FRI 15:30 – 16:30	Hall A: Alfa	Lecture 1.1: Tackling health inequalities in family medicine: an overview of the evidence	Charlotte Morris	Tackling health inequalities in family medicine: an overview of the evidence Background Most family medicine doctors are interested in health inequalities, and care deeply about improving healthcare for our most disadvantaged patients. We are regularly provided with data about how people with disadvantages receive worse healthcare and have poorer health outcomes. We rarely discuss evidence-based ways we can improve health equity relevant to our daily practice. The lecture will discuss the history and conceptualisation of health inequalities. Examples of inequalities relevant to family medicine will be discussed, such as access to healthcare in different populations (travellers, migrants), drastically increased suicide rates in LGBTQ+ populations, and the 'gender gap' in healthcare research. We will discuss evidence-based ways to reduce these inequities. This includes an overview of policies for resourcing primary care and how these could be made more equitable, primary-care focussed models to reduce inequity e.g. 'Fairsteps', and how patient-centred care and community engagement can improve equity. Learning objectives * Understand definitions and key papers in the history of health inequalities research. * Understand different frameworks and conceptual models of health inequalities. * Give examples of existing gross disparities in healthcare relevant to family medicine. * Describe emerging evidence-based ways to reduce inequity, and how to implement these in daily practice. Brief presentation of the leader Charlotte Morris is a GP and doctoral research fellow. Her research focusses on understanding and addressing health inequalities within primary care particularly for people with dementia. Keywords Health inequality, family medicine, evidence-based practice
FRI 15:30 – 16:30	Hall A: Alfa	Lecture 1.2: European Young Family Doctors Movement Exchange Programs	Yanica Vella Raisa Alvarez Paniagua	Connecting doctors across the globe is key to maintaining educational and cultural exchanges whilst gaining a deeper understanding of yourself and those around you. Strengthening international relationships whist sharing ideas is key to what European Young Doctors Movement promotes. Exchanges provide this opportunity and also aid to kick start connections both during the exchange and after, Last few years this has been reflected in the Bridge project which was set up purely for this reason. Exchanges are a great way of entering this organisation and giving room to both personal growth and increasing opportunities in the medical field.

FRI 15:30 – 16:30	Hall B: Omega	WS 1.1: Refugee movements, measles resurgence and ımmunization strategies in family practice	Busra Bilik Sezer İkbal Hümay Arman Oleksandra Alekseichenko Sophiko Rusashvili Popescu Catalina Andreea Elina Treija Lia Guledani Hande Büyükdağ Nam Ruveyda Nur Agırbas Ana Beatriz Meira Silva Magalhaes	Background: Measles, once near eradication, has re-emerged as a pressing global health challenge. Drivers include COVID-19 disruptions, vaccine hesitancy, regional conflicts and large-scale refugee and migrant movements. Displaced populations often have uncertain vaccination histories, heightening vulnerability and threatening herd immunity in host communities. This spans continents-from the Middle East to Africa, Europe, and the Americas-making it an international concern. Countries along migration routes, such as Türkiye, Jordan and EU member states, have integrated targeted immunization into strategies to protect both refugees and host societies. Family physicians and frontline providers play a critical role in rebuilding confidence, ensuring equitable access and adapting approaches to culturally diverse populations. Didactic Method: The workshop will open with an overview of measles epidemiology and outbreaks among refugee groups, drawing lessons from polio and COVID-19. Participants will complete an online survey on experiences with vaccine hesitancy, communication barriers and logistical challenges. In small groups (5-6), they will examine case scenarios of outbreaks linked to low coverage and propose innovative solutions, such as opportunistic immunization in inclusion clinics and tailored promotion in refugee settlements. A plenary session will integrate strategies and compare practices across countries. Objectives: • Review evidence on measles resurgence and refugee health. • Identify barriers to immunization in family practice. • Explore strategies to address hesitancy in migrant groups. • Strengthen collaboration among family physicians. • Develop multilingual communication toolkits. • Assess digital tools (SMS reminders, apps, mobile clinics) to boost uptake. Estimated number of participants: 40 Keywords: Measles, Vaccination, Refugee Health, Family Practice, Vaccine Hesitancy, Cross-Cultural Communication
FRI 15:30 – 16:30	Hall C: Gamma	WS 1.2: Tic-Toc on the clock: a medical escape room for primary care emergencies	Maria Eveline Nicolaita Colacel Carlos Rafael Pires Baltazar Chaimae Ouahhoudi Ajouini Aliona Fomin Hamid Aliahmad Aida Tincu-Modran Mary	Background: Family medicine emergencies - such as chest pain, seizures, sepsis, or hypothermia - demand rapid action, sound clinical judgment, and effective teamwork. Yet, traditional teaching methods often struggle to mirror the pressure and unpredictability of real-life situations. Gamification, and particularly the escape-room format, offers an engaging and immersive approach to strengthen confidence, decision-making, and collaboration among primary care professionals. Didactic method: Participants will be divided into four competing teams. Each team must progress through a series of emergency scenarios, advancing only by solving puzzles (crosswords, word searches, riddles) and making the correct clinical decisions as quickly as possible. Four facilitators will oversee the process, ensuring adherence to clinical guidelines. The competitive environment recreates the tension of real emergencies, while collaborative play fosters deeper engagement and long-term retention. Intended learning objectives: * Improve recognition and management of common emergencies in primary care. * Practice communication and problem-solving under time constraints.

			John-Charles Robertson Jessica Bakker Catalina Andreea Popescu Yanica Vella	* Demonstrate how gamification enhances emergency education. Keywords: Escape room, gamification, primary care emergencies, teamwork. Estimated time: 60 minutes. Estimated number of participants: 20-30 participants.
FRI 15:30 – 16:30	Hall D: Sigma	WS 1.3: Certific sponsored workshop: Using LLM in practise - Certific example (30 min) WS1.3.: Gosta Labs sponsored workshop: The AI-Augmented GP: Understanding Ambient Intelligence (30 min)		
FRI 15:30 – 16:30	Hall E: Epsilon	WS 1.4: Beyond the label: the hidden world of endocrine disruptors in everyday products and their effects on personal and public health	Helena Alonso Valencia Paula Sala Ivars Raisa Álvarez Paniagua Hana Ruferová Carolina Cordovil Marina Jotic Ivanovic Özden Gokdemir Catarina De Ataíde Santana Yasmin Cordova Ríos	When you purchase a product, do you read the ingredient list? And if so, do you understand it fully? This workshop introduces the concept of endocrine-disrupting chemicals (EDCs)—compounds that resemble our hormones, but pose significant risks to health. These ubiquitous chemicals are found in everyday products such as cosmetics and food packaging. While often overlooked on ingredient lists, EDCs and other toxics have far-reaching health consequences, contributing to conditions such as cancer, diabetes or obesity, amongst others, as well as affecting wildlife and disrupting ecosystems. Understanding their ubiquity is crucial for protecting public health, particularly for women, as we will discover in this workshop. We promise this workshop will inevitably change the way you live and make choices. Are you ready to unveil the “ugly truth”? Come and join us! Didactic method In a very interactive setting with different stations, participants will uncover the ubiquity of EDCs and other toxic chemicals through an escape room challenge. Working in groups, attendees will solve puzzles, answer question games, match cards and analyse different products using technology. References of updated scientific evidence and take-home materials will be provided at the end. Objectives: * Identify EDCs and other toxics * Understand their effects in human health, particularly for women * Foster informed choices to minimize the exposure and the impact on planetary health. Max 50 participants Keywords: Chemical compounds, Women’s health, Planetary health

				Helena Alonso-Valencia is a Family Doctor, founder and member of the SIG Women's Health, with special interest in women's health and planetary health.
FRI 15:30 – 16:30	Hall G: Kapa	WS 1.5: Fishing in the sea of medical records: a structured pain consultation	Franziska Freinberger Catalina-Andreea Popescu Maria Gramada Hana Ruferova Lukasz Reczek Alessio Platania Katarzyna Reczek Oleksandra Alekseichenko Nick Mamo Mary John-Charles Robertson	Background Patients suffering chronic pain are often underdiagnosed and do not receive the appropriate multimodal therapy according to standard quality criteria. For medical staff, the first appointment with a patient with symptoms of chronic pain can be challenging, facing the complexity of the situation: the variety of symptoms, a huge pile of records, great number of previous contacts with the health care system, unstructured previous workflow. Patients often feel left behind and do not get the chance to understand the plan. Didactic Method Giving the example of the first pain consultation, participants will reflect and discuss their own communication strategies and learn another structured consultation model through role play and group discussion. Objectives This workshop will focus on the skills needed for leading the patient through a structured interview using the Calgary-Cambridge Communication Model. Special focus will be on “welcoming the patient onboard”, thus the urgent need of ensuring the patients’ understanding of the disease and future therapy plan. Participants will learn and discuss how to use the “Pain Consultation Model for Primary Health Care Practitioners” (NHS Scotland) and how to plan a guided follow-up. Estim. number of participants: 20-25 Brief presentation of the leader Franziska Freinberger recently finished GP training in Vienna and specialized in palliative care and pain management in primary care. She is part of the executive board of the Austrian YDM and is EYFDM National Delegate of Austria. Currently she works for public nursing homes in Vienna. 2-5 Keywords: chronic pain, structured interview, pain consultation, communication
FRI 15:30 – 16:30	Hall F: Beta	OP 1 (Oral presentation) 8+2 min: Reinventing Primary Care: From Triage to Training		
FRI 15:30 – 16:30	Hall F: Beta	OP 1.1: Telephone-based triage in primary care: a comparative study	Vincenzo Lavecchia Gabriele Gazzaneo Federica Violi	This study evaluates the role of a primary care coordination centre (Centrale Operativa) in managing low-complexity health issues during after-hours periods, comparing decision-making patterns between nurses and physicians. This service operates within the public health system of an urban area in Northern Italy, utilizing an integrated digital triage system staffed jointly by family physicians and nurses.

		of nurses' and physicians' roles in after-hours care coordination	Elena Romani Patrizia Conti Storani Simone Michele Mallamace Barbara Leoni Sonia Romani Enrica Terzi	A retrospective analysis was performed on 147,459 calls managed in 2024, extracting data from the local electronic health records system "Matilde." Call outcomes were categorized into four groups: informational advice, referral to a community health centre, home visit, and emergency service activation. Differences in outcome distribution between nurses and physicians were assessed using a chi-square test and a multinomial logistic regression model, with informational advice as the reference category. Significant differences emerged in the management patterns of nurses and physicians ($\chi^2 = 5226.4$, $p < 0.001$). Nurses showed greater odds of scheduling appointments (OR = 2.21; 95% CI: 2.16–2.27) and activating emergency services (OR = 1.72; 95% CI: 1.63–1.82), while physicians were more likely to manage cases through informational advice or home visits. Crucially, the two groups demonstrated substantial overlap in emergency service activation, reflecting shared recognition and reliable management of critical cases. These findings support the safety and consistency of a dual-role triage system. The observed patterns indicate not misalignment, but a complementary division of tasks aligned with each professional's scope of practice. This model illustrates the potential of multidisciplinary triage to enhance efficiency, safety, and accessibility in community-based primary care.
FRI 15:30 – 16:30	Hall F: Beta	OP1.2: The Territorial Assistance Unit (NAT): a new organizational model to address the shortage of family doctors in Reggio Emilia	Vincenzo Lavecchia Gabriele Gazzaneo Michele Mallamace Francesca Cecchini Pier Luca Marazzi Lorenzo Rubrigi Federica Violi Michele Pescetelli Simone Storani Enrica Terzi	Background Italy, like many European countries, is experiencing a growing shortage of family doctors (GPs). In Reggio Emilia, this gap left thousands of citizens without access to basic primary care. To ensure equity and continuity of care, in 2022 the local health authority (AUSL-IRCCS) launched the Territorial Assistance Unit (NAT), a team-based structure temporarily covering GP vacancies. Methods: The NAT is composed of doctors, nurses, and administrative staff, coordinated by a central operations unit (CO-NAT). Activities include: ambulatory medical care located within Community Health Centres; nursing care for chronic disease management and preventive medicine; home visits for non-self-sufficient patients; vaccination campaigns. CO-NAT classifies requests, provides clinical advice, prescribes chronic therapies, and organizes referrals to appropriate services. Results: From May 2022 to December 2024, NAT provided primary care to ~17,700 citizens in 11 municipalities. Activities included: 10,571 ambulatory visits, 380 home visits, 6,206 significant phone consultations, 11,238 chronic prescriptions, 1,286 nursing assessments, and 302 vaccinations. Ambulatory clinics were progressively activated across districts, ensuring capillarity and proximity. Conclusions: The NAT represents an innovative and pragmatic model of primary care designed to ensure equity of access in the context of GP shortages, ensuring access for vulnerable populations. The multidisciplinary structure distributes workload, improves

