



GP READINESS FOR SCREENING OF ORL DISEASES

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ABSTRACT

Introduction: General medicine is a relatively new specialty in Bulgaria, the methods and system of training GPs are also new and still changing and evolving. Faced with a diverse stream of people in their ambulatory practice we reach the question of what level of skills and knowledge must GPs have in different specialties.

Aim and tasks: To investigate self-evaluation of GP for their knowledge and activities in the field of ORL.

Materials and methods: A written questionnaire was used, with closed questions personally distributed at random.

Results: The results show that most doctors believe they know the main risk factors for occurrence of ORL diseases and actively seek them. They assess their preparations as good and are ready to participate in screening programs in conjunction with ORL specialist.

Conclusion: The results obtained show that GPs assess their knowledge and skills high. Their readiness to participate in screening programs is also high, which presents us with an opportunity with great potential. Through cooperation between GPs and ORL specialists we can achieve a better level of health among the population in terms of ORL diseases.

Key words: General Practitioners, Screening, ORL

INTRODUCTION

General medicine is a relatively new specialty, not only in Bulgaria but in Europe. As a medical specialty less than two decades old, its methods and training system for general practitioners are also significantly new and still undergo changes, development and improvement. In the conditions of ambulatory practice the general medicine practitioner is facing a diverse stream of people covering all disciplines of medicine. In this situation the question arises how far to extend knowledge and skills of practitioners in each specialty.

From ORL diseases are among the most frequently encountered by GPs in their practice. Ranging from acute life-threatening conditions to chronic debilitating, GPs should recognize symptoms in time and refer to a specialist. Investigation of Al-Qudah (1) on acute supraglottitis shows that despite the sudden onset and the threat to life symptoms may be nonspecific - sore throat, discomfort in the neck above the hyoid cartilage, laboratory tests are also not indicative. It is imperative that differential diagnosis of edema and foreign body is made. Hearing loss is one of the most

common congenital anomalies (2-4 newborns per 1000). Brunger K et al (2), Shore SE (3) and Roy D (4) et al in their studies on tinnitus give a lot of information for GP usage. Charfi A et al (5) and Klimek L (6) present in their researches the actions a GP needs to take in case of allergic reaction.

Anne M De Michele et al (7) examine the quality of hearing screening in newborns proving that early detection and intervention can prevent severe psychological, educational and communicative effects (**Table 1**). Stilianos A et al (8) makes a similar research for the main reasons for hearing loss in neonates.

Mo L et al (9) and Mylanus EA (10) with their studies on ear diseases, Sieskiewicz A et al (11)'s studies on nasal diseases and Yasan H et al (12)'s studies on throat diseases give specific directions for GP's to follow in each case.

The third most important diseases for screening are tumors. In 1999, Gustavo D. et al (13) made screening and research on the prevalence of oral carcinomas and knowledge tested for risk and

unlocking factors. The authors found a low level of knowledge about risk factors and low number of examination on people at risk. 3% of all cancers in the U.S. are due to ORL tumors, in these circumstances, cancer screening programs give us the opportunity not only for early detection of tumors, but educating and raising awareness of patients to the problem. Corona AP et al (14) and Gaillard AL et al (15) also work on tumors and measures that need to be taken for their prevention, diagnoses and treatment.

Robson J et al (16) give general directions for screening for ENT diseases in general practice, while Cho YH et al (17) gives us the current situation in Korea.

Several sites such as www.expertconsultbook.com (18), www.gpnotebook.co.uk (19), www.library.nhs.uk (20), ent.med.nyu.edu (21) provide relevant information for the whole spectrum of diseases to the general practitioners

AIMS AND TASKS

To investigate how GPs make an assessment of their knowledge and skills in ORL, whether they are actively involved in the search for risk factors and whether they believe their training modules in ORL is sufficient and would they participate in joint screening programs with ORL specialists.

Table 1. Results of Anne M De Michele on Newborn Hearing Screening

Misconception	Clinical Fact
Parents will know if their child has a hearing loss by the time their child is 2-3 months of age.	Prior to the universal screening, the average age at which children were found to have a hearing loss is 2-3 years. Children with mild-to-moderate hearing loss were often not identified until 4 years of age.
Parents can identify a hearing loss by clapping their hands behind the child's head.	Children can compensate for a hearing loss. They use visual cues, such as shadows or parental expressions and reactions, or they may feel the breeze caused by the motion of the hands.
The HRR is all that is needed to identify children with hearing loss.	The HRR misses approximately 50% of all children with hearing loss.
Hearing loss does not occur often enough to justify the use of universal screening programs.	Hearing loss affects approximately 2-4 per 1000 live births, and it has been estimated to be one of the most common congenital anomalies.
Tests are not reliable and cause too many infants to be referred to specialists.	Referral rates are as low as 5-7%.
There is no rush to identify a hearing loss. The loss does not need to be identified until a child is aged 2-3 years.	Children identified when they are older than 6 months can have speech and language delays. Children identified when they are younger than 6 months do not have these delays and are equal to their hearing peers in terms of speech and language.
Children younger than 12 months cannot be fitted with hearing aids.	Children as young as 1 month of age can be fit with and benefit from hearing aids.

MATERIALS AND METHODS

The used questionnaire contains nine closed questions. Questionnaires were distributed personally to GPs selected at random mechanism. Fill in writing, after completing allowing physicians to comment if desired.

RESULTS

The survey involved 30 general practitioners in the country selected at random mechanism. Of these, 10 were men and 20 women. The group included doctors with practices in university towns, municipal and regional cities, small towns and villages. The average length of internship is more than 10 years. The average age of 45 years. Average size of the practice is over 1500 people. The main group of doctors are specializing in the moment (Table 2).

Table 2. Results from the survey – general questions.

Gender	Male	10 (33.3%)
	Female	20 (66.6%)
Age	<25r	0(0%)
	25-35r	1(3.3%)
	35-45r	10(33.3%)
	45-55r	12(40.0%)
	>55r	7(23.3%)
Work location	University town	1(3.3%)
	Municipal city	2(6.6%)
	Regional city	4(13.3%)
	City	11(36.6%)
	Village	12(40.0%)
Work duration	<5r	0(0.0%)
	5-10r	1(3.3%)
	10-20r	10(33.3%)
	20-30r	13(43.3%)
	>30r	6(20.0%)
Diploma	Currently specializing	19(63.3%)
	MD + GP	7(23.3%)
	Other	4(13.3%)

Of those questioned 30 GPs 22 estimate that they know the most common risk factors, with 18 actively seek them. 21 GPs believe they are

adequately prepared to participate in screening programs, and 25 would participate in adequate reimbursement (**Table 3**).

Table 3. Results from the survey – specific questions.

Do you know the most common risk factor for ORL diseases	Yes	22(73.3%)
	No	8(26.6%)
Do you actively search risk factors for ORL diseases	Yes	18(60.0%)
	No	12(40.0%)
Do you think your ORL training is adequate enough to participate in screening programs	Yes	21(70.0%)
	No	9(30.0%)
Would you participate in screening programs for early detection of ORL diseases	Yes	25(83.3%)
	No	5(16.6%)

CONCLUSION

From studies in Bulgaria, the rest of Europe and the U.S. we see the high prevalence of otorinolaringological diseases among the population. With its wide variety of diseases – life-threatening acute, chronic debilitating, tumor they are introduced first before the GP in his ambulatory practice. That is why the GP is the most suitable partner for the ORL specialist for an early screening and prevention of loss of life and severe disability. From our survey made it clear that GPs appreciate their

knowledge and are ready to cooperate with their colleagues ORL specialists for screening or if in need of consultation.

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