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# HIPPOKRATIA

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## INVITED LECTURES

### IL1

#### THE USEFULNESS OF BONE BIOPSY IN THE MANAGEMENT OF HEMODIALYSIS PATIENTS WITH BONE DISEASE

GB Spasovski 1

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The abnormalities in bone histology in patients with chronic renal failure, known as renal osteodystrophy (ROD), can be observed early in the course of the disease. Nearly all dialysis patients have abnormal bone histology. Because metabolic bone disease can produce fractures, bone pain, and deformities late in the course of the disease, diagnosis, prevention and early treatment are essential. To date, bone biopsy is the most powerful and informative diagnostic tool to provide precise information on the type and severity of renal osteodystrophy and also useful in research to assess the effects of therapies on bone. Alternatives to the bone biopsy continue to be searching for, but the non-invasive bone markers have not been proven to hold sufficient diagnostic performance. Hence, transiliac bone biopsy remains the golden standard for the diagnosis of renal osteodystrophy. The therapy of renal bone disease depends on the particular type of ROD. However, some therapies (aluminum hydroxide and calcium carbonate) can exacerbate mineral balance and lead to the development of low-turnover bone diseases (osteomalacia or adynamic bone) and increased levels of vascular calcifications. Nowadays, phosphate control has been achieved with alternative phosphate binders that are not associated with these side effects. Our experience on more than 150 transiliac bone biopsies showed no evidence of serious complications except for a few episodes of a moderate pain at the site of bone biopsy. Hence, this method can be considered as a safe and valuable diagnostic tool in the diagnosis and follow-up of the treatment of renal osteodystrophy.

### IL2

#### MANAGEMENT OF HYPERTENSION IN PATIENTS WITH RENAL DISEASE IN AN OUTPATIENT BASIS

O Stojceva-Taneva 1

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The study evaluates the prevalence of hypertension and its association with CKD progression. Patients were followed up by a nephrologist for 1-7 years. Out of 70 patients in the non-diabetic group, 34 were males, mean age  $50.37 \pm 12.2$ . The diabetic group numbered 67 patients, 30 males, mean age  $57.8 \pm 8.4$ , all with DM-2. GFR was estimated by the Cockcroft-Gault formula. 77% in the non-diabetic group had SBP above 140 mmHg. The higher SBP correlated with older age,  $53.16 \pm 10.8$  vs  $40.9 \pm 12.2$  ( $p < 0.0001$ ). DBP above 90 was present in 73%. Pulse pressure above 80 had 5.7% and was associated with older age ( $p < 0.02$ ). Progression of CKD correlated inversely with age, and positively with DBP and proteinuria ( $p = 0.005$ ,  $p = 0.019$  and  $p = 0.02$  respectively). With multiple regression analysis only younger age and higher proteinuria were predictive for CKD progression ( $p = 0.00002$ ). 6% of pts in the diabetic group had SBP below 140, 19% between 140 and 160, and 75% above 160. DBP below 80 had only 6% of patients, between 80 and 90 had 37% and above 90 had 57%.

Pulse pressure below 80 had 55% and it correlated positively with age,  $p = 0.009$ . Progression of CKD correlated positively with mean arterial pressure, SBP and proteinuria, ( $p = 0.017$ ,  $0.036$  and  $0.000000$  respectively) and inversely with age ( $p = 0.0003$ ). Multiple regression analysis showed that proteinuria, age and SBP were the only predictors for CKD progression. It can be concluded that isolated systolic hypertension predominates in the older age groups, and SBP is associated with faster progression in the diabetic patients.

### IL3

#### HEALTH RELATED QUALITY OF LIFE IN HEMODIALYSIS PATIENTS

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The objective of treatment of end-stage renal disease (ESRD) patients is not only to improve their survival but also to maximize their rehabilitation and health related quality of life (HRQOL). Some reliable instruments are available for assessment of HRQOL in ESRD patients. In the present analysis the results of HRQOL assessment of patients dialyzed in different centers with different treatment modalities and possibilities were compared. The analysis involved 107 + 40 hemodialysis (HD) pts from two Belgrade centers, 80 + 30 HD pts from two Germany centers, 77 HD pts from Kikinda (Serbia), 108 HD pts from Montenegro, 40 HD pts from Doboj (B&H), 20 pts on home HD and 56 on peritoneal dialysis (PD). Kidney Disease Quality of Life Short Form 36 (KDQOL-SF36) instrument was used. The SF-36 showed significantly higher scores across all domains in pts < 60 years than in older ones and in pts on home than in center HD. Similar was found for majority of domains of ESRD target scales. Minimal differences were found in SF-36 scores among different HD centers and between HD and PD pts. Differences in the effects and burden of kidney disease, work status and cognitive function were found between males and females, HD and PD pts and those from different HD centers. Significant relationship was found between overall health scores and indices of HD adequacy, hemoglobin level and vascular calcification. HRQOL in ESRD patients is mainly influenced by efficacy of dialysis and the presence of different ESRD-related complications.

### IL4

#### CARDIOVASCULAR CALCIFICATIONS IN ESRD AND DIALYSIS PATIENTS

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Cardiovascular morbidity and mortality among end stage renal disease and dialysis patients are substantially higher than in the general population, and cardiovascular disease accounts for almost half of all deaths among these patients. The reasons for this high incidence are multiple. They include traditional factors such as hypertension, diabetes, dyslipidaemia, electrolyte disorders, oxidative stress, sodium overload, disturbances in blood coagulation and elevated homocysteine levels as well as disturbances of

mineral metabolism, specifically abnormalities in phosphorus and calcium homeostasis. Evidences of cardiovascular calcification are seen also in above pointed patients at a much younger age than in the general population - in less than 30 years; these patients have a high incidence of coronary artery calcification and the lesions progress at a relatively rapid rate. A retrospective autopsy study of paediatric ESRD patients also found a high incidence of soft-tissue and cardiovascular calcification. This review describes the implications of the abnormalities of mineral metabolism and some other related factors in cardiovascular calcifications, the pathogenesis of the calcification, its distribution in ESRD and dialysis patients and the modern reliable methods of detection and treatment, according the current specific world literature and our own experience. The problem of cardiovascular calcification in the above mentioned population deserves a serious attention because of the important consequences and steel needs further detailed studies.

IL5

#### **TREATMENT OF HYPERTENSION IN CHILDHOOD**

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Early detection and treatment of elevated childhood pressures represent important steps in reducing long-term cardiovascular risk. The management of AHT includes both nonpharmacological measures and pharmacological therapy. Nonpharmacological therapy includes: weight reduction in obese children, diet control (low salt, high potassium, high calcium & magnesium and low fat diet) and regular exercises. Nonpharmacological intervention should be continued even after starting pharmacological therapy, as they enhance effects of most antihypertensive drugs and reduce the cardiovascular risk factors. Pharmacological therapy should be introduced to children: unresponsive to nonpharmacological therapy in the face of significant AHT; with severe AHT at the time of presentation; who present with target organ damage (TOD) or experience symptomatic AHT. Most of the antihypertensive drugs which are used for adults are also used in children; however there are no data on their long-term efficacy and safety in children, independent of frequent inadequate packaging. The choice of antihypertensive drug must be adapted to each individual patient depending on the cause of AHT, the level of BP, the presence of concomitant diseases or TOD and patients/s past medical history. The principles of pharmacological antihypertensive therapy are: reduction of BP < 90th percentile, minimal side effects ("start low"), 24-hour BP reduction (once-daily long acting drugs), gradual increase in the dose if the initial dose is not sufficient ("go slow") or combination of drugs from different classes.

IL6

#### **THE SUBCRANIAL APPROACH TO THE ANTERIOR SKULL BASE**

D. Fliss 1

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**Introduction:**The purpose of this study is to present the technique of the extended subcranial approach to the anterior skull base, and to review the results of 104 cases operated on for extirpation of tumors in this anatomical region.

**Methods:** A retrospective review was conducted on the records of patients who underwent excision of tumors originating in the nasal cavity, paranasal sinuses, orbit or meninges. The evaluation procedures, surgical technique and complications were reviewed.

**Results:** Forty eight cases involved malignant tumors and 56 involved benign tumors. The most common benign pathology

was meningioma and the most common malignant tumor was squamous cell carcinoma. The principal skull base reconstruction procedure was performed using a multi-layered fascia lata. Postoperative follow-up (26 months in average) revealed that 80% of the patients are without evidence of disease, 12% are alive with disease, 2% died of their disease and 6% died of unrelated causes. The rate of severe complications was 4%, and included meningitis (n=2), cerebrospinal fluid rhinorrhea (n=1) and tension pneumocephalus (n=1).

**Conclusions:** We conclude that the extirpation of anterior skull base tumors via the subcranial approach is simple, reproducible and reliable, and is associated with a reasonable complication rate.

IL7

#### **THE ROLE OF HEALTH RELATED QUALITY OF LIFE, DEPRESSION AND INFLAMMATION IN PREDICTING HEMODIALYSIS PATIENTS MORTALITY**

SP Simic-Ogrizovic 1

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The aim of the study was to evaluate the most powerful predictor of hemodialysis patients (HD pts) mortality after assessing depression, chronic inflammation and health-related quality of life (HRQOL) as well as pts' age, HD duration, comorbidity, nutrition and HD adequacy. The prospective follow-up study of 78 pts (38 male, aged 55.3±13 years), maintained by HD (97.2±66.5 month) at our Institute was carried out over 24 months. During this period 6 pts died and 2 pts were switched to peritoneal dialysis. Self-administered Beck Depression Inventory (BDI-II) questionnaire was chosen for depression screening (score > or =11 indicate a possible diagnosis), interleukin-6 (IL-6) and IL-10 were used as chronic inflammation markers, Index of Physical Impairment (IPI) for comorbidity assessment, BMI and albuminemia for nutrition and Kt/V for HD adequacy. Kidney Disease Quality of Life Short Form (KDQOL-SF) was used to measure HD pts' HRQOL by 3 component scores: physical (PCS, 4 subscales), mental (MCS, 4 subscales), and kidney disease component summary (KDCS, 11 subscales). Potential predictors of HD pts mortality, selected by the univariate Cox analysis were: age, BDI score, IPI, IL-6, as well as albuminemia, Kt/V, MCS, KDCS and overall health rating (OHR). In the multivariate Cox analysis the best positive predictor of HD pts mortality was IL-6 but the best negative MCS. Lower score for MCS and higher IL-6 serum concentration were strongly associated with higher risk of death and may better identify patients at risk for death than barely depression or comorbidity screening, albuminemia or dialysis adequacy.

IL8

#### **THE ROLE OF CALCIUM-PHOSPHATE ABNORMALITIES IN THE PROGRESSION OF CHRONIC RENAL FAILURE AND DEVELOPMENT OF BONE AND CARDIOVASCULAR DISEASE**

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This retrospective study aimed to identify the influence of phosphate-calcium disturbance on the progression of CRF and induction of bone disease and cardiovascular calcification. The study involved 42 patients with CRF in stage 5 regularly followed for 3 to 5 yrs. They were divided into group 1 of 22 pts with normal serum phosphate (PO<sub>4</sub>) levels, and group 2 of 20 pts with hyper-PO<sub>4</sub> registered in the majority of controls. At the time of the study B mode echocardiogram and native radiograms of the pelvis and the wrist were done. Progression of CRF was faster in group 2 than in group 1 ( $b = -0.0577$  vs.  $-0.0288$ ,  $p = 0.003$ ) during the study period. Majority of pts was treated with calcium carbonate and 26% of pts from group 1 and 37% of pts from group 2 received vitamin D<sub>3</sub>. Average BAP (28.8 vs 31 IU/ml) and PTH values (580 vs. 339 ng/ml) were similar in both groups. BAP was increased in less than 15% of pts, PTH was high in 69% of pts from group 1 and 58% of pts from group 2 and low in 30% of pts from group 1 and 36% of pts from group 2. Valvular calcifications were found in 4 pts from group 1 and 5 pts from group 2, while arterial calcifications in 1 from group 1 and 2 from group 2. Hyperphosphatemia induced faster CRF progression; valvular and arterial calcifications were rare, while several factors but not only hyper-PO<sub>4</sub> contributed to the development of kidney bone disease in predialysis pts.

#### IL9

##### MICROSURGICAL BREAST RECONSTRUCTION

C. Vlastou 1

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**Introduction:** Breast reconstruction is an integral part of the surgical management of women with breast cancer, because, by improving the body image, improves patient's satisfaction and therefore their quality of life. We are presenting our experience in breast reconstruction with microsurgical free tissue transfers from the lower abdomen.

**Materials and Methods:** During the last five years, 65 patients underwent post-mastectomy breast reconstruction with autologous tissue transfers from the lower abdomen. Microsurgical free tissue transfers were performed in 32 of them, 15 free TRAM flaps and 19 DIEP flaps (two bilateral). The flap vessels were anastomosed to the internal mammary vessels or to the thoracodorsal vessels at a ratio 3:1 respectively. Vascular complications occurred in two patients. In one of the two patients circulation was successfully reestablished. Therefore, all free TRAM flaps survived; there was one complete flap loss in the DIEP group. There were no systemic complications and no perioperative deaths. Fat necrosis was observed in about 14% of the patients. In one patient the fat necrosis exceeded 10% of the breast volume and required another surgical procedure for tissue rearrangement, but the final result was not affected. Abdominal donor site morbidity included weakness and bulging of the lower half of the abdominal wall, following free TRAM breast reconstruction in one patient; surgical correction became necessary. Marginal wound necrosis was observed in three patients; it resolved with local wound care.

**Conclusions:** Microsurgical free tissue transfers may provide sufficient autologous breast volume, good contour and adequate projection, with acceptable rates of complications and morbidity

#### IL10

##### QUALITY OF LIFE IN RHEUMATOID ARTHRITIS

A Sarantopoulos 1

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Rheumatoid arthritis (RA) is a chronic autoimmune disease

affecting the joints. Its course varies from mild monoarthritis to erosive polyarthritis, leading gradually to the destruction of the joints and causing severe functional impairment. Despite the aggressiveness of the disease, the use of disease modifying anti-rheumatic drugs (DMARDs) along with newest biological agents (anti-TNF, b-blockers) has changed the natural course of rheumatoid arthritis. Patients maintain a better functional status for longer periods of time. This approach has aroused the need for quantification of the changes of both disease activity and functional status. New tools and functional indexes have been developed (Health Assessment Questionnaire and its modifications, Short Form 36, Arthritis Impact Measurement Scales etc.) that quantify the amount of functional impairment. These tools help clinicians to classify patients according to their functional status and changes of these values identified on the course of the disease contribute on taking therapeutic decisions. Even though these indexes have sometimes low discreteness on distinguishing the real cause of functional impairment, they have facilitated scientists nowadays on having a common language when evaluating RA patients. Guidelines are ultimately proposed according to specific ranges of values of these indexes. In addition, correlations of personality traits to disease activity and functional status have shown that these patients share common personality characteristics. Further studies of these results may contribute on optimizing and individualizing therapeutic strategies in accordance to the patients' assessed profile.

#### IL11

##### CONVERSION FROM CALCINEURIN INHIBITOR (CNI) TO SIROLIMUS-BASED PROTOCOL IN PATIENTS AFTER KIDNEY TRANSPLANTATION: PREDICTORS OF SUCCESS

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Sirolimus (SRL), a non-nephrotoxic agent, can replace CNI in immunosuppressive protocols. We studied the gain in allograft function and the predictors for success after conversion.

**Patients and Methods:** Review of charts of 117 patients converted to SRL protocol at median time of 33 mo. Post-transplant was done. Indications included: chronic allograft nephropathy (88), BKV nephropathy (9) and other reasons (20). Patients were maintained on SRL-levels of 5-10 ng/ml. Changes in creatinine clearance (CCT) using Cockcroft-Gault equation, and 24-hr. urine protein (24UP) excretion were calculated. Pearson correlation test was performed to find predictors of success after conversion (<10% negative change in Cr. and CCT). The parameters studied were Cr., CCT and 24UP at conversion, and time from transplantation to conversion.

**Results:** Of the 117 patients, 14 discontinued treatment due to side effects (9), acute rejection (2) and return to dialysis (3). CCT change at 6 mo. (64 patients) was from 47.3ml/min to 50.6ml/min ( $p = 0.04$ ) and at 12 mo. (27 patients) from 39.2ml/min to 46.1ml/min ( $p = 0.021$ ). 24UP increased at 6 mo. from 690 mg/24hr to 1368 mg/24hr., ( $p = 0.01$ ) and at 12 mo. from 1058 mg/24hr. to 1905 mg/24hr. ( $p = 0.1$ ). Mean LDL, TG and Hb. levels were not changed. Statins were added to 40% and Erythropoietin to 16% of the patients. Time to conversion was the only significant parameter predicting success at 12 mo. ( $p = 0.031$ ).

**Conclusions:** Conversion from CNI to SRL is safe and tolerable under relatively low SRL levels and may improve kidney graft function. Early conversion is a significant predictor for success.

## ORAL PRESENTATIONS

### OP1

#### THE USE OF SEDATIVE AGENTS DURING ENDOSCOPIC INTERVENTIONS

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**Introduction:** In many endoscopic departments in Europe intravenous sedation is commonly used and offers analgesia, amnesia and antidepressive effects. In Greece this policy hasn't yet been adopted and as a result many patients avoid this examination because of the painful resulting experience.

**Objective:** Examine the point of acceptance of total colonoscopy under sedation and the following risk of complications.

**Methods - Patients:** During a three year retrospective study (2003-2006), 370 patients have undergone colonoscopy (187 males/183 females), between the age of 24 and 94. Colonoscopy is conducted in the presence of an anesthesiologist. Drugs used include Propofol 1, 5-2 mg/kgBW, Midazolam 1mg, Fentanyl 1-2 µkg BW, Metoclopramide 10 mg and 100% O2 ventilation. Monitoring includes: pulse rate, O2 saturation, non invasive arterial pressure count and continuous ECG. Patients remain for some time in a recovery room and leave the hospital after 4-6 hours.

**Results:** 366 out of 370 patients (98.91%) agreed to this procedure and remained completely satisfied. Cecum endoscopy was achieved in 368 patients. Complications, concerning I.V. sedation, appeared in 6 patients (1.6%): 3 known to suffer from chronic pulmonary obstructive disease presented transient hypoxia (sat. 90%), 2 presented bradycardia coped with atropine and 1 presented a drop of arterial blood pressure coped with intravenous colloids. No patient suffered gastric reflux or aspiration and no patient had to be intubated.

**Conclusions:** Intravenous sedation in endoscopic departments, when followed by adequate monitoring and anesthesiologic support, is a safe procedure. The percentage of acceptance of this method by the patients is high and as a result can be considered a very successful procedure.