				responsiveness, and reduces the risk of burnout among professionals. While not intended to replace the traditional GP-patient relationship, NAT highlights how flexible, team-based solutions can maintain service equity during workforce crises. This experience offers lessons for other European regions facing similar challenges.
FRI 15:30 – 16:30	Hall F: Beta	OP1.3: The Unified Centre for Non-Urgent Care: improving appropriateness and patient flow in Community Urgent Care Centres (CAU)	Francesca Cecchini Gabriele Gazzaneo Vincenzo Lavecchia Michele Mallamace Pier Luca Marazzi Federica Violi Michele Pescetelli Simone Storani Enrica Terzi	Background In 2023, AUSL Reggio Emilia reorganized out-of-hours services by establishing a 24/7 Unified Centre for Non-Urgent Care (CO). In daytime weekdays it operates with a nurse–doctor team, while nights and holidays are managed by physicians. In preparation for the national 116117 number, the CO was tasked with triaging access to Community Urgent Care Centres (CAU) in addition to walk-ins. Objective To evaluate whether CO-mediated access to CAU is associated with greater appropriateness (fewer ED referrals) and shorter waiting times compared with self-presentation. Methods: Data extracted from the “Matilde” electronic health record (2024) were analyzed using Student’s t-test and multivariate regression to adjust for age and time of access. Outcomes included ED referrals, discharge rates, urgent specialist referrals, and waiting times. Results: In 2024, CAU Reggio Emilia recorded 38,317 visits: 74.4% mediated by CO, 25.6% self-presented. ED referrals were 3.6% vs 5.9%; home discharges 93.1% vs 89.6%; urgent specialist referrals 3.3% vs 4.4%. Mean waiting time was 22.8 min for CO-mediated vs 35.7 min for self-presented. Adjusted analysis showed a 37% lower risk of ED referral and 37% shorter waiting time for CO-mediated patients ($p<0.001$). Conclusions: Telephone triage via the CO improves patient flow and appropriateness of CAU access, reducing both ED referrals and waiting times. Beyond efficiency gains, this model enhances patient experience and professional coordination, supporting the regional strategy to adopt 116117 as the standard entry point for non-urgent care. The Reggio Emilia experience demonstrates how reorganizing access pathways can strengthen primary care responsiveness.
FRI 15:30 – 16:30	Hall F: Beta	OP 1.4: Can de-budgeting save primary care physicians in Germany? A policy turning point for general practice	Damon Mohebbi Rumeysa Yasar Altina Ademia Nazmiye Acar Shadan Rahimpour	Background Budget caps on general practitioners (GPs) in Germany have limited reimbursement for services since 1993, contributing to financial strain in primary care. Amidst growing GP shortages, rising demand, and workforce attrition, the government has passed a reform to abolish most budget caps from February 2025. Objectives To examine the current financing structure of primary care in Germany and assess the potential role of de-budgeting as part of broader primary care reform.

				Methods This policy analysis draws on recent legislative documents, data from statutory health insurance reports, and international literature on primary care financing. Workforce trends, service utilisation patterns, and projected financial impacts were evaluated. Outcomes The reform removes quantity limits and fee reductions for most GP services, potentially increasing annual costs by €400 million. Some services remain excluded. Early indicators suggest a modest improvement in GP morale, but workforce and infrastructure challenges persist. Discussion De-budgeting addresses a long-standing disincentive in German primary care, offering an opportunity to improve service capacity and retention. However, without complementary reforms in medical education, digital health, and practice support, the impact may be limited. Take Home Message De-budgeting is a necessary step. To secure the future of primary care, it must be integrated into a broader, systemic reform strategy. Keywords Primary care, general practice, healthcare policy, workforce, Germany
FRI 15:30 – 16:30	Hall F: Beta	OP 1.5: Undercover simulation in GP residency training: a qualitative study in medical education	Johannes Gorkotte Katrin Schöffel Bettina Engel Thomas Kuehlein	Abstract (max 250 words) Background Undercover simulated patients (USPs) are rarely used in medical training. However, the undercover simulation method allows for the realism of a genuine consultation while enabling specific learning moments to be provoked. In a general practice affiliated with the University Hospital of Erlangen, experiences with undercover simulation in student training are to be transferred to the residency training of general practitioners (GPs). Questions/Objectives How can undercover simulation be transferred to GP training? What are benefits and barriers? Methods A qualitative, explorative design investigates GP trainees‘ experiences with USPs. Trainees will consult either real patients or USPs, followed by structured debriefings. Observation protocols for contextual and behavioral aspects will be captured during both. Guided interviews with trainees (10min) directly after consultations will be audio recorded, transcribed, and analyzed (Kuckartz method). Additionally, the detection rate of USPs will be recorded. Outcomes

				We assume that undercover simulation compared to regular simulation may cause a self-perceived difference in the learning effect among GP trainees. Using undercover simulation during GP residency may be perceived more effective than during medical school. Data collection is scheduled to take place in fall 2025. The results will be presented at the EYFDM forum. Discussion Undercover simulations could enhance evidence-based communication in family medicine consultations and offer particular benefits for residency training. Take Home Message Undercover simulation may be a valuable teaching method in GP education. 2-5 Keywords Undercover Simulation, Unannounced simulated patients, Risk Communication, Decision Aid, Decision Support Tool
FRI 15:30 – 16:30	Hall F: Beta	OP 1.6: A Teacher's Commitment – Teaching Means Learning; From Module Development to Implementation Supported by Evaluation	Swantje Kraul	Keywords: Interprofessionality, Interdisciplinarity, Module Development, Teaching Assignment, Midwifery Studies Background: With the academization of midwifery into a dual Bachelor program at Leipzig University (2021), the Institute of General Practice developed a module on "General Pathology in relation to pregnancy, birth, and breastfeeding." Since 2022, around 26 students take this course in their 3rd semester, learning physiological and pathophysiological processes and pharmacology to support women with pre-existing conditions interdisciplinarily. Question: How can clinical content from medical studies be condensed into 57 teaching units focusing on key diagnoses and competencies relevant to midwifery students? How to teach the complexity of clinical diagnoses, including medical history and pathogenesis, while enhancing clinical skills? Methods: The module provides broad medical knowledge beyond pregnancy, strengthening midwives' advisory and practical skills. Delivered by general practitioners, academics, and specialists (surgery, ophthalmology, social work), it uses an interprofessional approach. Continuous evaluations led to content updates, e.g., expanding topics like hypertension and diabetes and adding queer medicine. Practical exercises in internal medicine and neurology received high ratings. Outcomes: A structured semester with continuous guidance and feedback proved beneficial. A final complex case lecture called upon students to apply and consolidate their knowledge. Discussion & Take-home Message: Long-term goals include shared study units for midwifery and medical students to deepen interprofessional learning. The module demonstrates that teaching also means learning, fostering new perspectives and collaboration. Continuous adaptation to student needs remains essential.

FRI 17:00 – 18:00	Hall A: Alfa	Symposium 2: Health as National Defense: The Vital Role of Family Doctors	Liucija Lekienė Beatričė Vėliuvienė Katrīna Priede Jürgen Merilind	Armed conflicts in Europe have reminded us that health systems are not only about providing care in peaceful times, but are also a crucial part of national resilience and defense. Family doctors, as the first point of contact for most patients, play an essential role in maintaining stability, continuity of care, and trust in society—even in the midst of war. This presentation explores the question: Are family doctors needed in wartime? Drawing on recent experiences from Ukraine, we see that the most urgent medical needs near the frontlines are often basic: medications for chronic conditions such as hypertension and diabetes, as well as support for mental health. Family doctors, trained in comprehensive and continuous care, are uniquely positioned to meet these needs and to prevent health systems from collapsing under crisis. In the Baltic region, surveys reveal that many doctors remain unaware of their obligations as reservists and express a demand for training and guidance. This highlights the urgent need for investment in preparedness of the health sector, both at institutional and personal levels. Young doctors in the Baltics have already voiced their position: health sector readiness must not be delayed. Finally, the talk will emphasize personal responsibility and leadership. When a decisive moment comes, being unprepared can be the greatest tragedy. Knowledge and readiness empower us to act with confidence and prevent chaos. By asking questions now—within our workplaces, communities, and countries—we can strengthen resilience and inspire others to stay, to serve, and to lead.
FRI 17:00 – 18:01	Hall B: Omega	WS 2.1: The Estonian Society of Family Doctors sponsored workshop: Difficult patients in family medicine - secrets and tips how to survive	Elle-Mall Sadrak Diana Ingerainen Maili Jorro Martin Špol	Have you had a patient with whom you feel uncomfortable, with whom everything is going wrong. 3 experienced family doctors and 1 trainee will give you advice and tips how to survive and feel comfortable in your role.
FRI 17:00 – 18:02	Hall C: Gamma	WS 2.2: From Rhythm to Remedy: A Gamified Clinical Workshop	Oleksandra Alekseichenko Teddy Weimar Cordova Irusta Charlotte Morris Yanica Vella Aleksandra	Background: Young family doctors often feel overwhelmed when faced with acute situations requiring rapid ECG interpretation and decision-making. Recognizing critical patterns under time pressure is essential for patient safety but can be challenging in a low-experience setting. Gamified learning methods provide a safe, engaging, and interactive environment to train pattern recognition, rapid clinical reasoning, and teamwork. Digital quizzes like Kahoot offer immediate feedback, reinforce learning, and maintain participant engagement. Didactic Method: This 60-minute workshop is structured as an interactive ECG game: * Introduction (5 min): Icebreaker with a funny or unusual ECG, explanation of workshop goals. * ECG Sprint (20 min): Teams of 4–6 interpret 5–6 ECGs (STEMI, AF with RVR, SVT, complete heart block, hyperkalemia).

			Majkut Belén Quesada Morón Larysa Kupriianova Dr.Viktoriia Tkachenko	Each team has 1 minute per ECG to identify rhythm/diagnosis and first management step. Scoring rewards accuracy and speed. * Kahoot Quiz (15 min): Digital multiple-choice ECG scenarios reinforce pattern recognition and highlight common pitfalls, with live feedback and team leaderboard. * Lightning ECG (5 min): High-stakes rapid scenario; fastest correct answer wins bonus points. * Wrap-up (5 min): Announce winners, highlight 3–4 “golden rules” of ECG interpretation, and encourage reflection. Objectives: Participants will interpret critical ECG patterns, recognize pitfalls, and apply rapid clinical decision-making in a team-based, gamified format. Estimated Participants: 30–40 Leader: Oleksandra Alekseichenko – Family physician and researcher experienced in medical education, clinical decision-making, and interactive learning. Keywords: Gamification · ECG interpretation · Clinical decision-making · Kahoot · Family medicine education
FRI 17:00 – 18:03	Hall D: Sigma	WS 2.3: “Ask the audience” lifeline: interactive simulations of acute scenarios in family medicine	Carlos Baltazar Eveline Nicolaita Aliona Fomin Inês Pereira Catalina Andreea Popescu Hamid Aliahmad Ana Clemente Mortada Yousif Jonas Rech Yanica Vella	Background Family doctors occasionally face emergencies but infrequent exposure can lead to forgotten protocols and uncertainty in management. Following the success of practical emergency workshops at the last WONCA conference and the observed knowledge gaps, this workshop was designed to reinforce guideline-based responses through real-life scenarios, helping family doctors rapidly recognise and manage emergencies with confidence while strengthening teamwork. Didactic Method This workshop combines simulation, clinical updates and interactive audience participation. An actor will portray a patient in acute distress, while volunteers will assume roles (doctor, nurse, trainee, family member) to address the case in real time, applying the latest guidelines. Meanwhile, the audience will act as a “lifeline”, voting via Kahoot on the next management step. The team must follow the majority vote, creating unexpected turns and teaching moments. Two to three cases of the most common emergencies in primary care will be presented, followed by a structured debrief on guidelines, teamwork, leadership and information management. Objectives * Strengthen decision-making and teamwork under emergency pressure. * Explore collective problem-solving in acute care scenarios. * Identify pitfalls and safe strategies in managing common primary care emergencies. Estimated number of participants: 40–50 Estimated time: 60 minutes Keywords: Emergency simulation, teamwork, decision-making, primary care

