online, (which is also correlated with the total attendance) you can't ask any questions this way. In this section people prefer they get the "education," they want to take, which is only what the teacher tells them. Nobody wants to ask anything that they think of. Which is utterly away from what the academy is for.

Keywords: education, face-to-face, online, student perspective



Trigeminal neuralgia tension-type headache

Submission Type: **Oral**

Topic Title: Neurology > Headache differential diagnosis and treatment

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The patient applied for treatment for right hemicranial, scorching, and electric shock discomfort in the back of her head that had been bothering her for two days. Her account revealed that the pain had moved to her jaw and, sometimes, her ear. The patient indicated that she had previously experienced a similar problem and that she was treated with Brufen (ibuprofen), which was recommended at the time. There is no diabetes diagnosis (and no drug use), but earlier examinations reveal that there was overt diabetes based on the HbA1c level. BP: 139/82mmHg, all other vital signs normal. All system evaluations were normal, with no abnormal results.

A thyroid nodule has been discovered. She was under the care of the endocrinology department, but she has ignored it for a year and does not take any medications. Despite her usual diet, the patient reported waking up feeling hungry in the morning. Trigeminal neuralgia tension-type headache is the preliminary diagnosis.

Suggestions: She has no recognized hypertension diagnosis. Monitoring of blood pressure was advised and discussed. It was discovered that the patient attended an endocrinology appointment, and that blood sugar control and thyroid nodule control were indicated.

The characteristics of trigeminal neuralgia pain and tension-type headache, as well as the triggering elements, can be elucidated. The patient can be told about the indications for neurology referral. If the diagnosis is a tension headache, the patient can be informed about the causes, effects, and complexities of chronic pain. The connection between pain and emotion thought and conduct can be described.

Alternative treatment approaches and different preventative strategies can be explained if the current treatment is unsuccessful. Psychotherapy and behavioral therapies may be indicated if the conditions are favorable.



İzmir'deki Aile Hekimliği Asistanlarının SIBO Hakkındaki Bilgi ve Farkındalıklarının Değerlendirilmesi

Submission Type: **Oral**

Topic Title: Family Physician

¹ **Merve Alban**, ¹ Pelin Tiryakioğlu, ¹ Esra Meltem Koç, ² Mehmet Burak Öztop,

¹ İzmir Katip Çelebi Üniversitesi Atatürk Eğitim Ve Araştırma Hastanesi Aile Hekimliği Abd

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Amaç:İnce bağırsakta aşırı bakteri üremesi (SIBO) yaygın, ancak yeterince tanınmayan bir sorundur. Mide bulantısı, hazımsızlık, yorgunluk, ishal ve kabızlık gibi semptomlarla hastaların konforunu bozmakta malabsorpsiyon, kilo kaybı, anemi, vitamin ve demir eksikliği gibi ciddi belirtiler ortaya çıkabilmektedir. Bireyin ilk temas noktası olan aile hekimlerinin konu hakkında bilgi sahibi olması ve farkındalıklarının oluşması hastaların tedavisinin zamanında yapılmasına, yaşam kalitesinin artmasına, yapılan sağlık harcamalarının azalmasına katkı sağlayacak ve fonksiyonel tıp biliminin gelişmesi açısından önem taşımaktadır. Bu çalışmanın amacı İzmir'deki aile hekimliği asistanlarının SIBO hakkındaki bilgi ve farkındalıklarının değerlendirilmesidir.

Yöntem: Tanımlayıcı tipte planlanan çalışmanın evrenini İzmir'de aile hekimliği uzmanlık eğitimini almakta olan asistan hekimler oluşturmaktadır. 2022 Ekim ayı verilerine göre uzmanlık eğitimini almakta olan asistan hekim sayısı 440 kişi olduğundan %95 güven aralığı, %5 hata payı, %50 bilinmeyen sıklık ve %5 sapmayla en az 207 kişilik örneklem büyüklüğü hesaplanmıştır. Katılımcılara ilgili literatür doğrultusunda, araştırmacılar tarafından geliştirilen, 34 soruluk anket online uygulanacaktır.

