



POSTERS

Inhalt - Contenu

Male adolescents and sexual health services: what's wrong with them?.....	3
Reporting about Disability Evaluation in European Countries.....	3
The association between fish or n-3-fatty acid intake and body weight related phenotypes: A systematic review and meta-analysis.....	4
Mise en place d'un outil de communication et d'éducation pour les patients atteints de tuberculose dans le cadre de leur hospitalisation	5
La gouvernance des institutions de santé mentale et psychiatriques est-elle soluble dans la gouvernance hospitalière somatique ? Des enjeux négligés dans les réformes sanitaires actuelles.	6
A Systematic Review of the effectiveness, compliance, and critical factors for implementation of safety checklists in surgery	6
The Fake Food Buffet - A New Method in Consumer Behavior Research and its Applications...7	
Association of intima media thickness and cyclic variation of lumen diameter in the common carotid artery: The SAPALDIA3 Cohort Study	8
WAIST-FOR-HEIGHT RATIO AND BODY MASS INDEX AS INDICATORS OF ELEVATED BLOOD PRESSURE IN CHILDREN	9
CHANGES IN ANTIHYPERTENSIVE DRUG TREATMENT IN THE GENERAL POPULATION. THE COLAUS STUDY	9
Développement et évaluation des propriétés psychométriques de l'instrument «Attitude face à l'Utilisation de la Morphine (AUM)»	10
Services for families with a parent with mental illness: User's perspective.....	11
Szenario einer künftigen Nutzenbewertung medizinischer Leistungen in der Schweiz	11
Implementing a primary care center at an emergency department and its impact on staff satisfaction	12
Einfluss von Hunger auf die Lebensmittelwahl	13
Compétences des médecins généralistes en matière de prise en charge du diabète au Maroc	14
Needs for Technical Support in Self-Assessment of Behavioural Surveillance related to HIV and STIs: A Survey in EU/EFTA countries.....	16
Pflege und Betreuung im Privathaushalt: Schlaglichter auf Versorgungsarrangements mit Spitex-Mitarbeitenden und Care-Migrantinnen	17
The Cochrane Reviews and the scientific publications of Faculties of Medicine in Switzerland : a bibliometric analysis.	17
Das Präventionsgesetz aus soziologischer Perspektive. Akteure und Konfliktlinien im Gesetzgebungsverfahren.....	18



Eine Fallstudie zu Gouvernanz am Beispiel der Medikamentenpreisregulierung in der Schweiz	19
Un exemple de collaboration entre le Registre des tumeurs et les cliniciens pour décrire l'épidémiologie du cancer colorectal en Valais.....	19
Diurnal variation of the cardio–ankle vascular index measurement in healthy elderly individuals and patients with coronary heart disease.....	20
A National View of the Swiss Hospital Market: A First Analysis of Patient Flows	21
Trends in hospital management of acute myocardial infarction in Switzerland, 1998 to 2008...21	
The region makes the difference: disparities in management of acute myocardial infarction within Switzerland	22
Trends in compliance with the Swiss dietary recommendation in the Geneva population.....	22
Trends in dietary intake in the Geneva population, 1999 to 2009.....	23
Nutrition transition in the Seychelles: 22-year trends.....	24
La prise de décision lors de complications d'accouchement à domicile ou en maison de naissance : perspectives de sages-femmes et de parturientes	24
Services for families with a parent with mental illness: Network analysis	25
Services for families with a parent with mental illness: Professionals' perspective.....	25
Physical loads and trapezius muscle activity in nursing during day and night shift.....	26
Ein Test zur Früherkennung von Risiken für Stresserkrankungen und Burnout sowie zu deren effizienten Prävention und Behandlung	28
High life in the sky: mortality by floor of residence in Switzerland.....	28
Is there a relationship between information concerns of patients and adherence to therapy? Findings from the Swiss inflammatory bowel disease cohort study.	29
Von MigrantInnen für MigrantInnen" - ein Gesundheits- und Präventionsprojekt des FIMM Schweiz.....	30
The Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC): Examples of use for the planning and evaluation of interventions at community, regional and national level	31
Age and gender differences in the social patterning of cardiovascular risk factors in Switzerland: the CoLaus Study	32
Belastungen von Studierenden während der Ausbildung zur diplomierten Pflegefachperson HF	33
Die Assoziation von Phytoöstrogenkonzentrationen im Urin mit dem Spiegel des Prostata-spezifischen Antigens (PSA) im Serum in NHANES (National Health and Nutrition Examination Survey).....	34



MALE ADOLESCENTS AND SEXUAL HEALTH SERVICES: WHAT'S WRONG WITH THEM?

Christina Akre¹, Joan-Carles Suris²

¹Institut Universitaire de Médecine Sociale et Préventive, ²Institut Universitaire de Médecine Sociale et Préventive, Groupe de Recherche sur la Santé des Adolescents

Purpose: Although young males encounter sexually-related concerns, they are mostly absent from specialized services. Our objective was to identify the barriers young men face to consult a health professional when they encounter these types of problems and where they turn to, if so, for answers.

Methods: In the context of a qualitative study, we conducted 2 focus groups gathering 12 boys aged 17-20. Discussions were triggered through the presentation of 4 vignettes corresponding to questions posted by 17-20 year old boys and girls on an information website for adolescents (www.ciao.ch), concerning various sexual dysfunction situations.

Results: Barriers for young men to consult for sexual dysfunction concerns were (a) a preference not to talk about it as they were considered intimate and embarrassing subjects which could negatively impact their masculinity; (b) concern regarding lack of confidentiality; (c) lack of an excuse to consult and therefore of accessibility to services; and (d) not wanting to consult for a problem which might be psychologically – vs. physiologically – induced.

Conversely, the Internet was unanimously considered as a way to encompass these barriers. It was reported to be used by searching for information through research engines or addressing professionals for advice online at least as a first step in trying to solve a problem. For instance, it helped better define the seriousness of a problem and judging if it was worth consulting for. In fact, within the hierarchy of health services, Internet was given the first place as a way to deal with these types of problems as it presents many advantages: (a) maintaining intimacy; (b) preserving anonymity (use of a pseudo); (c) avoiding having to confront someone face-to-face with personal problems possibly embarrassing and challenging for one's pride; (d) free of cost; and (e) accessibility at all times.

Conclusions: The Internet as a means of obtaining health information or consulting was considered to hold an important place for adolescent males with regard to sexually-related concerns. Although the Internet cannot replace an in-person consultation, new technologies should continue to develop in a secure manner as an easy access door to sexual and reproductive health services for young men, which can then guide youths to appropriate resource persons. Further studies should assess the quality of the web pages which they access.

REPORTING ABOUT DISABILITY EVALUATION IN EUROPEAN COUNTRIES

Jessica Anner, Regina Kunz, Wout De Boer
Academy of Swiss Insurance Medicine

Background: Experts have proposed the International Classification of Functioning, Disability and Health (ICF) to support disability evaluation but they do not specify how to use it in practice. Basic considerations are still unclear, for instance, whether the ICF contains enough and sufficiently precise definitions to express disability evaluation, or whether disability evaluation across countries is sufficiently comparable to apply a common instrument developed on an international standard, such as the ICF definitions. Before developing ICF based



instruments for disability evaluation, researchers need to know the expected content of disability evaluation and to what extent European countries have started to use the ICF.

The objective of this study was to describe the content of disability evaluation as required by law or official guidelines in different European countries.

Methods: We used a descriptive, cross-sectional design. Two researchers interviewed central medical advisors in social insurance using a semi-structured questionnaire and two email follow-up rounds for correction and completion. We applied the handicapped role as frame of reference that includes functional capacity, socio-medical history, possible interventions for health and work, and prognosis of disability.

Results: Respondents from 15 out of 18 countries participated in all steps. In 15 countries, medical examiners are required to report about functional capacity and prognosis of disability. In 14 countries, medical reports contain information about socio-medical history and possible interventions for health and work. This reporting on functional capacity varies from unstructured free text, through semi-structured report forms, to structured instruments with ordinal scales. Only Sweden uses an ICF based instrument.

Conclusion: Medical reporting about disability in social insurance in different European countries shows similarities that represent the handicapped role. All medical examiners are expected to report about functional capacity but this has different meanings across countries. The ICF classification may provide an international reference to describe functional capacity in disability evaluation.

THE ASSOCIATION BETWEEN FISH OR N-3-FATTY ACID INTAKE AND BODY WEIGHT RELATED PHENOTYPES: A SYSTEMATIC REVIEW AND META-ANALYSIS

Nicole Bender, Marc Portmann, Zina Heg, Karen Hofmann, Matthias Egger
Universität Bern

In the last decades, the prevalence and the incidence of obesity has rapidly increased all over the world and obesity has reached epidemic proportions globally. The WHO estimates that more than 1 billion adults worldwide are overweight and at least 300 millions of them are clinically obese. Obesity is associated with many deleterious outcomes such as type 2 diabetes, hypercholesterolemia, hypertension, heart disease, stroke, arthritis and depression, and is directly related to increased all-cause mortality and reduced life expectancy. Obesity is therefore a major public health issue and an important contributor to the global burden of chronic disease and disability.

Obesity is not constrained to developed countries, and it affects all age classes and socioeconomic groups. Several attempts have already been undertaken to control the epidemic of obesity, mostly targeting to the environmental and especially to the behavioural aspect of the problem. The actual WHO strategy consists in a range of long-term measures, including prevention, weight maintenance, management of complications and weight loss. However, to date, these preventive and therapeutic measures have failed to stop the fast-growing obesity epidemic worldwide, making it evident that new approaches are needed.

The human fat distribution, especially the subcutaneous fat, is unique among primates and among most land mammals. This peculiar feature and the human susceptibility to obesity can therefore not only be explained by a disbalance between energy intake and expenditure, but also demands an evolutionary explanation, for example by studying human nutrition. There is



strong evidence that alimentary fish, whose oils are rich in omega-3 fatty acids, and omega-3 fatty acid supplementations have beneficial effects, like the prevention of cardiovascular disease and diabetes type 2. Other studies showed a positive effect of fish and omega-3-fatty acids on weight-loss in obese people. On the other hand, there are studies showing that fish oils can help to increase weight in anorexic adults or preterm infants.

In order to assess the evidence for a relation between fish oil intake and body weight associated outcomes we conducted a systematic review and meta-analysis of randomized controlled trials. Here we show results for three populations: overweight adults, anorexic adults and preterm infants. We discuss the results in the light of human evolutionary theory and show implications for obesity management.

MISE EN PLACE D'UN OUTIL DE COMMUNICATION ET D'ÉDUCATION POUR LES PATIENTS ATTEINTS DE TUBERCULOSE DANS LE CADRE DE LEUR HOSPITALISATION

Aurélie Binet, Rémy Basso Boccabella, Frédérique Lorrain, Nathalie Greth, Marie Scheffknecht, Philippe Fraisse
Hôpitaux Universitaires de Strasbourg

Avec 5187 cas déclarés en 2010 en France, la tuberculose reste une maladie présente et mortelle sans traitement. L'isolement en milieu hospitalier est une étape difficile mais indispensable. Il n'est pas toujours compris ni même respecté par le patient et l'entourage, ce qui crée une réelle difficulté pour les soignants et expose au risque nosocomial.

Le but de la démarche est de prévenir le risque de transmission des bacilles tuberculeux au cours de l'hospitalisation d'un patient atteint. Nous avons créé pour cela un support de communication destiné à l'éducation des patients en matière de prévention et d'observance de leur traitement.

Notre stratégie initiale a été de recenser les supports et documents existants sur la tuberculose aux Hôpitaux Universitaires de Strasbourg (HUS). Des entretiens ont ensuite été menés avec des experts locaux sur le sujet. En parallèle, un questionnaire destiné aux soignants a été réalisé et envoyé dans deux unités de soins de deux centres hospitaliers prenant régulièrement en charge des cas de tuberculose.

Nous avons récupéré 48 questionnaires. Des difficultés liées à la barrière linguistique pour expliquer la mise en isolement aux patients ont été relevées par 27% (n=13/48) des soignants. Concernant le respect des consignes lors de l'hospitalisation, 27% (n=13/48) des personnes soulignent des difficultés dues à la compréhension de la langue. Le manque d'un support expliquant la maladie et les mesures de préventions à donner au patient est pointé par 85% (n=41/48) des interrogés.