FRI 17:00 – 18:04	Hall E: Epsilon	WS 2.4: When the party ends: supporting patients through club drug abuse	Catarina Moura Cardoso Maria Madalena Carvalho Ana Beatriz Magalhães Sophiko Rusashvili Rüveyda Nur Ağırbaş Nur Ağırbaş	Background: Club drugs are becoming more available to young adults, particularly in nightlife and social settings. Acute toxicity can present as neurological, cardiovascular, psychiatric, infectious disease in contexts such as chemsex. Effects are unpredictable, often severe, and amplified among polydrug users. Validated screening tools, such as ASSIST, are recommended in primary care to identify use. Family doctors play a key role with a holistic approach, while also knowing when and how to refer to specialized care, and handling family expectations. Didactic Method: The workshop will begin with an interactive question-and-answer session that will emphasize the difficulty of identifying drug use vs other ethiologies. Following that we will introduce some theory around of club drug use across Europe. Evidence-based explanations will follow to consolidate knowledge. Small-group role-play exercises will then be used to practice applying screening tools, communicating with patients and families, and addressing misuse in primary care. The session will conclude with practical guidance on management, treatment options, and referral pathways. Objectives: To educate young family doctors on the impact of club drug use, improve recognition of warning signs, and practice use of evidence-based tools to guide discussions with patients and families, while exploring strategies for management and referral. Estim. number of participants: 30 Brief presentation of the leader: Catarina Moura Cardoso. First Year Resident in Family Medicine, in USF Conde da Lousã, ULS Amadora-Sintra, Amadora, Portugal. Special interest in migrant health, accessible healthcare, and point-of-care ultrasound. 2-5 Keywords: Substance abuse, Club drug, Prevention, Family guidance, Youth
FRI 17:00 – 18:05	Hall G: Kapa	WS 2.5: Dermatoscopy in family medicine: empowering general practitioners for early skin cancer prevention	Gabriel Cristian Vacaru Emanoil Ceausu Gheorghe Gindrovel Dumitra Surugiu Roxana Alexandra Aurora	BACKGROUND Cutaneous malignancies such as melanoma show significantly improved outcomes when detected early. Family physicians, often the first to assess skin concerns, hold a pivotal role in recognizing suspicious lesions. However, training in dermatoscopy remains limited in primary care. Dermatoscopy is a non-invasive technique that enhances visualization of subsurface skin structures, improving the distinction between benign and malignant lesions. Its application reduces unnecessary biopsies, enables timely referral, and supports earlier diagnosis. Integrating dermatoscopy into family medicine can help reduce the burden of advanced skin cancers and improve patient outcomes. DIDACTIC METHOD This workshop combines theory with practical application. Participants will learn dermatoscopy fundamentals: instrument handling, recognition of characteristic features, and application of diagnostic algorithms. Case-based discussions will illustrate benign and malignant patterns. Attendees will then practice using dermatoscopic images and simulation models in small groups under facilitator supervision. The workshop concludes with a Q&A session addressing strategies for incorporating dermatoscopy into daily primary care.

			Dumitra Mihiotis Silvia	OBJECTIVES 1. Describe the principles and benefits of dermatoscopy in family medicine. 2. Identify dermoscopic features distinguishing benign from malignant lesions. 3. Apply the 3-point checklist for early melanoma detection. Estimated number of participants: 15 BRIEF PRESENTATION OF THE LEADER Gabriel Cristian Vacaru is a family medicine resident and PhD student in Dermatology and Venereology. He completed advanced dermatoscopy training during an Erasmus dermatology clerkship at Università Campus Bio-Medico di Roma and has led workshops for medical students and young physicians, focusing medical education. Keywords: dermatoscopy; family medicine; early detection Conflicts of Interest: None declared.
FRI 17:00 – 18:06	Hall F: Beta	OP 2 (Oral presentation) 5+3: From Rare Diagnoses to Everyday Practice: Clinical Case Perspectives		
FRI 17:00 – 18:06	Hall F: Beta	OP 2.1: Sexual Dysfunction in a Young Adult: An Atypical Manifestation of Familial Amyloid Polyneuropathy – Case Report	Joana Santos Joana Costa Isabel Nazaré	Background: Familial Amyloid Polyneuropathy (FAP) is a rare hereditary disease caused by a transthyretin (TTR) mutation, leading to multisystemic amyloid deposition. Atypical presentations make early diagnosis challenging. This case highlights erectile dysfunction as the initial manifestation, occurring years before diagnosis. Case Presentation: A 33-year-old male, smoker, with a history of treated tuberculosis and associated weight loss, presented in March 2021, accompanied by his wife, with isolated erectile dysfunction and no other autonomic or neurological symptoms. Months later, he developed urinary incontinence; urological assessment revealed neurogenic bladder. Initial neurological investigation identified epidural lipomatosis, unrelated to the clinical picture. Missed appointments contributed to delayed follow-up. In 2023, he was hospitalized after a syncopal episode with a C7 fracture. Evaluation revealed axonal sensorimotor polyneuropathy with dysautonomia. A positive family history prompted genetic testing and skin biopsy, confirming the TTR V30M mutation and amyloid deposits. In December 2023, he started treatment with Patisiran, and in March 2024, chronic kidney disease associated with FAP was diagnosed. He is currently under multidisciplinary follow-up, with motor stabilization but work disability. Discussion/Conclusion: Isolated erectile dysfunction can be an early manifestation of FAP, hindering diagnosis. The family physician’s role in recognizing atypical signs, clinical suspicion, and referral was crucial. Early identification allows access to disease-modifying therapies, essential for better prognosis and quality of life, highlighting the importance of family screening and early recognition of atypical presentations in Primary Health Care.

FRI 17:00 – 18:06	Hall F: Beta	OP 2.2: Pediatric Trigger Thumb: A Case Report	Joana Santos Ana Pimentel	Background Pediatric trigger thumb, a stenosing tenosynovitis of the flexor pollicis longus, has an incidence of 3.3 per 1,000 live births and may be bilateral in up to 30% of cases. Its etiology remains uncertain, possibly involving tendon–pulley size mismatch due to tendon edema or pulley thickening. Case Description An 18-month-old boy, born prematurely (2,440 g) with poor neonatal adaptation, anemia, and jaundice requiring assisted ventilation and phototherapy, presented with bilateral thumb retraction. Prenatal history included marginal placenta previa with hemorrhage, leading to cesarean delivery at 35 weeks. At 17 months, the mother noticed progressive bilateral thumb flexion and emailed a photograph to the Family Doctor (FD). Ultrasound showed diffuse A1 pulley thickening and flexor pollicis longus tendinosis bilaterally. The child was referred to physiatry and orthopedics and is awaiting specialist consultation. Fifteen days later, pain and discomfort developed, which improved after a short course of ibuprofen prescribed by the FD. Conclusion Pediatric trigger thumb is uncommon and may resolve spontaneously in 10–30% of cases during the first year of life, but beyond this age often requires surgical correction. This case highlights the importance of early recognition, timely referral, and the role of primary care in coordinating multidisciplinary, family-centered management.
FRI 17:00 – 18:06	Hall F: Beta	OP 2.3: Age is no barrier: syphilis, an overlooked rise	Susana Valente Beatriz Cabrita	Syphilis is a sexually acquired infection caused by spirochete bacterium Treponema pallidum. Presenting with diverse clinical manifestations, often termed as “the great pretender”, it progresses through distinct stages: primary, secondary, latent and tertiary. Symptoms range from a painless ulcer with raised and indurated margins (chancre) to rash, fever and neurological complications. In Europe, the resurgence of syphilis is alarming, with a total of 41,051 confirmed syphilis cases reported across 29 EU/EEA countries, reflecting a 13% increase in the crude notification rate compared to 2022, as reported in the European Annual Report 2023. This surge depicts a doubling of cases since 2014, signalling a worrying trend. We report the case of an 82-year-old woman with a history of hypertension and asthma, who presented at her general practitioner for a routine health assessment. Laboratory tests were ordered, including serological screening for infectious diseases since there were no prior results. Surprisingly, the Venereal Disease Research Laboratory test (VDRL) was positive. The patient had only had one sexual partner, her husband, who died 20 years ago. These results were confirmed with Treponema Pallidum Hemagglutination Assay (TPHA) and she initiated antibiotic treatment. This case starkly illustrates that syphilis can manifest in unexpected demographics, challenging conventional risk assessment paradigms. By adopting proactive screening measures, healthcare providers can intercept latent infections, initiate prompt treatment and halt its insidious spread. The ramifications of this case extend beyond the individual level, bearing significant implications for public health interventions aimed at mitigating the growing syphilis epidemic in Europe.

FRI 17:00 – 18:06	Hall F: Beta	OP 2.4: Role of dermatoscopy in primary care: early detection of melanoma during a routine consultation	Chaimae Ouahhoudi Ajouini Maria Eveline Nicolaita Colacel	Background: Dermatoscopy is a valuable tool in primary care, improving accuracy in evaluating pigmented lesions and facilitating timely referrals to dermatology. Questions/Objectives: Can dermatoscopy in primary care enhance early melanoma detection and optimize referral pathways to improve outcomes? Methods: We report the case of a 65-year-old woman, phototype II, with a history of frequent sunburns, UV tanning bed use, mild asthma, depressive syndrome, prior rib fractures, and hammer toe surgery. Family history included skin cancer in a maternal aunt, and she had recently received cryotherapy for actinic keratosis. She consulted for unrelated complaints. Just before leaving the room, she mentioned concern about a pigmented lesion on her right breast, prompted by a friend who had noticed changes at the beach. The lesion, long-standing but now darker and larger, measured 9×6 mm. Examination revealed few melanocytic nevi. Dermatoscopy showed asymmetry, irregular vascular structures, and a blue-whitish veil. An urgent dermatology referral was arranged. Outcomes: Excisional biopsy confirmed superficial spreading melanoma in vertical growth phase, Breslow thickness 0.4 mm. Surgical margins were extended. Postoperative care was managed in primary care, with the patient expressing high satisfaction with the integrated approach. Discussion: This case underscores the importance of dermatoscopy and attentive listening in primary care, enabling early melanoma recognition, informed decision-making, and coordinated care with dermatology. Take Home Message: Dermatoscopy and patient-centered communication in primary care can facilitate earlier melanoma detection and improve outcomes. Keywords: dermatoscopy, primary care, melanoma, early detection
FRI 17:00 – 18:06	Hall F: Beta	OP 2.5: Who sees first ? Recognition of retinoblastoma in Latvian children during the last decade	Elina Radzina Sandra Valeina	Background Retinoblastoma is a rare but potentially life-threatening ocular tumor in children. Early recognition of first signs is crucial, as timely diagnosis can preserve vision and improve survival. In primary care, family physicians are often the first medical contact, yet their actual role in detecting retinoblastoma symptoms remains unclear in Latvia. Methods A retrospective descriptive analysis was performed on 10 pediatric patients diagnosed with retinoblastoma. Variables included age at diagnosis, sex, tumor laterality, stage (International Classification A–E), presenting symptoms, family risk status, and the observer who first noticed ocular changes. Data were analyzed using descriptive statistics.