Bulgular: Devam etmekte olan çalışmamıza şimdiye kadar toplam 61 aile hekimliği asistanı katılmıştır. Bunların %62,3'ü(38) kadındır. %29,5'i(18) asistanlığının ilk yılında, %36,1'i(22) ikinci yılında, %33,4'ü(21) üçüncü yılındadır. Örneklemimizin %67,2'si(41) daha önce İnce Bağırsakta Aşırı Bakteri Üremesi (SIBO) kavramını duymuş, %32,8'i (20) duymamıştır. Risk faktörlerinden en fazla predispozan olduğu düşünülen ince bağırsak divertikülozu gibi anatomik anomaliler %73,8(45), gastrik bypass ve Roux-en-Y gibi cerrahiler %72,1(44), narkotikler, antikolinerjikler ve antidiyaretikler gibi bağırsak hareketliliğini yavaşlatan ilaçlar %78,7(48), cerrahi, otoimmün gastrit veya PPI'lara bağlı bağlı hipo veya aklorhidri %78,7(48), inflamatuvar bağırsak hastalığı %77(47), diabetes mellitus %70,5(43)'tür. SIBO ile ilgili eğitim, seminer almak isteyenler %90,2'sini(55) oluşturmaktadır.

Sonuç: İnce bağırsakta aşırı bakteri üremesi (SIBO) ile ilgili seminerler/ eğitimler verilmesi aile hekimliği uzmanlarının bilgi düzeyi ve farkındalığının artırılmasına katkıda bulunacak ve yetkinliğini artıracaktır. Dolayısıyla birinci basamak sağlık hizmeti alan hastaların doğru tanı ve tedaviyle hayat kalitesini artırıp sağlık hizmetlerinin etkinliğinin artmasına fayda sağlayacaktır.

Keywords: sibo, ince bağırsakta aşırı bakteri üremesi, malabsorpsiyon, small intestinal bacterial overgrowth, bacterial overgrowth



The Association Of Diffuse Large B-Cell Lymphoma And Myelodysblastic Syndrome As a Rare Condition

Submission Type: **Oral**

Topic Title: Oncology

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Non-Hodgkin's lymphomas comprise several subtypes, with Diffuse Large B-Cell Lymphoma (DBBHL) being the most common, accounting for 58% of cases. DBBHL is typically diagnosed at advanced stages, with 40% of patients displaying extranodal involvement. Myelodysplastic syndromes (MDS) are a group of hematological malignancies that are characterized by clonal hematopoiesis, one or more cytopenia, and abnormal cellular maturation.

A 59-year-old male patient, with a medical history of hypertension (HT) and coronary artery disease (CAD), was admitted to the emergency department of an external center, complaining of abdominal pain that had started 4-5 months prior. During abdominal examination, an irregularly contoured, heterogeneous internal mass lesion measuring 99x89 mm was detected in the mesenteric fatty tissues in the upper left quadrant, along with significant diffuse thickening of the adjacent jejunal walls. The patient underwent mass resection surgery, and the pathology report indicated that the mass was compatible with Diffuse Large B-Cell Lymphoma, with a CD3-, CD20+, CD5-, CD10+, CD23-, Bcl-2-, Bcl-6+, Cyclin d1-, CD117-, pancytokeratin-, c-MYC-, and Ki-67 %85-90+ immunophenotype. The patient was assessed as having high-risk MDS according to the R-ISS score and treated with the 3+7 (idarubicin-doxorubicin) protocol. However, due to the blast rate being 19% during a bone marrow aspiration performed to evaluate the response, the treatment was deemed unresponsive and switched to IDA-FLAG (idarubicin-cytarabine-fludarabine). Unfortunately, the patient died due to refractory disease and septic shock.

Managing patients with concurrent MDS and NHL is complex due to various factors such as age, performance status, concomitant diseases, and the severity and subtype of NHL and MDS.

Keywords: dbbhl, mds



A global epidemic! Obesity from Adipogenesis to its Clinical Consequences

Submission Type: **Oral**

Topic Title: Internal Medicine > Obesity and Metabolic syndrome

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Since obesity is a global health problem that can lead to life-threatening morbidity and mortality, we emphasize its importance in our medical curriculum. We would like to draw attention to its importance and multifaceted effects by reviewing the whole process from its molecular basis to systemic effects. Obesity cannot be evaluated from a single point of view and it should be handled with different aspects from the cell level to the clinical consequences at both individual and society level. We have written a book chapter explaining its mechanism from this perspective. Here, we would like to present our study.