Nous avons ciblé les patients atteints de tuberculose et pour lesquels la langue et/ou la lecture sont un frein à la compréhension. L'action s'est articulée sur deux versants : améliorer la communication avec le patient par la création d'une plaquette intitulée « La Tuberculose en Images » et apporter un support pédagogique aux soignants par la réalisation de sa notice d'utilisation. La plaquette a été conçue sous forme d'une bande dessinée abordant la contamination, les mesures de prévention à l'hôpital, l'observance du traitement et le suivi de l'entourage du patient.

Cet outil a été créé dans un but d'éducation et de responsabilisation du patient face à sa maladie et répond aux difficultés rencontrées de par la barrière linguistique. La plaquette ainsi



que sa notice d'utilisation ont été validées par le Comité de Lutte des Infections Nosocomiales des HUS en Janvier 2012 et leur diffusion sera assurée par l'Equipe Opérationnelle d'Hygiène.

LA GOUVERNANCE DES INSTITUTIONS DE SANTÉ MENTALE ET PSYCHIATRIQUES EST-ELLE SOLUBLE DANS LA GOUVERNANCE HOSPITALIÈRE SOMATIQUE ? DES ENJEUX NÉGLIGÉS DANS LES RÉFORMES SANITAIRES ACTUELLES.

Eric Bonvin

Hôpital du Valais - IPVR

Alors que les cantons suisses transforment fondamentalement la planification et l'organisation de leurs systèmes sanitaires apparaît la question de savoir si la santé mentale et la psychiatrie y trouveront une place efficiente. Les réformateurs de la médecine somatique plaident aujourd'hui pour des regroupements rationnels de plateaux techniques en centres hospitaliers spécialisés et une centralisation nationale des modèles de prévention et de promotion de la santé. De leur côté, santé mentale et psychiatrie demandent, pour être efficientes, de favoriser le transfert de leurs compétences et ressources hospitalières vers le secteur ambulatoire et de décentraliser les politiques de santé mentales pour les rapprocher de la communauté des régions. Les instruments de gouvernance imposés par la LAMal pour améliorer l'efficacité des systèmes hospitaliers somatiques permettent-ils vraiment d'assurer la même efficacité dans les systèmes de santé mentale et les institutions psychiatriques ? Rien n'est moins sûr, alors même qu'aucune alternative n'ait vraiment été prévue pour ce cas de figure.

Cet atelier proposera de présenter, d'analyser et de discuter, de manière participative, des spécificités et des différences de la gouvernance en santé mentale et psychiatrie en regard du modèle centralisateur imposé actuellement à notre système sanitaire. Il explorera les conceptions possibles d'une gouvernance permettant une articulation pertinente entre la planification et la distribution de prestations susceptibles de répondre aux besoins populationnels en matière de santé mentale et de soins psychiatriques.

A SYSTEMATIC REVIEW OF THE EFFECTIVENESS, COMPLIANCE, AND CRITICAL FACTORS FOR IMPLEMENTATION OF SAFETY CHECKLISTS IN SURGERY

Annegret Borchard¹, Prof. Dr. David LB Schwappach, MPH², Aline Barbir, MPH³, Paula Bezzola, MPH¹
¹Stiftung für Patientensicherheit, ²Stiftung für Patientensicherheit; Institut für Sozial- und Präventivmedizin, Universität Bern, ³Institut für Sozial- und Präventivmedizin, Universität Zürich

Objective and background: A systematic literature review was conducted to assess the effectiveness of, compliance with, and critical factors for implementation of safety checklists in surgery. With the aim of increasing patient safety, checklists have gained growing attention. Until now many countries and over 5273 hospitals or health care facilities have already implemented checklists or protocols. Information about effectiveness, compliance and critical factors for the checklist implementation is crucial for the decision whether and which of the available instruments to use.

Methods: A comprehensive systematic search of the English, French, and German language literature was performed for articles published between 1995 and April 2011. The databases Medline incl. Premedline (OvidSP), Embase, and Cochrane Collaboration Library, hand search, a search of reference lists of key articles, and tables of contents were used. Electronic



databases returned 4997 citations. Two independent reviewers selected 84 articles for full text review. In cases of disagreement consensus was resolved with input by a third author. Finally, 22 articles were included in the review. Data relating to care setting, study methods and design, sample population, survey response rate, type of checklist, aim, effectiveness, compliance and critical factors or attitudes was extracted from the studies. A random effects meta-analysis of effectiveness data was conducted if two or more studies reported a specified outcome. Quality assessments were performed for all studies by two independent investigators, with the agreement measured using Cohen's kappa coefficient.

Results: With the use of checklists the relative risk for mortality is 0.57 [95% CI 0.42 to 0.76] and for any complications 0.63 [95% CI 0.58 to 0.67]. The overall compliance rate ranged from 12 to 100% (mean 75%) and for the Time Out from 70 to 100% (mean 91%). For a highly effective implementation it is important that the “why’s” and “how’s” of checklist usage are communicated. The quality assessments of the studies were in moderate agreement (kappa score, 0.646; p

Conclusions: Checklists are effective and economic tools that decrease mortality and morbidity. Compliance of surgical staff with checklists was good overall. Further research in particular relating to implementation is needed.

THE FAKE FOOD BUFFET - A NEW METHOD IN CONSUMER BEHAVIOR RESEARCH AND ITS APPLICATIONS

Tamara Bucher¹, Klazine Van der Horst², Michael Siegrist¹
¹ETH Zürich, ²Nestlé Sensory & Consumer Sciences

Research in behavioral nutrition is often limited by practical constraints. To overcome common limitations in experimental research involving food, such as a changing environment or group testing, we developed a new method that uses food replicas: The Fake Food Buffet (FFB). In the present study, we assessed the validity and reproducibility of the new method and present the results of the first fake-food studies. The Fake Food Buffet was used to investigate the influence of environmental cues (vegetable variety) and nutrition information on food choice and meal composition under well-controlled conditions. Further, experiments examining the influence of serving order on meal composition are presented to assess whether consumers can be ‘nudged’ towards better food choices.

From our studies we conclude that the FFB is a valuable tool for experimental nutrition research with a high reliability and validity. From specific FFB experiments we learn how environmental cues can be strategically used to influence consumers’ food choices and how nutrition information affects consumers’ meal composition. We also show that certain nudging strategies should be applied with caution because they might result in unwanted effects.



ASSOCIATION OF INTIMA MEDIA THICKNESS AND CYCLIC VARIATION OF LUMEN DIAMETER IN THE COMMON CAROTID ARTERY: THE SAPALDIA3 COHORT STUDY

Seraina Caviezel¹, Julia Dratva², Emmanuel Schaffner², Nicole Probst-Hensch², Nino Künzli², Arno Schmidt-Trucksäss¹

¹Institute of Exercise and Health Sciences, Div. Sports Medicine, Basel, Switzerland, ²Swiss Tropical- and Public Health-Institute, Basel, Switzerland & University Basel, Basel, Switzerland

Background: Rising carotid intima media thickness (IMT) as a structural parameter and decreasing carotid elasticity as mechanical factor are associated with an ascending atherosclerotic risk and are related with increasing age. However, the data regarding relationship of an increased IMT on regional carotid vascular functions are less investigated. One method for noninvasive measurements of regional carotid elasticity is based on the change in lumen diameter (LD). DYARA, a new validated **D**ynamic **A**Rtery **A**nalysis program of ultrasound images is able to measure automatically the IMT and LD in a standardized 1cm segment over several heart cycles. Thus, it is possible to compare the cyclic variation (strain) as a measurement of elasticity in LD with IMT.

Methods: Ultrasound Clips of average strain were examined in 3011 participants of the SAPALDIA3 cohort study (mean±SD: 63.91±8.04 years, range 50-81 years, 48.06% men (m) and 51.94% women (w)). Strain is defined as the deformation of end-diastole to peak-systole relative to the unstressed end-diastolic state and it is expressed as percent change in LD. After testing the model requirements, a multivariate analysis of strain was calculated in STATA (version 12.1), adjusting for age, sex, pulse pressure (PP), average IMT, average LD and center.

Results: The adjusted average strain with its 95% confidence interval were 6.81 (6.77, 6.85) for men and 6.96 (6.93, 7.00) for women. Furthermore, there was a linear decrease in strain by age centered at 50 of -0.11 per year (-0.12, -0.10), while there was a non-linear association with PP [mmHg] (linear term coefficient (lrc) 0.10 (0.07, 0.12), squared term coefficient (stc) -0.0005 (-0.0008, -0.0004)), average IMT [mm] (lrc 12.51 (8.39, 16.64), stc -7.15 (-9.70, -4.60)) and average LD (lrc 0.68 (-0.14, 1.50), stc -0.06 (-0.12, -0.004)). By keeping other covariates constant this means: PP and average IMT increased strain until a maximum PP of 88mmHg, 0.88mm average IMT respectively, afterwards the slope was descending in both parameters. LD increased strain until a diameter of 5.7mm, afterwards age and average LD reduced strain, whereas female sex had a higher strain compared to men.

Conclusion: The present data reveal a concave association of mean IMT, PP and cycling variation in Swiss subjects, adjusted for age, sex, average lumen diameter and center. The expected decreasing luminal strain with age may have at least partially been compensated by an increase of carotid IMT.



WAIST-FOR-HEIGHT RATIO AND BODY MASS INDEX AS INDICATORS OF ELEVATED BLOOD PRESSURE IN CHILDREN

Arnaud Chiolero¹, Gilles Paradis², Katerina Maximova³, Michel Burnier⁴, Pascal Bovet⁵

¹Université de Lausanne, ²Department of epidemiology, McGill University, Montreal, Canada, ³School of Public Health, University of Alberta, Edmonton, Canada, ⁴Department of Nephrology and Hypertension Consultation, CHUV, Lausanne, Switzerland, ⁵IUSMP, University of Lausanne, Switzerland

Background: While there is good evidence that screening for elevated blood pressure (BP) in adults is beneficial, evidence in children is not clear. Targeted screening toward children with a higher probability of elevated BP may be advocated. Waist-for-height ratio (WHtR) has been proposed to identify subjects at higher risk of CVD but the utility of WHtR to identify children with elevated blood pressure (BP) is unclear.

Design: Cross-sectional population based study of schoolchildren.

Methods: Weight, height, waist circumference, and BP were measured in all sixth grade schoolchildren of the canton de Vaud (Switzerland) in 2005/06. WHtR was computed as waist [cm]/ height [cm]. Elevated BP was defined according to sex-, age- and height-specific US reference data. The area under the receiver operating characteristic (ROC) curve (AUC) statistic was computed to compare the ability of BMI z-score and WHtR, alone or in combination, to identify children with elevated BP.

Results: 5207 children participated (76% response) [2621 boys, 2586 girls; mean (SD) age, 12.3 (0.5) years; range: 10.1 to 14.9]. The prevalence of elevated BP was 11%. Mean WHtR was 0.44 [SD: 0.05; range: 0.29 to 0.77] and 11% had high WHtR (>0.5). BMI z-score and WHtR were strongly correlated (Spearman correlation coefficient $r=0.76$). Both indices were positively associated with elevated BP. AUCs for elevated BP was relatively low for BMI z-score (0.62) or for WHtR (0.62), and was not substantially improved when both indices were considered together (0.63).

Conclusions: The ability of BMI z-score or WHtR to identify children aged 12 with elevated BP was weak. Adding WHtR did not confer additional discriminative power to BMI alone. These findings do not support the measurement of WHtR in addition to BMI to identify children with elevated BP.

CHANGES IN ANTIHYPERTENSIVE DRUG TREATMENT IN THE GENERAL POPULATION. THE COLAUS STUDY

Vanessa Christe¹, Gérard Waeber², Peter Vollenweider², Pedro Marques-Vidal^{1/3}

¹Université de Lausanne, ²Centre Hospitalier Universitaire Vaudois, Lausanne

³Institut Universitaire de Médecine Sociale et Préventive, Lausanne

Background and aims: there is little information regarding changes in antihypertensive drug treatment in Switzerland. We aimed at assessing those changes in a population-based, prospective study.