### OP2

#### THE RESULTS OF FUNCTIONAL EVALUATION IN THE TREATMENT OF MALIGNANT MUSKULOSKELETAL TUMORS

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Limb salvage surgery is a desirable alternative to amputation in the treatment of malignant musculoskeletal tumors (MST) of an extremity. Most patients are candidates for limb salvage procedures because of improved imaging modalities, effective chemotherapeutic agents, and advances in reconstructive surgery.

In the period from 2001 to 2005, at the Clinic for Orthopaedic Surgery, were treated 208 patients with malignant MST. There is a dilemma to perform an amputation or a limb salvage, and in the same time to prolong the survival. We evaluate the results of functional evaluation in the treatment of malignant MST. There are numerous options for reconstruction after adjuvant chemotherapy and tumor resection. It is important to compare clinical, functional and oncological results based on the reconstructive type, localization of changes and limb salvage contrary to amputation. Two key factors must be considered: survival rates should be no worse than those associated with amputation, and the reconstructed limb must provide satisfactory function.

From the 208 patients 177 (85.1%) were treated with limb salvage and 31(14.9%) were treated with amputation. Subjectively, it seems obvious to patients, families, and physicians that it is best to avoid amputation in the treatment of malignant musculoskeletal tumors. The functional results are significantly ( $P=0.0001$ ) better after limb-salvage surgery compared with amputation. The follow-up was from 6 months to 48 months.

There is a need of greater series of patients and longer follow-up of patients in order to acquire valid and supportive results, which will be referent for our environmental and our living conditions.

### OP3

#### THE USE OF KINDL-R QUESTIONNAIRE TO MEASURE QOL OF CHILDREN AND ADOLESCENTS SUFFERING IDIOPATHIC SCOLIOSIS

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It is estimated that up to 10% of all adolescents suffer some degree of scoliosis. Literature does not support the connection between idiopathic scoliosis and significant drawbacks in psychosocial development of children and adolescents. Nevertheless, unpleasant psychosocial consequences of scoliosis are definitely traced, and it is possible that, as the condition progresses, they develop further. Usually, scoliosis may affect different aspects of the youngster's life, mainly body image, self-esteem, and interpersonal relationships. Especially at puberty, physical appearance, the need to affiliate with peers, and the need to assert one's independence are very important. Family is also affected in areas, such as, burden on family budget and intrafamilial relationships.

QoL of youngsters suffering from idiopathic scoliosis and their parents has not been studied extensively. In the present study, we present the preliminary findings of a research project contacted in collaboration between child psychiatrists and orthopaedic surgeons re the influence of idiopathic scoliosis, as well as its treatment, on the QoL of 83 children and adolescents, aged 8-17 years, who attended the out-patient scoliosis clinic of the A/ Orthopaedic Department of the University of Thessaloniki. The sample was administered the KINDL-R Questionnaire for measuring health related QoL in children and adolescents and the findings were compared to the quality of life components of a control group of 82 non-scoliotic children. Results showed that



our clinical sample had scored worse on almost all subscales, both in self assessment and external assessment versions of the KINDL-R Questionnaire, compared to the control group.

#### OP4

##### **AN ELECTRONIC APPROACH AND PRODUCTION ANALYSIS IN SURGICAL ACTIVITY. ARE IMPROVEMENTS NECESSARY?**

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**Introduction / Purpose.** Important details in health care are complicated and often obscure. Electronic applications for registering parameters indicating quality and effectiveness can be very helpful. The hospital operates on a fully computerized software system, SAP, which has great potentials, but relatively undifferentiated functions. Our team has contributed essentially in developing the healthcare part of the SAP functions.

**Methods.** Placing a patient on the list for elective operations is done in a direct and unified way in the outpatient department from a properly modulated list in the SAP. In the operating theater we have developed a customized dynamic system of electronic administration of the surgical process enabling register and evaluation of some parameters on line such as diagnosis, first incision time, type of operation, surgeon id, anesthesiologist id, type and duration of anesthesia, last suture time, total effective knife time, etc.

**Results.** Period Nov 05 - May 06. A total of 1072 patients were scheduled for admission and 806 of them were planned for an elective operation. Finally 627 reached the operation theater. We performed an average of 4 operations per day, range 2-6. Mean incision time was 08:55, range 08:20-10:07. Mean last suture time 15:16, range 12:14 - 17:41. Mean daily effective knife time 4.5h per 8h/day, range 2.5h/8h - 7.5/8h. We examined the type and number of the performed operations, as well as the mean duration of every group of operation. We have also coded the surgeons (S1-S8) and found out the operating time and the individual contribution to the operative work for each one of them.

#### OP5

##### **LOW TOXICITY PERIOPERATIVE CHEMOTHERAPY FOR COLORECTAL CANCER: EXPERIMENTAL STUDY IN RATS AFTER CAPECITABINE ADMINISTRATION**

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**Background:** Neoadjuvant chemotherapy is a highly promising treatment modality for colorectal cancer. One of the basic side effects of this method is the possible impact on the anastomotic healing. Capecitabine is a fluoropyrimidine carbamate with antineoplastic activity, indicated for the therapy of colorectal cancer. This study was concluded to determine whether the perioperative administration of Capecitabine can effect the healing of colonic anastomosis.

**Methods:** We studied the effect of Capecitabine on hand sutured colonic anastomosis in rats. Sixty Wistar rats were randomized

in two groups of 30 rats each. In the study group capecitabine was given p.o. in therapeutic dose of 359 mg/kg, (2/3 of the mean toxic dose), 1 week prior the anastomosis and through out the study. In the control group placebo medication was administrated. Both groups were further subdivided into 3 groups, each consisting of 10 animals. Rats were sacrificed in groups of 10 animals on the 3rd, 7th and 14th postoperative day, in both study and control group.

**Results:** We found no negative impact on the healing of colonic anastomosis. The rate of anastomotic leakage and septic complications were not found to be significantly different between the study and control group. The median bursting pressure was found to be significantly higher in the subdivision of the study group sacrificed on the 3rd day (68 mmHg vs. 46 mmHg of the control group).

**Conclusions:** Perioperative administration of Capecitabine doesn't have negative impact on the healing of colonic anastomosis in rats.

#### OP6

##### **THE EFFECTS OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS ON PATIENTS WITH OSTEOARTHRITIS OF THE KNEE TAKING CRYSTALLINE GLUCOSAMINE SULPHATE**

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**Introduction:** the long-lasting use of non-steroidal anti-inflammatory drugs (NSAID) is considered to be an independent prognostic factor for the appearance and progress of osteoarthritis (OA) of the knees. A recent multicentric comparative controlled study in the UK showed for the first time that some NSAID speed up the clinical presentation of OA and have a negative impact on the radiological appearance of the knees. The results of in vitro studies concerning chondrocytes whose cultures were treated with NSAIDs as well as the synthesis of glycosaminoglycans (GAGs) are well known. More recent studies from Dingle et al. reached the same conclusions.

**The Aim:** of the current clinical controlled study was to further evaluate the clinical benefit from administering NSAID to patients suffering from OA of the knees who were already taking 1500mg Crystalline Glucosamine Sulphate (CGS) p.o. daily.

**Population - Methods:** we studied 379 ambulatory patients for six months, who presented with non-traumatic OA of the knee or with OA not caused by excessive mechanical stress -according to the modified classification criteria for OA of the American Rheumatology Association (ARA). Only patients complaining about chronic pain at the knees who had a Visual Analogue Scale of Pain (VASP) score of 8.5 - 10.0 (p NS) were registered. The patients were sorted into 3 groups (I, II, III) according to their personal characteristics (age, sex, BMI, VASP score, family history of OA, involvement of one [1-G] or both [2-G] knees, duration of pain). The patients were administered NSAID with a variable impact on GAGs synthesis on a daily basis, as follows: a) Aceclofenac 100 mg (I), b) Piroxicam 20mg (II) and c) Ibuprofen 400 mg (III). We performed a thorough clinical investigation of the patients every 2 months and, at the same time, recorded the criteria for OA that they met, according to the ARA classification. We excluded from our study patients with neurophytic disorders as well as those suffering from diseases that could affect in any way the synthesis of proteolytic enzymes at the level of the chondrocytes, such as autoimmune diseases, diabetes, thyroid and rheumatologic diseases. The statistical analysis of the available data was performed using the S.P.S.S. software (v:11).

**Results:** our study included 286 (75.5%) women and 93 (24.5%) men. The mean score's value for the patients of the 3 groups at the beginning of our study was  $9.57 \pm 0.53$ . At 2 month's time the mean score's values were as following: I =  $8.94 \pm 0.48$ , II =

8.82±0.44 and III= 8.91±0.46 (p: NS). At four month's time: I= 7.11±0.33, II= 6.99±0.31 (p: NS) and III= 8.02±0.41 (p: NS). At the end of our project the mean score's values were: I= 5.09±0.28, II= 5.68±0.30 (p NS) and III= 7.15±0.37 (p<0.04 - p<0.05, respectively). A positive correlation was found between the morning joint stiffness - mobility (functional type) in 1-G and 2-G and the reduced respective mean score's value (r= 0.97). Conclusions: our data suggest that Aceclofenac, when administered for 6 months, seems to be more effective for our patients who suffered from OA of 1-G or 2-G who were already taking CGS, than derivatives of the propionic acid or phenamates (derivatives of the anthranilic acid).

#### OP7

### ENDOVASCULAR MANAGEMENT OF RUPTURED ABDOMINAL AORTIC ANEURYSMS: 6-YEAR EXPERIENCE FROM A GREEK CENTER

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**Objective:** To report our early experience with endovascular treatment of patients with ruptured abdominal aortic aneurysms (RAAAs).

**Methods:** During a 6-year period, 40 consecutive patients with an RAAA presented to our unit; 38 underwent assessment by computed tomography, whereas 2 died on arrival before any assessment and treatment was possible. Twenty-three patients (61%) were suitable for stent grafting, and all proceeded to endovascular repair. Of these, 17 underwent operation with local anesthesia, 1 did so under general anesthesia, and a further 5 procedures were commenced under local anesthesia and converted to general anesthesia. A total of 14 bifurcated and 10 aortouni-iliac stent grafts were implanted; in 1 patient, the bifurcated graft was converted to an aortouni-iliac repair during surgery because of technical difficulties.

**Results:** Stent-graft deployment in the intended location without a type I or III endoleak was technically successful in 22 of the 23 patients. There were no conversions to open surgery. The 30-day mortality was 39%. Six patients died immediately or soon after the procedure because of severe hypovolemic shock, and three died within 30 days from cardiac causes. After surgery, 13 complications were encountered in 10 patients (3 cardiac, 4 respiratory, 5 renal, and 1 implant related). Two patients required reintervention-one for a type I endoleak and one for limb occlusion. There were 14 survivors. During a median follow-up of 410 days (range, 90-1650 days), 2 more patients died from myocardial infarction, and 9 remain well; 3 patients were lost to follow-up. There were three secondary interventions (two for type I endoleak and one for stent-graft thrombosis).

**Conclusions:** Endovascular treatment of RAAAs is feasible, and the early experience is promising. More experience and evidence from randomized trials are needed to determine whether such an approach is superior to open surgery.

#### OP8

### INTERACTIVE HOME TELEHEALTH: IS AN AVAILABLE TOOL IN THE PLANNING OF THE CAROTID ENDARTERECTOMY AS ONE DAY SURGERY?

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**Objectives:** New technologies change the role both of medicine and patients. In order to cut the hospitalization days and health costs, but maintaining the highest safety standards, we have ex-

perimented a protocol aimed at an early and protected discharge for hospital on the first day after carotid endarterectomy (CEA). Complications mostly happen during the perioperative period (first 12 hours). Late complications happening 48 hours after the operation consist in lateral-cervical haematoma, and hypertensive crises. In the first instance the treatment consists in an early drainage of the haematoma to prevent or treat respiratory insufficiency, in the second one in the administration of hypotensive drugs.

**Methods:** From October 2005 we have selected 26 patients, with internal carotid stenosis  $\geq 70\%$ , living in a culturally and organizationally adequate background.

All the patients underwent CEA; they were discharged on the first postoperative day according to a system of "Interactive Home Telehealth" (IHT); they were given a bag - to be given back after 48 hours of monitoring - containing

- an electronic artery pressure meter,
- a UMTS technology videophone,
- a questionnaire

With a personal computers that our ward is endowed linked to the Web, and a satellite video communication program, we monitored the surgical cut, arterial pressure, heart beat and the general conditions of the patient.

In order to ensure safety standards for the patient's health, a collaboration agreement has been reached with the emergency service so that an immediate action by the surgeon is possible in case of need during a video-call.

**Results:** The image quality of the videophone is so good as to allow a correct judgement by the surgeon. From the questionnaire gaved to the patient emerged a sense of insecurity, because of the early discharge. This insecurity decreased after the first video connection, also for a general satisfaction coming from the immediate return to the family environment.

There were no medical emergency interventions; 3 cases showed hypertension, which solved after advising the patient to follow an adequate hypotensive therapy.

**Conclusion:** CEA may be effected, in selected cases, as One Day Surgery procedure. Our initial results suggested that the IHT protocol which we used is a valuable and safety tool for decreasing the hospitalization period, without limitations in careful watch of local and general conditions

#### OP9

### ERECTILE DYSFUNCTION. A COMMON PROBLEM COMBINED WITH OTHER DISEASES. POSSIBLE TREATMENT APPROACH

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**Purpose:** Erectile dysfunction is experienced at least some of the time by most men who have reached 45 years of age. We determined sexual status and erectile dysfunction (ED) in outpatients of our andrology department.

**Methods:** Between January 2003 and December 2005 a total of 1312 successive outpatients of andrology department enrolled in the study with written informed consent. 747 of them complained of ED (57%), 396 of infertility (28.3%) and 196 (14.7%) of other urological problems. Patients completed International Index of Erectile Function (IIEF) questionnaire. They also underwent physical examination including urogenital examination.

**Results:** After exclusion criteria 747 patients were assessed for statistical analysis. Mean patient age was 57 years, (18 to 74 years). ED severity in these patients was mild in 135 (19.2%), moderate in 224 (42.6%), severe in 388 (38.2%). The duration was 2 months to 6 years (mean time 30.4 months). 635 of the patients (85%) had organic co morbid disease (cardiovascular 65%, hypertension 42%, diabetes mellitus 35%, iatrogenic 15%, lower urinary tract

syndrome 21%, Peyronie disease 11%, hormonal 1%) and 112 patients had psychogenic co morbid disease (15%). Treatment of erectile dysfunction with oral phosphodiesterase-5 inhibitors (PDE-5) would appear to be the initial treatment of choice for patients with organic disease (71.3%), where intracavernous injections (ICI), was given in 14.5% and penile prosthesis only in 3 patients (0.1%). The psychogenic group were faced with PDE-5 inhibitors and psychological consultation. 9% of the patients didn't respond to any kind of therapy and 4.3% refused any suggestive therapy.

Conclusions: ED affects the men's quality of life and coexists with other organic diseases. In our days it is well treated with oral drugs, ICI and penile prosthesis.

#### OP10

##### ASSESSMENT OF PATIENT SATISFACTION IN THE GENERAL SURGERY DEPARTMENT

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Objective: The aim of this study is to demonstrate the patient perceptions and evaluation of satisfaction with the quality of care in a general surgery department.

Material-Methods: The study population consisted of 116 patients, operated for various diseases and hospitalized for longer than 6 days (average length of hospital stay 11,6 days, ranging from 7 to 75 days). The participants were 62 males and 54 females with a mean age of 57.6 years (ranging from 16 to 84 years old). Patients self-completed anonymously a 44 items questionnaire about their satisfaction with treatment the day before discharge. Results: The majority of study population (88.8%) were satisfied with the surgical and nursing care. Regarding the medical staff, 92% of the study group responded good or very good care while 8% good enough or not good. The corresponding scores for the nurse staff were 81% and 19%. The patients' impression rates of the hospital services were 37.2% very good, 45.6% good, 15.5% good enough and 1.7% not good. Concerning their experience of hospitalizing conditions, negative view was expressed from 31% for inconvenient noise, 18.9% for visiting hours, 10.3% for sanitation, 8.6% for material sufficiency, 6.8% for the admission process, 6% for feeding quality and 4.3% for inefficient lighting.

Conclusions: Assessment of the patient satisfaction during hospitalization, based on questionnaire survey, showed that the quality of care was perceived relatively high, concerning the medical and nurse staff and the hospital services. On the contrary, negative views were recorded for the hospital 'hotel accommodation' structure.

#### OP11

##### WHAT IS THE COST OF OVER-THERAPY?

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Background: Overtherapy in cancer is a very frequent phenomenon and is composed from useless operations and adjuvant therapies in advanced malignancies without real hope for survival.

Materials and Methods: Information was taken from the Hellenic Anticancer Society, the Greek Bioethic Commission, the Greek Ministry of Health, and the European Organisation for Research and Treatment for Cancer.

Results: Evidence-based medicine and survival studies have made

over-treatment less frequent than ever. However, patients with non-curable diseases are vulnerable to marketing of various Medical Centers of Excellence. Awareness of Surgical Societies is needed and the surgeon must be taught the sensibility to deal with these patients. The proper patient information and respect to personal autonomy are required. Moreover, variations in definition of palliative surgery as well as limited scientific evidence in rare oncological cases make surgeons perform operations even in final stage cancer cases. Conclusions: The multidisciplinary approach of cancer should preserve a good share for ethics. Economic or not, the solution of re-operating or spending on therapies in cancer of final stage should not be performed. Both in clinical practice but also in education and research moral sensibility is required in order to promote public health and mainly in the field of surgical oncology. International cancer protocols should become a duty and not remain a choice for doctors dealing with cancer. Eventually, limited economic resources are expected to improve the control in cancer therapy strategies.

#### OP12

##### VALIDATION OF THE QLQ-C30 IN CRETAN CANCER PATIENTS AND ASSESSMENT OF THEIR QUALITY OF LIFE

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The aim of the present study was to test the validity of QLQ-C30 (version 3) in a sample of relatively low educated cancer patients, coming mostly from rural areas of Crete and within the particular setting of a Greek public hospital. The sample consisted of 188 patients, 62 of them with lung cancer, 59 with breast cancer, 51 with colon cancer and 16 with rectum cancer. 67.2 % of the respondents have completed only primary education. The participation criteria were patients immediately after the medical diagnosis, independently of the histological profile, age and stage of the disease. Their quality of life has been evaluated before and after the first treatment with the 30 items of QLQ-C30 referring to different dimensions of functioning. Alpha internal consistency coefficients for the subscales of QLQ-C30 ranged from 0.88 to 0.98. Correlations among the subscales before the first treatment were the highest between the physical function and role function scale ( $r=0.84$ ) and the physical function and fatigue scale ( $r=-0.79$ ). The instrument discriminated significantly between groups of patients with different performance status. Also for those patients whose performance status remained unchanged during treatment ( $n=175$ ), differences in scores before and after treatment have been detected for some scales. In conclusion, the instrument appears to have high coefficients of reliability, and its content and clinical validity are also high. However it has not been proved very sensitive to change for this sample of cancer patients.

