An explicit aim was to develop independence of learning and teaching by the master trainers. They quickly adopted and implemented their new skills as demonstrated by facilitated peer review visits to family medicine departments. There were also government-instituted reforms of the curriculum and assessment methods. Difficulties encountered by the project included didactic medical educational philosophy, medical school structure and the undergraduate curriculum. Working within general cultural factors in Kazakhstan was also challenging. However, by the end of the program the master trainers were running courses for colleagues and acting as agents for change demonstrating that the strategies to increase self-reliance were effective.
Set up of the symposium Short presentations by the authors followed by questions ending with sharing of experiences and lessons learnt with conference participants.
Time frame Presentations by UK consultants and Kazakh Master trainers
- Introduction and background 10mins
- New teaching methods 10mins
- Evidence based Medicine 10mins
- Quality Assurance 10mins
- Subsequent developments 10mins
- General discussion 15mins.
Total 65mins

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H. Otters

DIFFERENCES IN SELF REPORTED PERCEIVED HEALTH AND MORBIDITY IN OVERWEIGHT AND OBESE CHILDREN

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Introduction An increasing trend of increasing childhood obesity has been observed in the and little is known about the immediate health consequences of overweight in children Objective To examine differences in self reported health and health problems presented in general practice.
Method During a representative survey of morbidity in Dutch general practice in 2001, a random sample of 2719 children aged 2-17 years responded to a health interview. BMI was calculated using self reported weight and height. Interview data was linked to morbidity presented in general practice.
Results 8% of all children were overweight; obesity varied from 2 to 8% (combined: 11.7%, 319/ 2719). Overweight and obese children aged 12-17 years reported poorer perceived health and presented more health problems to general practice than non-overweight children. Parents of overweight and obese children aged 2-11 years (proxy interview) did not report a poorer health for their children but did consult the general practitioner more often. Morbidity patterns of overweight children differed from children without overweight; they reported more ear problems (12.9% vs 8,5%, p= 0.02); had higher incidence rates of respiratory (311 vs 217/1000 person-years, $p<0.01$) and ear diseases (178 vs 105/1000 personyears, p=0.02).
Conclusion Overweight and obesity is a health burden for children on a day-to-day basis, resulting in short term health consequences. This finding reinforces the need for preventive strategies in childhood.

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EPIDEMIOLOGY OF UNINTENTIONAL INJURIES IN CHILDHOOD, A SURVEY IN GENERAL PRACTICE

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Introduction It is estimated that half of all injuries in children is seen by the general practitioner. However, insight in the epidemiology of childhood injuiries in primary care is scarce. Objective To quantify and describe unintentional injuries in children, and to identify children at risk for experiencing an unintentional injury.
Method Data of 82,053 0-17 year olds were used from a representative survey in Dutch general practice in 96 practices (2001). Episode-based and injury-specific incidence rates were calculated. Multilevel regression analysis in different age strata

identified patient and family characteristics associated with elevated injury risk.
Results 9484 injury episodes were identified from 105,353 health problems presented in general practice (9%), giving an overall incidence rate of 115 per 1000 person-years (95% confidence interval 113 to 118). Of all injuries, 35% were lesions of the skin; 31% were complaints/sprains of extremities. Gender and residence in rural areas are predictors of injury in all age strata. Also, in children aged 0 to 4 years a higher number of siblings is associated with elevated injury risk and in the 12 to 17 year olds, ethnic background, mothers age and socio-economic class are associated with experiencing an injury.
Conclusion Unintentional injury is a significant health problem in children in general practice, accounting for 9% of all new health problems in children. In all age groups, boys in rural areas are especially at risk to experience an injury.

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N.J. de Wit

HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH IRRITABLE BOWEL SYNDROME AND INFLAMMATORY BOWEL DISEASE IN PRIMARY AND SECONDARY CARE IN THE

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INTRODUCTION: The impact of IBS on quality of life is often considered to be minor as compared to that of organic bowel diseases, but direct comparisons are scarce. We compared QOL of IBS and IBD patients from primary and secondary care.
METHODS: A random sample of non consulting IBS patients and IBD patients was drawn from a primary care network (49.000 patients from 22 practices) and from a university gastroenterology outpatient department. In a postal survey patients were asked to fill out a questionnaire exploring demographic data, symptom score and generic (SF 36) QOL
RESULTS: The response rate was 59.7% for IBS and 66.1% for IBD patients. For most QOL dimensions scores were comparable for IBS and IBD. Disease impact on pain and physical functioning was more severe in IBS than in IBD patients ($p<0.05$). Compared to secondary care patients the impact of IBS on social and physical functioning was less in primary care patients. The latter experienced less pain, had a better general health perception and felt more vital. As for IBD, patients in secondary care experienced less impact on pain, mental health and social functioning. The two IBD groups did not differ in disease impact on vitality and general health perception.
CONCLUSION: The impact of IBS and IBD on health-related QOL is comparable. Impairment of QOL is most outspoken in secondary care IBS patients, and least in the primary care IBS group. The QOL level of IBD patients, both from primary and secondary care, takes an intermediate position.

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C.L-D.N Cristina Lefter-Dana Nedelcu

THE CLINICAL-BIOCHEMICAL MEANINGS OF HYPERECHOIC PANCREAS

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Introduction/research question: The demonstration of correlation between varied sonographic variants of hyperechoic pancreas and clinical-biochemical alterations of patients in the medical practice.
Method: The sampled test has 100 patients with hyperechoic pancreas,age 30-60 years, 50% men and 50% women. The other group has 100 persons age 30-60 years, with normal sonographic pancreas, 50% men and 50% women. We made the correlations between the pancreas hyperechogenity degrees and the following clinical-biochemical categories:obesity, alimentation style(food rich in fat, consistent meals for dinner),dyslipoproteinemia, dyspepsia, affected gallblader (lithiasis, nonlithiasis),diabetes type II.
Results: There are many sonographic variants of hyperechoic pancreas. The first variant:light hyperechoic with anterio-posterior diameter of body normally. The second:the echostructure of pancreas is equal to retroperitoneal fat; the pancreas is gentle crenated. The anterio-posterior diameter is yet normal. The third:the contour is progressive crenellated. The anterio-posterior diameter can increase.It can exist a slightly posterior acoustic shadowing. The fourth:the posterior acoustic shadowing is important.Possibility of hypertrophy. The fifth:the pancreas is very hyperechoic and atrophied. The sixth:the pancreas has calcifications,cysts and irregular dilatations of Wirsung. There are correlations between these sonographic variants and the studied constants:obesity $p<0,001$,alimentation style $p<0,001$,dyslipoproteinemia $p<0,001$, dyspepsia $p<0,001$, affected gallblader $p<0,001$, diabetes II $p<0,001$.
Discussion/Conclusion: It is important that every GP should not misunderstand the sonographic pancreas description in order to prevent(propose an adequate style of life) and treat in time.