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**Europrev Porto** 

# Short preliminary qualitative analysis of the presentations at the Porto Europrev meeting

For more about 3CGP go to http://3cgp.woncaeurope.org

## Coding with 3CGP

number of abstracts analyzed: 49

## number of codes by abstracts:

- 14 abstracts: 3 codes
- 8 abstracts: 4 codes
- 9 abstracts: 5 codes

### total number of codes: 171

- number of ICPC process codes : 18
- number of ICPC codes: 30
- number of Q-Codes: 123

### Some format considerations

#### Abstract title:

no place for literature in scientific abstracts: ex: "Sleeping with the Enemy" is very good for a romance, not for an abstract. Normally all the information of a presentation could fit in a good title.

### Abstract format:

some confusion between background, methods & results. Information on aim and methods sometime to be found in results

#### Confusions:

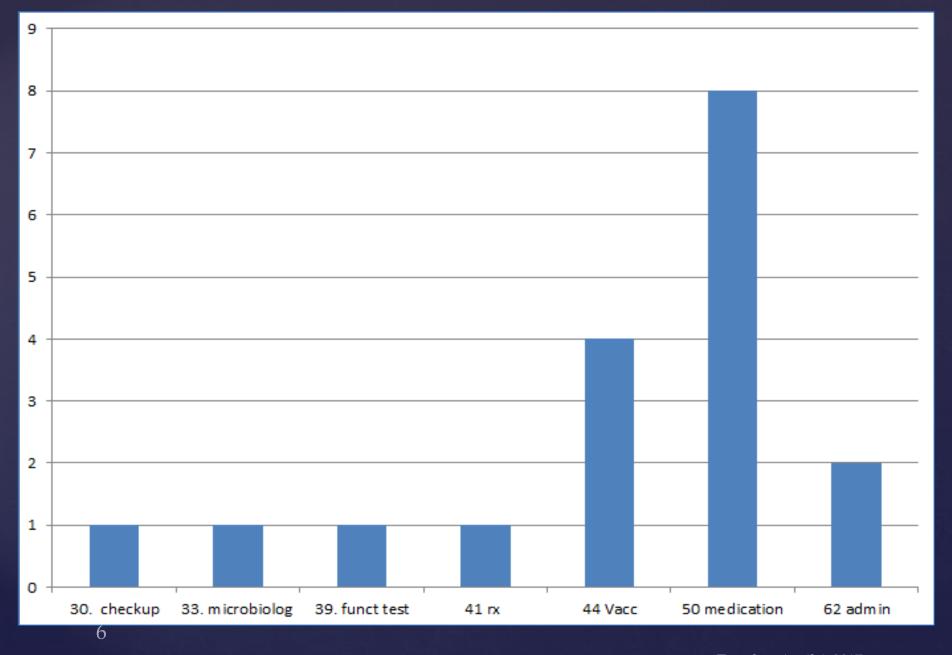
- Confusion between secondary and tertiary prevention (case of AAS)
- Confusion between tertiary prevention and quaternary prevention (several cases)
- Confusion between primary and secondary prevention (case of TBC)
- Confusion between Quaternary prevention and quality assurance
- Tendency to see Quaternary prevention everywhere
- Confusion between Quaternary prevention and Health risk assessment

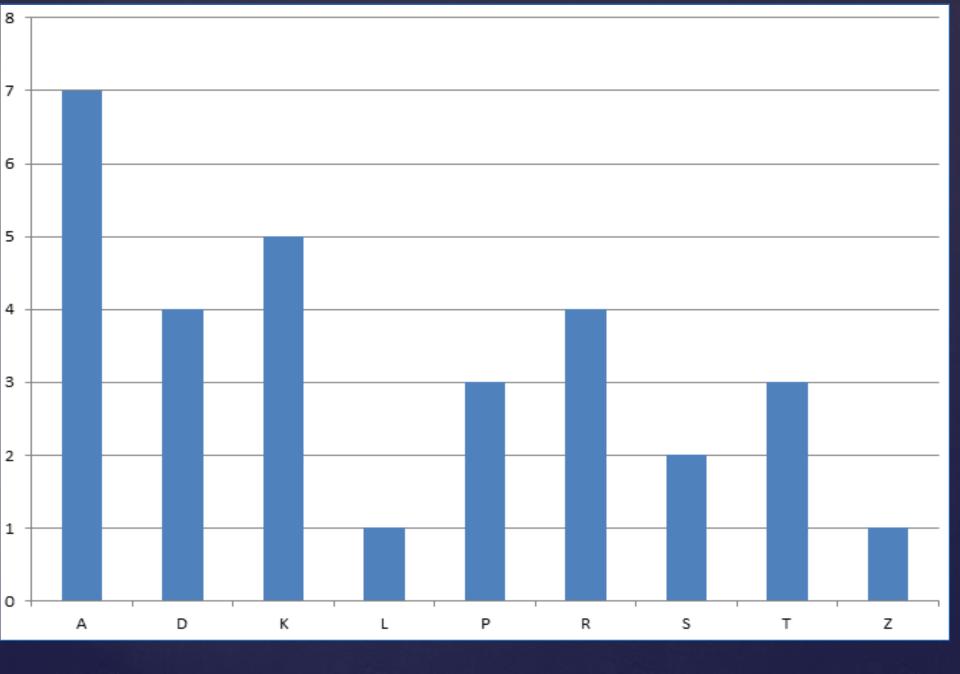
QO : other

One Q03; out of the scope of primary care (patients at outpatient clinic)