Methods: 768 hypertensive subjects (372 women, 397 men) followed for 5 years. Subjects were defined as continuers (no change), switchers (one antihypertensive class replace by another), combiners (one antihypertensive class added) and discontinuers (stopped treatment).



Results: Analysis of all patients (mono or combination therapy) showed that 54.6% were continuers, 27.2% combiners, 12.9% switchers and 5.3 % discontinuers. Similar findings were obtained for participants on monotherapy only: 42.2% continuers, 36.7% combiners, 13.4% switchers and 7.7% discontinuers. Combiners had higher systolic and diastolic blood pressure values at baseline than the other groups ($p < 0.001$), while no difference were found for personal and family history and other clinical and biological variables. Compared to continuers, combiners and switchers improved their blood pressure status at follow-up: 26.7% of combiners and 26.3% of switchers improved, versus 17.7% of continuers and 7.3% of discontinuers ($p < 0.001$). Among participants on monotherapy at baseline, continuation was greatest for angiotensin II type 1 receptor blocking agents (ARBs, 53.1%), angiotensin-converting enzyme inhibitors (44.4%) and β -blockers (41.8%). Only one quarter of participants treated with diuretic or calcium channel blockers at baseline remained so at follow-up.

Conclusion: Antihypertensive drug treatment is very stable in Switzerland. There are no big differences in persistence between antihypertensive classes, even if ARBs had the most favorable utilization pattern. Changes are only due to blood pressure level and improve blood pressure status.

DÉVELOPPEMENT ET ÉVALUATION DES PROPRIÉTÉS PSYCHOMÉTRIQUES DE L'INSTRUMENT «ATTITUDE FACE À L'UTILISATION DE LA MORPHINE (AUM)»

Maria Ferreira, Pedro Marques Vidal¹, Henk Verloo²
¹CHUV, ²HES

Aim: This paper is a report of the psychometric testing of the French version of an instrument to assess the attitudes towards the prescription and administration of morphine "Attitude face à l'Utilisation de la Morphine (AUM)".

Background: Nurses and other health professionals are often reluctant to prescribe and administer morphine for pain management in patients. No valid French-speaking instrument is available in Switzerland to assess the attitudes of nurses and other health professionals towards the prescription and administration of morphine.

Methods: The instrument was derived from an Italian version. Translations-retranslation of the instrument was performed. Item analysis and construct validity were assessed in a sample of 588 health professionals, of which 533 nurses. The study took place between April and December 2010 in five Swiss hospitals.

Results:

Conclusion: This instrument assessing the attitudes towards the prescription and administration of morphine showed adequate content and construct validity.

Keywords: instrument development; morphine use; attitudes; psychometrics



SERVICES FOR FAMILIES WITH A PARENT WITH MENTAL ILLNESS: USER'S PERSPECTIVE

Renate Gutmann¹, Brigitte Müller¹, Kurt Albermann²

¹FHNW Hochschule für Soziale Arbeit, ²Sozialpädiatrisches Zentrum, Dept. Kinder- und Jugendmedizin, Kantonsspital Winterthur

Families with a parent suffering from mental illness are often in contact with a number of professionals from social, mental health, and child welfare services. The study analyzes users' perspectives of service delivery and coordination. We conducted problem-focused interviews with nine mentally ill mothers of underage children, focusing their service needs. The interviews revealed a considerable variety of the families' life situations, service needs and experiences of service use. Participants identified a long-term personal relationship to a professional they trusted and could address with different needs as one of the most important factor of helpful support—independent of the professional's institutional or disciplinary background. Incomplete or incomprehensible information, lacking cultural sensitivity and stigmatizing or deficit-oriented attitudes of professionals were described as limiting factors of helpful support. On the other hand, clear responsibilities and addressability of different services and professionals as well as a coordinated and family-oriented process of managing care facilitate service use for the mothers interviewed in the study. The heterogeneity of life situations, different family members' service needs and individual notions of "helpful support" impede the description of standardized service delivery procedures for families with a parent with mental illness. From a users' perspective, a "liason model" with a professional they choose to trust who accompanies the family over a long period of time could be more effective in facilitating service use than a "case management model".

SZENARIO EINER KÜNFTIGEN NUTZENBEWERTUNG MEDIZINISCHER LEISTUNGEN IN DER SCHWEIZ

Florian Gutzwiller¹, Matthias Schwenkglenks², Felix Gutzwiller³, Nikola Biller-Andorno⁴

¹Institut für Pharmazeutische Medizin (ECPM), Universität Basel, ²Institut für Pharmazeutische Medizin (ECPM), Universität Basel und Institut für Sozial- und Präventivmedizin, Universität Zürich, ³Institut für Sozial- und Präventivmedizin, Universität Zürich, ⁴Institut für Biomedizinische Ethik, Universität Zürich

Einleitung: Die Verbesserung der Gesundheitsversorgung in der Schweiz führte zu einem erhöhten Verbrauch finanzieller und personeller Ressourcen. Um die verfügbaren Mittel möglichst effizient einzusetzen, sollten nach Beseitigung von Ineffizienzen und Fehlanreizen qualitätsneutrale Rationalisierungsmassnahmen ergriffen werden. Auf Basis einer transparenten Bestimmung des Nutzens und Werts von Gesundheitsleistungen kann zusätzlich sichergestellt werden, dass die Grundversicherung nutzbringende Leistungen mit einem angemessenen Kosten-Nutzen-Verhältnis vergütet. Informationsgrundlagen hierfür werden durch *Health Technology Assessments* (HTA) erarbeitet. Die Behörden der Schweiz arbeiten derzeit, jenseits der klinisch-medizinischen Bewertung, vor allem mit Kostenfolgenabschätzungen und Preisvergleichen.

Methoden: Informationsquellen wurden mittels Literatur- und Internet-Recherchen gesammelt. Die Skizzierung eines Szenarios für Nutzenbewertung in der Schweiz erfolgt auf Grundlage der vorhandenen Literatur und Konsensfindung unter den Autoren.

Resultate: Die Schweiz benötigt im Bereich der obligatorischen Krankenpflegeversicherung ein methodisch fundiertes, breit abgestütztes, effizientes HTA-System. Unser Szenario sieht



vor, mittels eines Priorisierungssystems mit *horizon scanning* neue oder bereits vergütete Gesundheitsleistungen zu identifizieren, welche aufgrund ihrer erwarteten Auswirkungen auf das Gesundheitssystem analysiert werden sollen. Die Evidenzbeurteilung und Bewertung ist transparent gestaltet, folgt klaren Regeln und bezieht wissenschaftliche und klinische Experten, Industrieverbände sowie Patienten- bzw. Verbrauchergruppen mit ein. Die Bewertung stützt sich, wo vorhanden und sinnvoll, auf Erkenntnisse internationaler Partner ab. Als nutzenbezogene und ökonomische Kenngrößen werden auch QALYs und Kosten pro QALY verwendet. Die Entscheidung über die Vergütung und den Preis einer Leistung berücksichtigt den medizinischen Zusatznutzen, den Innovationsgrad, die Kosten-Effektivität und die Kostenfolgen. Die Bewertung dieser Kenngrößen berücksichtigt Präferenzen der Gesellschaft, ethische und rechtliche Aspekte. Eine Diskriminierung bestimmter Patientengruppen durch auf Nutzenmaximierung ausgerichtete Kenngrößen wird vermieden.

Schlussfolgerung: Das Potential eines modernen und breit abgestützten HTA kann in der Schweiz verstärkt genutzt werden. Bestimmte Aspekte bedürfen einer gesellschaftlichen Abstimmung.

IMPLEMENTING A PRIMARY CARE CENTER AT AN EMERGENCY DEPARTMENT AND ITS IMPACT ON STAFF SATISFACTION

Sascha Hess¹, Patrick Sidler², Klaus Eichler³, Oliver Senn⁴

¹ZHAW, ²Waid city hospital, Zurich, ³Winterthur Institute of Health Economics, Zurich University of Applied Sciences, ⁴Institute of General Practice and Health Services Research, University of Zurich

Background and Aim: New service models for emergency health care are needed due to capacity overload of emergency departments (ED), decreasing attractiveness for health care professionals and dissatisfaction of general practitioners (GP) with their traditional out-of-hours emergency.

In 2009 the Waid city hospital in Zurich implemented a hospital-associated primary care center at their ED where GPs provide their mandatory out-of-hours service in rotation.

We investigated changes in job satisfaction and wellbeing of ED staff and GPs of this new service model.

Method: We conducted a questionnaire-based before-after study.

Baseline and follow up data of ED staff (n=25) were anonymously collected before, 6 months and 2 years after the implementation of the primary care center. Follow up data for GPs were anonymously collected 6 months (n=34) and 2 years (n=38) after the implementation of the new service.

Beside demographic data, core dimensions of job satisfaction, work load, organizational issues, autonomy, relationship, job profile and self-rated quality of provided care were assessed with a 5 item likert scale. Overall job satisfaction in ED staff was measured on a visual analogue scale (VAS) ranging from 0 (completely dissatisfied) to 100 (completely satisfied).

Results: The response rate in GPs and ED staff for all measuring intervals ranged between 72% and 88%.

At the primary care center, the majority of the GPs preferred doing their out-of-hours service within the new emergency service model with corresponding values of 24/29 and 27/29 6



months and 2 years after implementation of the new service. Most frequent reasons of GPs to favor the new model were: “possibility of professional exchange”, “less disturbance at own medical practice” and “no 24-hours-service anymore”.

Overall job satisfaction of ED staff improved from 76.5 points (baseline) to 82.4 points (6 months) and 83.9 points (2 years). The difference between baseline and 2 years follow-up was 7.4 points (95%CI: 1.3-13.5). Most improved dimensions of job satisfaction were: “addressing individual needs of patients”, “personal work load”, “influence of work on physical health” and “influence of work on mental health”.

Discussion: Overall satisfaction of ED staff improved and the majority of GPs preferred the new out-of-hours care system at the ED.

Implementing a primary care center at the ED is a promising option to improve job satisfaction and job attractiveness for different health professions.

EINFLUSS VON HUNGER AUF DIE LEBENSMITTELWAHL

Deborah Huwylar , **Tamara Bucher** , Michael Siegrist
ETH Zürich

Hunger beeinflusst unsere Nahrungsmittelwahl.

Studien haben gezeigt, dass Personen die hungrig sind, meistens mehr essen. Gleichzeitig können hungrige Personen aber auch wählerischer sein und essen von Produkten, die sie nicht mögen entsprechend weniger. Auch wurde gezeigt, dass Versuchspersonen die kein Frühstück gegessen hatten, Lebensmittel als weniger kalorienhaltig einschätzen, verglichen mit Personen die Frühstück gegessen hatten. Während der Effekt von Hunger auf die Konsummenge relativ gut untersucht wurde, ist der Einfluss von Hunger auf die Zusammensetzung einer Mahlzeit wenig erforscht. Bisherige Studien fokussierten auf absolute Kalorienmengen und wurden meist mit einzelnen Lebensmitteln, häufig Süßigkeiten oder Milchshakes, durchgeführt.

In dieser Studie haben wir untersucht, wie Hunger die Auswahl einer Mahlzeit beeinflusst.

Dazu wurden in einem Experiment 120 Studierende in 6 verschiedenen Kantinen gebeten, sich eine Mahlzeit für den Folgetag zu wählen. Zur Auswahl standen acht Mahlzeiten mit variablen Anteilen an Gemüse- und Stärkebeilage. 60 Personen wählten ihr Menü jeweils vor dem Essen aus (Kondition ‚Hunger‘) und 60 Personen wählten ihre Mahlzeit für den Folgetag nach dem Mittagessen aus (Kondition ‚Satt‘). Die gewählten Optionen wurden nach Zusammensetzung der Lebensmittelgruppen und Makronährstoffen analysiert und zwischen den Experimentalbedingungen verglichen.

Bisherige Studienresultate über den Einfluss von Hunger auf die Zusammensetzung einer gewählten Mahlzeit sind limitiert und widersprüchlich. Die Resultate dieser Studie geben praxisrelevante Erkenntnisse darüber wie Hunger die Menüwahl beeinflusst und sind von Bedeutung für präventive Massnahmen.