Adipose tissue, with a huge cell signaling network, serves for energy storage, regulation of energy homeostasis, and as an endocrine organ causing ROS formation, while adipocytokines contribute to atherosclerosis via insulin resistance, systemic inflammation, deterioration in endothelial function and increased coagulation, and to carcinogenesis via changes in leptin/ adiponectin ratio, fat tissue signaling alterations, oxidative stress, molecular damage, systemic inflammation, and insulin resistance.

Monogenic and polygenic factors, and epigenetic factors, including DNA methylation, histone modifications, non-coding RNA mediated modifications, affect metabolic processes and fat storage in the body and play role in obesity either through genetic variants or lifestyle mediated changes. The microbiota has been shown as effective in the development of obesity. Dyslipidemia, obesity-related nephropathy, obstructive sleep apnea, steatohepatitis, gastroesophageal reflux, gastric and intestinal dysfunctions, arthritis, balance disorders, polycystic ovary syndrome, colorectal, endometrial, postmenopausal breast cancers also associate with obesity. Obesity has a detrimental impact on COVID-19 infection prognosis and increases its mortality.

In clinical practice, heterogeneity of obesity requires individual, social and medical effort for its prevention and treatment. Although lifestyle changes as nutrition, exercise, behavioral therapy are recommended primarily in most obese individuals, pharmacological agents can be used depending on patients' comorbidities as these changes become insufficient over time.

Keywords: obesity, adipogenesis, management



The effect of breathing techniques on the severity and frequency of migraine-like headaches

Submission Type: **Oral**

Topic Title: Neurology > Headache differential diagnosis and treatment

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Background:

Migraine is a common neurobiological disorder that causes increased excitability of the central nervous system, resulting in significant morbidity worldwide. Migraine has a considerable economic and social impact, affecting the quality of life of patients and disrupting work, social activities, and family life. Reducing the frequency and severity of migraine attacks may be the first goal of treatment.

Methods:

This study is a randomized controlled trial designed to observe the effects of breathing techniques on migraine-like headaches, frequency, and severity. Participants will be assigned to either the intervention or control (treatment as usual) group using cluster randomization to prevent intergroup contamination. The intervention group will be taught breathing techniques by the researcher, while both groups will continue to use pharmacotherapy for migraine. The primary outcome of the study is to evaluate the effect of breathing techniques on the frequency and severity of migraine-like headaches, and the secondary outcome is to evaluate the effect on the MIDAS score.

Results:

The study aims to provide information about the effect of breathing techniques on migraine-like headaches, which will contribute to the literature as pharmacotherapy options for migraine are limited. The results of the study will be evaluated using the migraine disability assessment questionnaire (MIDAS) at the beginning and end of the study.

Trial registration:

The trial has been registered with clinicaltrials.gov (NCT05536635) on 09/09/2022.

Keywords: Migraine, Headache, Breathing Techniques, MIDAS.



Evaluation Family Medicine Internship

Submission Type: **Oral**

Topic Title: Family Physician

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Physicians should consider several important factors when approaching their patients, including Empathy and Compassion: Physicians should approach their patients with empathy and compassion, showing them that they care about their well-being and are committed to helping them improve their health. Communication: Physicians should use clear and effective communication to explain medical conditions, procedures, and treatments to their patients in a way that they can understand. Active Listening: Physicians should listen actively to their patients and encourage them to express their concerns and questions, allowing for a collaborative and respectful relationship. Cultural Sensitivity: Physicians should be aware of and sensitive to their patient's cultural backgrounds, values, beliefs, and preferences. Privacy and Confidentiality: Physicians should respect their patients' privacy and maintain their confidentiality in all interactions and conversations. Shared Decision-Making: Physicians should involve their patients in the decision-making process by presenting options, weighing benefits and risks, and respecting patients' preferences. Continuity of Care: Physicians should strive to maintain continuity of care by keeping accurate and up-to-date records, coordinating care with other healthcare professionals, and ensuring smooth transitions between healthcare settings.

The patient had URSI and the physician was prescribing regular symptomatic medications such as ibuprofen and pseudoephedrine. Instead of blindly renewing the prescription, I took the time to review the patient's medication history, including their past medical history and other medical conditions. I saw the patient has hypertension disorder which is a contraindication condition for pseudoephedrine. I consulted with the supervising physician to discuss the best treatment options for the patient.

By taking these steps, I was able to prevent a potential medical error and ensure that the patient received appropriate and safe treatment. This event highlighted the importance of careful and thorough medication review and the value of collaboration with other healthcare professionals in preventing medical errors.

