

- Exclusion criteria: COPD and other respiratory diseases.
- Variables: Age, sex, BMI.
- Diagnostics criteria: OMS definition of smoker, History of smoker included CMDF (SEPAR), Richmond test, Fagerström test, Charlson Index (co morbidity; co morbidity -age) and Goldberg General Health Questionnaire (GHQ-28) including 4 subscales A (somatic symptoms), B (anxiety and insomnia), C (social dysfunction) and D (severe depression).
- Statistical Method: The data obtained were treated statistically with the SPSS statistical Package (version 12.0).

Discussion: These results may be attributable to tobacco consumption because the Charlson Index are very low in the two groups compared and no differences we observed in BMI. **Results:** The characteristics of smoker group are intense degree of tobaccoism, variable degree of physics dependence, precontemplation phase of abandon, High risk, Richmond test ($4'55 \pm 1'39$), Fagerström test ($4'37 \pm 2'86$), Charlson Index (co morbidity; co morbidity -age) very low, BMI ($25'42 \pm 4'85$).

Conclusion:

- 1- We observed significant differences in subscale B (anxiety and insomnia) of GHQ-28 normal and corrected between the two groups and this scale is pathological in smokers.
- 2- In smokers, a positive association between tobacco and anxiety or insomnia was observed (OR > 1).
- 3- Equally no differences was observed in subscales A, C and D of GHQ-28, that corresponding to somatic symptoms, social dysfunction and severe depression respectively.
- 4- Fagerström and total GHQ-28 tests give highest values in smokers who need smoke in the first 30 m after wake-up.
- 5- Fagerström and D subscale GHQ-28 test give significant differences ($p=0.000$ and $p=0.01$ respectively) with increasing values in parallel to the increase physics dependence.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.184

ABS93: Parental anxiety about croup syndrome

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Introduction: Croup (laryngotracheobronchitis) is a common upper respiratory infection in children aged 3 months to 3 years and its classic clinical table characterized by a harsh, barking cough, hoarseness and stridor is generally frightening for the parents. **Aims and objectives:** The aim was to explore disease related anxiety of parents of children with croup syndrome and to investigate the views of families on managing croup in primary care settings. **Methods:** Parents of 11 children with croup syndrome were interviewed just after acute symptomatic treatment of the children in the emergency room. The conversations were especially focused on satisfaction of the parents with the treatment (content of the therapy, information provided etc); their opinion on the possibility of managing such cases in primary care settings; and their fears about development of a serious illness like asthma in the future. **Results:** The cases (9 boys, 2 girls) were 9 to 25 months of age. The parents of 6 children who had experienced similar attacks before were less worried about acute treatment procedure than first-time visiting parents. The most significant cause of parental anxiety was the risk for development of a serious disease like asthma in the future and no information was provided by the doctors on this issue. All the parents but one believed that croup attacks were indicators of upcoming diseases. They all believed that such attacks could be managed in primary care settings, even at home by a professional, for example a family physician. Such an approach is also supposed to provide opportunity of talking on disease related concerns of the parents and decrease parental anxiety. **Conclusion:** Parental anxiety about

the treatment of croup attacks seems decreasing in recurrent cases. But the anxiety about the future course of the disease remains even in experienced families. Better communication skills with the parents and more explanation about the disease seem to be the key points to relieve parental anxiety.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.185

ABS94: The Macklin effect- case series of spontaneous pneumomediastinum

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We present a case series of spontaneous pneumomediastinum from presentation until resolution. A short review will follow to introduce the Macklin effect as a possible pathophysiology and how this understanding can help improve clinical understanding and management.

Conflict of interest and funding

Nil.

doi:10.1016/j.pcrj.2006.04.186

ABS95: Mental disorders and asthma: have mental disorders an influence on asthma morbidity?

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Introduction: Asthma is a chronic inflammatory pulmonary disease which is under-diagnosed, under-treated, and with a prevalence over 5%. It is associated with increased physical comorbidity, mortality, high rates of health service utilization, and occupational disability. There is also some evidence which suggests its relation to an increase in psychiatric symptomatology and mental disorders (MD) [1]. However, the validity, strength and specificity of these relations haven't been established, even less in primary care settings. **Aims and objectives:** To describe the prevalence of MD in our asthmatic population and to know whether these patients show a worse evolution in their pulmonary pathology. **Subjects and method:** Transversal descriptive study developed in a Primary Care Centre of Barcelona. A sample of 338 asthmatic patients was studied. They were randomly selected between 675 registered in the centre informatic program. The period of study goes between 2000 and 2004. Clinical histories were revised using GINA 2004 [2] and DSM-IV criteria [3]. **Results:** The average age of patients was 48,2 (SD 21,6). 67,8% were women. Focusing on asthma type, we observed: 41,1% of intermittent asthma, 16,3% of mild persistent asthma, 37,9% of moderate persistent asthma and 4,7% of severe persistent asthma (SPA). 31,1% of studied patients showed MD diagnosis. Among them: depressive disorder 53,3%, anxiety disorder 49,5%, somatoform disorder 4,8%, bipolar disorder 0,9% and others 13,3%. Patients with severe types of asthma showed more prevalence of MD ($p=0,01$). Asthmatic people with MD suffered more crisis ($p=0,005$) and needed more recovery bronchodilator medication ($p=0,053$). **Conclusions:** There is a high prevalence of MD in our asthmatic population, with predominance of depressive disorders. Patients diagnosed with SPA show higher prevalence of MD than the others. Asthmatic patients with diagnosis of MHD show more crisis and need more recovery medication.