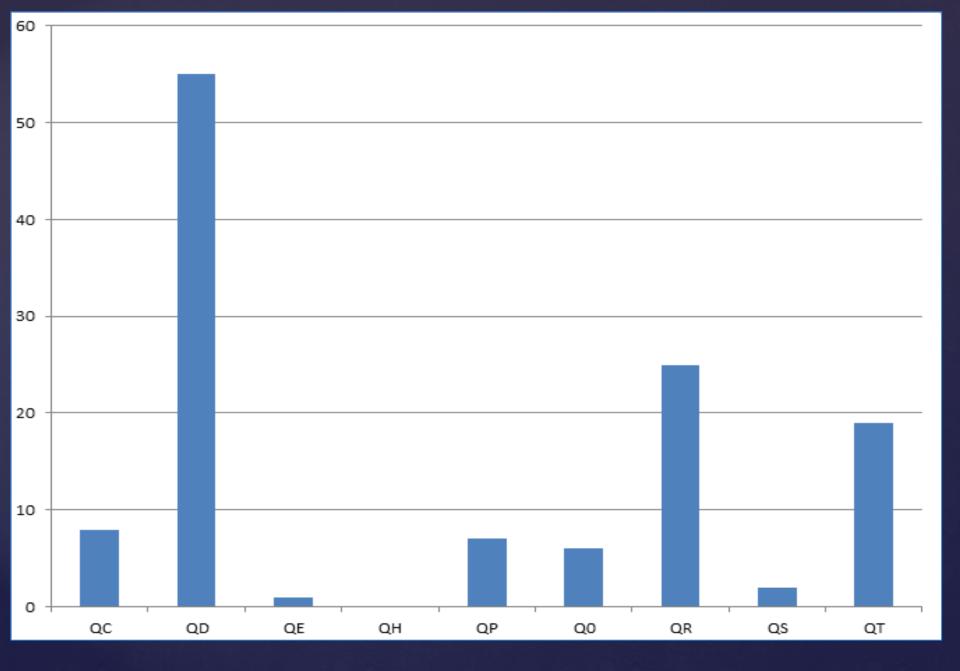
5 Q04; consider new code:

- 2 for history of medicine
- one for pharmacovigilance (which is now embedded wrongly in Adverse event)
- one for cascade effect
- one for underdiagnosis (now included in overdiagnosis)

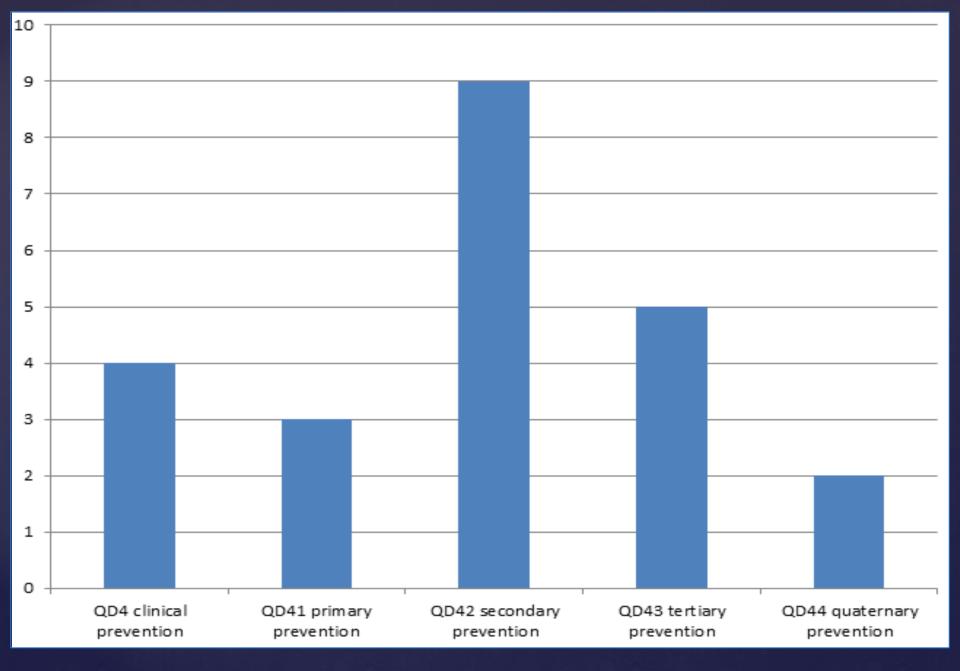




Distribution of ICPC chapters



Distribution of Q-Codes



Distribution of QD4 clinical prevention