Keywords: Internship, family medicine, education



The Role of Family Physicians in Wellness Programs: A Literature Review

Submission Type: **Oral**

Topic Title: Family Physician

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Introduction: Wellness programs have gained prominence in recent years as a proactive approach to improving health outcomes and reducing healthcare costs. Family physicians play a crucial role in implementing and coordinating wellness programs, but their specific contributions have not been well-defined.

Aim: This review aims to examine the existing literature on the role of family physicians in wellness programs.

Methods: A search of relevant databases yielded 25 articles that met the inclusion criteria.

Results: The findings revealed that family physicians play multiple roles in wellness programs, including health risk assessment, health promotion, disease prevention, behavior change counseling, and care coordination. They provide personalized care plans, monitor progress, and facilitate referrals to other healthcare professionals or community resources.

Discussion: Family physicians address the social determinants of health and provide patient education and empowerment, acting as advocates for patients. However, barriers such as time constraints, lack of reimbursement, and limited training were identified. In addition, the importance of ongoing education for family physicians to enhance their skills in delivering wellness interventions and addressing barriers. Fostering strong collaborations among healthcare professionals and leveraging technology can further support family physicians in their role as wellness programs, leading to improved patient outcomes and population health.

Conclusion: Family physicians play a multifaceted role in wellness programs, serving as frontline providers for health promotion, disease prevention, and care coordination. Their holistic approach to patient care contributes to the success of wellness programs. However, addressing barriers and enhancing support for family physicians in their role as wellness champions is crucial for the effective implementation and sustainability of wellness programs. Further research and policy efforts are needed to optimize the contributions of family physicians in wellness programs and promote population health.

Keywords: Wellness, family physicians, education, health



Family Health Care Center Visits-Solutions Suggestions

Submission Type: **Oral**

Topic Title: Family Physician

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What are the problems?: Because of socio-economic difficulties, most patients are housed near the industrial area, which is not suitable for the residents' general well-being due to general pollution (like noise, etc), and due to socio-economic conditions around the area, people are generally low-income. Some patients could not afford to pay the amount for the medications prescribed to them. Even if they did, we observed that some common medications like hypertension drugs were not available in the nearby pharmacies, which the elderly people have to go to. The doctor had to contact the pharmacists and actually prescribe a hypertension drug that they had available. A lot of them also could not afford to buy enough of the required food groups like meat, fish, and fiber-containing vegetables. But a lot of patients that came to the FHC, especially men, were also smokers. Not coincidentally, there are a lot of overweight people, especially women who are at home and not working. Another common problem of people is, they are generally not physically active enough. We also observed a lot of elderly hypertension patients coming in every day to get their blood tension checked, because they did not have the device at home.

What could be the solutions?: It is necessary to increase the number and variety of drugs and backup medication must be available for emergency times. Accommodation and/or settlements in the vicinity of the industrial area should be minimized due to air and noise pollution. Seminars on smoking cessation can be organized with the FHC physicians together with the patients. Increasing cigarette prices may help to reduce the smoking rate. The cost of the HPV vaccine must be covered by SGK as a cancer prevention measure.

Keywords: family health care center, medical student perspective, evaluation



Risk Management and Prevention: Obesity

Submission Type: **Oral**

Topic Title: Family Physician

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The patient was a fifty-three-year-old woman. She is at risk for cardiovascular diseases- hypertension, obesity, and cancer that she may experience due to her lifestyle, age, and genetic predisposition. According to TEMD, while the patient is under the age of 55, there is no risk in terms of age, but she is at risk due to smoking and having a BMI over 25. In addition, the prevalence of cardiovascular disease on the father's side of the family is another risk factor for the patient. Her risk factors are evaluated in this way has hypertension and uses regular medication. The risk of obesity, the patient is in a range that we can consider overweight, as her body mass index is between 25 and 29.9. Although the changes in the diet of the patient that caused her to lose fifteen kilos prevent her from gaining weight, it is necessary to continue to follow the waist circumference and weight in order to prevent the problems caused by obesity, taking into account the hypertension disease with advancing age. Moreover, Type 2 Diabetes Mellitus has a very close relationship with obesity, and studies have reported that obesity plays a role in the etiology of more than 80% of type 2 diabetes cases. In this respect, weight control is also necessary to eliminate the risk of diabetes. Cancer risks that the patient carries due to her age. According to the Ministry of Health, women aged 40-69 years are at risk for breast cancer, 30-65 years of age are at risk for cervical cancer, and both men and women aged 50-70 are at risk for colorectal cancer.