#### OP13

##### THE ROLE OF OPEN LYMPH NODE BIOPSY IN THE DEFINITIVE DIAGNOSIS AND TREATMENT OF PERIPHERAL LYMPHADENOPATHY

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Peripheral lymph node enlargement may be malignant or benign

in origin and presents a common diagnostic problem.

The aim of this study is the investigation of the causes of peripheral lymphadenopathy in adults.

**Material - Methods:** A retrospective analysis of the open biopsies of 138 patients performed at the 5th Surgical clinic during the last decade was carried out. Of these 138 patients 75 were male and 63 female, with ages from 15 to 63 years old (mean age 48 years old). All the patients underwent open biopsy with local anaesthesia by xylocaine 1% injection. The biopsy site was the cervical region in 93 patients, axillary in 10 patients, inguinal in 22 patients, subclavian in 13 patients, and submandibular in 5 patients.

**Results:**

| Malignant (62)               |    | Benign (72)                   |    |
|------------------------------|----|-------------------------------|----|
| Non-Hodgkin's lymphoma       | 25 | Reactive lymphadenopathy      | 43 |
| Hodgkin's lymphoma           | 11 | Granulomatous lymphadenopathy | 14 |
| Metastatic carcinoma         | 21 | Tuberculosis                  | 5  |
| Acute Lymphogenic Leukemia   | 3  | Sarcoidosis                   | 3  |
| Chronic Lymphogenic Leukemia | 2  | Insufficient material         | 5  |
|                              |    | Kaposi's Sarcoma              | 2  |

**Conclusion:** Open biopsy is necessary for the definitive diagnosis of lymphadenopathy and therefore for the prompt initiation of suitable treatment.

Lymphomas (usually non-Hogkin ones) are the most frequent cause of painless unilateral lymph node enlargement (19.5%).

The correlation of histological findings with the patient's history, clinical presentation and laboratory findings is necessary.

In a significant percentage (31.15%), reactive lymphadenopathy was the only finding. This, of course, helps in ruling out malignancy, but if clinical suspicion is high, a repeat biopsy is recommended.

#### OP14

##### **ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSMS IN OCTOGENARIANS**

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**Objective:** To report our experience with endovascular treatment of abdominal aortic aneurysms (AAAs) in octogenarians.

**Methods:** Between 1996 and 2003, 50 consecutive patients, aged 80 or more, with an AAA had been treated in this unit by endovascular repair. Their median age was 82.4 years. Co-morbid factors included coronary artery disease in 29, hypertension in 30, chronic obstructive airways disease in 21, chronic renal impairment in 8, diabetes in 4, cerebrovascular disease in 6, morbid obesity in 3, and cancer in 5 patients. Procedures were performed under local anesthesia.

**Results:** Three patients died within 30 days (6%) from cardiac causes. Patients were fully mobilised the 1st or 2nd post-operative day and the median hospital stay was 4 days. Immediate endoleak was encountered in 12 (24%) patients, whereas 13 (26%) developed late endoleaks. During follow-up, two further patients died, the total mortality rate in this series being 10% (5 patients).

**Conclusions:** Endovascular treatment of AAAs in octogenarians is feasible with acceptable morbidity and mortality. Its minimally invasive nature results in excellent recovery rates. Chronological age alone should not deter one from offering endovascular AAA repair in this age group of patients.

#### OP15

##### **CARDIAC ABNORMALITIES AND VALVES CALCIFICATION FIVE YEARS AFTER HEMODIALYSIS**

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**Introduction and Aims:** Left ventricular dysfunction progresses with the dialysis period and is associated with a poor outcome. The aim of our study was to identify the left ventricular function, valves calcification and abnormalities and to compare the changes we noticed after 5 years hemodialysis

**Methods:** 53 chronically dialysed patients who received 4 hours bicarbonate hemodialysis 3 times per week were examined. We performed once a year an echocardiogram, all by one investigator in the end of hemodialysis and we compared the findings in the beginning and 5 years after dialysis. The mean age of the patients was:  $64.7 \pm 7.4$  years and the mean duration in dialysis was:  $55.5 \pm 42.9$  months. Males were: 53%. The statistical analysis for the mean values for the laboratory data and the echocardiography findings made with the paired t-test

**Results:** In our results we noticed statistical difference in P and Pth in the beginning and 5 years after respectively ( $5.2 \pm 1.02$  vs  $4.8 \pm 1.03$  mg%  $p < 0.05$  and  $243.8 \pm 235.3$  vs  $479.9 \pm 463.6$  pg/ml). The ejection fraction improved but not significantly (62.35% vs 65.28%, pNS). We identified aortic calcinosis in: 88% vs 65%  $p < 0.05$ , mitral calcinosis in: 65% vs 47%, pNS, mitral insufficiency improved from: 82% to 24%. Aortic insufficiency revealed in 18% vs 24%, pNS and aortic stenosis in: 47% vs 29%, pNS. Diastolic dysfunction revealed in a higher percentage: 35% vs 41%, pNS, concentric hypertrophy in: 35% vs 29%, pNS.

**Conclusions:** We conclude that diastolic dysfunction after five years hemodialysis is in a higher percentage. We noticed an improvement in valves calcinosis. The ejection fraction improved but did not changed significantly.

#### OP16

##### **OPTIMIZING PRE-ESRD CARE**

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The past few years have seen a surge of interest in early referral of patients with chronic renal failure to dialysis centres, including nephrologist directed care, and multidisciplinary pre-dialysis clinics.

Nephrologists have become more focused on this area for several reasons. Of most importance, is a concern that the high mortality rate of patients on dialysis might be reduced if aggressive interventions were initiated in the predialysis phase. The potential benefits of earlier referral include: 1.-discovery and treatment of reversible causes of renal failure; 2.- slowing the rate of decline of progressive renal insufficiency, and managing the multiple comorbid conditions associated with chronic renal failure; 3.- facilitating efficient entry into ESRD programs of all patients who might benefit. Of special significance to policy makers and funders are the observations that it may be possible to increase patient survival, increase the use of native AV fistulae, achieve better vocational outcomes, increase utilisation of more cost effective home and community based dialysis modalities, and reduce health care costs. Physicians interested in peritoneal dialysis should note that patients referred early and adequately educated about likely to choose P.D.

It may be differences between nephrologist and other physicians in the frequency of ultrasound performance on patients with elevated creatinine, or frequency of angiotensin converting enzyme inhibitor therapy initiation in proteinuric patients.

There is a critical need for empirical research to establish the advantages of early referral, and of nephrologist directed care of patients with chronic renal failure in pre-ESRD phase

## OP17

**TYPE OF VASCULAR ACCESS AND INFLAMMATION IN DIALYSIS PATIENTS**

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The aim of our study was to measure C-reactive protein and correlate the results with the type of vascular access. Patients-methods: we measured CRP in 53 chronic dialysed patients in bicarbonate three times per week for 4 hours. Males were:58%, mean age of the patients was:67±12years(average 33-91y) and mean dialysis duration: 40±36 months. All patients were in steady clinical condition with no evidence of infective or inflammatory disease. Exclusion criteria were: fever , local or systemic sites of infection, and WBC>10x10<sup>3</sup>. We grouped the patients according to their current kind of vascular access in three groups. Group A, patients with AVF, group B with grafts and group C with tunneled catheters. We measured also Hb, WBC and albumine. Statistical analysis was done by ANOVA and student t-test on log (CRP) to normalize distribution. Results: the mean CRP was:10±8 mg/dl, WBC: 7000±1200, Hb: 11.7±1.5g/dl albumine:3.8±0.3ng/dl. Arterio-venous fistula had: 42/58 (81%), grafts: 6/52 (12%) and catheters: 5/52 (10%). Mean CRP in A group was: 4±2.5 mg/dl, in B group: 10±6.5 mg/dl and in C group: 18± 10 mg/dl (p<0.05). No differences were found among the other parameters studied in the three groups.

We conclude that patients with tunneled catheters and grafts have a higher degree of chronic inflammation than patients with AVF even in the absence of clinical signs of acute infection. Being known the effects of inflammation, morbidity and mortality in higher percentage in these patients, these data suggest that this risk must be taken into account when a non native AVF is planned.

## OP18

**URINARY TRACT INFECTIONS AFTER RENAL TRANSPLANTATION: BACTERIAL ISOLATES AND RESISTANCE PATTERNS**

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The aim of the study was to evaluate the urinary tract infections (UTIs) after renal transplantation. A retrospective study was conducted in 130 adult (91 males) renal transplant recipients 75 of whom received cadaveric kidney allograft. UTI was defined as the detection of both bacteriuria and pyuria according to Kass criteria. Identification of microorganisms and susceptibility testing were performed using the Vitek 2 automated system (bioMerieux, France). The incidence of UTIs during the early post-transplant period (first trimester) was 13.8% (18/130 patients) while in the late period was 12.3% (16/130 patients). Resistance rates to commonly used drugs like ceftazidime (CAZ), amikacin, ciprofloxacin (CIP), imipenem, and piperacillin/tazobactam were 98%, 87%, 99%, 84% and 98% for *A. baumannii* and 60%, 46%, 71%, 57% and 45% for *P. aeruginosa*. *E. coli* isolates presented 25% resistance to amoxicillin/CA and CIP, 27% to trimethoprim/sulfa, 20% to CAZ. *S. aureus* was 63% resistant to oxacillin (OX), 53% to clindamycin (CC) while *S. epidermis* was 10% resistant to teicoplanin, 55% to CC, 95% to OX. The degree of resistance to Gentamycin -HL for *E. faecalis* was 32%. Significant risk factor for post-transplant UTIs was the cadaveric graft (p<0.001).

The prevalence of UTIs was higher in the early post-transplant period with gram-negative rods as the most common cause and the cadaveric allograft as significant risk factor. The most frequent organism isolated during the early post transplant period

was *E.Coli* and *Canida* and during the late period *E. Coli* and *Enterobacter cloacae*. More judicious selection of antibiotics to reduce resurgence of multi-drug resistant isolates is required.

## OP19

**CLINICAL EXPERIENCE WITH EVEROLIMUS AND LOW DOSE CYCLOSPORINE IN MAINTENANCE RENAL TRANSPLANT RECIPIENTS WITH KIDNEY ALLOGRAFT DYSFUNCTION**

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Calcineurin inhibitors nephrotoxicity is largely implicated in the development of chronic allograft nephropathy .Everolimus allows cyclosporine (CsA) dose reduction, minimizing the risk of chronic graft failure. From August 2004 through May 2006, eight (6 men) renal transplant recipients (RTR) with maintenance immunosuppression were put on everolimus combined with reduced dose CsA because of chronic renal allograft dysfunction. Mean recipients and donors age was 42.8 and 57.8 years respectively, while mean time with functioning kidney graft was 79.14 months . Everolimus starting dose was 1mg bid in two and 0.75 mg bid in six RTR ( range of everolimus blood trough levels: 3.35-9.18ng/ml). Mean percentage CsA dose reduction was 27.5% and 31.3% at 12 and 18 months after change to everolimus. CsA C2h target levels (mean±SD) were reduced from 483.85±181.13ng/ml before everolimus to 401.00±165.58 ng/ml and 274.75±70.40ng/ml at 12 and 18 months respectively. One RTR with biopsy confirmed CAN, Banff grade III lost his graft 4 months after change to everolimus. All other patients remained free of acute rejection episodes. Two non-CMV respiratory tract and two UTI's were treated successfully. WBC, haematocrit and platelets did not change significantly. Mean total cholesterol, triglycerides and LDL cholesterol increased significantly during the follow-up period while creatinine clearance remained stable (Table 1) .The ratio HDL/LDL remained within normal limits (range: 0.20-0.23).In four out of seven RTR a stabilization of proteinuria was noticed. In conclusion concentration controlled everolimus therapy combined with low-dose CsA provides a safe and alternative immunosuppression in maintenance RTR with chronic allograft dysfunction

**Table 1.** Levels of total cholesterol, triglycerides, LDL cholesterol and creatinine clearance before, at 6 and 12 months after change to everolimus.

|                                 | BEFORE<br>EVEROLIMUS | 6<br>MONTHS<br>AFTER<br>EVEROLIMUS | 12<br>MONTHS<br>AFTER<br>EVEROLIMUS | P       |
|---------------------------------|----------------------|------------------------------------|-------------------------------------|---------|
| Chol (mg/dl)                    | 269.57±48.96         | 331.40±65.85                       | 351.00±114.50                       | p<0.001 |
| Trig (mg/dl)                    | 212.28±118.31        | 236.00±103.14                      | 298.80±198.07                       | p<0.001 |
| LDL (mg/dl)                     | 189.40±42.74         | 207.75±46.22                       | 220.75±56.78                        | p<0.05  |
| Ccr(ml/min/1.73m <sup>2</sup> ) | 47.71±9.17           | 46.66±9.58                         | 49.36±7.50                          | p=NS    |

## OP20

**THE INFLUENCE OF ERYTHROPOIETIN TREATMENT ON WORK CAPACITY ( WC) AND PHYSICAL ACTIVITY (PA) IN PATIENTS WITH PRE-DIALYSIS STAGE OF CRD**

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Aim of this study is to demonstrate the effect of Hb correction on WC and PA in patients presenting chronic renal disease.

The study involved 50 patients in the pre-dialysis stage, mean age 44.2 year, with haemoglobin levels < 10gr/dl.

Patients were assessed with two specific questionnaires filled out

before and at the achievement of Hb correction target (11.5- 12.5) Patients were followed up during 6 month after the initiation of the treatment with erythropoietin. The mean initial dose was 85U/kg/week with an important decrease of the required maintenance dose to 60 U/kg/week after the 6th month.

The Hb levels were  $8.8 \pm 1.3$  gr/dl for the first,  $7.6 \pm 2.3$  gr/dl for the second and  $7.4 \pm 2.1$  gr/dl for the third group.

The Hb levels after 6 months were  $12.2 \pm 1.1$  gr/dl,  $11.1 \pm 1.7$  gr/dl and  $10.5 \pm 1.87$  gr/dl for each group respectively.

The data from questionnaires shows a significant increase of WC and PA after the achievement of Hb target level.

This study shows that the achievement of Hb target levels in predialysis patients is accompanied with benefits on WC and PA.

#### OP21

##### **CUMULATIVE EXPERIENCE WITH PEDIATRIC RENAL TRANSPLANTATION. A SINGLE CENTER REPORT**

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**Background.** Nowadays renal transplantation is the preferred treatment option for paediatric end stage renal disease. The paediatric renal transplant program at University of Thessaloniki School of Medicine was began in 1990 at Hippocratio Hospital in collaboration with Paediatric Nephrology Department of Aglaia Kyriakou and Agia Sofia Hosp., Athens.

**Material.** To date 72 transplants have been performed in 71 recipients (39 male, 32 female) aged 2.5 to 18 years (median: 11 years). Pre-transplantation renal replacement therapy time ranged from 0 to 132 months (median:14 months). Eleven children underwent pre-emptive renal transplantation. Forty three of the 71 transplants were from living related donors and 29 patients received their kidneys from cadaver donors. Donor age ranged from 0 days to 74 years. Nine were from donors < 1 year of age. HLA mismatches ranged from 0 to 5 antigens. Primary disease was: focal segmental glomerulosclerosis in 9, rapidly progressive glomerulonephritis in 6, reflux nephropathy in 23, nephronophthisis in 9, IgA nephropathy in 1, congenital nephrotic syndrome in 2, dysplasia-hypoplasia in 11, idiopathic membranous glomerulonephritis in 1, Henoch-Schonlein purpura in 1, hemolytic- uremic syndrome in 1, nephroblastoma in 1, polycystic kidney disease in 1 and of unknown origin in 4 children. Immunosuppressive regime was triple for living related transplants and quadruple sequential for cadaveric transplants. The growth pattern of the children without evidence of accelerated growth was improved by the use of growth hormone.

**Results.** Patient survival at five years was 97%. Allograft survival with living related transplants at one, two and five years was 95%, 95% and 82% respectively and with cadaveric transplants at the same periods was 86%, 86% and 86% respectively ( $p < 0.05$ ). Most kidneys were lost due to acute or chronic rejection ( $n=6$ ). Other causes were renal artery thrombosis ( $n=3$ ), infections ( $n=2$ ), withdrawal of immunosuppressive regime ( $n=1$ ). **Conclusion.** Results of this single center series of paediatric renal transplants is encouraging from the standpoint of patient and allograft survival and offers a better quality of life moderate growth acceleration for Greek children with end stage renal disease

#### OP22

##### **CONTRIBUTION OF RADIOLOGICAL IMAGING IN KIDNEY TRANSPLANTATION**

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**Objective:** The aim of this study was to evaluate the contribution of radiological modalities such as ultrasound and spiral CT in early and late complications of kidney transplantation.

**Materials and Methods:** We performed US and spiral CT studies in patients with kidney transplantation in our institution. The patients presented with an early or late complication following the transplantation. Gray scale and Doppler ultrasound were used as a non invasive method of depicting perinephric fluid collections and abnormalities of the vasculature, collecting system and renal parenchyma. We obtained unenhanced CT images of the pelvis to visualize the kidney allograft and, with the injection of non ionic contrast material, we acquired CT urograms and angiographies to diagnose and evaluate post transplant complications

**Results:** The posttransplant complications can be generally divided into three categories: urological, vascular and parenchymal. The most frequent urological complications included perinephric fluid collections (lymphocele, hematoma, urinoma, and abscess) and urinary track obstruction. These abnormalities were better depicted with gray-scale US. The most frequent vascular complications are stenosis, thrombosis, arteriovenous fistula, aneurysm and pseudoaneurysm of the graft and of the recipient iliac arterial system. We performed CT- angiography and colour Doppler ultrasound to directly visualize these arterial diseases. Finally, parenchymal complications include acute and chronic rejection, acute tubular necrosis, drug nephrotoxicity, end-stage disease and graft intolerance syndrome.

**Conclusion:** Our results show that radiological procedures such as US and spiral CT are excellent, non invasive, accurate methods in the assessment of renal graft recipients.

#### OP23

##### **EFFECT OF VITAMIN D ANALOGUES IN THE PLASMA BRAIN NATRIURETIC PEPTIDE IN PATIENTS UNDERGOING HEMODIALYSIS WITH SECONDARY HYPERTHYROIDISM**

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**Background:** It is known, that vitamin D reduces the cardiac left ventricular hypertrophy, which is frequently seen in dialysis patients. Brain natriuretic peptide (BNP) is a sensitive marker of cardiac left ventricular hypertrophy.

The purpose of this study was to investigate the effect of vitamin D analogues, alfacalcidol and paricalcitol, on the levels of BNP in patients undergoing hemodialysis (HD) with secondary hyperparathyroidism (SHP).