				Outcomes The youngest patient was diagnosed at 2 months and the oldest at 2 years 8 months; mean age was 17 months. Bilateral disease was present in 44% of cases. The most frequent presenting sign was abnormal pupillary reflex (80%), followed by strabismus (30%); multiple concurrent symptoms were seen in 40%. Stage distribution at diagnosis was most frequently B (30.8%) and D (30.8%). Importantly, in 100% of cases the first signs were noticed by parents, not by family physicians. Among three risk families (30%), one child had bilateral disease, one unilateral, and one was a mutation carrier without clinical manifestations. Discussion Despite the theoretical opportunity for early recognition, family physicians did not identify the first ocular changes. Parents remain the critical observers in early retinoblastoma detection, underscoring the need for continuous education by primary care providers about red-flag ocular symptoms.
FRI 17:00 – 18:06	Hall F: Beta	OP 2.6: Influence of lifestyle factors on ulcer healing following antibiotic therapy for Helicobacter pylori infection	Otni Iedida Livadaru Veronica Cernat Mihai Natanael Ioseb Livadaru	Despite a declining trend over recent decades, Helicobacter pylori (H. pylori) continues to be the most prevalent chronic bacterial infection in humans and the most prevalent cause of infection-associated cancer worldwide due to its etiological association with the onset of gastric cancer. The prevalence of H. pylori infection is influenced by geographic location, hygiene practices and socioeconomic living conditions and warrants significant concern due to its well-established role in the pathogenesis of several gastrointestinal conditions. Approximately 10% of individuals presenting with upper abdominal pain in a primary care setting are diagnosed with peptic ulcer disease as the underlying cause of their symptoms. H. pylori infection is responsible for most duodenal ulcers, whereas gastric ulcers can be caused by a variety of etiologic factors besides H. pylori infection, including aspirin or nonsteroidal anti-inflammatory drug (NSAID) use and smoking. Despite this, H. pylori demonstrates no special tropism toward duodenal over gastric mucosa and damages it through secretion of proteinaceous products. Complications of peptic ulcer include bleeding, perforation and pyloric outlet obstruction. While pharmacological therapy is effective in eradicating the bacterium, ulcer healing and recurrence are influenced by several lifestyle variables, with smoking cessation being the most likely to promote ulcer healing. Identifying and integrating modifiable lifestyle components into post-eradication care may improve treatment outcomes and reduce recurrence rates in H. pylori-associated ulcers. Keywords: Helicobacter pylori eradication, lifestyle variables, ulcer healing.
FRI 17:00 – 18:06	Hall F: Beta	OP 2.7: The impact of vitamin A supplementation on the mitigation	Veronica Cernat Mihai Natanael Ioseb Livadaru	Measles is a highly contagious viral infection caused by an enveloped, nonsegmented, negative-sense RNA virus of the Paramyxoviridae family transmitted by inhalation of airborne particles (<5μm) or direct contact of the virus with a mucosal surface (eg. mouth, eyes). Despite being a vaccine-preventable infection, healthcare system barriers or parental refusal of preventitive health services significantly contribute to suboptimal measles, mumps and rubella (MMR) live-attenuated vaccine coverage, thereby increasing the risk of disease resurgence and community outbreaks. The treatment of measles is supportive and it includes antipyretics, fluids and treatment of bacterial superinfections, as there is no specific antiviral therapy

		of measles-related complications	Otni Iedida Livadaru	approved for treatment of measles Acute measles depletes vitamin A stores and patients are at high risk for ocular complications, like keratitis and corneal ulceration. Vitamin A belongs to a subclass of lipid-soluble compounds collectively known as retinoic acids that cannot be synthesized endogenously and must be acquired through dietary intake in minimal amounts to maintain normal metabolism. Low blood levels of vitamin A are associated with more severe measles illness and complications. In the setting of a consistent rise in infection rates, vitamin A supplementation is thought to help prevent and treat ocular complications associated to measles and reduces the risk of other comorbidities (eg. pneumonia, encephalitis), reduces recovery time and lenght of hospital stay. Keywords: measles, ocular complications, vitamin A supplementation.
SAT 10:45 – 11:45	Hall A: Alfa	symposium 3: When the doctor becomes the patient: Rethinking chronic disease burden	Kati Koost Ikbal Humay Arman Elina Treija	Background: The burden of chronic illness extends far beyond symptoms and medical management. While this multidimensional burden is central to patient-centered care, it often remains underrecognized in clinical encounters. Physicians living with chronic conditions experience the healthcare system both as providers and as patients. Sharing these insights can enhance collective understanding and foster greater empathy toward the everyday realities faced by patients with chronic illness. Didactic method: The session will be opened with a brief evidence-based introduction to the burden of chronic disease. After this, three personal stories will be presented to demonstrate how living with chronic illness influences both professional and personal perspectives. Finally, small-group discussions will be facilitated to allow reflection, exchange of experiences, and peer learning. The symposium will be led by doctors from 3 different countries and will bring together experiences from different healthcare settings. Objectives: This workshop aims to enhance understanding of the multidimensional burden of chronic illness by combining evidence with physicians' lived experiences. It seeks to reveal overlooked aspects of illness and to provide participants with opportunities for guided reflection and dialogue, fostering greater empathy toward patients with chronic conditions.
SAT 10:45 – 11:45	Hall B: Omega	WS 3.1: Creative health: finding space for creativity amidst an AI revolution	Alexandra Caulfield Charlotte Morris Karina Schweiger Miriam Rey Seoane	Background Creative health is an approach which recognises how creativity and creative activities can benefit our health and wellbeing. Creative activities encompass a wide range of activities, including performing arts, visual arts, design and craft, literature, culture and digital and electronic arts. In recent years, there has been growing interest in the potential for creative activities to support individual and community wellbeing. Recognised benefits of participation in creative activities include lower mental distress, increased social connection, improved quality of life, personal growth and empowerment. Despite this, creativity may often be viewed as separate from health. Finding space for creativity is particularly important amidst increasing digitalisation and AI revolution in healthcare. How can we embrace creative health for our patients and ourselves? Didactic Methods - An introductory slide-based presentation by co-authors - Video clips of creative health in action / performance by co-authors

				- Pair discussions and small group breakouts to discuss ways to integrate creative health into our practice for patients' benefit e.g. signposting, discussion in consultations - Group-based creative activities, including photo poetry Objectives After attending, participants will: 1. Gain an understanding of the concept of creative health 2. Gain an understanding of how arts and creativity can impact health and wellbeing 3. Be able to apply the concepts of creative health to their clinical setting 4. Be able to apply the concepts of creative health in their own lives Estimated participants 30-40 Brief presentation of leader Alexandra Caulfield is a GP registrar and NIHR research fellow based in Oxford. Keywords Creative health, wellbeing
SAT 10:45 – 11:45	Hall C: Gamma	WS 3.2: Fishing for facts with AI: practical tools for family doctors	Carlos Baltazar Rita Abecasis Gülşah Onur Aida Tincu-Modran Hana Ruferová Catalina Andreea Popescu Ana Beatriz Magalhães Ikbal Humay ARMAN Mary John-Charles Robertson Ahmet Emin	Background Family doctors must navigate an ocean of clinical information daily. Artificial intelligence (AI) offers new ways to streamline practice, yet many clinicians lack experience with practical applications for patient care and continuous learning. Didactic Method This hands-on workshop introduces participants to clinical AI tools for answering consultation questions and platforms for literature review and evidence synthesis. Facilitators will share real-life applications from daily practice, followed by small-group exercises where participants explore these tools in different scenarios. In addition, strategies for staying updated and organized (such as journal newsletters and email markers and filters) will be shared. The session will conclude with a final debrief to reflect on benefits, limitations and safe integration of AI in family medicine. Objectives Explore AI tools for real-time clinical support. Efficient use of AI technology in consultation sessions including documentation and referrals. Learn digital methods for literature search and evidence review. Gain strategies to stay informed and organized in daily practice. Estimated number of participants: 40 Estimated time: 60 minutes

				Keywords Artificial intelligence, information management, evidence-based medicine, primary care
SAT 10:45 – 11:45	Hall D: Sigma	WS 3.3: WONCA and EYFDM organized workshop: Fishing for values to bridge knowledge gaps	Anna Stavdal Yanica Vella Daria Gheorghe Helena Alonso Valencia Kaily Susi Anu Reim	Over the recent decades reserach in family medicine has grown. This is a prerequisite for evidence based practice and the legitimacy of our discipline. How do we ensure we produce the knowledge we need to deliver family medicine in accordance with basic values and basic principles? The goal for this workshop is to trigger reflection on different sources of knowledge and how to implement evidence in clinical practice.
SAT 10:45 – 11:45	Hall E: Epsilon	WS 3.4: Unlocking potential: the power of young family doctors as advocates	Jürgen Merilind Hanna Rimm Hanna-Liina Paat Karoliina Heinmets Kadri Ann Salumäe	Young Family Doctors of Estonia is a NGO, a member organization of EYFDM, connecting residents of family medicine and young family doctors in Estonia. We have taken a role of promoting family medicine, standing up for the quality of residency, helping out to healthcare coordinators to preserve a sustainable system of family medicine, as well as education of our members. Recently we accepted the strategy of our organization, to keep the focus on topics we are interested in to stand up for. In the workshop we would like to present the various topics we are engaged in. During the workshop we are hoping for a lively discussion regarding our activities to help other EYFDM member organizations to be active and seen in their own countries.
SAT 10:45 – 11:45	Hall G: Kapa	WS 3.5: Escape the spread – tackling sexually transmitted infection in family medicine	Chaimae Ouahhoudi Ajouini Maria Eveline Nicolaita Colacel Karolina Jancarova Roosje Basri Sophio Rusashvili Veronica Cernat Otni Iedida Livadaru Inês Pereira	Background: Sexually transmitted infections (STIs) remain a major public health challenge worldwide. In primary care, early detection, patient education, and prevention are essential to reduce their burden. Yet, traditional teaching methods often fail to capture the interest of young family physicians and may not reflect the realities of diverse clinical settings. Bringing together general practice trainees and GPs from different parts of the world offers a unique opportunity to exchange perspectives, discuss challenges, and strengthen skills in a collaborative way. Innovative, interactive learning strategies can foster this exchange while reinforcing key competencies in STI care. Didactic Method: This 60-minute workshop adopts an escape-room format with four interactive stations: (1) Early diagnosis and testing, (2) Patient-centered communication and counseling, (3) Treatment and follow-up, and (4) Prevention and community education. Participants, divided into small groups, will work through clinical puzzles and realistic case scenarios, simulating STI management challenges faced in primary care across different health systems. This interactive format promotes active learning, teamwork, and cross-cultural dialogue, while encouraging the practical application of evidence-based practices. Objectives: 1. Improve early identification and management of STIs in primary care.

				2. Enhance communication skills for effective sexual health education. 3. Foster collaborative problem-solving and international exchange of perspectives. Estimated number of participants: 20–30 participants Keywords: sexually transmitted infections, family medicine, primary care, patient education, interactive learning
SAT 10:45 – 11:45	Hall F: Beta	OP 3 (Oral presentation) 8+2: Integrating Human Values into Everyday Primary Care Practice		
SAT 10:45 – 11:45	Hall F: Beta	OP 3.1: Efficacy and safety of intermittent fasting in patients with type 2 diabetes mellitus - A systematic review	Maria Gramada	Background: Type 2 diabetes mellitus (T2DM) requires long-term management that addresses all risk factors. Intermittent fasting (IF) has gained attention among patients with diabetes and healthcare professionals due to its potential benefits in improving glycemic control (GC), supporting weight loss, and reducing medication need. Objectives: This systematic review aims to evaluate the efficacy and safety of IF in improving GC in patients with T2DM. Methods: A literature search was conducted using PubMed, Cochrane Library, and Embase, targeting randomized controlled trials, published in English between January 2023 and June 2025, including patients over 18 years old diagnosed with T2DM. Outcomes: The IF interventions included time-restricted eating (TRE), the 5:2 method, a combination of 5:2 method and TRE, a fasting-mimicking diet (FMD), and the Chinese Medical Nutrition Therapy (CMNT). The average duration of the studies was 12 weeks, ranging from 4 weeks to 12 months. Patients following IF experienced HbA1c reductions ranging from 0.3% to 1.9% and a clinically relevant weight loss of approximately 3.86% (−3.50 ± 2.9 kg; $p < 0.001$). IF was generally well tolerated, with no episodes of severe hypoglycemia or major adverse events reported. Discutions: Current evidence suggests that IF may be a valuable dietary strategy for improving GC, and supporting weight loss. Further research is needed to determine the long-term sustainability of benefits and to identify the populations that may benefit most. Take Home Message: IF is a safe and effective practical approach, with relevant benefits for pacients with T2DM, that can be initiated and monitored in primary care.