COMPÉTENCES DES MÉDECINS GÉNÉRALISTES EN MATIÈRE DE PRISE EN CHARGE DU DIABÈTE AU MAROC

Ahmed Idrissi¹, Mohammed Guedira², Guy Kegels³

¹Institut National d'Administration Sanitaire, Rabat Maroc, ²Université de Rabat, Maroc, ³Institut de Médecine Tropicale d'Anvers, Belgique

Introduction

Dans un contexte de pénurie aiguë en personnel de santé et d'émergence des maladies chroniques au Maroc, notre étude s'est proposé d'identifier les compétences nécessaires aux médecins généralistes (MG) en première ligne (PL) au Maroc pour prendre en charge des patients diabétiques et d'en évaluer les insuffisances à combler par une formation.

Méthodes

14 personnes représentant les cliniciens et les gestionnaires aux niveaux central et local, intervenants dans la prise en charge (PEC) du diabète, ont participé à un groupe nominal et ont permis d'identifier 22 compétences nécessaires à la PEC du diabète par les MG en PL, réparties en 9 domaines.

Ces compétences ont été utilisées dans le questionnaire soumis à l'ensemble des 82 MG exerçant en PL publique dans la province de Kenitra, pour avoir leurs avis en termes de degré d'importance, de faisabilité, de niveau actuel et de niveau désiré pour chacune de ces compétences, permettant ainsi de déterminer les écarts.

Résultats

Nous avons reçu une réponse de 89% des MG à notre questionnaire, dont les 2/3 sont de sexe féminin et les 2/3 exercent dans des structures urbaines, leur âge moyen est de 46 ± 8 ans. 97% ont fait leur formation de base au Maroc, 85.5% traitent les patients en fonction de leur expérience passée et 43% ne lisent pas les revues scientifiques et ne participent pas aux séminaires offerts.

L'avis des MG concorde avec celui du groupe nominal quant à l'importance des compétences liées au dépistage, diagnostic et traitement du diabète, la PEC des situations d'urgence, la promotion du mode de vie sain et la PEC du cas particulier de la femme. Mais ces avis divergent quant aux compétences liées au dépistage de certaines complications et à l'éducation des patients qui seraient importantes du point de vue des MG. Par ailleurs, l'écart reste important en terme d'insuffisance pour certaines compétences liées à la prescription de l'insuline, le dépistage des complications micro vasculaires, la PEC du diabète chez la femme enceinte, le travail en collaboration avec les autres intervenants, la coordination des soins et la gestion des médicaments.

Conclusions

Pour développer les compétences des MG et améliorer la PEC du diabète, toute formation devrait tenir compte des besoins réels et cibler des compétences qui présentent des insuffisances ressenties.





NEEDS FOR TECHNICAL SUPPORT IN SELF-ASSESSMENT OF BEHAVIOURAL SURVEILLANCE RELATED TO HIV AND STIS: A SURVEY IN EU/EFTA COUNTRIES

André Jeannin¹, Brenda Spencer¹, Jean-Pierre Gervasoni¹, Marita van de Laar², Françoise Dubois-Arber¹

¹Institut Universitaire de Médecine Sociale et Préventive, Lausanne, ²European Centre for Disease Prevention and Control, Stockholm, Sweden

Context

In the context of assessment of national behavioural surveillance systems [BSS] related to HIV and STIs, ECDC has mandated a team of international experts led by IUMSP to undertake a survey of the needs for technical support in the self-assessment of BSS in EU/EFTA countries (n=30) in view of improving them.

Methods

The following sections were investigated: S1) Conducting a rapid review and analysis of the available data; S2) Building consensus; S3) Formalizing, implementing and maintaining the system; S4: General tools such as an Internet forum. We inquired about needs intensity and support schedule. The questionnaire was a pdf form with drop-down lists of response modalities and space for comments. The questionnaire was sent in October 2011 by email to the ECDC focal person.

Results

At the end of March 2012 (closing date), 19 countries had completed the questionnaires, 4 had declined to participate and 7 did not respond. The main needs are the following for each section:

- S1: Rapid review. Sharing of experience with other countries in a workshop (14 countries), dedicated time for review during ECDC country visits (13), provision of a template for the self-assessment report (11).
- S2: Building consensus. Setting up a training or preparation workshop for consensus building (15), international experts' participation in the workshop (13), setting up a peer-review system or advisory board for review of protocols and plans (9), in-country support by international experts (9 countries).
- S3: Formalising, implementing and maintaining BSS. Participation in a multi-country pilot project in a specific population/risk group (15); regular sharing of information among people responsible for behavioural surveillance (15); dedicated time for review during ECDC country visits (14); training workshop (14); set up a peer-review system or advisory board for protocols and plans (12).
- S4: General tools. There was a large consensus on the need for Internet tools: Internet forum (17); document repository where members can share documents and protocols (17); list of experts with contact information (17); calendar of events, meetings, etc. (16); mailing list (15).

Conclusion

Most participating countries mentioned a need for some form of technical support in the self-



assessment of their BSS. Needs for workshops and inclusion of the topic of BSS during regular ECDC country visits were strongly expressed, as was the need for an Internet forum and tools related to BSS.

PFLEGE UND BETREUUNG IM PRIVATHAUSHALT: SCHLAGLICHTER AUF VERSORGUNGSARRANGEMENTS MIT SPITEX-MITARBEITENDEN UND CARE-MIGRANTINNEN

Anke Jähnke, Karin van Holten
Careum F+E

In der häuslichen Gesundheitsversorgung werden in der Schweiz zunehmend Leistungen an sogenannte Care-Migrantinnen delegiert. Dies sind vorwiegend Frauen aus Osteuropa, die bei pflege- und hilfebedürftigen Personen in der Schweiz tätig sind. Sie leben häufig als Live-Ins in Privathaushalten und arbeiten als 24h-Betreuerin. Über ihre Tätigkeitsbereiche und die Zusammenarbeit mit der Spitex gibt es bislang keine Erkenntnisse. Careum F+E führte in Kooperation mit der Fachstelle für Gleichstellung der Stadt Zürich ein Forschungsprojekt durch, um die Zusammenarbeit zwischen Spitex-Mitarbeitenden und Care-Migrantinnen zu untersuchen. Im Zentrum stand, wie die Spitex-Mitarbeitenden die Versorgungsarrangements und die Versorgungsqualität einschätzen.

Zwischen Dezember 2011 und April 2012 wurden eine quantitative Umfrage bei den 13 städtischen Spitexzentren sowie 17 leitfadengestützte Experteninterviews mit Spitex-Mitarbeitenden in der Stadt Zürich sowie in angrenzenden Gemeinden und Kantonen durchgeführt. Die Daten wurden deskriptiv und inhaltsanalytisch ausgewertet.

Die Sichtweise der Spitex-Mitarbeitenden war geprägt von der Sorge um die Versorgungsqualität in den Privathaushalten. Die Analyse zeigte ein Spannungsfeld mit vier Hauptaspekten: 1.) die schwierige sprachliche und interkulturelle Verständigung, 2.) die mangelnde fachliche Qualifikation der Care-Migrantinnen im Vergleich zu ihrem anspruchsvollen Arbeitsalltag, 3.) die unabdingbare Zusammenarbeit mit der Spitex und anderen Leistungserbringern in der häuslichen Gesundheitsversorgung sowie der dazu notwendigen Absprachen und Zuständigkeiten und 4.) die Auseinandersetzung mit ethischen Dilemmata, die sich vorrangig an den Themen Verantwortung für pflegerische Tätigkeiten sowie Autonomie von betreuten Personen entzündeten. Faire Arbeitsbedingungen in der 24-Stunden-Betreuung wurden als grundlegend für das Wohlbefinden der Care-Migrantin sowie die Lebensqualität der Betreuten und als entscheidend für die Qualität der Versorgung identifiziert.

Die Zusammenarbeit von Spitex-Mitarbeitenden und Care-Migrantinnen wurde zwar als ein Miteinander statt Gegeneinander geschildert. Dennoch bestehen kommunikative, koordinative und strukturelle Gefährdungen für das Wohlergehen der pflege- und hilfebedürftigen Person und auch das Wohl der Care-Migrantinnen. Im Hinblick auf den „Arbeitsplatz Privathaushalt“ besteht somit weiterer Klärungs- und Handlungsbedarf, sowohl bei der Spitex als auch bei Gesundheitsbehörden.

THE COCHRANE REVIEWS AND THE SCIENTIFIC PUBLICATIONS OF FACULTIES OF MEDICINE IN SWITZERLAND : A BIBLIOMETRIC ANALYSIS.

Isabelle de Kaenel¹, Cécile Jaques², Pablo Iriarte²
¹CHUV, ²Documentation Center for Public Health - CHUV



Objectives: To analyze over ten years (2002-2011) the progression of citations received by Cochrane reviews in the scientific publications of researchers affiliated to Swiss Faculties of medicine.

Introduction : In 2011, The Cochrane Database of Systematic Reviews (CDSR), published within the Cochrane Library, has received its fourth impact factor : 6.186. So, on average each Cochrane review is cited over six times by researchers around the globe within two years of publication. It is interesting to compare this global indicator with findings based on an analysis of the bibliographies published in the medical articles written by Swiss university researchers.

Methods : A file was downloaded from the Web of Science. It contained all the references affiliated to at least one Swiss medical faculty during a ten year period (2002-2011). The bibliographies of the articles were scanned to search for mention of Cochrane reviews. The total number of citations received by Cochrane Reviews was computed.

Results : the trend over 10 years shows a slow but clear progression of number of citations received by the Cochrane Reviews in Switzerland. Publications from Bern Medical Faculty seem to cite the Cochrane reviews more often than the other medical faculties in Switzerland. A deeper analysis has been conducted on the citing articles : research field, types of articles (original articles, case studies, reviews...). Other aspects of citing articles should be investigated : for example, the relation between the type of study design presented in the citing article and the mention of Cochrane reviews in the bibliography.

DAS PRÄVENTIONSGESETZ AUS SOZIOLOGISCHER PERSPEKTIVE. AKTEURE UND KONFLIKTLINIEN IM GESETZGEBUNGSVERFAHREN

Michael Kirschner

Gesundheitsförderung Schweiz

Bei Gesetzesinitiativen im Bereich der öffentlichen Gesundheit wie im Fall des „Bundesgesetzes über Prävention und Gesundheitsförderung“ (Präventionsgesetz) treten routinemässig personelle und strukturelle, manifeste und latente, symmetrische und asymmetrische Konflikte zutage. Die in Verbindung mit dem Präventionsgesetz stehenden Konflikte sind hierbei auf verschiedenen Ebenen (Individuum, Staat, Gesellschaft, internationales System) angesiedelt. Die Konfliktgegenstände lassen sich nicht nur hinsichtlich Normierungen (Werte, Wertvorstellungen, Normierungsversuche von Regelsystemen wie Organisationen oder Gesellschaft), sondern auch bezüglich knapper Güter (Einkommen, Macht, Herrschaft, Status, Prestige) bestimmen. Die Konfliktursachen können auf Unterschiede in der sozialen Lage und / oder auf Interessenkonstellationen zurückgeführt werden. Die Auseinandersetzungen zwischen den Konfliktparteien haben im Verlauf des institutionalisierten Konflikts (Gesetzgebungsverfahren: Vorbereitungen, Vernehmlassungen, Beratungen etc.) sowie in der öffentlichen Debatte verschiedene Eskalationsstufen (Polarisation / Debatte, Taten statt Worte, Koalitionen, Gesichtsverlust, Drohstrategien) erreicht. Im Referat wird ein Überblick zur Konfliktgeschichte und zu den Konfliktparteien präsentiert. Die Konfliktgegenstände und Konfliktursachen werden herausgearbeitet. Die Interessen und Strategien der sehr unterschiedlichen Akteure innerhalb der Reihen der „Gegner“ und „Befürworter“ werden auf den verschiedenen Eskalationsstufen und Konfliktebenen verortet und diskutiert. Ziel des Referats ist es, einen Diskussionsbeitrag zum Verstehen dieses Konflikts und zum Vergleich mit anderen Gesetzesinitiativen im Bereich der öffentlichen Gesundheit zu leisten.