**Methods:** Twenty seven hemodialysis patients (M/F 17/10, age  $58.2 \pm 14.4$  years, HD duration  $143 \pm 75$  months) were include in this study. Excluding criteria were diabetes mellitus, coronary heart disease and heart valvulopathy. All patients were in a stable state during the study period, suffered from SHP (iPTH =  $554.1 \pm 470.3$  pg/ml) and had not received vitamin D for an interval up to 1 month. The patients were randomly divided in two groups. Group A: 13 patients administered alfacalcidol i.v. at each HD session (dose 1 - 1.5 mcg), group B: 14 patients administered paricalcitol i.v. at each HD session (dose [iPTH]/80). BNP, iPTH, alkaline phosphatase, calcium (Ca) and phosphorus (P) were measured before and 1 month after alfacalcidol and paricalcitol treatment.

**Results:** BNP levels decreased in both groups, 27,6% and 30,6%, from  $589.1 \pm 541.6$  pg/ml to  $426.4 \pm 120.0$  pg/ml in group A and from  $1136.2 \pm 353.7$  pg/ml to  $788.0 \pm 313.6$  pg/ml in group B,  $p=0.012$  and  $p=0.036$ , respectively. iPTH levels presented a significantly fall after paricalcitol treatment (from  $847.9 \pm 130.1$  pg/

ml in  $456.7 \pm 75.7$  pg/ml,  $p=0.001$ ), while iPTH levels did not show any significant change of alfacalcidol treatment. ALP, Ca and P levels did not change significantly in both groups.

Conclusions: Our findings showed that, the vitamin D analogues decreases the levels of BNP, independent from the type of the vitamin D and this effect appears to be independent from change in iPTH levels.

#### OP24

##### **PREDICTORS FOR QUALITY OF LIFE IN PERITONEAL DIALYSIS PATIENTS**

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Peritoneal dialysis (PD) patients have diminished quality of life (QoL) scores compared with healthy subjects. Measures of QoL have been reported to have a significant predictive value for patient survival and hospitalization in PD patients. The purpose of this study was to determine individual, clinical and laboratory factors associated with QoL in PD patients. This cross-sectional study included 59 PD patients (M/F 33/26; age  $45 \pm 15$  years, peritoneal dialysis(PD) duration  $42.0 \pm 33.6$  months). Epworth Sleepiness Scale (ESS) and Pittsburg Sleep Quality Index (PSQI) were used for assessing daytime sleepiness and sleep quality. We evaluated each patient's depressive symptoms with Beck Depression Inventory (BDI). QoL parameters were assessed by the self-administered short-form SF-36 generic health survey questionnaire. In all patients, demographic variables, personality traits and habits, Charlson comorbidity index, clinical and laboratory parameters were recorded and analyzed. The mean of the total QoL score and eight subscales were as follows: total;  $43.9 \pm 12.8$ , physical functioning;  $55.5 \pm 32.4$ , role-physical;  $51.8 \pm 41.1$ , bodily pain;  $49.1 \pm 19.6$ , general health;  $52.1 \pm 14.8$ , vitality;  $51.2 \pm 12.6$ , social functioning;  $61.5 \pm 21.8$ , role-emotional;  $54.9 \pm 31.8$ , mental health;  $60.6 \pm 20.7$ . A Pearson bivariate correlation analysis revealed that total QoL score was negatively correlated with ESS ( $-0.291$ ,  $p=0.04$ ), PSQI ( $-0.533$ ,  $p<0.0001$ ), and BDI ( $-0.642$ ,  $p<0.0001$ ) scores, C-reactive protein (CRP) ( $-0.588$ ,  $p=0.001$ ) and positively correlated with blood urea nitrogen ( $0.336$ ,  $p=0.02$ ), albumin ( $0.351$ ,  $p=0.01$ ). In conclusion; excessive daytime sleepiness, poor sleep quality, presence of depression, higher CRP, and lower albumin levels are associated with poorer QoL. In order to improve QoL in PD patients, psychosocial support and prevention of malnutrition is recommended.

#### OP25

##### **CLINICAL PRACTICE AND QUALITY OF LIFE IN THE ELDERLY PATIENTS IN CAPD**

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It is possible to examine the cognitive functions of the elderly patients in ESRD and to appraise their ability to interact with their own environment through the Multidimensional Geriatric Valutaion (VGMD). We studied 10patients, 6M and 4F(middle age =  $73.3$ ,  $DS=3,15$ ), in ESDR, with cardiovascular and/or dismetabolic comorbidity, in peritoneal dialytic treatment. All the patients have been submitted to a basic VGMD and to a 12, 24 and 48 months follow-up. We also administered the following tests: the MMSE, the ADL, PADL and the GDS, correcting the results according to the Modified Cumulative Illness Rating Scale. The basic VGMD showed, in everybody, the presence of deficit of the short memory term, reduction of the attention and of the concentration, conceive-motor deceleration, troubles of the hu-

mor (MMSE= $26/30$ ; ADL= $5/6$ ; IADL= $2/5$ ; GDS= $9/15$ ). We can consider such state as secondary to the complex alterations of the ESRD, both to the presence of the concomitant pathologies as well as to a state of malnutrition.

In the follow-up to 12,24 and 48months we observed a general amiliorament of the uremic state with an improvement of the attention, of the memory, of the language and the recovery of the ability to develop both the activity of base and the complex instrumental activities of the daily life (MMSE= $29,4/30$ ; ADL= $6/6$ ; IADL= $5/5$ ; GDS= $3/15$ ).

These results are probably to attribute to the continuous dialitic depurative action, that prevents the accumulation of injurious toxins in the nervous system, as well as to the domiciliary dialitic therapy that implicates diligence and active sharing of the subject.

#### OP26

##### **PROTOCOL BIOPSIES IN KIDNEY TRANSPLANT RECIPIENTS AND ALLOGRAFT FUNCTION AT 1-YEAR**

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The aim of our study was to identify SAR/BC as well as histological markers of CAN among protocol biopsies performed at 1 and 6 months posttransplantation, assessing the possible implications of the immunological and clinical factors on the graft function at 1, 6 months and 1 year.

35 paired allograft biopsies were reviewed according to the Banff scoring scheme. The cohort was divided according to the progressive rise in sCr above 200 mcml/L, or in absolute value more than 20% in the interval from 6 to 12 months, to a group with high sCr (HsCr) and low sCr (LsCr). At baseline, the HsCr group ( $n=9$ ) presented with significantly higher BMI ( $25.4 \pm 3.8$  vs  $21.5 \pm 3.6$ ), shorter time in dialysis ( $6.4 \pm 5.2$  vs  $35.4 \pm 40.1$ ) and greater number of urinary tract infections ( $2.8 \pm 1.3$  vs  $0.7 \pm 0.8$ ) per patient. This group had higher sCr at 1 month, reaching significant difference in comparison with LsCr group at 6 and 12 months values ( $197.8 \pm 30.1$  vs  $127.4 \pm 34.7$  and  $255.6 \pm 75.5$  vs  $124.5 \pm 28.4$ , respectively). The mean HI (histological index/ sum of scores for acute/chronic changes) and CAN score (sum of histological markers for chronicity) in HsCr group increased significantly at 6-month biopsy ( $9.9 \pm 3.0$  vs  $7.3 \pm 3.9$  and  $5.9 \pm 1.7$  vs  $4.2 \pm 2.2$ , respectively).

In conclusion, 1 and 6 months biopsy may be valuable to determine SAR/BC and to prognosticate the outcome of allograft function. Untreated acute rejections, progressive rise in BMI and greater susceptibility to urinary tract infection might lead to a rapid impairment of the graft function accelerating the process of chronic allograft nephropathy.

#### OP27

##### **EARLY BORDERLINE AND SUBCLINICAL REJECTIONS IN RENAL ALLOGRAFT PROTOCOL BIOPSIES**

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The aim of the present study was to evaluate subclinical and borderline rejections (SR/BR) and histological findings of chronic allograft nephropathy (CAN) in protocol biopsies and to determine whether treatment of SR and BR in the first month posttransplant has a beneficial effect on graft histology and function at 6 months. Forty paired allograft biopsies were evaluated according to Banff classification.

BR was found in 13/40 (32.5%) and 12/40 (30%), and SR in 15/40 (37.5%) and 21/40 (52.2%) of patients, on 1 and 6 months biopsies, respectively. The mean HI (histological index/total sum of scores for acute and chronic changes), increased significantly at 6 month biopsy  $5.3 \pm 2.9$  vs.  $7.8 \pm 3.6$ . The mean CAN score (sum of histological markers for chronicity) of  $2.1 \pm 1.5$  at 1 month, increased significantly to  $4.6 \pm 2.3$  at 6 months biopsy. When divided according to the treatment of BR and SR, the group of treated BR/SR found at 1 month biopsy had mean HI score of  $7.11 \pm 1.9$ , which remained almost the same value  $7.11 \pm 2.32$  at 6 months biopsy. The proportion of these changes in untreated BR/SR group have been increased from  $4.95 \pm 1.99$  to  $8.16 \pm 4.3$ .

In conclusion, a protocol 1-month biopsy may be valuable to determine a high prevalence of BR or SR in stable allografts. The presence of an untreated BR and SR found at 1-month biopsies showed greater susceptibility for histological deterioration on the 6 months biopsy, accelerating the process of CAN.

OP28

#### **BORDERLINE REJECTION AFTER RENAL TRANSPLANTATION: LONG TERM OUTCOMES**

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Twenty eight pts, 19 male and 9 female (mean age 37 years), with borderline rejection were evaluated retrospectively. There were 14 early (E) and 14 late (L) borderline rejections. The patients received triple or quadruple induction therapy. Serum creatinine, blood transfusions before renal transplantation (RT) and common HLA antigens were recorded. Patient and graft survival was calculated.

The overall patient survival 1 and 5 years after RT was 96.43 % and 91.61 % at ten years. Patients' survival in the case of E was 92.86 % at 1, 5 and 10 years while in the case of L was 100 % at 1 and 5 years and 90 % at ten years. Overall graft survival was 96.43 %, 76.62 % and 61.46 % at 1, 5, and 10 years after RT respectively. Patients with E had 100 %, 83.33 % and 72.92 % graft survival at 1, 5, and 10 years after RT, while patients with L had 92.86 %, 68.75 % and 45.83 % at 1, 5, and 10 years respectively ( $p=0.048$ , Log Rank). Pts with E/L had  $0.77 \pm 0.59$  and  $1.25 \pm 0.45$  ( $p: 0.033$ ), common HLA A antigens respectively.

Early borderline rejection presents significantly better graft survival compared to late borderline rejection. The difference in HLA A between E and L needs further investigation.

OP29

#### **HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH SLEEP APNEA HYPOPNEA SYNDROME TREATED WITH CPAP**

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The aim of this study was to assess Health Related Quality Of Life (HRQOL) in patients with Sleep Apnea- Hypopnea Syn-

drome (SAHS) and to explore the relationships between their health status, daytime sleepiness and the influence of CPAP implementation.

Patients and methods: In 180 patients (152 male, 28 female) with SAHS (AHI  $56 \pm 25.4$ ), measurements of health status were performed using the Short Form-36 Health Survey (SF-36) questionnaire and the General Health Questionnaire (GHQ). The daytime sleepiness was assessed using the Greek version of Epworth Sleepiness Scale (ESSgr). CPAP treatment was started in 135 patients and quality of life measurements were performed in 95 of them after continuous CPAP use at home. Forty-five patients were assigned to a conservative therapy and formed the control group.

Results: Before any treatment there was a significant correlation between SF-36 domains and ESS in all patients ( $p < 0.01$ ). No differences were observed in SF-36 scores between the two groups of patients. After treatment the ESSgr was lowered ( $p < 0.01$ ) and a significant improvement was observed in all the SF-36 dimensions ( $p < 0.01$ ) except pain. In the control group, there were no significant changes in the HRQOL. The GHQ score after treatment was negatively related to initial and final Emotional Wellbeing and Physical Function and positively to the ESSgr after treatment. When the patients were divided into two groups according to the severity of OSAS (severe: AHI  $\geq 30$ , moderate: AHI  $< 30$ ), the members of the first group had a greater improvement in the Role Emotional parameter after CPAP treatment ( $p < 0.05$ ).

Conclusions: HRQOL in patients with SAHS improved with CPAP and this improvement correlated with the severity of the syndrome.

OP30

#### **PULMONARY FUNCTION IN PATIENTS IN LONG-TERM REMISSION OF WILMS NEPHROBLASTOMA**

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Quality of life in patients after successful therapy (Rx) for Wilms nephroblastoma (WN) could be influenced by possibly disturbed lung function. Studies on pulmonary function (PFT) long-term after successful Rx are rare<sup>1,2</sup>.

Twenty six patients in remission of  $14.4 \pm 3.9$ ; median 15 yrs were tested at the age of  $18.2 \pm 3.9$ ; median 17.5 yrs. Only chemotherapy with no lung irradiation was performed in our group. Static lung volumes and central/peripheral airway patency were measured. Reference values measured by the same methods in the same laboratory were used<sup>3</sup>.

Vital capacity reached  $102.5 \pm 15$  (N.S.), total lung capacity (TLC) was  $103.5 \pm 12.4$  (N.S.) % of predicted value (mean  $\pm$  SD). Residual volume to TLC as well as functional residual capacity to TLC increased by  $105.2 \pm 21.4$  (N.S.) and  $110.0 \pm 9.1$  ( $P < 0.02$ ) % predicted, respectively. Peak expiratory flow as well as maximum expiratory flow at 25% VC was normal:  $105.2 \pm 19.9$  (N.S.) and  $103.1 \pm 22.6$  (N.S.) % predicted. Specific airway conductance increased  $139.5 \pm 39.6$  ( $P < 0.005$ ).

Normal mean values of indices of the lung size and peripheral airway patency long-term after successful Rx for WN were found. Mild signs of lung hyperinflation were detected. Index of central airway patency (sGaw) slightly increased indicating quite normal central airway patency.

1 Attard-Montalto SP et al: Br J Radiol 1992; 65(780): 1114-1118

2 Leupold W et al: Pneumologie 1990; 44(10): 1213-1216

3 Zapletal A et al: Karger, Basel, 1987



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OP31

**DIMINISHED QUALITY OF LIFE : MORE THAN HALF OF PATIENTS IDENTIFIED AS HAVING COPD WERE MISDIAGNOSED OR TREATED AS HAVING ASTHMA**

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COPD affects nearly 12 million Americans. COPD is second-leading cause of disability and the fourth-leading cause of death in the U.S. While COPD is primarily caused by cigarette smoking, other causes of COPD include exposure to occupational dusts and chemicals. The most common COPD symptoms include shortness of breath, chronic cough sometimes with phlegm, and wheezing.

Unlike asthma, COPD is associated with a cascade of decline that leads to a diminished quality of life over time. We need to clarify the differences between COPD and asthma.

The study, conducted in Denver and Aberdeen, Scotland, analyzed data from 597 patients age 40 and older with a history of lung disease or recent treatment with respiratory medications. They screened using spirometry. A COPD diagnosis was defined in agreement with American Thoracic Society and European Respiratory Society guidelines -- inability to get air out of the lungs -- based on spirometry results.

Of the 235 patients diagnosed with COPD by spirometry, 51.5% reported a prior diagnosis of asthma only. Only 37.9% of participants diagnosed with COPD based on the study tests reported a previous diagnosis of the disease, while 10.6% reported no prior diagnosis of COPD or asthma.

These findings are surprising given the availability of credible diagnosis and treatment guidelines specifically for COPD. Only through proper diagnosis and treatment will COPD patients fully benefit. Patients can benefit from lifestyle modification, pulmonary rehabilitation and proper pharmacotherapy that may help them breathe better and return to the activities they enjoy.

OP32

**HEALTH STATUS IN ELDERLY PATIENTS UNDER LONG-TERM OXYGEN THERAPY**

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The aim of this study was to assess Health Related Quality of Life in patients with chronic respiratory failure received Long-Term Oxygen Therapy (LTOT), and to correlate it with the respiratory function and daily living independency of these patients.

Patients and Methods: In 186 patients, HRQOL was assessed in a regular follow up visit, using the SF-36 questionnaire. At the same time anthropometric characteristics, spirometric and blood gas values were measured. Dyspnoea level was measured using MRC scale, and independency in daily activities was evaluated by a questionnaire divided in two parts (IALD range 0-64 and ADL range 0-48).

Results: All patients had chronic respiratory failure and were under LTOT for at least 6 months. Their age was  $71.1 \pm 8.2$  years, and they had severe dyspnoea (MRC  $3.1 \pm 1.2$ ) with restricted daily activities (IALD  $47.8 \pm 8.11$  and ADL  $43.3 \pm 8.1$ ). The SF-36 scores were low especially in physical function components.

There was a significant correlation between MRC and Physical Function ( $p < 0.01$ ), Social Function ( $p < 0.01$ ), Vitality ( $p < 0.01$ ), Role Physical and Role Emotional ( $p < 0.05$ ). The daily life independency score was significantly correlated with Social Function ( $p < 0.05$ ) and Physical Function ( $p < 0.01$ ). Respiratory function

parameters examination showed that PaO<sub>2</sub> significantly correlated with General Health ( $p < 0.05$ ), and FVC with Emotional Wellbeing ( $p < 0.01$ ). Daily activities capacity was significantly related to Social Function ( $p < 0.05$ ) and Physical Function ( $p < 0.01$ ).

Conclusions: Health status in patients received LTOT is low, especially in physical function component and was well correlated with the severity of dyspnoea. Restriction in daily life seems to be more important than respiratory function impairment in patients' health perception.

OP33

**SMOKING HABITS IN STUDENTS OF THRACE**

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Aim of this study is to investigate the smoking habits of students of Thrace.

Material - Methods: The parameters of the study were age, sex, medical history and smoking habits. In total 324 students were asked, 69% male ( $22 \pm 3.2$  years old) and 31% female ( $24 \pm 4.8$  years old). The questionnaire was structured according to Fagerstrom scale, and statistic analysis followed with SPSS ver.11.0. Results: History of asthma was present in 13% of asked students, while the 5.7% described occasional symptoms related to asthma. It total 64% of male students and 48% of female were systematic smokers, while 27% of males and 19% of females had not adopted the habit of smoking, although had tried it at least once. The median age for the first cigarette was 14.1 years old. According to Fagerstrom scale, addicted in nicotine were 37% of male and 23% of female students. Psychologic addiction to smoking was related to avoidance of over-eating and obesity according to 43% of females, and to social image improvement according to 17% of males. Only 5% of females and 3% of males denied that they had been addicted to smoking. In total, 35% of asked students was not intending to stop smoking or at least reduce smoking. Satisfactory knowledge about smoking was reported for 23% of smokers, and for 55% of non-smokers.

Conclusions: Smoking is a very common bad habit of students in Thrace and is probably related a lot with the inadequacy of preventive mechanisms that could educate young people in health matters.