Keywords: obesity, risk management, primarycare, prevention



Being a medical student during pandemics

Submission Type: **Oral**

Topic Title: Family Physician

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You are likely to have experienced significant changes in your education, clinical experiences, and personal life. Many medical schools have had to adapt to remote learning, which can be challenging for students who prefer in-person interactions and hands-on experience. However, online learning has allowed students to continue their education during lockdowns and travel restrictions.

Clinical rotations have also been affected by the pandemic, with many hospitals restricting access to medical students to limit exposure to the virus. This has led to a reduction in clinical experience for some students, which can be concerning for those who need to complete certain requirements for graduation.

Despite the challenges, being a medical student during a pandemic can be an opportunity to learn and adapt to new situations. Medical students have been involved in the pandemic response, from volunteering at vaccination centers to assisting with research projects related to COVID-19. These experiences can be valuable for future medical practice and provide a unique perspective on the medical profession during times of crisis.

Additionally, the pandemic has highlighted the importance of public health and the need for a strong healthcare system. As a medical student, you are learning about the intricacies of the human body and how to diagnose and treat illnesses. However, the pandemic has also emphasized the role of healthcare professionals in preventing disease and promoting public health.

In conclusion, being a medical student during a pandemic can be challenging, but it also provides opportunities for growth and learning. The pandemic has underscored the importance of public health and the vital role of healthcare professionals. Despite the difficulties, medical students have adapted to the new normal and continued their education and training to become the future of the medical profession.

Keywords: pandemics, medical education, student perspective



A dynamic approach to healthy aging – Review of Charles Eugster, World’s fittest 97-year-old, dentist, athlete

Submission Type: **Oral**

Topic Title: Healthy Life > Healthy Aging

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To begin with his own words, “Society sealed us with an expiry date”. Undoubtedly, worldwide aging especially in developed countries is a so long debated and critical topic in aspects of life quality, health expenditures, and burden to society. Charles Eugster is a fine, “dynamic” British-Swiss dentist with world records in sprinting and immense experience in rowing advice and leaves a will of great ideas for managing the aging process to various extents.

Disease is not a natural consequence of aging. Pandemics of depression, obesity, and musculoskeletal disorders mainly stem from modern lifestyle. Globalization of high energy low nutrition foods with colorful brands has progressed into indulging entertainment, sneaky addiction, and catching trends. Whereas eliminating nutrition-rich animal food from our meals, especially in the elderly population has become a new health motto. The US obesity epidemic began almost simultaneously with the release of the low-fat dietary recommendations As Trans Fats and Vegetable Oils replaced Butter and Lard, the diseases of civilization increased, in contrast, France and Switzerland two leading butter-consuming countries exhibit the lowest CVD. As people cut back on their consumption of red meat and high-fat dairy products, the obesity epidemic began.

An elderly person goes through an accelerating process of sarcopenia at a faster rate ever than before which starts in the mid-forties, not only does that person loses lean functional muscle mass but also replaces that essential tissue with a total burden of fat tissue. Pelvic fractures, knee, and back pain, and restricted mobility reduce life quality and increase expenditure.

Building adequate muscle tissue (multiple light sessions in a day) as a long-term life goal gradually might be studied as a new exercise method rather than long walking sessions based on Charles’s case.

Keywords: lifestyle medicine, healthy ageing, exercise



A Unique Case of Glabellar Ecchymosis Associated with Migraine-Type Headaches in a 45-Year-Old Man

Submission Type: **Oral**

Topic Title: Family Physician

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The 45-year-old man visited our outpatient clinic for evaluation of severe headaches and multiple episodes of glabellar discoloration. The patient experienced throbbing pain usually in the right side of the face, lasting 12 hours to a day, approximately 4-5 times per month, accompanied by nausea and photophobia. The ecchymosis-like lesions appeared after severe headache episodes and resolved over the following days. Upon further investigation, the patient's medical history revealed no notable factors apart from migraines. Comprehensive evaluation, including high-resolution brain magnetic resonance imaging (2022), brain and orbital computed tomography (2022), and routine blood tests, yielded no remarkable findings. Both initial physical and neurological exams were normal. Our patient was included in the study to investigate the effect of the "alternative nostril breathing technique" on the frequency and severity of migraine headaches in migraine patients after written consent was obtained. During the study, the patient continued his/her own pharmacotherapy (NSAIDs) as before and there was no known medication use other than NSAIDs also patient did not start any new medication.