EINE FALLSTUDIE ZU GOVERNANZ AM BEISPIEL DER MEDIKAMENTENPREISREGULIERUNG IN DER SCHWEIZ

Sarah Koechlin, Kaspar Wyss
Universität Basel / Swiss TPH

Hintergrund: Gouvernanz bekommt im Zusammenhang mit Gesundheitssystemen einen zunehmend wichtigeren Stellenwert. Die Frage nach Chancengleichheit, Verfügbarkeit von Medikamenten, Kostenübernahme durch die Krankenkassen, Finanzierbarkeit und effizienter Einsatz vorhandener Ressourcen – all diese Themen sind eng mit guter Gouvernanz verknüpft.

Ziel und Methoden: Ziel dieser qualitativen Studie war es, Gouvernanz am Fallbeispiel der Medikamentenpreisregulierung in der Schweiz zu erfassen und zu analysieren. Kritische Punkte oder Lücken im bestehenden System sollten identifiziert werden, sowie Qualitäten des Systems und Prozesse herausgestrichen werden. Dazu wurde ein existierendes Instrument zur Beurteilung der Gouvernanz von Gesundheitssystemen verwendet. Zur Datenerhebung wurden zehn strukturierte Experteninterviews entlang den zehn Gouvernanzprinzipien durchgeführt, und mittels qualitativer Inhaltsanalyse ausgewertet.

Resultate: Während die Gouvernanz der Medikamentenpreisregulierung in den meisten Bereichen als gut bewertet wurde, stellt vor allem die mangelnde Transparenz im bestehenden Ablauf ein Hauptkritikpunkt dar, welcher von nahezu allen beteiligten Akteuren herausgestrichen wurde. Die starke Einflussnahme einiger weniger Interessensgruppierungen wurde ebenfalls als Schwachpunkt identifiziert; zudem wurden strategische Ausrichtung und Ressourcen der regulierenden Behörde teilweise als unzulänglich empfunden.

Besonders positiv dagegen wurden die Bereiche Ethik sowie Chancengleichheit bewertet, die beteiligten Akteure sind alle bemüht darum, ethisch im Sinne des Patienten zu handeln. Durch die umfassende Positivliste im Medikamentenbereich ist zudem eine Medikamentenversorgung der gesamten Bevölkerung über die obligatorische Krankenversicherung gegeben.

Schlussfolgerungen: Trotz Spannungsfeldern und stark unterschiedlichen Interessensausrichtungen der befragten Akteure ist die Gouvernanz des bestehenden Schweizer System der Medikamentenpreisregulierung adequat. Die Gouvernanz im bestehenden Prozess könnte deutlich verbessert werden, wenn drei der Gouvernanzprinzipien gestärkt würden: Transparenz, Effizienz und Effektivität sowie Partizipation und Konsensentscheidung.

Effizienz und Effektivität indem die führende Behörde den Prozess transparent gestaltet, nachvollziehbar entscheidet und dafür Verantwortung übernimmt - Partizipation und Konsensentscheidung indem der Prozess nicht so stark durch drei Gruppierungen dominiert würde.

UN EXEMPLE DE COLLABORATION ENTRE LE REGISTRE DES TUMEURS ET LES CLINIENS POUR DÉCRIRE L'ÉPIDÉMIOLOGIE DU CANCER COLORECTAL EN VALAIS

Isabelle Konzelmann, Arnaud Chiolerio
Observatoire valaisan de la santé



Contexte : Le Registre valaisan des tumeurs (RVsT) de l'Observatoire valaisan de la santé (OVS; www.ovs.ch) et le Département valaisan d'Oncologie (DVO) de l'Hôpital du Valais ont collaboré pour mener une étude sur l'épidémiologie du cancer colorectal en Valais. Le but de cette étude était d'utiliser au mieux les données du registre des tumeurs pour aider les cliniciens à faire le point sur la prise en charge du cancer colorectal en Valais.

Méthode : L'étude porte sur les cas de cancer colorectal in situ et invasifs diagnostiqués entre 2006 et 2009 et enregistrés dans le RVsT. Nous avons analysé les caractéristiques de ces tumeurs en fonction de l'âge, du sexe, de la localisation et du stade. Nous avons par ailleurs effectué des analyses de survie en tenant compte de ces variables.

Résultats : Entre 2006 et 2009, 774 cas de cancer colorectal in situ ou invasif ont été diagnostiqués en Valais. On note un plus grand nombre de cas chez les hommes (59%) que chez les femmes (41%). L'âge moyen au diagnostic est de 70 ans. 79% des tumeurs sont invasives. Le côlon est la localisation la plus fréquente (71%). 20% des cas sont de stade 0, 36% de stade I ou II, 18% de stade III et 22% de stade IV. Le mode de présentation le plus fréquent est la consultation pour symptômes non urgents (75%). 90% des patients sont traités par de la chirurgie seule ou en combinaison avec d'autres traitements. 35% des patients ont été traité le jour même du diagnostic et 82% l'ont été dans les 30 jours. Les caractéristiques et le mode de prise en charge diffèrent peu en fonction du sexe ou de l'âge. La prise en charge diffère en fonction de la localisation et du stade de la maladie. La survie du cancer colorectal invasif est de 95% à 30 jours et de 79% à 1 an.

Conclusion : Ces observations indiquent que les caractéristiques des patients et des tumeurs sont proches de ce qui est décrit dans la littérature et les guidelines et que la survie est similaire à celle observée en Suisse et dans d'autres pays européens. Les données récoltées en routine par le RVsT servent en général à fournir des statistiques générales et sont peu ou pas utilisées par les cliniciens pour évaluer des pratiques locales. Cette étude a permis de faire un état des lieux précis des caractéristiques des patients atteints de cancer colorectal et de leur prise en charge, indiquant l'apport pour la santé publique de la collaboration entre les registres et les cliniciens.

DIURNAL VARIATION OF THE CARDIO-ANKLE VASCULAR INDEX MEASUREMENT IN HEALTHY ELDERLY INDIVIDUALS AND PATIENTS WITH CORONARY HEART DISEASE

Yanlei Li, Mareike Cordes, Henner Hanssen, Arno Schmidt-Trucksäss
Division Sports Medicine, Institute of Exercise and Health Sciences (ISSW), University of Basel

Background: Cardio-ankle vascular index (CAVI) oscillometrically measures the arterial stiffness in a noninvasive way. Whether it is necessary to standardize the time of the day when performing this measurement is not well established.

Methods: We investigated the daytime variation of arterial stiffness using CAVI over three time points at 09:00, 13:00 and 17:00 in 22 healthy elderly individuals (61.1±9.0 yr) and 25 patients with coronary heart disease (64.4±10.3 yr). Systolic (SBP) and diastolic blood pressure (DBP) were also monitored.

Results: In healthy elderly group, CAVI peaked at 09:00 and progressively decreased from morning to afternoon. The geometric mean of CAVI at 9:00 (8.80 (95%CI, 8.36 to 9.27)) was 3.3% and 5.1% higher than that at 13:00 (8.52 (95%CI, 8.08 to 8.96))(p=0.005) and 17:00(8.39 (95%CI, 7.97 to 8.84))(p<0.001), respectively. In patients group, CAVI demonstrated a similar variation slope. The geometric mean of CAVI at 09:00 (9.17 (95%CI, 8.62 to 9.77)) was 4.8%



and 5.5% higher than that at 13:00 (8.78 (95%CI, 8.24 to 9.34)) (p=0.002) and 17:00 (8.69 (95%CI, 8.16 to 9.24))(p=0.001). CAVI was not associated with SBP and DBP after adjustment for age and body mass index.

Conclusions: CAVI demonstrated a significant diurnal variation in both healthy elderly individuals and patients with coronary heart disease. Therefore, the measurement should be standardized for time of day in clinical practice and research.

A NATIONAL VIEW OF THE SWISS HOSPITAL MARKET: A FIRST ANALYSIS OF PATIENT FLOWS

Stéphane Luyet¹, Gaëlle Dreyer²

¹Institut Universitaire de Médecine Sociale et Préventive, Lausanne, ²University of New Haven, USA

Recent reforms in the Swiss hospital market seek to introduce more competition in the system. To do so, one of the key aspects is the opening of cantonal borders. In other words, from 2012, the reform allows patients to choose where in Switzerland they want to be hospitalized. However, the determinants of patients' out-of-canton hospitalizations are under studied in the context of the Swiss health care system. Thereby, we need to study the system prior these reforms, in order to fully understand their consequences. The aim of this paper is to emphasize these determinants since they may have an important impact on cantonal public finances and on hospital planning. Using 2010 data from the medical and administrative statistics of hospitals of the Swiss federal statistical office (OFS), we estimate a multilevel model. Our preliminary results show that, at the patient level, age, the type of admission, the insurance coverage and, at the hospital level, the typology of hospitals and hospital quality are significant determinants of patient flows in the Swiss health care system.

TRENDS IN HOSPITAL MANAGEMENT OF ACUTE MYOCARDIAL INFARCTION IN SWITZERLAND, 1998 TO 2008

Pedro Marques-Vidal¹, Charlene Insam², Fred Paccaud³

¹CHUV et Faculté de Biologie et Médecine, ²Centre Hospitalier Universitaire Vaudois, ³CHUV / IUMSP

Purpose: To assess ten-year trends in management and outcome of acute myocardial infarction (AMI) in Switzerland.

Methods: Swiss hospital discharge database for the 1998 to 2008 period. AMI was defined as a primary discharge diagnosis code I21 according to the CIM-10 classification of the World Health Organization. Management and revascularization procedures were assessed.

Results: Overall, 102,729 hospital discharges with a diagnosis of AMI were analyzed. The number of hospital discharges increased almost three-fold from 5530 in 1998 to 13,834 in 2008, namely due to a considerable increase in between-hospital transfers (1352 in 1998, 6494 in 2008). Relative to all hospital discharges, Intensive Care Unit admission rate was 38.0% in 1998 and remained stable (36.2%) in 2008 (p for trend=0.25). Percutaneous revascularization rates increased from 6.0% to 39.9% (p for trend<0.001). Non-drug-eluting stent use increased from 1.3% to 16.6% (p for trend<0.05). Drug eluting stents appeared in 2004 and increased to 23.5% of hospital discharges in 2008 (p for trend=0.07). Coronary artery bypass graft increased from 1.0% to 3.0% (p for trend<0.001). Circulatory assistance increased from 0.2% to 1.7% (p



for trend<0.001). Thrombolysis showed no significant changes, from 0.5% to 1.9% (p for trend=0.64). Most of these trends were confirmed after multivariate adjustment.

Conclusion: Between 1998 and 2008 the number of hospital discharges for AMI increased considerably in Switzerland, namely due to between-hospital transfers. Overall stenting rates increased, drug-eluting stents partly replacing bare stents. The impact of these changes on outcome and economics remains to be assessed.

THE REGION MAKES THE DIFFERENCE: DISPARITIES IN MANAGEMENT OF ACUTE MYOCARDIAL INFARCTION WITHIN SWITZERLAND

Pedro Marques-Vidal¹, Charlene Insam², Fred Paccaud³

¹CHUV et Faculté de Biologie et Médecine, ²Centre Hospitalier Universitaire Vaudois, ³CHUV / IUMSP

Purpose: To assess geographical differences within Switzerland regarding management and revascularization procedures for acute myocardial infarction (AMI).

Methods: Swiss hospital discharge database for period 2007-2008. The main inclusion criterion was AMI as a primary discharge diagnosis. AMI revascularization procedures were identified and seven Swiss regions (Leman, Mittelland, Northwest, Zurich, Central, Eastern and Ticino) were analyzed.