OP34

**HEALTH STATUS OF THE RURAL POPULATION OF A REPRESENTATIVE TOBACCO GROWING TOWN OF NORTHERN GREECE**

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Aim: To study the health status of the rural population of Alistrati, a typical tobacco growing town of Northern Greece.

Materials - Methods: The population studied were patients who exercised agricultural professions and visited the local health center. The evaluation was performed using the CDC health related quality of life 14-Item measure (CDC HRGOL-14), translated and modified according to the study's needs and was accomplished by the physicians of the center.

Results: A sample of 53 individuals (19 males and 34 females mean age: 67,1) were recruited. They answered the 14 questions of the CDC questionnaire and another 14 for additional data about age, weight, hospital visits etc. Hypertension was discovered in 21/53 patients and diabetes mellitus in 14/53. 15/53 were smokers and 4/53 alcohol abusers. 48 were very satisfied of their doctors and nurses. 3 were in excellent health, 5 in very good, 41

in good or fair and 4 in poor health. During the past 30 days, an average of 15 days was declared as healthy.

Conclusions: Hypertension, diabetes mellitus, arthritis respiratory and emotional disorders appear to be the most common health problems of an average tobacco growing population of Northern Greece. Most of the patients express a positive opinion for their physicians and nurses. Heavy smoking is very common among men. Very healthy or full of energy days seem to be less than 10 for each month.

#### OP35

##### QUALITY OF LIFE SURVEY AND PALLIATIVE CARE IN LUNG CANCER PATIENTS

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In patients with advanced and/or inoperable bronchial tumors, methods of palliative care such as radiotherapy, chemotherapy, brachytherapy and cryotherapy, singly and/or in combination, aiming at extending the survival time and improving the quality of life, were examined.

One hundred and sixty three (163) patients, with mean age 67.9 yrs (range 22-25) and a male/female ratio at 1.34/1, treated between 2000 and 2004 were studied. Eighty one (81) patients receiving only cryotherapy presented a two-year survival rate at 19.3%, whilst eighty three (83) patients treated with radiotherapy or brachytherapy and/or chemotherapy showed a two-year survival rate at 25%.

Sixty-five percent (65%) of patients only cryotreated had improvement in at least one or more Karnofsky and WHO indices. Eighty percent (80%) of patients who received cryotherapy accompanied with supplementary palliative treatment showed amelioration of their clinical status.

It seems that for patients with advanced or inoperable lung tumors, cryotherapy associated with additional palliative care may influence the survival time and improve their quality of life.

#### OP36

##### U RNP (Ro/La/Smith) AUTOIMMUNITY AND DISEASE EXPRESSION IN SLE GREEK PATIENTS

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The Ro/La antigenic complex belongs to the snRNPs group. Consists of one hYRNA molecule and the Ro or La proteins which are responsible for the antigenicity. Anti-Ro abs are related with photosensitivity (63%,  $p=0.057$ ), skin lesions (55.5%,  $p=0.054$ ) and neonatal lupus syndrome. The Smith antigenic complex consists of 7 proteins (Smith ring) attached to snRNA. Anti-Sm abs ( IgG class) are present in patients with systemic autoimmune disease and specifically SLE (3.4 - 30%). A cohort of 135 SLE patients was analysed (Student's test). A group of 27 Ro positive, 11 Ro/La positive and 13 Smith +ve patients were

selected. Ro/La +ve SLE patients showed a statistically significant presence of photosensitivity (63%, $p=0.057$ ), discoid lesions (40.74%, $p=0.033$ ), butterfly lesion (55.5%, $p=0.054$ ), secondary Sjogren (18.51%, $p=0.049$ ) and the presence of SAPS (7.4%, $p=0.08$ ). Comparison between 13 Smith positive and 13 Smith negative SLE patients suggest no significant differences except for CNS involvement. Anti-Sm abs "protect" from neuropsychiatric manifestations (0%). A sample of 27 Ro positive SLE patients was analysed (37% anti-Sm positive). It was found that presence of both anti-Ro and anti-Sm abs is connected with severe arthritis and leykopenia (100%, 46.7% respectively). Moreover, a sample of 70 SLE women at reproduction age with history of repeated abortions was analysed. There was found negative relation between anti-Sm abs and abortions( $p=0.012$ ). The presence of anti-Ro abs seems to be an aggregative factor in this group of pts (25%,  $p=0.086$ ). Our results are in accordance with European data and underline the importance of Sm/Ro/La autoimmunity in patterns of disease expression and prognosis, in clinical practice.

#### OP37

##### ASSESSMENT OF HEPATOMEGALLY IN 100 PATIENTS WITH BETA THALASSEMIA MAJOR IN IRAN- MASHHAD

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Background: Frequent blood transfusion can lead to iron overload especially in liver. Liver has a large capacity to produce proteins which bind the iron and store it in the form of ferritin and haemosiderin, and therefore, it can produce severe iron overload. Chronic iron overload may lead to cirrhosis of the liver. Transfusion - transmitted hepatitis B and C also can develop to cirrhosis. Second cause of death in this patient after 15 years of old is cirrhosis. In these times most of them affected with cirrhosis, hepatitis B and C.

Methods : This research is a descriptive - cross sectional study to assess hepatomegally in 100 patient with thalassemia major with ages between 2 - 18 years old who were under follow up in Dr.cheikh' hospital.

Results : The mean and S. D of hemoglobin , ferritin ,deferoxamine dosage and age of starting deferoxamine was  $8.5 \pm 1.5$  g/dl,  $2183 \pm 1528$  ng,  $30 \pm 11.16$  mg/kg,  $4.1 \pm 2.5$  years. 46% of them have hepatomegally and more than 50% suffering from F.T.T. There was a meaningful relationship between hepatomegaly and age, height, existence another case of thalassemia in family. ALT, AST, ALKP were above normal value in 65%, 61% and 9% respectively.

Conclusion: Hepatomegaly is one of the most finding in thalassemic patient that induced with hemosiderosis and hepatitis. So starting of deferoxamine in the perfect time can prevent hemosiderosis.

#### OP38

##### QUALITY OF LIFE AND PERSONALITY TRAITS IN RHEUMATOID ARTHRITIS PATIENTS

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Object of the present study is to isolate personality traits in patients with rheumatoid arthritis (RA) and to identify any correlations between personality profile and RA disease activity and functional impairment.

69 patients (mean age 54.8 years) with RA (mean duration of disease 169 months) were evaluated for disease activity, functional impairment and personality parameters. Disease activity

was assessed using the DAS28 index (disease activity score evaluating 28 joints). Functional impairment was calculated with the HAQ-DI (health assessment questionnaire - disability index) along with HAQ-pain scale and HAQ-patient global assessment. SF-36 test was performed, in order to evaluate the general health status and wellbeing of the patients. Personality traits were identified using the TEHAP test (a personality characteristics test), which was completed through personal interview of each patient with collaborating psychologists. The mean characteristics of disease activity and functional capability at the time of registry (T0) are listed on Table 1. SF-36 test will be evaluated again six months after the initial registry (T2) along with disease activity and functional capability.

At the moment, the first part of the study investigates how common personality traits that have been identified in these patients, correlate to the above mentioned disease parameters. This study confirms the impact of psychological distress on the natural evolution of RA. Further studies will approach deeper on the psychological profile of patients with RA enabling the organization of patients in distinct groups according to combination of disease activity, functional impairment and psychometric parameters.

**Table 1.** Disease activity and functional capability of RA patients (n=69) at the time of first registry.

|             | DAS28 | HAQ-DI | HAQ-P.Sc. | HAQ-P.GI.Sc. |
|-------------|-------|--------|-----------|--------------|
| 69 patients | 4.49  | 0.9    | 1.4       | 1.4          |

OP39

#### ASSESSMENT QUALITY OF LIFE AND CHARACTERISTICS IN 100 PATIENTS WITH BETA THALASSEMIA MAJOR IN MASHHAD - IRAN

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**Background:** The homozygous state results in sever anemia, which needs regular transfusion every 3-4 weeks. Frequent blood transfusion can lead to iron overload wich may result growth retardation.

**Methods:** This research is a descriptive - cross sectional study. We measured weight and height of 100 patients with beta thalassemia major with ages between 2 and 18 years old and then compared the result with control group (340 healthy people) and standard value. We also assessed Quality of Life in them.

**Results:** The mean age and SD of thalassemic patients was  $10.8 \pm 4.4$  years. The mean, SD with beginning of blood transfusion and chelation therapy was 9.6 months and  $4.18 \pm 2.59$  years.

The mean and SD of deferoxamine dosage and ferritin was  $30 \pm 11.6$  mg/kg / day and  $2183 \pm 1528$  ng/ml . splenectomy had been performed on 44% of our patient (mean age of splenectomy : 4.2 yr) . The mean of Hemoglobin was  $8.5 \pm 1.5$  g/dl.

Short stature was seen in 53.4% girls and 54.4% boys. Short trunk was reported in 73.3% girls and 74.5% boys. under weight reported in 48.9% girls and 52.7% boys. Socioeconomical status was very low in 80% of patients . Most of them did not experience puberty. The status of nutrition was very low.

**Conclusion:** Quality of life in this patient is very low because most of them had FTT. Growth retardation was a common finding in thalassemic patients. Common cause of growth retardation is chronic Anemia, hypoxia and iron overload.

OP40

#### QUALITY OF LIFE IN CHRONIC HEPATITIS C PATIENTS TREATED WITH PEGYLATED INTERFERON AND RIBAVIRIN

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**Background/Aims:** Patients with chronic hepatitis C infection experience reductions in health-related quality of life (HRQOL). Pegylated interferon plus ribavirin is the most effective therapy for these patients. The aim of this study was to evaluate the effect of therapy on HRQOL in Greek patients.

**Methods:** 19 patients with compensated liver disease who were treated with the current approved regimens of pegylated interferon and ribavirin according to their genotypes had evaluation of HRQOL using the SF-36 questionnaire. This questionnaire was self-administered by patients at baseline, middle, end of therapy and 24 weeks after treatment cessation.

**Results:** 16/19 patients were men and 10/19 were <35 years. 12/19 patients were former intravenous drug users (IVDU's) and 11/19 had a history of alcoholism. As far as their hepatitis is concerned, 7/19 had high viral load (RNA>2X106 IU/ML) and 8 out of 13 with baseline liver biopsy had mild histological findings, whereas the remaining 5 had moderate. 18/19 patients responded to therapy having negative HCV-RNA 24 weeks post treatment. No significant changes were observed in all 8 scales of SF-36 questionnaire in the middle and end of therapy comparing with baseline measurements. 7/8 scales had marked improvement at the end of follow-up period, which was statistically significant in two scales (bodily pain and social functioning scale) (ANNOVA).

**Conclusions:** After combination therapy, hepatitis C patients with sustained virologic response achieve benefits in their quality of life. These findings are in accordance with previous studies implying that Greek patients can benefit from therapy in various ways.

OP41

#### ACUTE PANCREATITIS, TREATMENT POSSIBILITIES

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We performed a unicentric prospective study to evaluate therapeutic possibilities for the treatment of Acute Pancreatitis (A.P). We have studied a total of 40 cases who were admitted with A.P in the period 1/11/2003-31/08/2004.

We studied: demography, etiology, clinical sings, laboratory examinations, imagery and therapeutic treatment.

17 (42%) of the 40 patients were women and 23 (57.5%) were men. The medium age was 58.4 years. The group - age most affected was from 61-70 years. Patients were divided by initiating etiologic factors of A.P in: A.P cholelithiasis 25 p (62.5%); A.P alcoholic 9 p (22.5%); A.P post-traumatic 3 p (7.5%) and A.P with indefinite etiologic factor 3 p (7.5%).

The most frequent symptoms were: abdominal pain 100% of the patients; nausea 77.5%; vomiting 72.5%; meteorism 50%; peritoneal reaction 45%; etc. Echografic findings were exact in 100% of patients with A.P cholelithiasis.

CT of the abdomen was done in 20 p.

Treatment of A.P cholelithiasis was: 13 p (52%) conservative. Mortality 1 p (4%). Treatment of A.P alcoholic was: 8 p (88.8%) conservative and 1 p (11.2% surgery because of abscess. Mortality 0 p. Treatment of A.P post-traumatic was: 2 p (66.7%) conservative and 1 p (33.3%) surgery. Mortality 0 p. Treatment of A.P with indefinite etiologic factor was: 2 p (66.7%) conservative and 1 p (33.3 %) surgery. Mortality 1 p (33.3%). Mortality in total was 2 p (5%).

OP42

#### LIVER TRANSPLANTATION IN GREECE: SINGLE CENTRE EXPERIENCE

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Liver transplantation (OLTx) is considered to be the treatment of choice for terminal hepatic failure and for a number of hepatic pathologies. Analysis of all OLTx performed in a single centre reflects the potential and future perspectives in the field. From May 1990 to July 2006 a number of 224 cadaveric OLTx were performed in 219 patients; 205 adults (M:154, 18-72y) and 14 children (M:8, 6m-13y). Indications for OLTx were as follows: Adults: HBV= 42, HBV+HCC= 20, HBV+HDV= 28, HCV= 15, PBC= 16, ALD= 30, ALD+VIRAL HEPATITIS= 8, ALD+HCC= 1, PSC= 10, Cryptogenic= 15, FHF=5, Different Indication= 24, regrafting= 5. Children: Biliary Atresia= 8, glycongoniasis= 1, Primary oxaluria= 1,  $\alpha$ 1-antithrypsine deficiency= 1, Allagile= 1, Tyrosinemia= 1, FHF= 1.

24.2% of our patients presented with increased risk factors at the time of transplantation and the 69.8% were at stage C of Child-Pugh. In the 6 first OLTx and in children no veno-venous bypass was used, but this policy changed in the following 10 where veno-venous bypass were used. Afterwards and up today the Piggyback technique was applied. Vascular complication, biliary complication, acute rejection, PNF/DGF, infection were observed in 24 (11%), 32 (14.2%), 41 (18.5%), 17 (8%), 132 (59%) patients respectively. Recurrent Hepatitis B observed in 13 (15.6%) and were treated successfully by lamivudin+/+adefovir. De novo Hepatitis B and C observed 3 and 1 patients respectively. Malignant recurrence and metastasis were observed in 3 and 1 patients respectively. One month, 1 year and 5 years survival was 68%, 58% and 51% respectively.

In conclusion in spite of the severe pre-transplant condition and the significant risk factors of our patients, our results are considered satisfied. Recurrence of Hepatitis B was minimized due to wide use of anti-viral drugs and IgB globulin. Finally OLTx in patients with decompensate cirrhosis and HCC is considered as curative treatment provided they are within the Milan criteria and with no obvious extrahepatic disease or metastasis.

OP43

#### **EFFECT OF LASER PHOTOCOAGULATION TREATMENT FOR DIABETIC MACULAR OEDEMA ON PATIENT'S VISION-RELATED QUALITY OF LIFE**

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**Purpose.** To evaluate the effect of laser photocoagulation for diabetic macular oedema (DME) on patients' Vision Related Quality Of Life (VR-QOL) and to investigate associations between changes in VR-QOL and changes in visual acuity following application of laser treatment.

**Methods.** Prospective study of 55 subjects who underwent laser treatment for DME. Eligible patients were self administered the 51-item field-test version of the National Eye Institute Visual Function Questionnaire (NEI-VFQ) prior to and 3 months following the last session of laser application. Visual acuity was measured by means of the Early Treatment of Diabetic Retinopathy chart. Multi-item scales rating different aspects of VR-QOL were compared prior and after photocoagulation and the change in questionnaire's composite score was correlated to change in visual acuity and other determinants previously reported as risk factors in the diabetic population.

**Results.** Scale scores associated with general vision, near vision, distance vision, peripheral vision, vision-specific social functioning, vision-specific mental health, expectations for visual func-

tion and dependency due to vision were significantly improved following laser treatment. Multivariate models revealed that improvement of the NEI-VFQ composite score was significant in subjects younger than 65 years of age ( $p = 0.04$ ) who received more laser burns ( $p = 0.02$ ) and had worse vision-related QOL prior to laser treatment ( $p = 0.03$ ).

**Conclusions.** Photocoagulation for DME has a beneficial effect on patients' VR-QOL. The use of vision-targeted health status questionnaires in conjunction with the clinical examination appears to provide a more comprehensive overview of individuals' daily wellbeing following laser treatment.

OP44

#### **PATIENTS PERCEPTION OF VISUAL ABILITY FOLLOWING MACULAR HOLE SURGERY**

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**Purpose:** To evaluate the effect of macular hole surgery on patients' quality of vision and Health-Related Quality Of Life (HR-QOL) and to investigate associations between self-reported HR-QOL and conventional measures of visual function.

**Design:** Prospective, cohort study.

**Methods:** The National Eye Institute 25-Item Visual Function Questionnaire (VFQ-25) and the 36-Item Short-Form Health Survey (SF-36) were self-administered by 30 patients prior to and 4 months following macular hole surgery. Preoperative, intraoperative and postoperative clinical data were collected including visual acuity, contrast sensitivity and metamorphopsia. Multi-item scales rating different aspects of HR-QOL were compared before and after surgery and their correlation to traditional methods of outcome evaluation was analysed.

**Results:** Macular hole closure was achieved in 26 (87%) patients. Mean LogMAR visual acuity improved by  $6 \pm 10$  and  $7 \pm 12$  letters for distance and near respectively. Post operatively metamorphopsia was reduced by a mean of  $35 \pm 70$  squares on Amsler chart, contrast sensitivity decreased by a mean of  $-0.09 \pm 0.3$  log units, and VFQ-25 composite score as well as scale scores associated with general vision, near vision, vision-related mental health and role difficulties were improved ( $P < 0.05$ ). Both baseline and postoperative best corrected visual acuity were significantly correlated with most of the VFQ subscale scores before and after surgery respectively.

**Conclusions:** Macular hole surgery improves patients' subjective perception of visual function. The use of vision-targeted health status questionnaires and detailed clinical examination appears to provide a more comprehensive overview of individuals' daily wellbeing following surgery.

OP45

#### **VISUAL FUNCTION AND SUBJECTIVE PERCEPTION OF VISUAL ABILITY FOLLOWING VITRECTOMY AND EPIRETINAL MEMBRANE PEEL SURGERY**

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**Purpose:** To investigate the functional and anatomical outcome of epiretinal membrane peel and to evaluate its effect on patients' Health-Related quality of Life (HR-QOL).

**Methods:** The National Eye Institute 25-Item Visual Function Questionnaire (VFQ-25) and the 36-Item Short-Form Health Survey (SF-36) were self-administered by 20 patients prior to and 4 months following epiretinal membrane (ERM) peel surgery. Clinical data were collected including LogMAR visual acuity, contrast sensitivity and metamorphopsia. Multi-item scales rat-

ing different aspects of HR-QOL were compared before and after surgery and their correlation to traditional methods of outcome evaluation was analysed.