SAT 10:45 – 11:45	Hall F: Beta	OP 3.2: Keeping it sweet: catching the lows before they strike	Teddy Weimar Cordova Irusta Oleksandra Alekseichenko Aleksandra Majkut Yanica Vella Belen Quesada Moron Charlotte Morris	1. BACKGROUND * Hypoglycemia: plasma glucose low enough to cause signs and symptoms. * Common and potentially serious, especially in patients with diabetes mellitus using insulin or certain oral agents. * Effective management in primary care is crucial to prevent severe outcomes ---------- 2. QUESTIONS * How can hypoglycemia be prevented in primary care? * How can technology, patient engagement, and caregiver support optimize safety and metabolic control? ---------- 3. METHODS * Prevention: * Patient education: medication adherence, meal timing, early symptom recognition. * Active patient engagement: understanding personal risk factors. * Adjust treatment regimens: insulin and sulfonylurea dosages. * Monitoring: * Continuous glucose monitoring (CGM) to detect patterns and reduce nocturnal events * Acute management: * Conscious patients: Rule of 15 → 15g fast-acting carbohydrate, recheck in 15 min, then follow with longer-acting carb/protein snack. * Unconscious/severely impaired patients: IM or SC glucagon; ensure patients and caregivers are trained. ---------- 4. KEY POINTS * Reduced risk of severe hypoglycemia. * Better metabolic control and fewer healthcare emergencies. * Enhanced safety through technology and family/caregiver support. ---------- 5. DISCUSSION (2–3 MIN) * Primary care providers are central in prevention and acute treatment. * Integration of education, risk assessment, medication adjustment, CGM, and telemedicine enhances safety. * Training patients and caregivers in glucagon use and symptom recognition is crucial. ---------- 6. TAKE-HOME MESSAGE (1 MIN) * Comprehensive hypoglycemia management in primary care requires multifaceted strategies: patient education, technology, proactive risk assessment, caregiver involvement, and preparation for acute interventions. ---------- KEYWORDS (2–5) * Hypoglycemia * Diabetes mellitus

				* Primary care * Patient education * Continuous glucose monitoring (CGM)
SAT 10:45 – 11:45	Hall F: Beta	OP 3.3: The sudden drop : Unmasking the real villain behind the blackout	Teddy Weimar Cordova Irusta Oleksandra Alekseichenko Charlotte Morris Yanica Vella Aleksandra Majkut Belen Quesada Moron	BACKGROUND * Syncope: transient loss of consciousness due to global cerebral hypoperfusion with rapid spontaneous recovery. * Differentiating benign reflex syncope from potentially life-threatening cardiogenic or less common neurologic causes is critical in primary care. * Example case: A 65-year-old male with ten recurrent episodes of 1-minute LOC in a single morning—highly concerning and requiring urgent cardiac workup. * Key challenge: While brief duration and rapid recovery are common to most syncope, recurrent clustered episodes suggest serious underlying cardiac arrhythmia or, less commonly, seizure or TIA. ---------- DIDACTIC METHOD * Interactive case-based learning: Analyze real patient scenarios to differentiate cardiogenic from neurologic syncope. * Hands-on evaluation practice: Role-play patient interviews focusing on triggers, premonitory symptoms (palpitations, chest pain, vertigo), and positional onset. * Physical exam simulation: Orthostatic blood pressure checks and basic neurologic assessment. * Cardiac monitoring demonstration: Recognition of paroxysmal AV block and sinus pauses (Stokes-Adams attacks). * Discussion of “Red Flags”: Syncope during exertion, recurrent unexplained episodes, and underlying heart disease. ---------- OBJECTIVES By the end of the workshop, participants will be able to: 1. Differentiate benign reflex syncope from cardiogenic or neurologic causes. 2. Conduct a focused history and physical examination, including orthostatic BP. 3. Recognize “red flag” features and indications for ECG or specialist referral. 4. Interpret basic cardiac monitoring findings for cardiogenic syncope. 5. Apply a systematic approach to syncope in primary care to improve patient safety. ---------- ESTIMATED NUMBER OF PARTICIPANTS 20–30 participants, divided into small groups for case discussions ---------- KEYWORDS Syncope · Cardiogenic syncope · Neurologic syncope · Primary care evaluation · Red flags
SAT 10:45 – 11:45	Hall F: Beta	OP 3.4: Building a primary care–oriented clinical program:	Tommi Ründal	The development of clinical software and work-programs in primary care is often led by technical or administrative teams with limited understanding of day-to-day clinical realities. As a family doctor who started practicing in 2021 at one of the largest healthcare centres in Estonia, I had the opportunity to participate actively in the creation of our own clinical program. This presentation shares personal insights from that process, focusing on the unique challenges and learning points that arise

		lessons from a junior family doctor's perspective		when clinicians contribute to healthcare IT development. Key themes include navigating leadership roles as a junior doctor, fostering teamwork across professional boundaries, and translating clinical needs into technical specifications for developers unfamiliar with medical workflows. I also reflect on the value of calculated risk-taking. Our small primary care team was the first to implement the unfinished system, encountering numerous flaws and frustrations, but ultimately shaping a tool that better supports primary care practice. By sharing both successes and setbacks, this experience aims to offer practical take-home lessons for young doctors seeking to engage in digital innovation, influence decision-making, and collaborate effectively with non-clinical partners. The abstract illustrates how early-career clinicians can meaningfully contribute to transforming healthcare delivery, even beyond the consultation room.
SAT 10:45 – 11:45	Hall F: Beta	OP 3.5: Intimate hygiene habits: what are the facts?	Carolina Cordovil Mary John-Charles Robertson Özden Gokdemir	Intimate hygiene habits can influence causes of vulvovaginal symptoms. Habits often fall at the inter-cross of learned experience, perceptions, information available, cultural and religious beliefs. In this session we will share a summary of the available knowledge of intimate hygiene habits, as well as the current state of the evidence, including limitations. We intend to raise awareness on the influence of factors such as cultural and religious diversity on intimate hygiene habits. Building on previous research including studies published on PubMed regarding "intimate hygiene" and "vulvovaginitis", excluding specific intimate hygiene products, and evidence-based summaries platforms to get recommendations on intimate hygiene habits, the research is updated with evidence published since 2022 engaging AI based research tools. Good quality data is lacking on effects of intimate hygiene habits, the long-term effects of various cultural and religious practices and the integration of microbiome analysis with detailed hygiene habit surveys. Intimate hygiene habits are important for vulvovaginal health, practices must be evidence-based and culturally sensitive. Education and tailored guidance are essential, and further research is needed to clarify best practices and address gaps in knowledge.
SAT 10:45 – 11:45	Hall F: Beta	OP 3.6: HIV-testing in primary and specialist care in 2018–2020 based on national health insurance data	Kristi Rüütel Liisi Panov Jevgenia Epštein Jane Idavain Kadri Suija	The spread of HIV has stabilized in Estonia in the recent years but continues to be on a high level. The aim of the study was to assess HIV testing in 2018–2020. We used data from Estonian Health Insurance Fund database for treatment claims and Health Board database for infectious diseases reporting. In 2018–2020, 14% of people who received health care services were tested for HIV at least once. Annually, approximately 53% of health care contacts were in primary care, yet only 8–12% of HIV tests are performed by family doctors. Depending on the indicator condition, the testing rate in primary care was 1–6% and in specialist care 5–33%. A total of 439 new HIV cases were diagnosed (85% of all HIV cases in Estonia during this period). The highest proportion of tested people was among women, people aged 16–49-years and people living in North-East Estonia (Ida-Viru County) (the percentage of tested was 19%, 24%, and 22%, respectively). The highest positivity rate was among 16–49-years-old men (0.7% of them were newly diagnosed with HIV). Positivity rate among women of the same age was 0.1%. Large proportion of people tested for HIV in health care are of low risk groups, especially young women, who are tested during

				pregnancy. More attention should be paid to testing people with higher risk for HIV, including patients with HIV indicator conditions and people from higher prevalence regions, especially men, in both primary and specialist care.
SAT 12:00 – 13:00	Hall A: Alfa	SYNLAB sponsored lecture 4: Genetic testing in primary care. Think Genetics! A guide to the use of genetic testing in primary care, through practical cases and examples from around the world	Dr D. phil. Michael Morris	
SAT 12:00 – 13:00	Hall B: Omega	WS 4.1: Periods: the game. Everything you wanted to know and you didn't dare to ask.	Helena Alonso Valencia Raisa Alvarez Paniagua Paula Sala Ivars Miriam Rey Seoane Catarina De Ataíde Santana	Background Secretory, follicular, luteal phase… Does it sound familiar? When was the last time you had an update about the menstrual cycle? We know it is a physiological event that occurs to half of the world population. However, due to its historical taboo, the knowledge sharing has been limited and focused on old beliefs. In addition, there has been a significant increase of information shared in social media in the last few years, not only about menstruation but also other conditions related to the phenomenon. We would like to propose the goose game to review how a healthy menstrual cycle looks like, which symptoms or signs can mean problems, and we will debunk some misconceptions and old taboos. We want to encourage everyone to come and participate actively, to help their patients to have a better understanding. Knowledge is power! Didactic Method We use a goose game-type board. Participants are divided in groups and work with their own game board to facilitate participation. By moving between squares, attendees will respond to questions about different topics (nutrition, mental health, physical activity...). Information will be explained after their answer and regarding each phase of the cycle to learn more in depth. Objectives - The healthy menstrual cycle and how to support it - Signs and symptoms of possible problems

				- Misconceptions and taboos about the normal cycle Max 50 participants Keywords: Menstrual cycle, Women's health, Periods Helena Alonso-Valencia is a Family Doctor, founder and member of the SIG Women's Health, and current EYFDM Policy Officer.
SAT 12:00 – 13:00	Hall D: Sigma	WS 4.2: Learning to Become a WONCA Five-Star Doctor Through Gamification	Ikbal Humay Arman Ruveyda Nur Agirbas Yusuf Arman Gulsah Onur Busra BILIK SEZER Beatriz Magalhaes Lia Guledani Catalina Andreea Popescu Sophiko Rushashvili Hande Buyukdag Nam	Background: The WONCA Five-Star Doctor model defines the essential competencies of an excellent family doctor: care provider, decision maker, communicator, community leader, and manager. While widely recognized, these roles are often discussed in theory rather than experienced in practice. Game-based learning offers an engaging and memorable way to explore competencies, especially for young family doctors and residents seeking to translate ideals into daily skills. Didactic Method: This 60-minute interactive workshop uses a fully gamified approach. Participants rotate through five stations, each linked to one of the Five-Star Doctor competencies. At each table, a short game is played: clinical puzzles for holistic care, evidence-versus-myth challenges for decision making, rapid explanation and role-play for communication, community mapping for leadership, and data challenges for management. Each activity lasts 8–10 minutes and it will be followed by a short debrief to connect the game to real-world practice. The format encourages peer interaction, creativity, and international sharing of perspectives. Objectives: Participants will: * Understand the five competencies of the WONCA Five-Star Doctor. * Actively practice each role through structured games. * Reflect on personal strengths and areas for growth. * Identify opportunities to integrate competencies into education and practice. * Build international connections through collaborative play. Workshop Leader: Dr. Arman is a family medicine specialist and PhD student in public health. She works as an assistant professor at a Medical School in Istanbul, Turkiye. She is the outgoing Events officer of EYFDM and past co-Leader of Digital Health&AI SIG. Keywords: Family Practice; Education, Medical; Gamification; Professional Competence; Leadership
SAT 12:00 – 13:00	Hall E: Epsilon	WS 4.3: Putting yourself in the patient's shoes	Laura Prett Marta Velgan	Background Empathy is a vital trait when working with patients and it helps to improve communication between healthcare professionals and patients. Establishing an empathic relationship is fundamental to effective patient care, as it helps create deeper connections thus improves patient satisfaction, treatment adherence and clinical outcomes and it also increases healthcare

				workers' job satisfaction. Despite its importance, not all medical schools and clinical practices put enough effort into cultivating empathy. Several studies suggest that empathy is a skill that can be developed and strengthened over time. Didactic method Following a brief introduction, the workshop will transition directly into exercise and small group discussions. The exercise presented in this workshop is used in training healthcare specialists in motivational interviewing. The aim of this exercise is for healthcare specialists to adopt the patient's perspective and discuss why patients sometimes act or appear "difficult". Through group dialogue, participants will identify potential solutions that can be helpful in these situations. Objectives * To help participants understand why sometimes patients can be perceived as "difficult" and to foster mutual understanding in these situations. * To develop/enhance empathy as a professional skill in healthcare. * To introduce an exercise that can be incorporated into teaching medical students and training healthcare professionals Outcomes By the end of the workshop, participants will be equipped with a practical exercise that can be used to teach empathy in healthcare education and training. Participants may develop a deeper understanding of patients' perspectives, leading to more empathetic interactions.
SAT 12:00 – 13:00	Hall G: Kapa	WS 4.4: The pink tax and menstural (in)justice	Mary John-Charles Robertson Joanna Dobbin Hana Ruferova	Abstract: This workshop will explore the economic and social implications of the "pink tax," particularly focusing on the added costs of products related to women's menstruation across different regions globally, including the UK, Africa, Europe, the USA, and the Caribbean. The session will examine the disparity in pricing for essential menstrual products and the gendered impact of such economic burdens on women's health and well-being. Participants will gain insight into regional variations, the policy responses in each area, and the ongoing debates surrounding tax exemptions, subsidies, and product accessibility. The workshop will encourage participants to consider the broader societal and health impacts of the pink tax, empowering healthcare professionals to advocate for policy changes that could alleviate the financial and emotional toll on women and girls. Learning Objectives: By the end of the workshop, participants will be able to: 1. Understand the concept and historical context of the "pink tax" as it relates to menstruation products in various regions. 2. Analyze the global and regional disparities in the pricing of menstrual products and the socio-economic impact on women's health. 3. Discuss policy frameworks and legislative measures in the UK, Africa, Europe, the USA, and the Caribbean aimed at reducing the pink tax. 4. Identify the intersection between economic burden and public health outcomes, particularly in relation to menstrual hygiene management.