The precise mechanisms behind the association between autonomic vascular dysfunction and migraine-type headaches are not fully understood. However, some studies suggest that migraine sufferers may have increased sensitivity to vasodilatory stimuli, such as nitric oxide, leading to greater vasodilation and blood flow changes during headache episodes. Additionally, the activation of the trigeminal nerve, which is involved in the pathophysiology of migraines, may also contribute to autonomic dysfunction and abnormal vascular responses.

Further research is needed to elucidate the exact relationship between autonomic vascular dysfunction and the formation of ecchymosis in migraine-type headaches. A deeper understanding of these mechanisms may lead to new therapeutic approaches for patients suffering from migraines and associated complications.

Keywords: Migraine, Headache, Glabellar echymosis



From Dizziness to Bladder Cancer: A Case Report

Submission Type: **Oral**

Topic Title: Family Physician

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Introduction:

Periodic health examinations of healthy individuals are among the duties and authorities of the family physician. Every individual over the age of 65 should be invited at least once a year. One of the recommended laboratory examinations is complete blood count (CBC). CBC is a test that can help to diagnose anemia, hematological cancers, infections, acute bleeding, allergic diseases and immune deficiencies. The cause of anemia presenting with dizziness, which is one of the common causes of admission to primary care, should be determined.

Case:

A 65-year-old male patient applied to our family medicine outpatient clinic with the complaint of dizziness. On physical examination, pulse rate was 94, arterial blood pressure was 100/40 mmHg, and body temperature was 36.9 C. It was learned that a blood test was performed on Family Health Center (FHC) 1 week before. Electronic health records from one week ago were as follows: hemoglobin 4.3 g/dl, RDW 22.7%, RBC: $2.87 \times 10^{12}/L$, hematocrit 18.5%, MCV 64.5 fl. Control hemogram values performed in our hospital were consistent with previous values as hemoglobin 4.5 g/dl. Internal medicine was consulted for anemia treatment and the patient was hospitalized. In urine analysis 7341 erythrocyte, were observed. Urology department planned performing cystoscopy. Surgery was planned after cystoscopy revealed papillary tumoral tissues in the bladder. The pathology result was papillary urethelial carcinoma.

Discussion:

Serious diseases are encountered less frequently in family medicine clinics. This requires primary care physicians to manage a unique probability-based decision-making process. Severe anemia may be presented with syncope, chest pain, shortness of breath, and decreased exercise tolerance.

Conclusion :

As family medicine physicians, it is very important to perform periodic health examinations for the early diagnosis and treatment of malignancies. Malignancies are an important cause of anemia in the elderly. It should be kept in mind that anemia, is a symptom, not a disease.

Keywords: Anemia, bladder cancer, early diagnosis, preventive medicine.



Vitamin D Levels in Hashimoto's Thyroiditis Patients

Submission Type: **Oral**

Topic Title: Family Medicine

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Background: Vitamin D is a type of steroid hormone that is synthesized from 7-dehydrocholesterol by ultraviolet (UV-) light in the skin or obtained through diet from foods such as milk and dairy products. Vitamin D deficiency is a widespread health problem worldwide. Adults who are vitamin D deficient develop osteomalacia. Recent studies have shown that vitamin D deficiency to insulin resistance, type 2 diabetes, dyslipidemia, cardiovascular disease, and non-alcoholic fatty liver disease. The Framingham Offspring study discovered a link between low vitamin D levels and major cardiovascular disease. It's been proposed that vitamin D acts as an immunomodulator in autoimmune diseases like Hashimoto's thyroiditis.

Questions: Although low vitamin D levels have been found in numerous studies, it is unclear whether this is the result or the cause of the disease. The aim of this study was to see if there was a difference in serum vitamin D levels between people with Hashimoto's thyroiditis and people who didn't have thyroid disease.

Content: The aim of this study was to see if there was a difference in serum vitamin D levels between people with Hashimoto's thyroiditis and people who didn't have thyroid disease. The study's scope is as follows: People with Hashimoto's thyroiditis and those who have applied to Family Medicine Polyclinic in the last 5 years will be included.

Take Home Message for Practice: Management of "D vitamin prevention" is crucial in primary care. The results of this study could identify the root reasons to define the status.



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