Results: Data from 25,674 AMI discharges were analyzed. Almost half (53.6%) of them were managed in a single hospital, the values ranging from 63.1% (Leman) to 31.4% (Ticino). Relative to the total number of discharges, the highest Intensive Care Unit admission rate was in Leman (69.7%), the lowest (16.4%) in Ticino (Swiss average: 35.8%). Intracoronary revascularization rates were highest in Leman (51.6%) and lowest (30.8%) in Central Switzerland (Swiss average: 41.4%). Bare (non-drug-eluting) stents use was highest in Leman (33.1%) and lowest (7.0%) in Ticino (Swiss average: 15.8%), while drug eluting stent use was highest (32.8%) in Ticino and lowest (13.9%) in Central Switzerland (Swiss average: 24.0%). Coronary artery bypass graft rates were highest (4.6%) in Ticino and lowest (0.4%) in Eastern Switzerland (Swiss average: 2.6%). Mechanical circulatory assistance rates were highest (4.1%) in Zurich and lowest (0.4%) in Ticino (Swiss average: 1.7%). The differences in revascularization procedures remained after adjusting for age, single or multiple hospital management and gender.

Conclusion: In Switzerland, significant geographical differences in management and revascularization procedures for AMI were found. Their impact on the patient's outcome remains to be assessed.

TRENDS IN COMPLIANCE WITH THE SWISS DIETARY RECOMMENDATION IN THE GENEVA POPULATION

Pedro Marques-Vidal¹, Daisy Abreu², Idris Guessous³

¹CHUV et Faculté de Biologie et Médecine, ²CHUV / IUMSP, ³Geneva University Hospitals / Unité d'Epidémiologie Populationnelle

Background/Objectives: There is no information regarding compliance with dietary recommendations in Switzerland. We assessed the trends in adherence to dietary recommendations for period 1999- 2009 in the Geneva population.



Methods: Bus Santé study, which conducts yearly health surveys, was used. Dietary intake was assessed using a validated food frequency questionnaire and compliance with the Swiss Society for Nutrition recommendations was determined.

Results: Data from 9320 participants (50% women, aged 35 to 75 years) was analyzed. Carbohydrate intake >50% of total energy was present in 28.4% of participants in 1999 and in 32.4% in 2009 ($p=0.014$ for trend); protein intake <20% of total energy was 91.8% for 1999 and 90.8% in 2009 ($p=0.216$); fat intake <30% of total energy was 25.4% in 1999 and 27.1% in 2009 ($p=0.56$). Fiber intake >30g/day was 10.4% in 1999 and 8.2% in 2009 ($p=0.10$); calcium intake >1 g/day was 50.7% in 1999 and 43.1% in 2009 ($p<0.001$); iron intake >10 mg/day (men) or >15 mg/day (women) was 41.9% in 1999 and 35.6% in 2009 ($p<0.001$). Adequate vitamin A intake was 34.6% in 1999 and 35.3% in 2009 ($p=0.97$); carotene >2 mg/day was 74.1% in 1999 and 77.9% in 2009 ($p=0.024$); vitamin D >5 $\mu\text{g/day}$ was 11.2% in 1999 and 11.8% in 2009 ($p=0.44$). Similar findings were obtained after correcting for under and over-reporting.

Conclusions: Between 1999 and 2009, minor improvements were noted in the adherence to dietary recommendations in the Geneva population. The low and decreasing prevalence of adequate calcium and iron intake are of concern.

TRENDS IN DIETARY INTAKE IN THE GENEVA POPULATION, 1999 TO 2009

Pedro Marques-Vidal¹, Daisy de Abreu², Isabel Cardoso², Idris Guessous³

¹CHUV et Faculté de Biologie et Médecine, ²CHUV / IUMSP, ³Geneva University Hospitals / Unité d'Epidémiologie Populationnelle

Background/Objectives: There is little if no information regarding recent trends in dietary intake for Switzerland. We assessed the nutrition trends of the Geneva population for period 1999-2009.

Methods: Bus-Santé study, which conducts yearly health surveys in random samples of the Geneva population. Dietary intake was assessed using a validated food frequency questionnaire. Trends were assessed by linear regression.

Results: Data from 9320 participants (50% women, mean \pm SD age 51.5 \pm 10.8 years) was analyzed. In both genders, total energy intake decreased from 2223 \pm 772 in 1999 to 2158 \pm 775 kcal/day in 2009 in men and from 1828 \pm 655 to 1713 \pm 620 kcal/day in women (both trends <0.005). Expressed as percentage of energy intake, both vegetal protein and total carbohydrate intake increased in women. Monounsaturated fat intake increased in men while saturated and polyunsaturated fat and alcohol intake decreased in both genders. Alcohol, cholesterol, calcium, iron and carotene intake decreased in both genders. No changes in fiber, vitamin D or vitamin A intake were found. Similar findings were obtained after excluding participants with extreme dietary intakes, except that the decrease in saturated fat, vegetal protein and carbohydrate were no longer significant ($p=0.07$) in women, while an increase in monounsaturated fat was found in women and a decrease in vitamin D in men.

Conclusion: Between 1999 and 2009, a small decrease in total energy intake was noted in the Geneva population. Although the decrease in alcohol, saturated fats and cholesterol intake is of interest, the decrease in calcium and iron intake may have adverse health effects in the future.



NUTRITION TRANSITION IN THE SEYCHELLES: 22-YEAR TRENDS

Pedro Marques-Vidal¹, Isabel Cardoso², Pascal Bovet³

¹CHUV et Faculté de Biologie et Médecine, ²CHUV / IUMSP, ³Ministry of Health, Seychelles and CHUV / IUMSP

Aim: To assess trends in nutrition patterns in the Seychelles between 1989 and 2011 among subjects aged 25-44 years.

Methods: Random samples generated from Seychelles national censuses were used in 1989 (n=493), 2004 (n=599) and 2011 (n=471). Food frequency questionnaire data were available for all surveys and the variables were collapsed into homogenous categories.

Results: Consumption of fish (5+/week) decreased from 93% in 1989 to 74% in 2011 ($p<0.001$). During the same period, the following consumptions increased: meat (5+/week), 25% to 51%; fruit (1+/week), 48% to 94%; salty snacks (1+/week), 22% to 64% and sweet snacks (1+/week), 38% to 67% ($p<0.001$ for all). Home-brewed alcoholic drinks (1+/week) decreased from 16% to 1% ($p<0.001$), while the consumption of wine (1+/week) increased from 5% to 33% ($p<0.001$). Between 2004 and 2011, rice (2/day) decreased from 62% to 57%, tea (1+/day) decreased from 72% to 68% and poultry (1+/week) increased from 86% to 96% (all $p<0.01$), while no change was found for vegetables (70.3% to 69.8%, $p=0.65$).

Conclusion: Seychelles is experiencing nutrition transition characterized by a decreased consumption of staple traditional foods (fish, polished rice and tea) and of inexpensive homebrews and increased consumption of meat, poultry and snacks. There are also trends toward more varied foods likely related to a substantially broader supply in the 22-year interval. Finer analysis should be performed to examine whether secular trends in food patterns may not necessarily be detrimental for health.

LA PRISE DE DÉCISION LORS DE COMPLICATIONS D'ACCOUCHEMENT À DOMICILE OU EN MAISON DE NAISSANCE : PERSPECTIVES DE SAGES-FEMMES ET DE PARTURIENTES

Yvonne Meyer¹, König Claudia², Pehlke-Milde Jesica²

¹Haute école de santé Vaud, Lausanne, ²Zürcher Hochschule für Angewandte Wissenschaften, Institut für Hebammen

Contexte : La sécurité des accouchements à domicile (Aàd) et en maison de naissance (Amn) fait l'objet de controverses récurrentes, clivant la plupart des médecins et des sages-femmes dans des postures contrastées sur la question du risque. De nombreux résultats de recherches quantitatives montrent que dans le cas d'une grossesse normale, l'Aàd est aussi sûr qu'à l'hôpital. Cependant deux études récentes nuancent ces résultats, en concluant qu'il y a un risque accru de mortalité périnatale lors d'Aàd (Wax et al, 2010, Evers et al, 2010).

La survenue de complications dans un accouchement présumé normal sous-tend des attentes professionnelles élevées. La claire reconnaissance par les sages-femmes des signes d'alerte et des risques, ainsi que la gestion de ces situations, sont prépondérantes et dépendent de variables multiples et complexes.

Par ailleurs, le partenariat entre sage-femme / parturiente et la codécision sont décrits comme des éléments-clés. Mais la littérature montre que les processus décisionnels lors d'accouchement démedicalisés n'ont quasi pas été explorés.



Objectif : Le but de cette étude est de documenter les processus de décisions, ainsi que la codécision sage-femme / parturiente à l'occasion de situations péripartales imprévisibles à domicile ou en maison de naissance.

Méthode : La démarche retenue est de nature qualitative, avec des entretiens individuels, si possible de binômes sage-femme/parturiente ayant été confrontés à la survenue de complications péripartales. Les entretiens se centrent sur le problème (Witzel, 2000) et visent à rendre visible les implicites propres à la profession et au vécu des parturientes. L'analyse des données est ensuite réalisée sur la base des éléments centraux de la théorie ancrée (Strauss & Corbin, 1996) avec une microanalyse des éléments du discours, un codage original qui adhère aux données et un processus d'échantillonnage par contraste. Le projet est conduit dans les cantons de Vaud et de Zurich.

Résultats : Cette recherche va combler un savoir jusque-là peu explicite, avec un construit théorique émergé du terrain. Cette recherche est intéressante pour les patientes, pour la profession de sage-femme et pour les enjeux médico-sanitaires sous-tendus. Elle a obtenu le soutien du FNS-DORE, ainsi qu'un avis positif de la Commission d'Éthique. La présentation au congrès sera basée sur les premiers éléments recueillis et leur appréhension selon la théorie ancrée.

SERVICES FOR FAMILIES WITH A PARENT WITH MENTAL ILLNESS: NETWORK ANALYSIS

Brigitte Müller¹, Renate Gutmann¹, Kurt Albermann², Olivier Steiner¹

¹FHNW Hochschule für Soziale Arbeit, ²Sozialpädiatrisches Zentrum, Dept. Kinder- und Jugendmedizin, Kantonsspital Winterthur

To support families with a parent with mental illness, agencies of social and medical care for children or adults need to coordinate their services. The study analyzes frequency of contact between 30 agencies of the medical, social and educational sector. We conducted an online-survey of 321 professionals of services for adults and children. Data on frequency of contact between agencies concerning families with a parent with mental illness were analyzed using quantitative network analysis. The graphic visualization of the network exhibit a high frequency of contact between services for children. Social services mandated with the concerns of the whole family (public welfare, guardianship authorities) were located in a more central network position while psychiatric services for adults interact only marginally with child services. To meet the complex needs for support of families with a parent with mental illness, agencies of the health system must cooperate with institutions of social care. Services for adults and children need to be coordinated to achieve a family-centered model of managed care.

SERVICES FOR FAMILIES WITH A PARENT WITH MENTAL ILLNESS: PROFESSIONALS' PERSPECTIVE

Brigitte Müller¹, Renate Gutmann¹, Kurt Albermann²

¹FHNW Hochschule für Soziale Arbeit, ²Sozialpädiatrisches Zentrum, Dept. Kinder- und Jugendmedizin, Kantonsspital Winterthur



Families with a parent suffering from mental illness often have multiple and complex service needs that challenge professionals' expertise. To render services effective and helpful, professionals need the resources and capability to cooperate with other services. The study analyzes professionals' perspectives on cooperation of different services. We conducted an online-survey of 321 professionals of services for adults and children. Results show that professionals often lack information and resources to coordinate their work with that of others. While for some professions, e.g. psychiatrists, rules of confidentiality limit a case-related discussion with other professionals involved with the family, others lack knowledge about mental illnesses or services available for families with a parent with mental illness. Furthermore, some professionals indicate that a family and system oriented approach would clearly exceed their task and mandate. Professionals working with families with a parent with mental illness judge their capacities and resources for case-related service coordination as limited. Family-oriented service delivery that takes into account different family members' needs for support therefore require clear mandates concerning cooperation and accessible information on confidentiality and privacy regulations.

PHYSICAL LOADS AND TRAPEZIUS MUSCLE ACTIVITY IN NURSING DURING DAY AND NIGHT SHIFT

Corinne Nicoletti, Thomas Läubli
ETH Zürich

Working night shifts is a well-known risk to health. Through the adverse effect on work-life balance night shifts could also cause neck complaints, which are a common disorder in nursing. Crucial for their development is the activity of trapezius muscle. The aim of this study was to compare the physical loads and their effects on stress level and neck pain between day and night shifts in nursing.