**Results:** Successful removal of ERM was performed in all cases. LogMAR visual acuity was improved by a mean of  $4 \pm 18$  letters. Central distortion decreased significantly ( $p=0.019$ ) but postoperative mean contrast sensitivity was marginally reduced. All VFQ-25 mean subscale scores with the exception of dependency improved postoperatively reaching significance for the general vision ( $p=0.025$ ), distance activities ( $p=0.05$ ) and composite score ( $p=0.03$ ). Out of eight SF-36 health concepts, only vitality was reduced significantly ( $p=0.021$ ). Baseline binocular visual acuity was significantly correlated with baseline VFQ-25 composite score ( $r=0.631$ ,  $p=0.004$ ). Conversely, there was no correlation between metamorphopsia and contrast sensitivity with VFQ-25 scores prior to or following surgery ( $p>0.05$ ).

**Conclusions:** ERM surgery appears to have a beneficial effect on patients' subjective perception of visual function as indicated by higher scores in VFQ-25. This is despite any demonstrable significant improvement in LogMAR visual acuity but is associated with improvement in metamorphopsia.

#### OP46

##### URETEROSCOPIC STONE MANAGEMENT IN CHILDREN

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**Introduction and Objective:** We reviewed our experience over the last five years using ureteroscopy with lithotripsy for managing stone disease in children.

**Methods:** A retrospective review was performed looking at all ureteroscopic procedures for primary or after failed conservative management of stone disease in prepubertal children. Using a rigid ureteroscopy 8Fr and a pneumatic lithotripter (AMS Lithoclast) and routine antibiotic prophylaxis, stones were fragmented. Stone-free status was determined by direct visualization of the involved ureter following lithotripsy or by follow-up ultrasound, plain film (KUB), documenting the absence of stone.

**Results:** Ureteroscopic procedures were performed in 12 prepubertal children (9 males, 3 females) aged 5 - 14 years (mean 7.5). Stone location was proximal ureter in 8 (66.6%), mid-ureter in 3 (25%), and distal ureter in 1 (8.4%). Stone size ranged from 3 - 12 mm (mean 6). All patients required balloon dilation of the ureteral orifice. Follow-up ranged from 1 - 3 months. Follow-up radiographic studies were obtained in all patients the next day. Patients were noted to be stone-free at the time of the procedure and did not have a follow-up study. Overall stone-free rate after initial ureteroscopy lithotripsy was 89% and all patients became stone-free after three months. There were no major complications of ureteroscopy. None of the children was managed with a stent.

**Conclusions:** Although more patients with longer follow-up are needed, ureteroscopy with lithotripsy is an excellent first-line treatment for children with stones, especially distal and mid-ureteral stones.

#### OP47

##### A CASE OF A SUCCESSFUL PREGNANCY IN A WOMAN WITH A PREVIOUS HISTORY OF SPONTANEOUS UTERINE RUPTURE FOLLOWING LAPAROSCOPIC MYOMECTOMY

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We report the case of a successful pregnancy in a woman with a previous history of spontaneous uterine rupture following

laparoscopic myomectomy. There are less than ten cases of laparoscopic myomectomy complicated with spontaneous uterine rupture in subsequent pregnancy, reported in the literature. Additional problems in the reported case was the couple's history of infertility for which assisted reproduction techniques had to be employed as well as the thrombophilic status of the woman for which she was given thromboprophylaxis throughout her pregnancy in the form of low molecular weight heparin and low dose aspirin. This case highlights once more the risks associated with laparoscopic myomectomy, particularly in nulliparous women, along with the need for increased awareness for signs of uterine rupture in a future pregnancy.

#### OP48

##### QUALITY OF LIFE IN PREGNANCY

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The aim of this study is to assess the quality of life of pregnant women with the help of the Nottingham Health Profile.

**Material-method:** The Nottingham Health Profile (NHP) is a self-administered questionnaire which was completed by 92 pregnant women of all trimesters. 48 of them had no health problems during the pregnancy and completed the questionnaire at the scheduled visit at the obstetric office. The rest 44 pregnant women were hospitalized in the Ob-Gyn department for a wide range of pregnancy complications such as hyperemesis gravidarum, threatened abortion and preterm contractions. The results were compared with the control group which consisted of 30 non-pregnant working women of reproductive age.

**Results:** The group of the pregnant hospitalized women with medical problems showed worse results regarding sleep, mobility and pain which were statistically significant compared with the other two teams. Additionally the hospitalized pregnant women showed increased emotional reactions and a stronger feeling of social isolation in relation to the rest pregnant women. It is interesting that this feeling of social isolation and the emotional reactions are stronger in the group of the non-pregnant working women compared with the pregnant without medical problems. Aggravation of the sleep and the mobility was found in all pregnant women.

**Conclusion:** The group with the poorest quality of life regarding mobility, pain and feeling of social isolation are the hospitalized women with pregnancy complications. The best quality of life seems to be enjoyed by the pregnant not working women without medical problems during pregnancy.

#### OP49

##### PSYCHOSOCIAL AND PHYSICAL OUTCOME OF DONORS UNDERGOING LIVING DONOR LIVER TRANSPLANTATION (LDLT) - RISK AND PROTECTIVE FACTORS FOR DONORS FROM A PSYCHOSOCIAL POINT OF VIEW

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Living donor liver transplantation (LDLT) increasingly performed over the last years in order to overcome shortage of organs raises various medical and ethical issues due to the high risk the donors are exposed to. Before LDLT donors in our hospital undergo

thorough medical and psychosocial/psychosomatic assessment. We conducted a study using qualitative research methods. We performed 28 preoperative clinical semi-structured interviews with donors and 6 month postoperative follow-up interviews with 18 of them. Interviews were analysed using the method of Grounded Theory (Glaser & Strauss, 1967).

LDLT presents even for carefully selected donors an emotional and physical challenge. The LDLT outcome can be satisfying without any major impairment on donors. Yet in many cases donors suffer lighter to more severe medical complications including psychological reactions. LDLT can affect donors' social status and family situation. We identified a series of risk and protective factors with impact on the donors' postoperative outcome, as decision autonomy, urgency, preparedness, social support etc. Furthermore we identified indicators for each of the factors in order to enhance pre- and postoperative psychosomatic evaluation and support of donors. Clinical and policy implications of the findings are discussed. A thorough pre- and postoperative psychosocial/psychosomatic evaluation is essential in order to minimize donors' risk and ensure high quality and ethical standards in LDLT.

OP50

**A SURVEY RESULTS OF PROFESSIONALS' KNOWLEDGE AND EXPECTATIVES ABOUT QUALITY CERTIFICATION PROCESS IN A HEALTH CENTER OF MALLORCA (SPAIN)**

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In Coll Health Center (HC) an objective is the attainment of the quality certification (ISO-9001 of International Standard Organization). The objective of this communication is to describe the knowledge and expectations of the center's professionals in relation to this process.

Methods: The Coll HC (Mallorca, Spain) is formed by 47 professionals and assists about 24,500 people. We designed a transversal study through the administration of a self-elaborated questionnaire in 2005. The study subjects were all the professionals who were working at the center during the study period. We analyzed status, age and sex, 18 items on knowledge about the quality process, expectations of the procedures and the results of implementation.

Results: The response rate was 75%. The level of auto-perceived knowledge about quality and ISO was very low, with an average of previous formative activities about quality of 1'29. The ISO standards' implementation is considered a complex task, a responsibility of all the professionals, however faced with an attitude of very high expectations in relation to improvements for users, an increase of efficiency and an impact on the health.

Conclusions: Both the professionals' attitudes and expectations generated by the process are highly positive, which constitutes an excellent base to guarantee the final success. However, it would be necessary to surpass the relative lack of knowledge and to obtain adequate incentives.

OP51

**THE NECESSITY TO ADDRESS QUALITY OF LIFE IN ALCOHOLISM**

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For decades, outcome measurement in alcoholism was reduced to alcohol consumption. All alcohol use disorders are characterized by patterns of consumption and their social, physical or psychological consequences. Quality of life (QoL) addresses at least those three dimensions and starts to be considered as an important area in assessing alcoholics and in evaluating treatment outcome.

Literature on the topic remains poor with only 30 papers since 1987 (compared to more than 1000 papers about QoL addressing

other chronic diseases). QoL alteration in alcoholism has some specificities. It is neatly reduced compared with a normative healthy population with QoL poorer for women. Profiles present the most important deficit in mental dimensions and social functioning and only a slight decrease in physical components. Psychiatric comorbidities (depression), disturbed sleep, social and other alcohol-related problems are major factors linked to QoL. Different generic scales have been used to describe QoL in alcoholism: SF-36, Nottingham Health Profile (NHP), Euro-Quality of life. None is well adapted to alcoholism (e.g. NHP social isolation and SF-36 social functioning do not correlate). Some scales or questionnaires have been used to evaluate specific conditions or severity in alcoholism: Rotterdam Symptom Checklist, Life Situation Survey, Alcohol-Related Problems Questionnaire or Severity of Alcohol Dependence Questionnaire. All the collected data give heterogeneous but complementary indications about QoL in alcoholism.

QoL is a major outcome measure in alcohol use disorders. Preliminary studies give the framework to develop a necessary alcohol-condition specific-measure scale in order to sharpen and standardize evaluation in alcoholism.

OP52

**EPIDEMIOLOGY OF PARVO B19 INFECTION IN PREGNANT WOMEN IN THESSALONIKI AND REVIEW OF THE LITERATURE ON COMMON RISK FACTORS FOR ACQUIRING PARVO B19 INFECTION IN PREGNANCY**

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Aim of the study: was to calculate the incidence of PARVO B19 infection in pregnant women in Thessaloniki between 2004-2005. Design of the study: Our study involved 122 pregnant women, who attended the outpatient obstetric clinic of the 2nd department of Obs & Gynae, Hippokrateio Hospital of Thessaloniki between 2004-2005. It was a prospective epidemiological study in a non endemic period. From all the pregnant women blood samples were taken for IG M antibodies on first appointment and on 20 weeks gestation age.

Results: Most women were primiparous (65%). 37 of the 122 (30, 3%) were immigrants. Only one result was positive between the samples taken on first appointment. 16 of them refused to participate in the study, so 105 samples were taken on 20 weeks gestation. All of them were negative. The only women who found positive were further investigated with serial ultrasound scans every week. The embryo developed hydrops fetalis 6 weeks later. A few weeks later fetal anemia was diagnosed with mid cerebral artery Doppler which was managed with endometrial blood transfusion. The pregnancy had a successful outcome.

Conclusion: The incidence of Parvo B19 infection in pregnant women in a non endemic period seems very low. Common risk factors are the presence of young children in the house, the coexistence of serious hematological or other serious disease causing immunosuppression and stress.

Early diagnosis is important because with close monitoring of the fetus a successful outcome can be achieved.

OP53

**EXPERIENCE FROM THE USE OF ABSORBABLE TYPE I COLLAGEN AS HAEMOSTATIC AGENT IN OBSTETRIC AND GYNECOLOGICAL OPERATIONS**

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During the third stage of labour there are a lot of causes of significant hemorrhage. The commonest causes of acute hemorrhage are the atonic uterus and the cervical and vaginal lacerations. Also, there could be significant bleeding, during caesarian section, usually at the time of removal of the placenta in cases of low lying placenta or placenta previa. A lot of times we have to confront serious hemorrhages in gynecological procedures like hysterectomies in cases of cervical, uterine or ovarian cancers.

In order to deal with these problems successfully, general and specific measures are being taken. In cases of atonic uterus when all the other methods are unsuccessful we have to proceed to ligation of the internal iliac artery or even hysterectomy.

**Material-Methods:** We have tried to use the hemostatic type I collagen in obstetrical and gynecological cases in order to control the bleeding. We have used the collagen type I totally in 8 cases. Five of them were cases of atonic uterus after normal delivery or caesarian section and three of them were gynecological cases of uterine fibroids and ovarian cancer.

**Results:** By placing the collagen type I over the bleeding surfaces we have realized that in a very short period of time, there has been satisfactory control of the bleeding and immediate clinical improvement of the patient. In four out of five obstetrical cases that we have used the type I collagen, we have managed to avoid the hysterectomy.

OP54

#### **1ST TRIMESTER COMBINED SERUM AND SONOGRAPHIC SCREENING FOR FETAL CHROMOSOMAL ABNORMALITIES**

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**Objective:** To assess the screening policy of our department for detection of fetal chromosomal abnormalities in the 1st trimester of pregnancy and compare its efficacy against international standards

**Material and methods:** This is a retrospective study auditing the performance of our screening policy. The period of the study is between 07.10.2004 and 15.06.2006. It involves 388 women of reproductive age. The screening protocol involves sonographic evaluation of the fetal nuchal translucency along with measurement of the mother's plasma levels of free  $\beta$ -human chorionic gonadotrophin ( $\beta$ -hCG) and placenta associated plasma protein A (PAPP A). All these investigations were performed between 11 and 14 weeks of pregnancy and the final risk estimate was calculated using proper computer software.

**Results:** Of the total number of 388 women who were screened during the above-mentioned period 12 (3%) were found to be at increased risk of carrying a fetus with chromosomal abnormalities (risk estimate of 1 in 300 or more). All these women had subsequently invasive testing which revealed no fetuses with chromosomal abnormalities. The false positive rate of our screening policy is therefore 3% which compares favorably with the internationally accepted level of up to 5% false positive results. There were no false negative results.

**Conclusion:** The 1st trimester screening policy for fetal chromosomal abnormalities that our Department offers to the pregnant women is performing well above the internationally accepted standards

OP55

#### **CHRONIC CERVICITIS ON PAPANICOLAOU SMEAR TEST AND THE ROLE OF COLPOSCOPY**

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**Aim of the study:** was to further investigate the recurrent cervicitis (as appeared on follow up pap smear test after treatment) with colposcopy.

**Design of the study:** In our gynaecology outpatient clinic, during the period 2003-2005, 32 women were diagnosed with cervicitis as an incidental finding on routine pap smear test. All of them were treated and had a follow up pap smear test 6 months later. 22 of them had a diagnosis of chronic persistent cervicitis on pap smear test and were further investigated with colposcopy and biopsies were taken when needed.

**Results:** In one occasion a diagnosis of CIN 3 was made, in another one CIN 2 was diagnosed by colposcopy and biopsies and in 4 cases CIN 1 was found. Five cases were diagnosed as squamous metaplasia and in the rest 11 cases simple cervicitis was found. In total, in the 6 out of 22 cases (27.3%) investigated with colposcopy a diagnosis of CIN was made.

**Conclusion:** Patients with chronic persistent cervicitis resistant to treatment must be further investigated with colposcopy and biopsy if needed. There are some references in the international literature that chronic cervicitis may precede the presence of intraepithelial neoplasias in 8,5 – 23% of cases. Our results (27.3%) far exceed those mentioned in the literature.

In a quality based women's health care system routine pap smear test and colposcopy must be available to all women to ensure early diagnosis of precancerous lesions of the cervix.

OP56

#### **GERIATRIC CHALLENGE : LONGEVITY OR/AND LIFE QUALITY?**

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It is a common belief that anyone would enjoy living as long as possible, so they could enjoy life. Modern medicine, including aggressive surgical methods, or chemotherapy, has created the ability for some to survive previously fatal illnesses. In reality, these procedures create mixed feelings in most. Obviously, an individual would like to make it through an illness or injury, but on the other hand it is disconcerting to many that this involves difficult therapeutical methods. There are many studies around today that speak to this dichotomy in people's wishes. As much as all of the topics discussed so far might seem simple, all of the elements discussed are relative and their value is variable depending on the personality and life conditions. Many with severe dementia or paralysis would say that they are happy with their lives. Similarly, many families of these patients, would insist on prolongation of the his or her life, in spite of the inevitable, and possibly, a difficult end.

Health does seem to be the most important factor in quality of life, although by no means the only one. Whether we are healthy or not, on the other hand, depends on heritage, birth conditions, our childhood, social position, and even gender and race. Quality of life, seems to be primarily then defined by the capacity to enjoy life, it is defined by satisfaction with life, and those parameters are in turn defined by all the other components discussed previously.

OP57

#### **CMV PNEUMONIA IN TRANSPLANT RECIPIENTS**

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The purpose of this study is to show the role of High Resolution Computed Tomography (HRCT) in diagnosing pulmonary infection caused by cytomegalovirus (CMV) in transplant recipients and immunocompromised patients.

During the last two years (from April 2004 to April 2006) patients with respiratory symptoms who were referred from the transplantation clinic to our department and underwent a HRCT scan of the lungs were reviewed. In ten of the patients scanned, lung lesions compatible with CMV pneumonia were present. Diagnosis was based on the clinical features, the positive laboratory studies (examination of bronchoalveolar lavage and serologic testing) and the corresponding HRCT findings.

HRCT is the preferred radiologic modality as it is particularly sensitive in the detection and characterization of pulmonary lesions. Moreover, with HRCT, no contrast material is intravenously administered, thus avoiding any possible further compromise of renal function in renal transplant patients. The abnormalities detected on HRCT in patients with CMV pneumonia fall into three main patterns: ground glass opacification, areas of air-space consolidation and presence of small or large nodules. Most patients presented with a combination of these findings leading to a mixed pattern appearance. Pleural effusion was also observed. In one patient, superinfection of the lung with *Aspergillus* occurred; diagnosis was based on the characteristic features of pulmonary aspergillosis on HRCT.

Conclusively, radiologic evaluation with HRCT is an indispensable component in the evaluation of patients with possible CMV pneumonia and in combination with the clinical and laboratory findings can lead to the correct diagnosis.

O58

#### DAYTIME SLEEPINESS AND QUALITY OF LIFE IN AUTOMATED PERITONEAL DIALYSIS AND CONTINUOUS AMBULATORY PERITONEAL DIALYSIS PATIENTS

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Automated peritoneal dialysis (APD) is a preferred dialysis therapy as it offers better flexibility during daytime. However APD procedure continues throughout the night so it may cause sleep disorders and daytime sleepiness. In this study we compared APD and continuous ambulatory peritoneal dialysis (CAPD) therapies for excessive daytime sleepiness and QoL.

This cross-sectional study included 59 PD patients (CAPD/APD 30/29, M/F 33/26; age  $45 \pm 15$  years, PD duration  $42.0 \pm 33.6$  months). Epworth Sleepiness Scale (ESS) was used. ESS scores higher than 9 were accepted as excessive daytime sleepiness. QoL parameters were assessed by short-form SF-36 health survey questionnaire. Concurrently, possible risk factors for sleep disturbance were analyzed.

