

EXERCISE (group of 4-5 participants)

Two abstract from the recent VDGM congress in Porto are used as material. Imagine you have assisted to those presentations. Now a friend is asking you; what they have talked about?

You are the indexers.

- You are in charge to describe the content as precisely as possible, preferably with a MeSH if any
- First look to the main concepts at stake
- Then search on the two tables you have received
 - A list of clinical issues : ICPC
 - A list of contextual issues : Q-Codes

Abstract 1

Title: Quality improvement in antibiotic prescription for uncomplicated lower urinary tract infections.

Keywords: low urinary tract infections.

Introduction: Lower urinary tract infections (LUTIs) are the 2nd most common bacterial infection in the community and the most common bacterial agent is Escherichia coli which has a high resistance rate to quinolones and sulfamethoxazole/trimethoprim. Portuguese national guidelines for primary healthcare are: nitrofurantoin, fosfomicin and amoxicillin/clavulanic acid.

Objective: Assess guideline adherence for the empirical treatment of uncomplicated LUTI in primary care and the impact in prescription quality after local intervention.

Methods: we establish 3 groups to study, group A before intervention, group B studied 10 days after intervention (awareness and information of primary care doctors) and group C was study 3 months after intervention. The sample included patients from 5 primary healthcare units in the westcoast region of Portugal diagnosed with uncomplicated LUTI. The search was made based on the electronic medical record system on ICPC-2 (International Classification of Primary Care).

1. Who is the target population?
2. What is the health problem if any?
3. What is the research domain?
4. How the answer has been searched for?

Abstract 2

Title: Discovering polygamy through infertility - a case report.

Keywords: polygamy; infertility; family medicine.

Introduction: Foreign patients present many challenges in our daily clinical practice. The religious, cultural and social contexts often differ from our reality and the language barrier is one of the biggest struggles. The project of parenthood is held by many people and the importance that each individual attributes to parenthood may be influenced by many factors, including cultural ones. Infertility is defined by the World Health Organization as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after twelve months or more of unprotected sexual intercourse.

Goals: With this case-report of a couple with infertility the authors aim to highlight difficulties in the clinical practice with foreign patients, particularly with patients from different cultural contexts and when there is a language barrier; to evidence the role of the family doctor in the foundation of a relationship of clinical proximity; and to contextualize polygamy in the portuguese law.

Case description: This is a couple from an african country: T., female , 37 years old (now 45) and M., male, 42 years old (now 50). Muslim religion. They began their follow up at our health unit in 2009. Since the first consultations there were communication difficulties: T. did not speak portuguese (only an african dialect) and M. spoke some portuguese and translated. In the first appointment with the couple, they intended to continue the infertility study they initiated in private practice. They were married for 20 years, had no children of their own and denied having children with other partners. They had no medical history other than infertility (reported 10 years before) and obesity. With the years, the language barrier diminished. Eight years and many myths, treatments, negative pregnancy tests, appointments and a perimenopausal amenorrhea later, T. continues to pursue the idea of getting pregnant and having a child. And at this stage, digging deeper, we discover that M. practices polygamy and has married two other women, with one of whom he has a child.

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