				5. Advocate for solutions and policies to reduce the financial inequity related to menstrual products in their healthcare practice and communities.
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1 (Oral presentation) 5+3: Digital Doctors, Human Patients: Balancing Progress and Compassion		
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.1: Readiness and motivation of Latvian family doctors for digitalization of practices to promote the well-being of primary health care	Sabine Tomare	This research work aims to understand the general situation among Latvian general practitioners in relation to the complete digitalization of medical practice and its benefits for both patients and the healthcare industry as a whole. Using a questioner, approved by the Riga Stradins University (RSU) Research Ethics Committee, 20 questions were distributed among general practitioners in Latvia about motivation, knowledge, used digital skills and systems in everyday work and the problems they are facing doing so. The data was collected and analyzed anonymously. Through this research information is gathered about the real situation and upcoming problems and challenges in general practices in Latvia, as the Ministry of Health's project "Digital Health Strategy until 2029" is ongoing. This research will help to define the issues and obstacles that family doctors in Latvia are facing, to embrace comprehensive digitalization of the practice. The results may influence the current processes in Latvian primary health care, by understanding the motivations and current readiness to implement appropriate interference. These findings can inform state-level interventions aimed at supporting digital adoption in primary care. Additionally, results may be shared with international health professionals to compare digitalization efforts and foster cross-national collaboration.
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.2: Integrating ChatGPT into family medicine: a comparison between the United States and Europe	Douglas Dyer Michelle Kirkpatrick	Background: Generative AI, such as ChatGPT and Gemini, are ever growing in this day and age. As a result, family physicians across the United States and Europe are experimenting and implementing AI into their practice. However, different geographical locations have different healthcare systems, data regulations, and general regulatory attitudes that are creating multiple paths of adoption. Questions and Objectives: We seek to answer how AI is being adopted into family medicine in the U.S. as well as Europe side by side. The presentation will show the differences and show the ever changing role of AI in primary care. Methods: An analysis of policy, institutional case reports, interviews of family physicians in both regions. Focusing on documentation support, patient communication, medical education, and clinical assistance. Outcomes: In the United States there is a faster integration of AI when compared to its European counterpart. The U.S is implementing AI into visit summaries, patient instructions, and assisting with diagnosis. Europe, however, is adopting at a slower rate with more structure. We see pilot projects with oversight, such as Estonia's integration of AI into the EHR viewing platform. Differing privacy regulations and cultural attitudes towards AI and automation affect these adaptations.
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.3: The Race Against the Clock: Primary Care's Code Red for Anaphylaxis	Teddy Weimar Cordova Irusta Oleksandra	BACKGROUND Anaphylaxis is a severe, life-threatening systemic hypersensitivity reaction that requires immediate recognition and aggressive treatment. Primary care physicians play a crucial role in the initial response, which can determine patient survival. QUESTIONS/OBJECTIVES

			Alekseichenko Charlotte Morris Yanica Vella Aleksandra Majkut Belén Quesada Morón Larysa Kupriianova	* How can primary care providers rapidly identify and manage anaphylaxis? * What are the essential first-line steps according to the latest guidelines? * How can secondary measures be integrated without delaying epinephrine administration? METHODS Case example: A 28-year-old male presented with rapid progression from rhinorrhea and truncal erythema to severe respiratory distress, illustrating biphasic anaphylaxis. Management followed current international guidelines. Key steps included: 1. Immediate intramuscular epinephrine (0.4 mg 1:1000) in the anterolateral thigh, repeatable every 20 minutes if needed. 2. Airway support, high-flow oxygen, and patient positioning (supine with elevated legs). 3. Fluid resuscitation with IV normal saline for hypotension/shock. 4. Activation of emergency services and transfer preparation. Secondary measures: H1/H2 antihistamines for cutaneous symptoms, corticosteroids to reduce risk of biphasic reactions, and nebulized bronchodilators for persistent wheeze. OUTCOMES Prompt administration of epinephrine reversed bronchospasm, stabilized hemodynamics, and improved respiratory function, enabling safe transfer for further monitoring. DISCUSSION Delays in epinephrine administration remain the most common cause of poor outcomes in anaphylaxis. Primary care must emphasize protocol-driven, immediate action and ensure staff training, availability of emergency kits, and patient education. TAKE HOME MESSAGE In suspected anaphylaxis: * Do not delay epinephrine. * Support airway, breathing, and circulation. * Arrange rapid transfer to emergency care. Keywords: Anaphylaxis · Primary care · Emergency management · Epinephrine · Biphasic reaction
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.4: The Unmasking: How Steroids Brewed a Diabetic Storm	Teddy Weimar Cordova Irusta Oleksandra Alekseichenko Charlotte Morris Yanica Vella	BACKGROUND * Syncope: transient loss of consciousness due to global cerebral hypoperfusion with rapid spontaneous recovery. * Differentiating benign reflex syncope from potentially life-threatening cardiogenic or less common neurologic causes is critical in primary care. * Example case: A 65-year-old male with ten recurrent episodes of 1-minute LOC in a single morning—highly concerning and requiring urgent cardiac workup. * Key challenge: While brief duration and rapid recovery are common to most syncope, recurrent clustered episodes suggest serious underlying cardiac arrhythmia or, less commonly, seizure or TIA. ---------- DIDACTIC METHOD

			Aleksandra Majkut Belen Quesada Moron	* Interactive case-based learning: Analyze real patient scenarios to differentiate cardiogenic from neurologic syncope. * Hands-on evaluation practice: Role-play patient interviews focusing on triggers, premonitory symptoms (palpitations, chest pain, vertigo), and positional onset. * Physical exam simulation: Orthostatic blood pressure checks and basic neurologic assessment. * Cardiac monitoring demonstration: Recognition of paroxysmal AV block and sinus pauses (Stokes-Adams attacks). * Discussion of “Red Flags”: Syncope during exertion, recurrent unexplained episodes, and underlying heart disease. ---------- OBJECTIVES By the end of the workshop, participants will be able to: 1. Differentiate benign reflex syncope from cardiogenic or neurologic causes. 2. Conduct a focused history and physical examination, including orthostatic BP. 3. Recognize “red flag” features and indications for ECG or specialist referral. 4. Interpret basic cardiac monitoring findings for cardiogenic syncope. 5. Apply a systematic approach to syncope in primary care to improve patient safety. ---------- ESTIMATED NUMBER OF PARTICIPANTS 20–30 participants, divided into small groups for case discussions ---------- KEYWORDS Syncope · Cardiogenic syncope · Neurologic syncope · Primary care evaluation · Red flags
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.5: Artificial intelligence devices in diabetes mellitus management: a review	Tiago Alves Sabina Santos	Introduction: The use of artificial intelligence (AI) has been integrated so far in four areas of Diabetes mellitus (DM) care: retinopathy screening, clinical decision support, risk stratification and patient self-management, including diabetic neuropathy (DN). Methodology: A Pubmed and Scopus search, in August 2024, was done using the terms “Diabetes Mellitus”, “Artificial Intelligence” and “devices”. Articles published before 2022 were excluded. Results: Three AI intelligent systems, collecting data from continuous glucose monitoring (CGM) devices, accurately predicted blood glucose level (BGL) 30 minutes in advance. Moreover, combining a CGM device with an intelligent insulin improved time in range by 2.3%. In Ophthalmology, two AI systems demonstrated high accuracy (90.3% sensitivity; 98.5% specificity) on detecting diabetic retinopathy (DR) nearly matching ophthalmologists’ performance. Regarding diabetic neuropathy (DN), intelligent shoes adjusted biomechanical effects such as foot’s pressure distribution, enhanced patients’ gait and reduced ulcer incidence by over 70% in a trial. Discussion: Forecasting and predicting BGL by CGM devices are major improvements in the management of DM. Intelligent insulins and automated insulin delivery systems are also crucial resources in the DM era of AI by maintaining BGL within range and preventing hypoglycaemia due to their ability to alert the patient in advance. Automated DR screening proved to reduce cost-effectiveness and AI shoe devices reduced ulceration risks related to DN. A regular AI device use, alongside with

				adequate patient education, is essential for optimal DM care. Keywords: Diabetes mellitus, Artificial intelligence, devices
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.6: Trust, fear, and experience: decoding influenza vaccine hesitancy in Romania	Gabriel Vacaru Roxana Surugiu Alexandra Aurora Dumitra Gheorghe Gindrovel Dumitra Maria Catalina Popescu	Background Vaccine hesitancy remains a significant public health challenge. Rural areas face structural, cultural, and informational barriers that can intensify skepticism toward vaccines. Questions/Objectives We investigated key drivers of influenza vaccine hesitancy in rural versus urban Romanian populations. Our objective was to derive actionable insights for tailored public health interventions. Methods In October 2024, we conducted a cross-sectional survey in 16 family medicine practices (7 rural, 9 urban) across Romania. A total of 272 adults completed a 13-item questionnaire on attitudes toward influenza vaccination (covering fear of adverse effects, trust in vaccines, and perceived need). Latent class analysis (LCA) identified subgroups of hesitancy, and chi-square tests, odds ratios, and logistic regression examined rural-urban differences. Outcomes Influenza vaccine refusal rates were significantly higher among rural participants. LCA revealed three distinct hesitancy profiles: low hesitancy; high hesitancy (driven by belief in natural immunity and low perceived need); and moderate hesitancy (influenced by distrust and past negative experiences). Fear of adverse effects, having chronic conditions, being a parent, and negative past vaccination experiences were strong predictors of refusal, whereas age and gender had minimal influence. Discussion Vaccine hesitancy is multifaceted and context-dependent, requiring culturally tailored strategies. Building trust and improving communication, especially in rural communities, is crucial to boost influenza vaccine uptake and promote health equity. Take Home Message Tailored, trust-building interventions in rural communities are essential to overcoming influenza vaccine hesitancy and improving vaccination uptake. Keywords: vaccine hesitancy; influenza; rural health; urban health; Romania
SAT 12:00 – 13:00	Hall C: Gamma	OP 4.1.7: Bridging the gaps in perimenopausal care: advocating for women's	Elina Treija Līga Kozlovska	Perimenopause marks a significant transitional phase in women’s health, often accompanied by complex physical and emotional symptoms. This study investigates the experiences of at least 80 women in Latvia aged 40–56 engaging with primary care services during perimenopause, with an emphasis on clinical management, patient-provider communication, and access to evidence-based information. A comprehensive 14 question survey was developed to assess demographic characteristics, symptom onset,

		voices in Latvian primary healthcare		healthcare interactions, treatment approaches, and barriers to care within the primary care context. Key areas explored include provider recognition of perimenopausal symptoms, adequacy of clinical guidance, availability of therapeutic options, and patient satisfaction with care delivery. Findings indicate heterogeneity in clinical awareness among primary care providers, patient discomfort in symptom disclosure, and inconsistent provision of treatment modalities. Notably, systemic challenges such as appointment accessibility, consultation time constraints, and patient stigma impact care utilization. The survey further evaluates the sources and quality of patient education regarding perimenopause, revealing gaps in reliable information dissemination. These results reveal the necessity for enhanced training of primary care clinicians, standardized clinical protocols, and development of targeted educational resources to optimize management of perimenopausal women. Further research would be beneficial in order to evaluate the implemented protocols. By integrating patient-reported outcomes and clinical insights, this study aims to inform evidence-based improvements in primary care practice, ultimately advancing holistic care delivery for women navigating perimenopause in Latvia.
SAT 12:00 – 13:00	Hall F: Beta	OP 4.2 (Oral presentation) 8+2: When Common Becomes Complex: Challenges in Primary Care Practice		
SAT 12:00 – 13:00	Hall F: Beta	OP 4.2.1: Skills and Experience of Estonian Family Doctors in Managing Patients with Depression	Darja Savištšenko Oleksandra Kokamägi	Background: Depression is one of the most common and burdensome mental health disorders, with increasing prevalence in Estonia, especially during the COVID-19 pandemic. As psychiatric services are limited, family doctors often serve as the first contact, making their skills and confidence crucial for effective care. Methods: A cross-sectional anonymous questionnaire was conducted between November 2024 and January 2025 among members of the Estonian Society of Family Doctors, family medicine residents, and the Estonian Society of Young Family Doctors. The 27-item survey, available in Estonian and Russian, covered diagnostic practices, use of screening tools, treatment strategies, confidence, and resource needs. A total of 128 responses were descriptively analyzed. Results: Most respondents were family doctors, predominantly working in health centres (50%) or solo practices (27%). Confidence in diagnosing depression was high, with most rating themselves 7–8/10. Nearly all (97%) routinely used the EEK-2 questionnaire, but suicide risk was less systematically assessed, with only a quarter using the ASQ tool. While 88% informed patients of treatment options and initiated antidepressants when indicated, one-third reported only average knowledge of antidepressant classes. Short consultation times (20–30 minutes) were considered insufficient by 82% of respondents. The greatest needs identified were improved access to clinical psychologists (83%), mental health nurses (71%), updated guidelines (75%), and regular training (69%).