CAPD and APD groups were similar regarding the factors affected sleep quality (age, gender, PD duration, smoking, alcohol intake, socioeconomic status, body mass index, presence of comorbid disease and laboratory parameters) ( $p > 0.05$ ). Although 1 (3.3%) patient in CAPD and 4 (13.8%) in APD had excessive daytime sleepiness, there was no significant difference between CAPD and APD in terms of ESS scores ( $3.9 \pm 2.5$  vs  $4.6 \pm 4.2$ ,  $p > 0.05$ ). Also no significant difference was present in QoL scores in CAPD and APD patients ( $p > 0.05$ ). Correlation analysis revealed that ESS scores were negatively correlated with total QoL ( $r = -0.291$ ,  $p = 0.04$ ), social functioning ( $r = -0.384$ ,  $p = 0.004$ ) and role-emotional ( $r = -0.344$ ,  $p = 0.009$ ) subscale scores.

Although the incidence of excessive daytime sleepiness is slightly higher in APD patients due to nighttime dwells, it does not reach significant levels. So, APD can be preferred PD modality as it doesn't have negative impact on daily activities and QoL by increasing daytime sleepiness.

O59

#### HEALTH RELATED QUALITY OF LIFE IN HEMODIALYSIS PATIENTS WITH SECONDARY HYPERPARATHYROIDISM.

#### PARICALCITOL INFLUENCE

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Background: Secondary hyperparathyroidism (HPT) in End Stage Renal Disease patients (ESRD) is associated with increased cardiovascular and bone disease complications. Lower scores of health related quality of life (HRQOL) are strongly associated with higher risk of hospitalization and death in hemodialysis patients. The aim of our study was to estimate the influence of secondary HPT in HRQOL.

Methods: Kidney Disease Quality Of Life Short Form (KDQOL-SF), culturally adjusted, was used in three different facilities. Complete responses were obtained from 114 ESRD patients. T-test was used to estimate the differences between groups. Values with  $p < 0.05$  were considered significant.

Results: The mean age of the patients was  $63.4 \pm 14.3$  years and the mean duration of hemodialysis  $38.3 \pm 58.7$  months. Almost 2/3 of the patients were suffering from secondary HPT (67 patients 58.8%). Their scores were lower in 14 of the 20 main components of KDQOL-SF, including overall health rating ( $54.7 \pm 16.4$  vs  $58.1 \pm 15.3$ ), pain ( $61.3 \pm 32.8$  vs  $70.9 \pm 27.9$ ) and role physical ( $31.8 \pm 36.9$  vs  $51.2 \pm 43.2$ ) ( $p < 0.032$ ). Forty-eight patients were receiving paricalcitol for the past 12 months as a treatment for their secondary HPT. These patients scored higher in 18 of the 20 main components of the KDQOL-SF, with significant differences in the symptom problem list ( $67.3 \pm 19.9$  vs  $76.4 \pm 14.8$ ;  $p < 0.047$ ) and pain ( $50.8 \pm 32.9$  vs  $67.9 \pm 30.3$ ;  $p < 0.05$ ).

Conclusions: 1. Secondary hyperparathyroidism was associated with lower scores in most components of HRQOL.

2. Patients receiving paricalcitol had better scores in HRQOL.

OP60

#### MANAGEMENT OF NEUROPATHIC PAIN IN HEMODIALYSIS PATIENTS. AN EFFECTIVE APPROACH WITH GABABENTINE

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Hemodialysis patients frequently complain of restless leg syndrome, hypoesthesia or pruritus, all of which are attributed to nervous system disorder due to kidney dysfunction or even to coexistent diseases. Uremic environment, inflammation status and diabetes accelerate nerve damage, their symptoms are difficult to manage and they respond poorly to treatment. Gababentine (G), a novel drug, which is excreted at 98% unaltered by the kidneys, is used successfully to non dialysis patients to handle neuropathic pain, but little is known about its use in renal patients.

In this study we administered G in 7 hemodialysis patients (4 F, 3M), who suffered from restless leg syndrome (4), pruritus (1), neuralgia (1), and carpal tunnel syndrome (1). In spite the fact that a supplemental dose is recommended after dialysis due to 50% drug clearance through membrane, we chose to start with the minimum of 300mg/day. However soon we had to decrease the dose to 300mg X3 times per week because of severe somnolence and dizziness affecting all patients. Patients reported rapidly significant improvement at the lower doses. Follow up period of 2-12 months confirmed the good outcome. In conclusion the suggested dose of 300mg/day provoked untoward effects in the total of patients. Further decrease and administration on alternate days eliminates the side effects with concomitant impressive results. Somnolence, if any, could be avoided with drug administration at bed time as in one patient. Body weight does not seem to play a major role. No additional dose is needed after dialysis session.



OP61

**PREGNANCY AND DELIVERY ON 12 WOMEN AFTER RENAL TRANSPLANTATION: A 15 YEARS EXPERIENCE**

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This study concerns 12 women with renal transplantation (mid. age 26.4 years, 19 - 42 years old) with a 5.5 years middle preconceptional period after the transplantation (1.5 - 20 years). All pregnancies except one twin were single. One pregnant was re-transplanted because of immunological graft failure. Middle delivery age was 35 weeks and 4 days while fetuses' mid. weigh was 2500 gr. Six women had normal and 8 Caesarean delivery. The most common Fetuses' mid. weigh was 2500 gr., Fetuses' mid. weigh was 2500 gr., Fetuses' mid. weigh was 2500 gr. Immunosuppression included Cyclosporine, Azathioprine and Methyprednisolone. These medications usually suppresses ovulation, and frequently are accused for teratogenesis and abortions making imperative to insist on explaining the risk of having congenital defects. All couples decided to continue their pregnancies giving their informed consent.

All cases considered as high risk pregnancies and were properly clinically and laboratory examined. One pregnant patient developed preeclamptic symptoms but she had finally a positive result. No Graft versus Host nor Graft Rejection findings have been recorded during pregnancy or the post - partum period.

OP62

**ASSOCIATIONS BETWEEN DEPRESSION AND COMORBIDITY AND NUTRITIONAL STATUS OF RENAL FAILURE PATIENTS**

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Depression affects renal failure patients well-being and changes in health status may cause depression.

Objective. We investigated depression rates of renal failure patients and relationships between depression and comorbidity and nutritional status.

Methods. End stage renal disease patients of Baskent University Nephrology Department outpatient clinic (n=56) were included to the study. Their comorbid diseases and haematologic and biochemical parameters were detected from patient records. After informed consents obtained, patients were asked to fulfill Beck Depression questionnaire.

Results. Total 53 patients (26 female; 27 male) were recruited; mean age was 50.2±15.4 (19-82), and the duration of kidney failure was 6.0±3.3.

28 patients were depressive (52.8%) (males 51.9% [n=14], females 53.8% [n=14]) (p=0.8871). In the first model sociodemographic characteristics (age, gender, occupational status and marital status) were analysed in the regression analyses. There was no statistical significant results. In the second model length of hospital stay and comorbidity were added. Comorbidity was significant (OR = 10.732; %95 CI 1.127-102.192; p < 0.05). In the third model hematologic and nutritional biochemical parameters were included. Comorbidity (OR = 30.488; p < 0.05) and low albumin levels (OR = 7.973; p < 0.05) were statistically significant.

Conclusion. Depression affects nutritional status in kidney failure

patient and comorbidity increases this situation therefore depression must be considered carefully in these patients.

OP63

**EFFECT OF COMORBIDITY ON QUALITY OF LIFE IN RENAL FAILURE PATIENTS**

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Renal failure patients are often affected by comorbidity. We suppose that management of comorbid situations may improve quality of life.

Objective. We investigated the effect of comorbidity on quality of life in renal failure patients.

Methods. Patients were selected while they admitted to their routine monthly control at Baskent University Nephrology Department outpatient clinic between 2006 January-March. 53 patients who are on hemodialysis and continuous ambulatory peritoneal dialysis (CAPD) were recruited for they had comorbid diseases which were detected from patients records. After informed consents obtained, patients were asked to fulfill SF-36 questionnaire.

Results. Total 53 patient (26 female; 27 male) were recruited; mean age was 50.2±15.4(19-82), and the duration of kidney failure was 6.0±3.3.

Hypertension (47.2%), osteoporosis (28.3%), neuro-muscular diseases (17%), diabetes(13.2%), coronary heart diseases (13.2%), thyroid disfunction (11.3%), pulmonary diseases (9.4%), tuberculosis (5.7%), hepatic diseases (7.5%) and hyperlipidemi (1.9%) were defined as comorbid conditions.

Additional to renal failure 62.7% of patients had two or more comorbid diseases. Mean

SF-36 scores of renal failure patients who have no comorbid conditions was 93.2±14.7(median 98); while it was 84.8±15.8(median 84) for the ones who have one comorbidity, and 82.2±15.9(median 82) for who have two or more comorbidities. The difference of SF-36 scores between these groups was not significant (Anova, P=0.238).

Conclusion. Periodic follow-ups and routine rehabilitation programs can increase quality of life among renal failure patients with additional comorbidities.

OP64

**THE EFFECT OF HIGH AND LOW MOLECULAR WEIGHT HEPARIN IN THE DIALYSIS BIOCOMPATIBILITY**

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We investigated the effect of high molecular (HMWH) and low molecular weight heparin (LMWH) in the biocompatibility of dialysis.

Fifteen patients (M/F: 8/7, mean age 54.7±18.8 years and dialysis duration 66.7±45.1 months) were included in the study. HMWH at a dose of 90 IU/Kg BW was given (30% initial bolus injection and 70% in continuous infusion during dialysis session). One week later LMWH (tinzaparin sodium) in a dose of 85 IU/kg BW (initial bolus injection) was given in the same patients.

At each session 4 blood samples were drawn at the time T0 (beginning of dialysis), T10 (10 min), T60 (60 min) and T240 (240 min, the end of dialysis). The number of white blood cells, the number of neutrophil cells and the levels of C3a and b2m who are good markers of biocompatibility were measured.

In both types of heparin, the number of white blood cells decreased at the first 10 minutes (p < 0.05) and showed a progres-

sive increase at T60 and T240 (HMWH: T0 8286±2183/μL, T10 5169±2017/μL, T240 7240±3009/μL, LMWH: T0 7015±1465/μL, T10 5578±1789/μL, T240 6935±1506/μL). Similar changes were founded in the number of neutrophil cells. During dialysis with HMWH there was a progressive reduction at T60 and T240 (T0 225.5±95.7 mg/dl, T240 51.2±30.6 mg/dl) in C3a levels. Dialysis with LMWH, showed a significant increase in C3a levels at time T10 (T0 212.0±185.5 mg/dl, T10 2280.1± 961.6 mg/dl,  $p < 0.001$ ) and a progressive reduction at times T60 (T60 982.1±542.8 mg/dl) and T240 (246.9±166.7 mg/dl).

During dialysis with LMWH, the significant increase of C3a levels shows that there is more intense complement activation and inflammatory reaction.

OP65

#### CHANGES OF THE LIPID STATUS IN PREECLAMPSIA

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**Aim:** to investigate changes of cholesterol-Chl, triglycerides-TG, high density-HDL and low density-LDL lipoproteins and their correlation with 24-hour mean arterial pressure (24-h-MAP) in normotensive pregnancy (NT) and in preeclampsia (PE).

**Material and method:** In a prospective study 254 gravidas: NT=178, age 27.3±5.3 and PE=76, age 29.2±6.3, were observed at 8th, 18th, 23rd, 28th, 32nd and 36th gestational week (gw). Venous blood samples were obtained and 24-hour ambulatory blood pressure monitoring was performed at the end of each observed gw. Lipids, mmol/L were determined by standard laboratory methods.

**Results:** In NT and PE serum Chl increased from 8th-36th gw: 4.8±1.1 to 6.7±0.84,  $F=6.9$ ,  $p<0.0000$  and 4.5±0.9 to 6.6±1.1,  $F=4.3$ ,  $p<0.002$ . There was no significant difference between the groups. TGs increased in NT from 1.2±0.5 to 2.7±0.8 ( $F=10.25$ ,  $p<0.0000$ ) and 1.3±0.7 to 3.3±1.0 in PE ( $F=10.06$ ,  $p<0.0001$ ),  $p<0.0003$  between the groups from 28th gw. There were no changes in HDL in the groups and between the groups. LDL was higher in PE than in NT from 8th gw with further increase till 36th gw: NT ( $F=2.4$ ,  $p<0.04$ ), PE ( $F=3.1$ ,  $p<0.01$ ). In PE, 24-h-MAP was higher than in NT from the 23rd gw and correlated with LDL in 28th ( $R=0.76$ ,  $p<0.0004$ ) and with TG in 32nd gw ( $R=0.58$ ,  $p<0.04$ ).

**Conclusion:** Preeclamptic women have marked hyperlipidemia as reflected in higher LDL levels from 8th and of TG from 28th gw which correlated with 24-h-MAP. These should be accepted as important parameters of the course and outcome of the pregnancy.

OP66

#### EXPERIENCE OF TWO VITAMIN D ANALOGUES (ALFACALCIDOL, PARICALCITOL) IN THE TREATMENT OF SECONDARY HYPERPARATHYROIDISM IN HEMODIALYSIS PATIENTS

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We report the comparative results of intravenous administration of alfacalcidol (1α-OH D3) and paricalcitol (19-nor-1α,25OH2D2) and the economic cost of the two drugs in hemodialysis (HD) patients with serious secondary hyperparathyroidism (SHP).

Twenty nine hemodialysis patients, (M/F 18/11, average age 61 years, HD duration 57.1±50.3 months) with iPTH levels from 312 to 1501 pg/ml were included in the study. They were divided in Group A: 15 patients administered alfacalcidol (lower iPTH levels) and group B: 14 patients administered paricalcitol (higher iPTH levels). The initial dose of alfacalcidol was 1 to 3 mg/HD and the change of dose was depended on the iPTH, Ca and P

levels. Paricalcitol dose was calculated by iPTH/80. The levels of Ca and P were measured in every HD session for 6 months and iPTH level every 45 days. We evaluated: iPTH, P, CaXP and P levels, alfacalcidol and paricalcitol dose, number of changes in the dose of drug/patient and the median economic cost of the drugs.

The iPTH levels in group B decreased significantly in the first 45 days (58%,  $p=0.005$ ) and an elevation was noticed in the rest of the follow up (NS). In group A there was a fall of iPTH levels in the 1st 90 days (NS).

The cost of treatment for alfacalcidol / paricalcitol was 800 ± 250 euro and 4800 ± 600 euro respectively. Alfacalcidol and paricalcitol are safe and almost equally effective drugs in the treatment of SHP in hemodialysis patients, with paricalcitol having an advantage over alfacalcidol despite the higher cost.

OP67

#### OUTCOMES OF KIDNEY TRANSPLANTATION IN GREEK AND ALBANIAN PATIENTS. A SINGLE CENTRE EXPERIENCE

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The aim of this study was to compare the outcomes of kidney transplantations in Greek (G) and Albanian (A) patients. Twenty nine transplanted patients of Albanian ancestry were matched with 29 Greek patients retrospectively. Their mean age was 34 (G) and 31 (A) years, there were 21 men and 8 women in each group (G, A) and they received 26 kidneys from living related donors and 3 kidneys from cadaveric donors respectively.

Arterial blood pressure (ABP), body weight (BW), serum creatinine, serum total protein and albumin, total cholesterol, HDL-cholesterol and triglycerides were measured 7th, 15th postoperative day, 1st, 3rd, 6th month and 1st year after transplant. Methylprednisolone (MP) and cyclosporine (CsA) dose/kg BW were calculated at baseline, 1, 3, 6, 12 months after transplant. Cumulative patient and graft survival at 1 and 5 years were calculated too.

Patient survival at 1 and 5 years was 100% / 93.1% and 100% / 93.1% respectively ( $p$ : NS). Graft survival at 1 and 5 years was 100% / 93.10% and 93.75% / 86.45% respectively ( $p$ : NS). The BW and total cholesterol levels in Greek patients were higher compared to those of Albanian patients during the 1st post transplant year ( $p$ : 0.044 and  $p$ : 0.021 respectively). MP dose in A patients was higher during the first year ( $p$ : 0.05).

In conclusion there is a difference of BW and lipid profile between G and A patients. A larger number of transplants possibly is needed to draw firm conclusions.

OP68

#### BONE DISEASE AFTER KIDNEY TRANSPLANTATION: A RETROSPECTIVE ANALYSIS IN PATIENTS WITH MORE THAN TEN YEARS FOLLOW UP

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The bone problems of 110 pts with kidney transplantation and a follow up more than ten years were recorded retrospectively. They were 34 (range 8 - 63) years old, 69 male. Parathyroidectomy, bone fractures, bone density, iPTH levels, Ca, P and serum creatinine levels, were recorded. Calcium supplements, bisphosphonates, vitamin D and calcitonin administration was recorded too.

Parathyroidectomy before and after Rt was present in two and

seven cases respectively (1.9% and 6.5%). iPTH levels at last measurement were  $212.50 \pm 295.32$  ng/ml and bone density was  $22.22 \pm 16.67$  % below normal. Bone fractures were recorded in 17 pts (15.7%), calcium supplements were given in 44 pts (41.5%), bisphosphonates in 22 pts (20.6%), calcitriol in 13 (12.3%) and calcitonin in 4 (3.8%).

There was a statistically significant raise of serum calcium level during the 1st posttransplant year ( $p=0.002$ ) and remained fairly stable up the tenth posttransplant year. Phosphate levels showed a significant statistically fall during the 1st posttransplant year ( $p=0.0005$ ) and there was no further significant change over the next nine years of follow up.

Rt brings Ca and P levels to normal. It is associated with considerable bone morbidity due to deranged parathyroid gland function and needs appropriate treatment. Ca and P levels do not seem to correlate with serum creatinine levels.

OP69

**EFFECT OF VITAMIN E - COATED DIALYSIS MEMBRANES ON REDUCTION OF OXIDATIVE STRESS DURING HEMODIALYSIS**

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The accelerated generation of Reactive Oxygen Species (ROS) is the major pathogenic factor for enhanced oxidant activity in end-stage renal disease patients. Vitamin E ( $\alpha$ -tocopherol) is considered a potent scavenger of ROS. Aim of our study is to investigate the effects of vitamin E-coated regenerated cellulose membranes on oxidative stress biomarkers compared with commonly used regenerated cellulose membranes.

Patients-Methods: 19 well-stabilized patients undergoing hemodialysis for a mean period of 79.32 months were included in our study. Vitamin B12, folic acid, homocysteine, interleukin- 6, C-reactive protein (CRP), Reactive Oxygen Metabolites (ROM), serum procalcitonin (PCT), serum Anti-Oxidant activity (A-Oxidants) were determined as biomarkers of oxidative stress. Each patient underwent hemodialysis once with regenerated cellulose membrane and once with vitamin-E coated regenerated cellulose membrane. All the mentioned parameters were measured before and after each session.

Results: ROM levels were significantly lower after hemodialysis with vitamin E -coated regenerated cellulose membranes ( $p<0.001$ ), while there was no significant change in ROM levels after using regenerated cellulose membranes. A-Oxidants levels were increased after hemodialysis with vitamin E-coated membranes ( $p<0.005$ ), while there was no significant alteration in A-Oxidants levels after hemodialysis with regenerated cellulose filters. Serum homocysteine levels were significantly reduced after both hemodialysis sessions ( $p<0.005$ ). There was no significant change in CRP and procalcitonin levels, but IL-6 levels were lower after hemodialysis with vitamin E-coated filters.