Twenty subjects were measured during two day shifts and one night shift. Trapezius activity was registered by surface electromyography (EMG) and was classified by the 50th and 90th percentile, as well as by rest time. Percentiles and rest time were calculated in comparison to a standard registration with arms extended horizontally (RVE). Rest time was defined as the length of muscle activity below 5 % RVE. Workload was evaluated by heart rate, acceleration of upper arm and back position. Stress level and neck pain were recorded using diaries.

On average rest time of trapezius muscle was longer during night shifts (2197 s/shift) than day shifts (4210 s/ shift; $p < 0.01$). The 50th percentile of EMG was higher during day shifts (36.9 % RVE) than night shifts (30.0 % RVE; $p < 0.05$). No significant difference was found for the 90th percentile. Arm acceleration was higher during day shifts (0.60) than night shifts (0.37; $p < 0.01$). No significant difference between day and night shift showed working heart rate (33.5 bpm day shifts, 26.6 bpm night shifts) and percentage of working in a forward bending position. Stress level (3.0 day as well as night shifts) and neck pain (1.9 day as well as night shifts) did not significantly differ between day and night shifts. Concerning the physical workload, longer resting periods were found during night shifts (15 % of shifts) than day shifts (2 % of shifts, $p < 0.01$).

Average physical loads were higher during day shifts than during night shifts. Rest time of trapezius muscle was longer during night shift, but the levels of stress and neck pain were very similar. Therefore we hypothesize that the lower physical load and the longer resting periods



during night shift allow for relaxation, which might be a crucial factor in protecting from the development of neck pain. Although the adverse effect of working night shifts is known, this study showed no special strains during night shifts compared to day shifts. This suggests that organizational aspects like a good shift scheduling can compensate the adverse effects.



EIN TEST ZUR FRÜHERKENNUNG VON RISIKEN FÜR STRESSERKRANKUNGEN UND BURNOUT SOWIE ZU DEREN EFFIZIENTEN PRÄVENTION UND BEHANDLUNG

Cornelia Nussle Achermann

psycon gmbh, Zug

Stresserkrankungen und Burnout sind Auswirkungen mehrdimensionaler Prozesse. Grundsätzlich ist festzuhalten, dass an Stress erkrankte Personen, diesen vorgängig nicht erfolgreich kompensieren konnten. Stress stammt aus dem gesellschaftlichen/kulturellen/politischen Umfeld und/oder aus privaten und/oder beruflichen Quelle/n. Die Voraussetzungen zum effizienten Stresscoping sind in der Persönlichkeit verankert. Primär wichtig ist die Fähigkeit, Problemlagen zu erkennen und sich bestmöglich und konsequent anzupassen oder neu zu orientieren. Persönliche Blockaden, diffus wahrgenommene oder reale Ängste, fehlende Problemlösefähigkeit und Ausweichstrategien verhindern jedoch einen effizienten, lösungsorientierten Umgang mit stressauslösenden Situationen.

Unser online-Fragebogen fasst ‚Stress, Angst und Burnout‘ zu einer fließenden Konzeption zusammen und basiert auf der tiefenpsychologisch orientierten, therapeutischen Praxis. Das Frageninventar befindet sich in der ersten Pilotphase. Die statistischen Auswertungen liefern mehrere starke, valide Faktoren. Besonders hervorzuheben sind die Faktoren ‚Blockade‘, ‚Selbstsicherheit‘ und ‚Angst vor Verlust der körperlichen Integrität‘. Letzterem kommt bei psychosomatischen Störungen besondere Bedeutung zu. Im Vergleich einer Gruppe von Personen mit Angststörung und einer ‚stressresistenten‘ Gruppe unterscheiden sich diese drei Faktoren hoch signifikant.

Für Prävention und Therapie ergeben sich neue – auch kosteneffiziente – Optionen. Insbesondere liefert die Auswertung des Frageninventars die psychologischen Schlüsselthemen, was zu einer klaren individuellen Lagebeurteilung führt.

Das Online-Frageninventar erfasst nebst demographischen Angaben die aktuelle Symptomatik und deren Auswirkungen auf berufliche wie private Lebenswelten. Der Hauptteil des Fragebogens nimmt auf einer mehrstufigen Skala Einschätzungen von Haltungen und Bewertungen von ‚alltäglichen‘ Situationen und heuristischen Entscheidungsmodi auf. Diese lassen Aussagen über situationsübergreifende mentale Modellierungen zu, welche in Zusammenhang mit dem (in-)effizienten Stresscoping stehen. Die Zusammenhänge zwischen Persönlichkeitsfaktoren und Umgang mit Stress sind in einem umfassenden systemtheoretischen Modell dargestellt, welches nicht Gegenstand des Referats ist. Das Frageninventar ist auch für Teamanalysen im BGM geeignet.

HIGH LIFE IN THE SKY: MORTALITY BY FLOOR OF RESIDENCE IN SWITZERLAND



Radoslaw Panczak¹, Bruna Galobardes², Adrian Spoerri¹, Marcel Zwahlen¹, Matthias Egger¹

¹Institut Universitaire de Médecine Sociale et Préventive, Lausanne, ²School of Social and Community Medicine, University of Bristol UK

Background

Housing is a crucial component of modern living and has attracted considerable interest in public health. Majority of research focused on structural features of buildings or neighbourhoods, largely ignoring within-building variation in socioeconomic position (SEP) of residents. We examined the association of the floor of residence with mortality using data from the Swiss National Cohort.

Methods

Using census 2000 records of the adults living in buildings with at least 4 floors, we explored associations of the floor of residence with mortality during the 2001-2008 period. Outcomes were deaths due to all-causes, lung, stomach, breast, and prostate cancers, respiratory and cardiovascular diseases (CVD), myocardial infarction, stroke, alcohol related deaths, traffic accidents, suicide and suicide by jumping from a high place. We modelled the hazard of death using building stratified Cox regression models adjusting for individual and household level characteristics.

Results

Our study population consisted of 1'500'015 persons. Compared to persons living on the ground floor, those living on higher floors were more likely to be female, older than 50, divorced or widowed, living in a single person household or as a couple without children, and with less persons per rooms in the apartment. The average rent tended to be higher in the flats on higher floors.

From adjusted Cox models we estimated that residents on the ground floor had 1.22 times (95% CI: 1.15-1.28) the hazard of dying from any cause compared to residents of the eight floor and above. Even stronger associations were observed for traffic accidents (HR 2.73; 95% CI: 1.14, 6.57), respiratory diseases (HR 1.40; 95%CI: 1.11, 1.77), CVD (HR 1.35; 95%CI: 1.23, 1.49), stroke (HR 1.37; 95%CI: 1.07, 1.74) and lung cancer (HR 1.22; 95%CI: 0.99, 1.50). Conversely, living on the lower floors was associated with lower hazard of suicide by jumping from a high place of unspecified location (HR 0.40; 95% CI: 0.17-0.97).

Conclusions

There is an inverse gradient of HRs of death across floor of residence in high buildings that remains after adjustment for socioeconomic characteristics of individuals as well as characteristics of flats and areas. The pattern of cause-specific mortality points to floor of residence as an additional marker of someone's SEP. This is important for studies that use floor of residence as a proxy of environmental exposures as it will confound the associations.

IS THERE A RELATIONSHIP BETWEEN INFORMATION CONCERNS OF PATIENTS AND ADHERENCE TO THERAPY? FINDINGS FROM THE SWISS INFLAMMATORY BOWEL DISEASE COHORT STUDY.

Valerie Pittet¹, Gerhard Rogler², Bernard Burnand¹, Florian Froehlich³, John-Paul Vader¹

¹IUMSP / UES, ²Gastroenterology / USZ, ³Gastroenterologie / Unibasel



Background: In spite of the relapsing nature of inflammatory bowel diseases (IBD), on average, 40% of IBD patients are non-adherent to treatments. On the other hand, IBD patients are often seeking information on their disease. The relationship between information seeking and adherence to treatment is poorly documented. The main aim of this study was to examine this association among IBD patients.

Methods: We used data from the Swiss IBD cohort study, collected through medical reports and patient self-reported questionnaires including questions on adherence to ongoing treatments. A survey was also conducted to assess information sources and themes searched by patients. Crude and adjusted odds ratio (OR) for non-adherence, 95% CI, were calculated. Differences in the proportions of information sources and themes were compared between adherent and non-adherent patients.

Results: The number of eligible patients was 488. Eighteen percent (N=92) were non-adherent to their drug treatment and two thirds (N=335) were information seekers. Crude OR for being non-adherent was 69% higher among information seekers compared to non-seekers (OR=1.69; 95%CI 0.99-2.87) and the OR increased to 2.39 (95%CI 1.32-4.34) after adjustment for confounders (drug regimen, supplementation medicines use) and main risk factors. Comparison of proportions of sources and themes of information searched showed that family doctors were 15.2% more often consulted ($p=0.019$) among adherent-to-treatment patients, as were books and TV (+13.1%; $p=0.048$) while no difference in proportions was observed for sources like internet or gastroenterologists. Themes of information linked to tips for disease management were 14.2% more often searched among non-adherent patients ($p=0.028$) compared to adherent. No difference was observed for the other themes (research and development on IBD, therapies, basic information on the disease, patients' experiences sharing, miscellaneous).

Conclusion: In Switzerland, IBD patients who did not adhere to their treatment were more often seeking information related to their disease than adherent patients. Management of symptoms and everyday life with the disease seemed to be the most pressing information concerns of patients. Results suggest that the family doctor plays an important role in the multidisciplinary care approach needed for IBD patients.

VON MIGRANTINNEN FÜR MIGRANTINNEN" - EIN GESUNDHEITS- UND PRÄVENTIONSPROJEKT DES FIMM SCHWEIZ

Emine Sariaslan

Forum für die Integration von Migrantinnen und Migranten, Bern

Um die Gesundheitskompetenz von MigrantInnen zu stärken, ihr Wissen über die diversen Gesundheits- und Präventionseinrichtungen der Schweiz sowie das Bewusstsein um die eigene Gesundheit zu vertiefen, hat das Forum für die Integration der Migrantinnen und Migranten (FIMM Schweiz) das Gesundheits- und Präventionsprojekt „Von MigrantInnen für MigrantInnen“ konzipiert.

Beim Projekt handelt es sich um eine Kommunikationskampagne mit einer Vorbereitungs- und einer abschliessenden Evaluationsphase. Es verfolgt einen partizipativen, ressourcenorientierten und beziehungsgeleiteten Ansatz.



Die erste Zielgruppe bildeten erwachsene MigrantInnen unterschiedlicher Herkunft, die sich in einem Mitgliederverein des FIMM Schweiz oder einem anderen Migrantenverein engagieren und von den jeweiligen Vereinsmitgliedern als Schlüsselpersonen anerkannt sind. Die zweite Zielgruppe bilden erwachsene MigrantInnen, die am Thema Gesundheit und Prävention interessiert sind.

In mehreren Kursen wurde die erste Zielgruppe, rund fünfundzwanzig Schlüsselpersonen, über die Organisation und den möglichen Gebrauch der schweizerischen Gesundheitseinrichtungen informiert. Zudem wurden sie über gesundheitsrelevante Themen wie Ernährung, Bewegung, Sucht, Depression, Gesundheitsförderung und Prävention unterrichtet. Die Kurse für die Multiplikatorinnen wurden von Fachpersonen geleitet, die selber einen Migrationshintergrund vorweisen und somit die verschiedenen Herausforderungen des Schweizer Gesundheitswesens für MigrantInnen kennen. Das Ziel dieser Kurse: Die Schlüsselpersonen sollen als MultiplikatorInnen das Gelernte innerhalb ihrer Migrantenvereine — in der jeweiligen Landessprache — weitergeben. Sie sollen auch dafür sorgen, dass das Thema Gesundheit von ihren Vereinen weiterhin behandelt wird.

Die erste Phase, die Ausbildung der MultiplikatorInnen wurde im letzten Jahr abgeschlossen.