				Conclusions: Estonian family doctors are generally confident in managing depression, but improvements are needed in suicide risk assessment, access to mental health specialists, and consultation time to ensure comprehensive care
SAT 12:00 – 13:00	Hall F: Beta	OP 4.2.2: Postpartum depression	Aida Tincu-Modran Diana-Luisa Chirca	Introduction / Context: Postpartum depression is a common affective disorder that occurs in the first weeks after childbirth, impacting the mother's mental health and her relationship with the newborn. Although it is a recognized public health issue, it often remains underdiagnosed, especially in Romania, where postnatal psychosocial support is limited. Objectives: This paper aims to highlight the importance of the family physician's role in the early identification of postpartum depression through home visits, parental education, and referral to specialized resources. Methodology: The analysis is based on international and national epidemiological data regarding the prevalence of postpartum depression, a review of risk factors, and case studies with medico-legal implications. It includes recommendations from clinical practice guidelines and observations from home visits conducted in the early postnatal days. Outcomes: The estimated prevalence of postpartum depression is 10–20% globally, 8–15% in Europe, and approximately 18% in Romania. Risk factors include a history of depression, lack of family support, breastfeeding difficulties, and social pressure. Home visits proved essential for: - Monitoring the baby's development - Guiding newborn care - Exploring the environment and identifying warning signs, engaging with other family members - Providing information about support resources for parents. Take home messages: The family physician plays a strategic role in preventing and managing postpartum depression. Early intervention, family support, and interdisciplinary collaboration can significantly reduce the impact of this disorder. Better integration of mental health services into postnatal care and ongoing training of medical staff in symptom recognition are needed. Keywords: postpartum, home visit, prevention,
SAT 12:00 – 13:00	Hall F: Beta	OP 4.2.3: Multidimensional complexities of chronic tick-borne	Arta Denina	The Baltics is an endemic region for tick borne diseases. Ticks carry more than 200 different pathogens, of which a spirochete – borrelia Burgdorferi is the most widely known etiological factor for Lyme disease. There are more than 20 known borrelial species within Lyme disease group. Babesia, bartonella, anaplasma, ehrlichia are some of less known co-infecionts. Chronic tick borne diseases can have a wide range of symptoms related to skin, musculoskeletal, cardiac, neurological, endocrine, and

		diseases in family practice		even psychiatric manifestations which can be immune-mediated making the correct diagnosis difficult. Unfortunately these diseases are poorly understood and often go unrecognized and untreated. Family physicians are the first point of contact. Competence in tick borne diseases, especially in chronic forms is essential to properly guide these patients. In 2014 a systematic review by Belgian authors was published in the International Journal of Family Medicine drawing medical community`s attention to complexity and multidimensionality of chronic Lyme disease. Today, 10 years later, it is the momentum to further elaborate on complexities of chronic tick borne diseases in the context of the Baltics as endemic region.
SAT 12:00 – 13:00	Hall F: Beta	OP 4.2.4: Management of adult insomnia in primary care: a retrospective study based on six general practice patient lists	Jakov Saltõkov Maret Lond Kristiina Laht	Background: Insomnia is a common but often underdiagnosed condition in primary care. Untreated sleep disorders are associated with significant morbidity, including increased cardiovascular risk and impaired quality of life. Despite its prevalence Estonia lacks a national clinical guideline for insomnia treatment. Aim: To evaluate the initial diagnostic and therapeutic approaches to adult insomnia in Estonian primary care based on data from six general practitioner patient lists. Methods: We conducted a retrospective observational study of 129 adult patients (≥18 years) diagnosed with insomnia (ICD-10 codes G47 and F51) between January 2021 and December 2023. Patient records, including prescription history and documented interventions, were reviewed for treatment patterns, medication types, duration of therapy, and presence of psychiatric comorbidities. Results: Pharmacological treatment was initiated in 81.4% of cases, while only 2.3% received non-pharmacological intervention alone. The most commonly prescribed drugs were quetiapine (35%) and zopiclone (29%). Melatonin, recommended in many international guidelines, was used in only 10% of cases. Off-label prescribing occurred in 44% of patients, and 74.8% redeemed one or two prescriptions during the study period. Psychiatric comorbidities were documented in 22% of patients. Cognitive behavioural therapy or structured sleep hygiene counselling was rarely recorded. Conclusion: Insomnia management in Estonian primary care relies heavily on pharmacological therapy, including frequent off-label prescribing of antipsychotics and antidepressants. Non-pharmacological approaches, despite being guideline-recommended as first-line therapy, were underutilised. Development of a national treatment guideline could improve care quality and patient safety.

				Keywords: Insomnia, primary care, pharmacological treatment, off-label use, Estonia.
SAT 12:00 – 13:00	Hall F: Beta	OP 4.2.5: Comparing outcomes of amoxicillin, amoxicillin-clavulanate, and no antibiotics in adults with acute rhinosinusitis and comorbidities - A retrospective cohort.	Ran Yaacov Miron	This retrospective cohort study evaluated the effectiveness of amoxicillin, amoxicillin-clavulanate, and no antibiotics in treating acute rhinosinusitis among adults with comorbidities. Data comparing these antibiotics for treating rhinosinusitis in patients with chronic conditions are limited. Data were drawn from Maccabi Healthcare Services in Israel between 2012–2023. Eligible patients were aged ≥18, were diagnosed with rhinosinusitis, and had at least one comorbidity, such as diabetes, asthma, or recent hospitalization. Among 40,201 patients after inclusion and exclusion criteria, There was no significant differences between the 3 treatment groups in treatment failure, complications, ER referrals within 90 days, or 90-day mortality. A higher rate of chronic and sub acute sinusitis diagnosis after acute sinusitis was significant in the amoxicillin clavulanate group. These findings support cautious antibiotic use in patients with acute sinusitis even when comorbidities are present. It reinforces the role of amoxicillin as an effective first-line treatment. Broad-spectrum antibiotics may be unnecessary in most cases, and clinicians should rely on validated diagnostic criteria before prescribing antibiotics for ARS in patients with chronic conditions and comorbidities as most are probably of viral etiology. Higher rates of chronic and subacute sinusitis in amoxicillin clavulanate group probably related to ENT doctors prescribing this antibiotic and later diagnosing these conditions, but lack of data on diagnosing and prescribing doctor limited our analysis.
SAT 15:15 – 16:15	Hall A: Alfa	Lecture 5.1: How people lie with statistics: a guide for family medicine doctors	Charlotte Morris	Background Understanding and critically appraising quantitative research is crucial in family medicine, especially with the ever-increasing volume of published primary care studies. It's becoming harder to accurately assimilate this evidence into clinical practice. This lecture will clarify common, yet often misunderstood, statistical terms relevant to family medicine. We'll cover study designs, confounding and biases, and accurate interpretation of statistics well as how to select the correct statistical tests and accurately interpret their results. We'll also explore how the same statistical data can be presented in various ways, how graphs can misrepresent information, and how to scrutinize original research for robustness. The session will highlight significant epidemiological studies from primary care and public health history, examining how they either revealed or distorted medical truths. Finally, we'll address the moral implications of presenting and interpreting medical statistics as clinicians informing patients, experts advising the public, and researchers sharing our work. Objectives * Understand statistical concepts relevant to family medicine. * Recognize how medical statistics can be misrepresented, both on purpose and by accident. * Be aware of the importance of critical appraisal when reviewing evidence. * Reflect on our ethical and moral responsibilities as family medicine doctors when presenting medical evidence

				Presentation of leader I am a doctoral research fellow in epidemiology, focusing on health inequalities in primary care through statistical modelling of electronic healthcare records. I've co-authored influential quantitative papers in family medicine, including a predictive model for abusive head trauma and a large epidemiological study on reducing opiate prescribing in primary care.
SAT 15:15 – 16:15	Hall A: Alfa	Lecture 5.2.: Fishing for the gaps and opportunities in family medicine literature: Worldwide perspective	Ikbal Humay Arman Paula Sala Ivars Gulsah Onur Ernest Ekezie Seyma Handan Akyon Manar Alghamdi Yusuf Arman	Background: The global advancement of family medicine relies on continuous knowledge generation and critical reflection on existing literature. Despite progress, significant gaps remain underexplored, limiting the discipline's potential to address diverse patient and community needs. During the World Family Doctors Conference, a multicultural and multiregional outdoor workshop engaged participants in structured small-group discussions. Through collaborative mapping and synthesis, participants identified major gaps in the literature, including the integration of digital health, embedding mental health care within primary care, strengthening chronic disease management, addressing equity in underserved populations, and building sustainable research culture and capacity. Objectives * Present a structured synthesis of workshop findings, highlighting global gaps with relevance to the European context. * Explore research priorities collaboratively through live digital tools (e.g., Mentimeter, word clouds, ranking exercises) to capture perspectives in real time. * Encourage active reflection and dialogue on how identified gaps can be transformed into concrete, feasible research questions. * Strengthen a shared vision for international and interdisciplinary collaboration in family medicine research. By combining evidence from prior collaborative work with interactive methods, this session will provide participants with both knowledge and tools to advance family medicine scholarship in a rapidly evolving global health landscape. Workshop Leader: Dr. Arman is a family medicine specialist and PhD student in public health. She works as an assistant professor at a Medical School in Istanbul, Turkiye, and immediate-past Events officer of EYFDM and immediate-past co-Leader of Digital Health&AI SIG. Keywords: Family Practice; Primary Health Care; Health Services Research; Evidence-Based Practice; Global Health.
SAT 15:15 – 16:15	Hall B: Omega	WS 5.1: Doctors in social media – from misinformation to meaningful messages	Anet Vanaveski Pisar Pind Johanna Ruus Katrin Tiidenberg	In today's world, social media is one of the main arenas where health information spreads – often faster than evidence-based knowledge can keep up. Doctors can play a key role in providing trustworthy medical content, yet many hesitate to engage. This workshop aims to encourage healthcare professionals to find their voice online and share practical tools for impactful communication. The session will start with an introduction of the international research project Trust and Visuality: Everyday Digital Practices (TRAVIS), presented by Katrin Tiidenberg and Jaana Davidjants from Tallinn University. Their results shed light on how trust is built in online health communication, what strategies healthcare professionals and influencers use, and how audiences respond – including insights into the spread of alternative medicine discourses.

