The objective of this study was to evaluate the efficacy of a psychiatric consultation model for patients with somatoform disorder in primary care.

Methods: Randomized controlled trial performed in primary care practices. 61 patients with serious somatoform disorder were selected by the primary care practitioners (PCP). According to pre-set criteria and the study, selection criteria were ongoing medically unexplained symptoms for which diagnostic referral yielded no pathological diagnosis, combined with fulfillment of ICD-10 criteria in a baseline self-report questionnaire. 36 PCP's cooperated. Blockwise randomization between primary care practices was performed. PC practices received psychiatric consultation by a psychiatrist in the pre-consultation period. The patients completed pre-operative baseline questionnaires including generic QoL (SF-36). Patient risk factors, nature and course of the thrombosis prophylaxis in hospital were documented from patient charts. Follow-up patient questionnaires at one and three months post-surgery, including the SFP-36, identified the "natural course" and potential complications of thrombosis prophylaxis, associated costs, possible medication interactions with anticoagulants, socio-economic factors, patient quality of life and treatment satisfaction. Information obtained in the 1-month follow-up patient questionnaire was validated and complemented if necessary by the attending physician.

Results: Statistical examination will address the costs of thrombosis prophylaxis, resource consumption, risk factors for thrombosis, patient quality of life, and therapy satisfaction. Full results of the study are expected in April 2003.

Conclusions: This therapeutic and economic analysis of DVT in Germany will provide a basis for further development of optimal treatment guidelines for thrombosis prophylaxis to improve patient outcomes and implement maximum utilisation.
206 USE OF HEALTH CARE AND OUTCOME OF MODERATELY IMPAIRED STROKE PATIENTS IN MADRID AND STOCKHOLM

MagosI Jimenez Munoz*, Jesus De Pedro Cuesta†, Javier Almacanta dala, Lenna von Koch**, Lotta Widen Holmqvist***

*Servicio de Rehabilitacion, Hospital Universitario 12 de Octubre, CAM, Madrid, Spain. †Unidad de Epidemiologia Aplicada, Centro Nacional de Epidemiologia, CSIC, Madrid, Spain. ‡Div. of Neurology, NEUROTEC, Humboldt University Hospital, Humboldt-Universitaet zu Berlin, Germany. **Department of Public Health, University of Applied Sciences of Magdeburg, Magdeburg, Germany. ***Division of Epidemiology, Centro Nacional de Epidemiología, ISCIII, Madrid, Spain.

Purpose: To compare the use of and outcome of health care of two selected groups of patients with moderate impairments after stroke in Madrid and in Southwest Stockholm County.

Methods: Twenty seven Spanish and 38 Swedish stroke patients with first or recurrent stroke, Mini Mental State Exam >23, continent and independent in feeding according to Katz ADL Index, and impaired motor capacity (assessed one week after onset) were included. They were reassessed at 5-7 days, 3 and 6 months after stroke using a protocol which encompassed clinical and socio-economic data, assessment of impairment, function and activity, and use of hospital, rehabilitation and community services.

Results: The Madrid patients, four years younger, exhibited significantly lower motor capacity, and were more disabled at baseline but the differences between the groups decreased with time. The frequency of social activities before stroke and at 6 months was lower among the Spanish patients. All the Swedish patients were hospitalized in neurological rehabilitation and geriatric wards, while the Spanish patients were mainly admitted to other wards. 66% were more recurrently hospitalized and had a similar proportion receiving rehabilitation, considerably higher average number of out-patient visits to therapists during 6 months, 47.5 to 7.6, and lower use of home adaptation.

Conclusion: Hospital admitted patients after stroke in Madrid were more disabled at baseline, had a higher impact in health-related quality of life at 3 months, and had a different recovery pattern than patients at Stockholm with similar moderate impairment at baseline. It would appear that there is a place for national improvement of care, particularly hospital, acute, community rehabilitation and home adaptation, for moderate stroke patients in Madrid.

207 SURVEY OF GENERAL PRACTITIONERS IN GERMANY REGARDING CONTINUING EDUCATION

Christoph Trautner*, Rafael Bierth**, Burkhard John***

*Department of Public Health, University of Applied Sciences of Braunschweig/Wolfenbuettel, Wolfenbuettel, **Department of Social Sciences and Public Health, University of Applied Sciences of Magdeburg, Magdeburg, Germany. ***Association of Offices of Primary Physicians, Magdeburg, Germany.

Introduction: To plan continuing education best adapted to the needs of general practitioners (GPs) and to find the appropriate strategies for continuing medical education, we surveyed the GPs in the state of Saxony-Anhalt, who were interested in Evidence-Based Medicine (EBM) and in using electronic media and the internet for their education.

Methods: A pilot study was carried out. During two meetings for continuing education, the participating GPs in the German state of Saxony-Anhalt were polled by questionnaires. Relative frequencies were calculated. In addition, the participants were asked how confident they felt with respect to certain aspects of their professional practice. Using Likert scales, mean confidence scores were calculated.

Results: 456 questionnaires were filled in and returned. 16% of the participants did not give their personal characteristics. Of the responders, 31 were women, 20 men. 43 had not passed their studies before 1989, 8 after 1989. (In 1989, the reunification of Germany brought about major changes in health care and education). Over 90% responded that they recognized EBM as useful and cost-effective pharmacotherapy. 51% had participated in continuing education in the field over the last 5 years, 26% planned to do so within the next year. 80% had participated in courses on methods of EBM, 71% in the use of EBM in the clinical practice, 69% had participated in courses on the use of electronic media and the internet for their education.

Conclusions: In this pilot study, useful and cost-effective pharmacotherapy was the focus of interest both in the past and for future education. The participants felt already most confident in the field, composed with all other fields covered in the questionnaire. Most of the participants were relatively advanced in their career. Nevertheless, their interest in using electronic media and the internet was great. Interest in EBM was highest by far than expected.

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