In der zweiten, noch laufenden Phase organisieren die MultiplikatorInnen in ihren Vereinen Informationsveranstaltungen, in denen sie ihr Wissen der zweiten Zielgruppe weitergeben. Solche Veranstaltungen fanden bereits in verschiedenen Gemeinden und Kantonen statt. Zu jeder Veranstaltung wurden auch die lokalen Fachstellen eingeladen, um ihre Angebote vorzustellen.

In diesem Jahr werden MultiplikatorInnen in fünfundzwanzig Migrantenvereinen in verschiedenen Gemeinden und Kantonen der Schweiz Informationsveranstaltungen leiten. Das Projekt wird von einer externen Institution evaluiert.

THE SWISS MODEL FOR OUTCOME CLASSIFICATION IN HEALTH PROMOTION AND PREVENTION (SMOC): EXAMPLES OF USE FOR THE PLANNING AND EVALUATION OF INTERVENTIONS AT COMMUNITY, REGIONAL AND NATIONAL LEVEL

Brenda Spencer¹, Daria Koutaissoff², Alain Plattet³, Christian Wilhem⁴, Zeina Mansour⁵, Günter Ackermann⁶
¹Institut universitaire de médecine sociale et préventive, Lausanne, ²Institut universitaire de médecine sociale et préventive, ³Pro Senectute, Vaud, ⁴Radix, ⁵Comité régional d'éducation pour la santé Provence-Alpes-Côte d'Azur, ⁶Gesundheitsförderung Schweiz

The "Swiss model for outcome classification in health promotion and prevention" [1] (SMOC) was developed to assist in the planning, execution and evaluation of health promotion and prevention activities, be it at project, programme or strategy level. Adopting an ecological approach based on the Ottawa Charter, this tool (in French: l'Outil de Catégorisation de Résultats (OCR); in German: Ergebnismodell) consists of a structured logic model in the form of a series of pre-determined categories offering a common language to describe pathways to health. Specified sub-categories within each category assist in the definition of indicators for evaluation purposes. A methodology developed for interactive use allows for the achievement of consensus through continuous integration of the perspectives of all stakeholders. This dynamic approach helps render explicit the implicit assumptions of the various involved partners regarding the chain of effects by which planned interventions influence factors



affecting health determinants, health determinants and ultimately health status and quality of life.

Since its publication, the model has seen widespread national and international dissemination and adoption in many different contexts. Discussion in the proposed workshop will be based on presentations illustrating various uses of the SMOC at 3 different levels (local community, regional and national) in Switzerland and in France:

Presentations:

Daria Koutaissoff / Alain Plattet /Christian Wilhelm

Définition d'un cadre d'évaluation pour un projet de développement communautaire: Rôle de l'OCR dans la promotion de la communication entre décideurs communaux, professionnels de terrain et habitants de quartier

Zeina Mansour

Support à la mise en place de programmes de santé publique: Utilisation de l'OCR dans une région française, Provence-Alpes-Côte d'Azur (PACA)

Günter Ackermann

Anwendung des Ergebnismodells auf nationaler Ebene: Strukturierung von Monitoring und Evaluation zur Beurteilung der Umsetzung und Wirksamkeit der Strategie für ein Gesundes Körpergewicht von Gesundheitsförderung Schweiz

[1]Spencer B, Broesskamp-Stone U, Ruckstuhl B, Ackermann G, Spoerri A, Cloetta B. Modelling the results of health promotion activities in Switzerland: development of the Swiss model for outcome classification in health promotion and prevention. *Health Promot Int* 2008;23(1):86-97. <http://heapro.oxfordjournals.org/cgi/content/full/dam038v1>

AGE AND GENDER DIFFERENCES IN THE SOCIAL PATTERNING OF CARDIOVASCULAR RISK FACTORS IN SWITZERLAND: THE COLAUS STUDY

Silvia Stringhini¹, Brenda Spencer¹, Pedro Marques-Vidal², Gérard Waeber³, Peter Vollenweider³, Fred Paccaud², Pascal Bovet¹

¹Institute of Social and Preventive Medicine (IUMSP), Lausanne University Hospital, ²Institute of Social and Preventive Medicine (IUMSP), Lausanne University Hospital, ³Department of Medicine, Internal Medicine, CHUV and Faculty of Biology and Medicine, Lausanne

Abbreviated title: Social patterning of CVD risk factors in Switzerland

Objectives: We examined the social distribution of a comprehensive range of CVD risk factors in a Swiss population and assessed whether socioeconomic differences varied by age and gender.

Methods: Participants include 2960 men and 3343 women aged 35-75 from a population-based survey in Lausanne, Switzerland (CoLaus study). Educational level and occupational position were the indicators of socioeconomic status.

Results: There were large educational and occupational differences in the prevalence of cardiovascular risk factors (CVRF) such as current smoking (Δ = absolute difference in prevalence between highest and lowest educational group:10.5/8.2 in men/women), physical inactivity (Δ =23.0/22.3 in men/women), overweight and obesity (Δ =10.6/11.9 in men/women for obesity), hypertension (Δ =10.6/9.7 in men/women), dyslipidaemia (Δ =2.9/8.8 in men/women for high LDL-cholesterol) and diabetes (Δ =4.1/1.8 in men/women). Social inequalities in the



distribution of CVRF were larger in women than in men for alcohol consumption, obesity, hypertension and dyslipidaemia ($p < 0.05$). Relative socioeconomic inequalities in CVRF prevalence tended to be greater among younger (35-54 years) than among older age groups (55-75 years), particularly for behavioural CVRF and abdominal obesity among men and for physiological CVRF among women ($p < 0.05$).

Conclusion: The socioeconomic gradient in CVRF tended to be larger in women and in younger persons. This might suggest that socioeconomic inequalities in cardiovascular disease could widen over the next decades.

Keywords: social determinants; education; hypertension; dyslipidaemia; obesity; diabetes

BELASTUNGEN VON STUDIERENDEN WÄHREND DER AUSBILDUNG ZUR DIPLOMIERTEN PFLEGEFACHPERSON HF

Rocco Umbescheidt

Höhere Fachschule Gesundheit und Soziales, Aarau

Die Forschungsarbeit ist die erste systematische Untersuchung von Belastungen, Copingstrategien und Ressourcen von Studierenden während ihrer Ausbildung zur diplomierten Pflegefachperson HF in der Schweiz. Sie wurde durchgeführt, da nach umfassenden Bildungsreformen ein stetiger Anstieg von Beratungen für Studierende durch den Schulgesundheitsdienst an der Höheren Fachschule Gesundheit und Soziales in Aarau festgestellt wurde. Angesichts fehlender Grundlagendaten und der Forschungslage in der Schweiz wurde eine erste Datengrundlage erarbeitet, die Belastungen, Bewältigungsstrategien und Ressourcen systematisch darstellt und es ermöglicht die Angebote des Schulgesundheitsdienstes und des kantonalen Netzwerks gesundheitsfördernder Schulen zielgerichteter auszurichten.

14 Studierende der HFGS Aarau wurden randomisiert ausgewählt und mit einem teilstrukturierten Interviewleitfaden befragt. Sechs Interviews wurden durch zwei Interrater codiert und inhaltsanalytisch ausgewertet. Ein Fokusgruppeninterview wurde zudem zur kommunikativen Validierung der Ergebnisse, einer interaktiven Diskussion praktischer Implikationen und der methodischen Triangulation durchgeführt.

Belastungen stehen vorwiegend in Zusammenhang mit qualitativer und quantitativer (43.1%) Überforderung bei Arbeitsaufgaben, mit der Arbeitsorganisation (22.7%) und sozialen Konflikten (11.5%). In der schulischen Ausbildung beziehen sie sich v.a. auf Unterrichtsformen, Schulthemen, Lehrpersonen und Prüfungen. In der praktischen Ausbildung hingegen auf die Praxisbegleitung, Ausbildungsinstrumente, die Praxisqualifikation und Zusatzanforderungen. Der mangelnde Transfer von Wissen zwischen Theorie und Praxis stellt eine weitere Belastung dar. Eine hohe Anzahl emotionsbezogener Copingstrategien (43.6%) lag vor. Als Ressourcen benannten Studierende Kompetenzen/ Lernstrategien (31.8%), soziale Unterstützung (23.7%) und bestehende gesundheitsfördernde Angebote (20.8%). Die Interraterreliabilität zeigt sehr gute Übereinstimmungen zwischen beiden Interratern auf ($k = .80$). 1379 Kodierungen wurden in 28 Kategorien vorgenommen.



Die Ergebnisse der Forschungsarbeit weisen auf konkrete Handlungsmöglichkeiten für die ausbildenden Akteure, den Schulgesundheitsdienst und politische Entscheidungsträger hin. Sie können dazu dienen, eine nationale Erhebung angesichts des bestehenden Forschungsdefizits sowie des prognostizierten Pflegenotstands durchzuführen um Pflegeausbildungen gesundheitsfördernder auszurichten.

DIE ASSOZIATION VON PHYTOÖSTROGENKONZENTRATIONEN IM URIN MIT DEM SPIEGEL DES PROSTATASPEZIFISCHEN ANTIGENS (PSA) IM SERUM IN NHANES (NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY)

Esther Walser-Domjan¹, Sabine Rohrmann², Aline Barbir², Monika Eichholzer², Elizabeth A Platz³, Jakob Linseisen⁴

¹Institut für Sozial- und Präventivmedizin, Abt. Epidemiologie, Universität Zürich, ²Department of Epidemiology, Johns Hopkins Medical Institutions, Baltimore USA, ³Institut für Epidemiologie, Helmholtz Zentrum München, Neuherberg, Deutschland

Zusammenfassung

Vergangene Forschungsergebnisse legen die Vermutung nahe, dass die im Vergleich mit westlichen Ländern tiefe Inzidenzrate von Prostatakrebs asiatischer Länder teilweise mit dem höheren Konsum von Soja-Produkten (reich an Phytoöstrogenen) zusammenhängen könnte. Das Ziel dieser Studie war es, zu untersuchen, inwieweit die PSA-Konzentration im Serum (Gesamt-PSA, freies PSA und PSA-Ratio [freies PSA/Gesamt-PSA*100]) und die Phytoöstrogenkonzentration im Urin (Daidzein, O-Desmethylangolensin, Equol, Enterodiol, Enterolakton und Genistein; standardisiert nach der Kreatinin-Konzentration im Urin) bei über 40-jährigen männlichen Teilnehmern der NHANES-2001-2004-Querschnittsstudie ohne Prostatakrebsdiagnose (N=824) zusammenhängt. Die Assoziation zwischen der PSA- und Phytoöstrogenkonzentration wurde mittels Regressionsmodellen adjustiert für Alter, ethnische Herkunft, Armuts-Einkommens-Index (PIR), Bildungsgrad, BMI, C-reaktives Protein, Einnahme von nicht-steroidalen Antirheumatika, Statinen, Thiaziden, Rauchstatus, Alkoholkonsum und körperlicher Betätigung analysiert. Die Resultate der linearen Regressionsmodelle zeigten bei dieser Stichprobe von gemeinhin gesunden US-amerikanischen Männern keine klare Assoziation zwischen dem Phytoöstrogenspiegel im Urin und der PSA-Konzentration im Serum. Die logistischen Regressionsmodelle wiesen auf kein deutliches Muster hin. Zwischen den Phytoöstrogenkonzentrationen und den Odds, eine erhöhte PSA-Konzentration (>2.5ng/ml oder >4ng/ml) zu haben, zeigte sich kein Zusammenhang. Hingegen stieg die Odds Ratio eine PSA-Ratio <15% zu haben für die meisten Phytoöstrogene und für die Summe von Daidzein, O-Desmethylangolensin, Equol und Genistein von Quartile 1 zu Quartile 4 an (Odds Ratio = 2.82, 95 % Konfidenzintervall 1.28-6.22 für die oberste gegenüber der untersten Quartile). Jedoch zeigten sich keine Assoziationen, eine PSA-Ratio von <25% zu haben. Bei gemeinhin gesunden US-amerikanischen Männern im Alter von über 40 Jahren scheinen Phytoöstrogene im Urin nicht mit der Serum-PSA-Spiegel assoziiert zu sein.