			Jaana Davidjants	In the interactive part of the workshop, participants will work in small groups to brainstorm and create their own social media posts. Some of these may also be shared on the EYFDM Forum 2026 social media channels – but the main aim is to exchange ideas, learn from each other, and gain confidence in communicating online. By the end of the session, participants will leave with practical tips, creative ideas, and renewed motivation to contribute to the fight against misinformation. The workshop is designed for approximately 10–20 participants, though the final group size can be adapted according to the organisers' recommendations.
SAT 15:15 – 16:15	Hall C: Gamma	WS 5.2: Caring for the carers: recognising and addressing informal caregiver burden	Hana Ruferová Helena Alonso-Valencia Lia Guledani Natálie Kerhartová Paula Sala Ivars Marta Sá Ruivo Shuja Mohamed Chaimae Ouahhoudi Ajouini Özden Gokdemir	Caregiver burden is a significant global issue, with nearly one in three adults in Europe engaged in informal caregiving.This role is marked by inequities: women provide most informal care and consequently face greater physical, psychological, and economic strain, while those with lower socioeconomic status are disproportionately pushed into caring for severely dependent relatives. Informal caregiving is linked to higher morbidity, poorer mental health, job loss, and financial hardship, with rural caregivers facing additional barriers due to limited services and often more rigid gender norms.These patterns highlight that caregiver burden extends beyond individual hardship; it constitutes a social determinant of health shaped by income, education, employment, gender, and geography. For general practitioners—often the first and sometimes only point of contact for both patients and caregivers—recognition of this hidden burden is critical. Building GPs' capacity to integrate caregiver assessment and support into routine practice is essential to reduce inequities, protect wellbeing, and improve outcomes for caregivers and care recipients alike. Method - interactive gamified methods (stepwise case team challenge with role-play elements) - structured debriefing consolidating learning, highlighting practical tools Objectives - learn screening methods for caregiver burden using validated tools+red-flag indicators - address caregiver needs using quick evidence-based steps, set up simple follow-up routines, prevent escalation of strain - engage with peers, explore policies, cultural norms, and interventions on informal caregiving Hana Ruferová - Czech primary care physician focused on equity, gendered health, and vulnerable groups, active in several EYFDM SIGs (see note). Keywords: Informal caregiving, Caregiver burden, Gender inequality, Socioeconomic determinants of health
SAT 15:15 – 16:15	Hall D: Sigma	WS 5.3: Pharmacogenetics: A Hands-On Guide for Family Doctors	Dr D. phil. Michael Morris Annika Jürimäe Kaspar Ratnik Triin Lillsaar	The workshop will introduce the concepts of pharmacogenetics and, through hands-on practical cases, participants will learn to use guidelines to optimize their patients' treatment

SAT 15:15 – 16:15	Hall E: Epsilon	WS 5.4: Fighting resistance: How family doctors can reduce the impact of antimicrobial resistance in their community	Maria Madalena Wolf Travassos de Carvalho Catalina Andreea Popescu Lia Guledani Sophiko Rusashvili Ana-Maria Orbu María Eveline Nicolaita Colacel	Background: Antimicrobial resistance (AMR) is a pressing but often underecognized global health crisis. Each year, around 33,000 deaths in the European Union are directly attributed to antibiotic-resistant bacteria, and global projections suggest up to 10 million deaths annually by 2050 if no action is taken. Beyond mortality, AMR contributes to rising healthcare costs and treatment failures, increasing the risk of routine procedures such as surgery, caesarean sections, and chemotherapy. Key drivers include inappropriate and excessive antibiotic use in both humans and animals, with the greatest consequences often seen in low- and middle-income countries. Primary care physicians play a crucial role in addressing AMR through infection prevention, universal access to accurate diagnostics, rational antibiotic prescribing guided by local protocols, and the support of ongoing research and surveillance. Didactic Method: The workshop will begin with an overview of AMR, followed by small-group discussions of clinical cases involving common community-acquired infections. Participants will then review strategies for optimal prescribing and diagnostic stewardship. The session will conclude with a discussion of broader tools available to family doctors, including promoting health literacy to prevent infections and reduce transmission. Objectives: To provide young family doctors with practical, evidence-based tools to reduce AMR in their daily practice through interactive peer learning. Estimated participants: 30 Leader: Family doctor in training in Portugal, working with vulnerable populations including homeless patients and individuals struggling with addiction. Keywords: Antimicrobial resistance, community health
SAT 15:15 – 16:15	Hall G: Kapa	WS 5.5: Navigating the sea of advocacy: from grassroots ideas to systemic change	Karl-Sten Kõrgmaa Doris Poolamets Anette Remmelg	Background As early-career professionals, we often encounter structural issues in healthcare that seem immovable - "just the system". But meaningful change is possible. In Estonia, where the healthcare system has long operated in multiple languages due to its large Russian-speaking population, language barriers were contributing to unequal care and physician burnout. A small group of medical students and young doctors took initiative, engaging policymakers, institutions, and healthcare authorities. Within two years, their advocacy led to a formal statement from the Chancellor of Justice and a pilot program with the national health insurance fund. This workshop builds on that real-life experience to inspire others. Didactic Method An interactive workshop that walks participants through the lifecycle of a successful advocacy project. Participants will be grouped into teams, develop their own advocacy ideas within family medicine, and explore each step of implementation - from identifying the issue to policy impact.

				Objectives * Understand the fundamentals of healthcare advocacy * Identify local or systemic challenges in family medicine * Create an outline for an advocacy project * Learn how to engage stakeholders and navigate policy pathways Estimated number of participants 4–8 tables of 5–8 participants (20–60 attendees) Brief presentation of the leader Karl-Sten Kõrgmaa is Estonia's first WHO Youth Delegate. He has been active in health advocacy throughout his medical studies, representing medical students in Ministry of Social Affairs, working on LGBT+ health equity, contributing to Estonia's Strategy on Alcohol Policy, and participating in the WHO Europe EVID-ACTION project. Keywords: Advocacy, Health Policy, Language Barriers, Youth Leadership
SAT 15:15 – 16:15	Hall F: Beta	**OP 5 (15 minutes): Integrating Human Values into Everyday Primary Care Practice**		
SAT 15:15 – 16:15	Hall F: Beta	OP 5.1: Health perspectives of the ngöbe indigenous community in Costa Rica	Marc Albiol-Perarnau	Understanding health from the viewpoint of indigenous communities is essential to address inequities and improve culturally sensitive healthcare. The Ngöbe people, with a population of over 200,000 in Panama and Costa Rica, preserve a rich cultural heritage expressed in their language (ngöbere), religion, and traditional healing practices. This work is based on a one-month external rotation with the NGO Hands for Health in San Vito de Coto Brus, Costa Rica, where we combined literature review with direct interviews and observations. We explored the concept of Ja hwebäre kuin ("health" in ngöbere) through the testimonies of traditional healers, midwives, and community members. Their vision of health is holistic, encompassing both the physical and spiritual, without a separation between body and mind. Concepts such as depression or anxiety are not recognized; instead, illness is understood as imbalance in these two spheres. Despite their resilience and strong cultural identity, Ngöbe communities face severe challenges linked to poverty, limited access to healthcare and education, and migratory labor during the coffee harvest. Initiatives such as the Casas de la Alegría provide safe and culturally adapted educational spaces for children, mitigating child labor and supporting family wellbeing. The findings underline the importance of acknowledging and respecting indigenous health practices while promoting collaboration with modern medicine. For family doctors, integrating these perspectives strengthens equity, cultural competence, and the delivery of effective primary care in diverse contexts.

SAT 15:15 – 16:15	Hall F: Beta	OP 5.2: Addressing existential distress in palliative care: developing a team-based approach for early recognition and management	Luigi Costantini Gabriele Gazzaneo Paolo Vacondio Gianfranco Martucci Lorenzo Rubrigi Cinzia Cavalli Michele Mallamace Elena Corradini	BACKGROUND: Existential distress significantly impacts quality of life in patients facing advanced illness. Despite widespread acknowledgment, clinical pathways and structured tools to recognize and manage existential suffering remain limited in palliative care practice, often resulting in unmet needs at the end of life. OBJECTIVE: To develop, implement, and evaluate a practical, team-based approach for early recognition and management of existential distress in hospice patients, emphasizing transparency, sustainability, and ethical appropriateness in clinical decision-making. Methods: A participatory action research project involved an interdisciplinary palliative care team in an Italian hospice. An innovative clinical assessment tool was co-developed, focusing on identifying existential distress through structured clinical discussions and thematic qualitative analysis. Training and reflective group sessions fostered team empowerment and clinical sensitivity. Results: In the initial phase (11 patient cases): * Existential distress was systematically identified within the first week of hospice admission, facilitating early personalized interventions. * Clinical team members reported increased confidence and clarity in recognizing existential distress indicators, improving transparency in decision-making (100% of cases). * Four patients required deep palliative sedation due to refractory existential symptoms, underscoring the importance of a shared ethical framework. Conclusions: This project introduces a structured approach to recognizing and managing existential distress within hospice care, promoting ethical clarity and enhanced decision-making among interdisciplinary teams. Improved staff competencies in existential care enabled timely and meaningful patient interventions. The methodology, combining ethical reflection and practical applicability, offers a valuable framework for primary care professionals addressing existential suffering at the end of life.
SAT 15:15 – 16:15	Hall F: Beta	OP 5.3: Integrating palliative home care into emergency services pathways: an innovative model for dignified end-of-life care	Lorenzo Rubrigi Gabriele Gazzaneo Paolo Vacondio Gianfranco Martucci Luigi Costantini Cinzia Cavalli	EMERGENCY DEPARTMENTS (ED) OFTEN REPRESENT A CRITICAL POINT OF CARE FOR PATIENTS IN ADVANCED STAGES OF ILLNESS. WITHOUT STRUCTURED LINKS TO PRIMARY PALLIATIVE CARE, THESE PATIENTS FREQUENTLY EXPERIENCE UNNECESSARY HOSPITAL ADMISSIONS AND TREATMENTS INCONSISTENT WITH THEIR CARE GOALS. IN ITALY, A SIGNIFICANT GAP PERSISTS BETWEEN HOME-BASED PALLIATIVE CARE AND ED SERVICES, ADVERSELY IMPACTING PATIENT DIGNITY AND CONTINUITY OF CARE. OBJECTIVE: To collaboratively design, implement, and evaluate a structured clinical pathway integrating emergency services with the Palliative Care Network, ensuring appropriate, patient-centered interventions at the end of life. METHODS:

			Michele Mallamace Elena Corradini	A multidisciplinary participatory action research project involved 20 healthcare professionals from primary care, emergency medicine, palliative care, and quality improvement units. Key interventions included: (1) joint development and formal adoption of a shared clinical protocol; (2) delivery of a targeted blended training program (video-based and interactive sessions) to over 300 professionals; (3) sahred measurable indicators to assess pathway effectiveness. RESULTS: Within six months: * 25% of patients with palliative care needs accessing EDs were successfully redirected to appropriate home-based care within 48 hours. * 60% of ED staff reported improved confidence in managing complex end-of-life care decisions. * Formal endorsement of the pathway by the local health autority prompted expansion to three additional districts. CONCLUSIONS: This project demonstrates the feasibility and effectiveness of a collaborative model integrating palliative care within emergency pathways. It addresses a critical care gap, reduces unnecessary hospitalization, and enhances patient dignity. The participatory approach, cross-sector collaboration, and measurable outcomes ensure broad applicability for health systems seeking to improve end-of-life care quality.
SAT 15:15 – 16:15	Hall F: Beta	OP 5.4: Grab the wheel or step in the spiderweb – determine your course; Two easy tools for an important conversation	Lotte Groen Roosje Basri	While ancient and traditional medicine is based on its principles, lifestyle medicine is just starting to root in Western medicine. Tackling problems at their origine by creating a healthier life can eliminate the necessity of medication and prevent or even cure illness. How to start this conversation and effectively determining the course for your patient is essential. Participants will become acquainted with 2 of the tools available in the Netherlands, that will guide both patient and doctor to tap into your patient’s autonomy, which will increase the experienced health perception. The spiderweb is a unique, simple tool, available for children, adults and functional illiteracy. It is developed around the principles of Positive Health, which is a transformative approach that goes beyond the traditional view of health as the absence of disease. It contains the pillars: mental well-being, meaningfulness, quality of life, participation, daily functioning, and bodily functions. It emphasizes the resilience of individuals in adapting to life's challenges and focuses on what truly matters to them. The Lifestyle Wheel (Leefstijlroer) is a more specific tool, which is built around six pillars that together have a significant impact on physical and mental health: nutrition, exercise, relaxation, sleep, connection, and meaning. It was developed by The Dutch Association of Doctors and Lifestyle to make the lifestyle conversation accessible and easy to grasp. Patient and healthcare professional can decide together which pillar the patient would like to start with, depending on personal needs and goals.