Conflict of interest and funding

References

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 [2] Global Initiative for Asthma 2004.
 [3] DSM-IV criteria.

doi:10.1016/j.pcrj.2006.04.187

ABS96: Effectiveness of smoking cessation on COPD outpatients in three different settings in Greece

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Purpose: To evaluate the effectiveness regarding a Smoking Cessation Program (SCP) in a rural Health Center by GP's (group A), in an outpatients clinic of a Respiratory Medicine by a Chest Physician (CP) (group B) and in an outpatients clinic by the collaboration from both (group C) in COPD smokers. **Methods:** A total 214 COPD smokers were enrolled in the study (mean age 54, range 47–67). 77 pts (36%) were under the care of a GP, 88 pts (41.1%) by a CP and 49 pts (29.9%) by the collaboration of both. We followed the guidelines according the Consensus Statement. All the patients, during the 1st visit, completed the Fangestrom questionnaire and were evaluated with a Lung Function Test. The medical treatment was NRT and Bupropion. We evaluated the abstinence of smoking after 6 and 12 months. The Physician advice in the Health Center was given by GP's and in the Hospital by special professionals. **Results:** 53 pts (70.1%) of group A, 49 pts (59%) of group B and 31 pts (63.2%) of group C quitted smoking in 6 months. 45 pts (60%) of group A, 41 pts (49%) of group B and 25 pts (51%) of group C quitted smoking in 12 months. The results were not statistically significant. **Conclusion:** The results of the Smoking Cessation Program were satisfactory in these three different settings. Further work needs to be done to assist smoking cessation in pts with COPD. But it seems that the counseling of a GP has better compliance.

Conflict of interest and funding

Smoking Cessation.

doi:10.1016/j.pcrj.2006.04.188

ABS97: Reporting on a smoking cessation programme from rural primary care in Greece

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Background: Although Greece is a country where a high smoking rate is reported, there are only few interventions on smoking cessation in the primary care setting. This paper reports in developments and achievements of a programme on counselling patients who smoke at a rural Health Centre. **Methods:** The study lasted from June 2002 until December 2005. Of all patients who visited the practice of two GPs, those who provided informed consent were eligible. The smoking cessation programme was based on the guidelines according to the relative Consensus Statement. All patients completed the Fangestrom questionnaire at the 1st visit. The given medical treatment was NRT and Bupropion. Follow-ups were scheduled on the 6th and 12th month. All the medical records were reviewed and data on smoking cessation and interventions implemented have recorded. The presence of respiratory diseases (COPD, Asthma) and other risk factors as cardiovascular diseases, obesity,

diabetes, was documented using international consensus (GOLD, GINA). **Results:** 520 patients 395 males (76%) and 125 females (24%) (mean age 53, range 18–77) were identified. 27 patients (14.4%) were found to have receiving counselling and 413 (79.4%) parmacotherapy. 22 patients (12.6%) were treated with NRT, 202 (48.9%) with NRT and Bupropion and 159 (38.5%) only with Bupropion. 77 patients (14.8%) were diagnosed with COPD and 69 (13.3%) with cardiovascular disease. Six months after cessation 363/520 pts (69.8%) were non-smokers, while the corresponding rate after one year was found to 281/520 (54%). **Conclusion:** The smoking cessation programme implemented at this rural Health Center in Greece seems to be effective. The study adds in the existing literature that GPs are capable in implementing systematic approaches with guidelines and contribute to the smoking cessation.

Conflict of interest and funding

Smoking cessation.

doi:10.1016/j.pcrj.2006.04.189

ABS98: Screening with spirometry reduces smoking

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Introduction: Smoking cessation is important for patients with COPD and the only way to slow down the deterioration of the lung function. It has been questioned if screening with spirometry is a tool and help for patients to stop smoking. **Aim and objectives:** To evaluate the patients opinion about screening and if a performed screening of smokers had an impact on smoking cessation. **Subjects and method:** 522 patients (320 smokers, 202 ex-smokers) had previously been screened with spirometry. 29% of the smokers and 23% of the ex-smokers had COPD. All patients received a questionnaire with questions about their smoking habits after the spirometry. **Results:** 363 of 522 (70%) patients answered the questionnaire (63% of the smokers and 80% of the ex-smokers). Of the smokers 50 (25%) had stopped smoking after the screening and another 42% had decreased their cigarette consumption. Anxiety from the results of the spirometry was the most important reason for reducing the consumption, whereas the result of the spirometry was of less importance. 47% of patients that were classified as COPD and 40% of patients with normal lung function reduced their smoking. **Conclusions:** Screening with spirometry in smokers leads to a reduction of smoking and many patients cease smoking. Anxiety is the main reason for change in smoking habits.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.190

ABS99: Baseline data comparing smokers to non-smokers from a smoking intervention study in Norwegian primary care

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Objectives: Aim of our study was to describe the prevalence and role of self-reported lung and heart disease, lung symptoms and smoking habits on health outcomes in a practitioner based cohort of individuals between the age of 47,0 and 57,9. Finally we wanted to describe smokers readiness to quit and the role of their GP. **Methods and design:** Postal questionnaire on smoking habits, lung disease, lung symptoms and health status to all persons born between 1947 and 1957 (n=2601) listed with 18 GPs from 4 primary care centres in Oslo. Seventy-one percent