Conclusions: Treatment with vitamin E-coated hemodialysis membranes exerts a favorable effect on oxidative stress induced during hemodialysis. The promising role of vitamin E as antioxidant has to be further investigated

OP70

**THE BEHAVIOR OF PATIENTS WITH HEPATITIS B or C INFECTION AFTER RENAL TRANSPLANTATION: A COMPARATIVE STUDY**

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Seventy four patients with Hepatitis B (34 pts, 40 years old) and Hepatitis C (40 pts, age 43 years old) who received a kidney transplant were surveyed retrospectively. Body weight, serum creatinine, total protein, serum albumin, total cholesterol, triglycerides, blood pressure were recorded serially during the first year after transplantation. Acute rejection episodes, causes of graft loss and death were recorded and graft and patient survival was calculated.

Patient HB/HC survival was 91.18% / 90.00% the 1st year, 86.78% / 84.71% the 5th year and 74.52% / 76.81% the 10th year respectively. Graft HB/HC survival was 88.24% / 75.00% the 1st year, 75.83% / 67.34% the 5th year and 48.03% / 43.03% the 10th year respectively ( $p$ : NS). The main causes of death were infections, cardiovascular accidents and cancer in HB pts while in HC pts were infection, cardiovascular and cerebrovascular accidents. The main causes of graft failure were death and CAN in both groups. The rest of the parameters measured did not present any difference.

In conclusion patients with HB and HC present a low patient and graft survival at 5 and 10 years after transplantation. The high prevalence of lethal infections suggests a deranged immune system and points the need for less intense immunosuppressive protocols.

OP71

**EDUCATION FOR SELF-MANAGEMENT OF THE DISEASE IMPROVES QUALITY OF LIFE AND REDUCES HBA1C LEVELS IN DIABETIC PATIENTS**

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Aims: Knowing about patient's quality of life (QoL) is becoming increasingly important in delivering diabetes care and education. The purpose of our study was to estimate if the diabetes education improves patient QoL and reduces HbA1c levels.

Material and methods: The study sample included diabetic patients who attended a 5-day educational course. Patients were evaluated regarding their QoL at baseline and after 6 or 12 months period. The HbA1c was measured at baseline and after 6 and 12 months. The DQoL (Diabetes Quality of Life) measure was used to assess the subjective QoL. DQoL is a validated 46 items survey covering four areas of interest: satisfaction and impact of treatment, worry about the future effects of diabetes and worry about social issues, as well a single question about the general health. A satisfactory level is accepted as a transformed score  $>60$ .

Results: The sample comprised 395 patients, 139 males (35%) and 256 females, 97 (24.5%) type 1 Diabetes, mean age  $44.2 \pm 4.7$  years, diabetes duration  $11.4 \pm 5.4$  years, treated with insulin in 45% of cases, with baseline HbA1c  $9.1 \pm 1.67\%$ , having decreased to  $8.5 \pm 1.1\%$  at 6 months ( $p<0.05$ ) and  $8.02 \pm 1.23\%$  at 12 months respectively ( $p<0.001$ ). DQoL at baseline was  $56 \pm 4.5$ ,  $68.2 \pm 5.7$  at six and  $75.1 \pm 3.5$  at 12 months respectively ( $p<0.05$ ). The satisfaction with treatment and worry about the future were the most improved scores at six and 12 months after.

Conclusions: The education for self-management of the disease improve patients' Quality of Life as well their metabolic control.

OP72

**ACID MALTASE DEFICIENCY IN TWIN BROTHERS WITH EPISODES OF RESPIRATORY AND RENAL INSUFFICIENCY AND A GOOD OUTCOME**

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Acid maltase deficiency (AMD) is a glycogen storage disease, associated with respiratory muscle involvement. Its association with rhabdomyolysis is rare and with a fatal prognosis. We describe the cases of twin brothers with AMD with episodes of acute renal failure (ARF) and respiratory insufficiency (RI) with a good outcome.

A 21-year-old man was admitted after he noticed diarrhea, muscle pain, darkly colored urine, and RI was installed needing the intubation's patient. Laboratory examinations revealed high seric levels of urea and creatinine, high seric levels of creatin-phospho-kinasis (CPK) and lactat-dehydrogenasis (LDH). The diagnosis of rhabdomyolysis due to a congenital myopathy, complicated with ARF and RI was done. After intensive treatment the situation was completely improved, and all laboratory parameters were normalized. Five years later, the history was repeated and he was discharged after a complete recovery of renal and pulmonary function. One year later the patient's twin brother, 27-year-old, was presented with oliguria, darkly colored urine and high seric levels of urea and creatinine, CPK and LDH, making the diagnosis of rhabdomyolysis and hemodialysis was required. He was complicated with respiratory muscle involvement. The situation was completely improved after the intensive treatment. The muscle biopsy performed for both, revealed acid maltase deficiency (glycogen storage disease type II - Pompe's disease). The present cases in twin brothers correspond to a severe form of type II- juvenile form of glycogen storage disease, with association of RI and rhabdomyolysis, but with a good outcome.

OP73

**PREVALENCE OF MUSCULOSKELETAL DISORDERS IN PATIENTS WITH TYPE 2 DIABETES IN DIABETES CENTER OF THE UNIVERSITY HOSPITAL IN THESSALONIKI, GREECE: A CROSS-SECTIONAL STUDY**

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**Objective:** To investigate the prevalence of musculoskeletal disorders in patients with type 2 diabetes at Diabetes Center of the University Hospital in Thessaloniki.

**Research Design and Methods:** A total of 208 randomly selected type 2 diabetic subjects were fully assessed, including complete history, examination, and laboratory tests. All patients (pts) were evaluated by the Rheumatology Division of our Department.

**Results:** 89 men and 119 women were included in the study (mean age: 66.3 years, range:

36 to 87 years). Mean duration of diabetes mellitus was 10,1 years. The prevalence of musculoskeletal disorders among participants was 86.5% (180 pts). Only 28 subjects were found without any symptoms and signs of musculoskeletal system abnormalities. Dupuytren's contracture was present in 5 (2.4%) of the 208 diabetic subjects, carpal tunnel syndrome in 14 pts (6.7%), diabetic cheiroarthropathy in 13 pts (6.25%), rheumatoid arthritis in 5 pts (2.4%), fibromyalgia in 2 pts (0.9%), osteoarthritis of the lower extremities in 65 pts (31.2%), osteoarthritis of the upper extremities in 79 pts (38%), psoriatic arthritis in 5 pts (2.4%), ankylosing spondylitis in 2 pts (0.9%), shoulder-hand reflex dystrophy in 5 pts (2.4%), enthesopathy in 80 pts (38.5%), degenerative spondylitis in 16 pts (7.6%) and Systemic Lupus Erythematosus in 2 pts (0.9%).

**Conclusions:** Several musculoskeletal conditions are more prevalent or caused by the metabolic consequences of diabetes mellitus, though the exact pathophysiology of most of these disorders remains unclear. The musculoskeletal complications of diabetes mellitus have been generally ignored and poorly treated, therefore periodic assessment is warranted. Attention to these musculoskeletal problems should help to improve the quality of life for diabetic patients.

OP74

**THE INCIDENCE OF MICROALBUMINURIA AND METABOLIC SYNDROME IN PATIENTS WITH TYPE II DIABETES MELLITUS**

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Microalbuminuria is a well-known risk factor of coronary disease in patients with type 2 diabetes mellitus. Metabolic Syndrome is considered to be a high-risk combination among the above-mentioned population.

**Aim of the study:** The evaluation of incidence and the relations of microalbuminuria and Metabolic Syndrome among the above mentioned population.

**Patients-Methods:** We studied prospectively 103 patients with type 2 diabetes mellitus (32 men-average 69.19 y and 71 women-average 66.38 y) randomly selected from the diabetes patients, who ordinary visited the Diabetes Centre of Hippokraton Hospital. During the visit of each patient we measured: Serum HDL, LDL, plasma triglycerides, fasting glucose, HbA1c, serum creatinine, urine albumin, urine creatinine. Sex, age, educational level, cigarette smoking, alcohol consumption, ordinary exercise, known duration of diabetes, hypertension and hyperlipidemia were reported as well. We also estimated GFR using the Cault-Cockcroft formula, the Body Mass Index (BMI) and the Waist-to-Hip ratio. Finally we measured Albumin/Creatinine using DCA 2000 method. From the total number of patients, we isolated the group of patients suffering from vascular atherosclerotic disease (myocardial infarction, stroke and peripheral atherosclerotic vascular disease). Statistical analysis was performed using multifactorial logistic regression analysis, t-test and non-parametric analysis from the SPSS 12.

**Results:** The incidence of microalbuminuria was found 31.1% whether the incidence of metabolic syndrome was 87.4%. Among the measured variables, HbA1c and triglycerides were statistically significant correlated with microalbuminuria.

**Conclusion:** There is a high incidence of metabolic syndrome and a significant incidence of microalbuminuria among type 2 diabetes patients. In these patients, good glycemic and lipidemic control contribute to the protection from the early renal functional disorders.

OP75

**LIFESTYLE INTERVENTION IMPROVES METABOLIC CONTROL AND EXERCISE CAPACITY IN PATIENTS WITH TYPE 2 DIABETES MELLITUS**

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**Objective:** To determine the effects of a lifestyle intervention on metabolic parameters and exercise capacity in patients with type 2 diabetes mellitus (NIDDM).

Methods: Sixty patients (26 males, 34 females) with NIDDM, but with inadequate glycemic control (HbA1c>7%) were included in the study. All subjects were overweight (BMI>27kg/m<sup>2</sup>), aged 44-67, without micro-/macro-vascular complications and they were on stable oral anti-diabetic regimen. Half of them were randomly assigned to a supervised exercise training program (3 times/week, 45min/session) and were instructed to incorporate a more active way of life for 26 weeks (active patients). The rest of patients served as a control group. At baseline and at the end of the study, physical activity was assessed using a valid questionnaire and an incremental graded exercise test on ergocycle with parallel respiratory gas variables measurement. Blood samples were drawn to determine fasting plasma glucose (FPG), HbA1c, total cholesterol, HDL, LDL, triglycerides and hsCRP.

Results: At the end of the study lifestyle intervention resulted in a significant reduction of FPG (-16.58±3.42mg/dl;p<0.001), HbA1c (-0.61±0.44%;p<0.001), total-cholesterol (-19.4±16.35mg/dl;p=0.012), LDL (-26.78±2.17;p=0.011), triglycerides (-14.7±3.56mg/dl;p=0.009), and hsCRP (p=0.028) compared with control group. In the same group we observed a considerable increment of peak oxygen uptake (VO<sub>2</sub>peak) by 16.1% (p=0.001) and a considerable increase of HDL (p=0.007). Moreover "active" patients showed a higher performance of daily activities than control counterparts.

Conclusions: Lifestyle intervention significantly improved glycemic control, lipid profile and exercise capacity along with a better quality of life in patients with NIDDM.

#### OP76

##### CHRONIC PAINFUL NEUROPATHIC SYMPTOMS IN DIABETIC PATIENTS AND RELATED FACTORS. A POPULATION STUDY

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Background and Aims: Pain, mainly neurogenic, is the most distressing symptom in diabetic patients since it is often associated with disability and has been suggested as an important factor in affecting quality of life. A population based study was conducted to assess the prevalence of chronic painful neuropathic symptoms and to determine the related risk factors.

Patients and Methods: 820 diabetic patients have been examined (Type 2 n=780, males n=309). Mean age and diabetes duration were 59.5±7.46 and 7.54±6.93 yrs respectively. Neuropathic symptoms score (NSS) was determined in the basis of a) presence, b) duration (>6 months) and c) nocturnal exacerbation. NSS<sup>33</sup> was considered as abnormal. The diagnosis of diabetic neuropathy (DN) was established according to the Neurodiab criteria.

Results: PNS were present in 257 patients (31.3%) (group A), since 563 patients (68.7%) did not experience PNS (group B). In univariate analysis mean age and duration of diabetes were higher in group A (60.55±6.97 vs 58.9±8.03 p<0.05 and 10.4±8.08 vs 6.23±5.88 p<0.05 respectively). Patients of group A had higher fasting glucose values (mg/dl) 193.43±51.37 vs 176.78±44.34 p<0.05. No differences were observed between the two groups (A, B) regarding sex and height, whereas the presence of clinical DN was related to higher rate of PNS, as expected (p<0.05). The results of multivariate analysis clearly demonstrated that duration of diabetes (p<0.05), presence of DN (p<0.05) and fasting plasma glucose (p=0.05) are independent risk factors for the presence of PNS.

Conclusions: One third of diabetic patients experience chronic painful symptoms affecting their quality of life. Diabetes duration, presence of clinical DN and high glucose values were determined as important risk factors for the presence of these symptoms.

#### OP77

##### METABOLIC SYNDROME: INTENSIFIED SCREENING AND TREATMENT FOR CARDIOVASCULAR RISK REDUCTION

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The metabolic syndrome (MetS), characterized by a clustering of risk factors associated with insulin resistance and abdominal obesity, is associated with an increased risk of coronary heart disease and cardiovascular disease mortality. Adiposity is correlated with altered production of adipocytokines that play a role on the atherosclerotic angiopathy. Persons with MetS have a wide spectrum of coronary heart disease risk and appropriate evaluation of risk using global risk algorithms have been suggested. Measurement of other risk markers and subclinical disease is potentially needed to best set treatment goals and accompanying treatment regimens. The presence of MetS risk factors should be considered in global risk assessment.

Clinical management emphasizes addressing underlying risk factors predisposing to MetS-specifically obesity, visceral adiposity and physical inactivity. Further recommendations are given for clinical risk factors, including atherogenic dyslipidemia, elevated blood pressure, insulin resistance/hyperglycemia, prothrombotic and proinflammatory state. Clinicians are recommended to assess MetS in their routine practice and to intensify efforts to adequately treat accompanying lifestyle (diet education, physical activity and weight control) and clinical risk factors.

#### OP78

##### OTOACOUSTIC EMISSIONS BY NEWBORNS AND BABIES

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Hearing is very important, especially to children to be able to understand the sounds, try to reproduce them and start talking. In additionally, hearing helps children understand dangerous sounds, communicate and socialize. When hearing impairment is not diagnosed and not correctly confronted, then the children will have problems learning, communicating and finally being part of our community. One to twenty-two children born might have hearing impairment, due to hereditary reasons, perinatal and others. The sooner hearing impairment is detected, the better solution will be found, so that the child has a normal growing. For all these reasons advisable is the use of the Otoacoustic Emissions by newborns or babies. These emissions are, actually, the response of the cochlea to acoustic stimulation and are an objective audiometric test.

#### OP79

##### QUALITY IN CLINICAL PRACTICE-THE MANAGEMENT OF DYSPHONIA IN VOICE PROFESSIONALS

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Introduction: Voice professionals depend on their voice meeting their vocal needs. Vocal competence has a profound impact on their psychological condition and their quality of life as perceived by themselves. We studied a cohort of voice professionals treated for voice problems at the Voice Clinic with multidimensional approach, addressing the specific contributing factors of their dysphonia and tailoring treatment to their individual needs. Subjects and methods: The records of 104 consecutive voice professionals (58 women and 46 men) examined at the Voice Clinic over a 2,5 years period were studied retrospectively. The

examination protocol included a detailed history, a history of vocal use and vocal needs, laryngoscopy and stroboscopy. Depending on voice pathology, Grade-Roughness-Breathiness-Asthenicity-Strain Scale, Maximum Phonation Time, VHI, Reflux Symptom Index and acoustical analysis were obtained. The treatment involved drug administration, surgery, treatment of existing reflux, adaptation of occupational factors, adoption of vocal hygiene measures, breathing and voice therapy. Voice therapy had individualized targets: Vocal features to be eliminated or reinforced.

Results: Patients with abusive vocal behaviour and functional dysphonia had improvement of their voices following treatment. 88 (84,6% of professional voice users) reported improvement of their comfortable singing range and this correlated to the improvement of their VHI.

Discussion-Conclusions: Dysphonic professional voice users report improvement of their perceived voice-related quality of life, following multidimensional approach. Diagnosis or exclusion of organic pathology does not suffice to relieve the psychological burden associated with dysphonia in this patients group.

OP80

**ASSOCIATION BETWEEN TOBACCO AND ALCOHOL EXPOSURE IN LARYNGEAL AND HYPOPHARYNGEAL CANCER PATIENTS: A POPULATION BASED CASE-CONTROL STUDY**

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Objectives: To analyze the relationship between tobacco smoke and alcohol consumption in patients with laryngeal and hypopharyngeal squamous cell carcinoma.

Methods: This was a case-control study conducted between 1992 and 2000 in Europe. A data search was carried out on Medline and the Internet.

Results: Approximately 33.4% of the male and 20.4% of the female population are current smokers. The inhalation of tobacco smoke: chronic obstructive pulmonary disease, lung cancer, stroke, coronary artery disease, cancer of the mouth and larynx, and arteriosclerotic occlusive disease. In comparison with never smokers, ORs were 19.8 for current smokers and 7.0 for ex-smokers. The risk increased in relation to the number of cigarettes (OR = 42.9 for > or = 25 cigarettes/day) and for duration of smoking (OR = 37.2 for > or = 40 years). For alcohol, the risk increased in relation to number of drinks (OR = 5.9 for > or = 56 drinks per week). Combined alcohol and tobacco consumption showed a multiplicative (OR = 177) rather than an additive risk.

Conclusions: Our large prospective study shows that both cigarette smoking and alcohol drinking are independent risk factors for laryngeal cancer. Heavy consumption of alcohol and cigarettes determined a multiplicative risk increase, possibly suggesting biological synergy.

OP81

**A MULTIDIMENSIONAL APPROACH OF INDIVIDUALS WITH VOICE PROBLEMS**

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Introduction. Individuals seek medical advice and treatment when

they experience voice problems that raise their suspicions for sinister pathology and voice problems that interfere with their perception of themselves or affect their social, family and professional life. This study presents an analysis of the voice clinic approach in addressing vocal competence issues and their implications for the patients' quality of life.

Subjects and Methods. The records of 422 consecutive patients examined over a 2.5 years period were studied retrospectively. The parameters studied were: the reported voice difficulties, the voice pathologies diagnosed, the evaluation of vocal competence and voice related quality of life and the therapeutic interventions. The examination protocol included a detailed history, a history of the vocal habits and vocal needs, laryngoscopy and stroboscopy. Depending on the voice pathology, the Maximum Phonation Time (MPT), the Voice Handicap Index (VHI) and the Reflux Symptoms Index (RSI) and acoustical analysis were obtained. The treatment involved drug administration, surgical treatment, treatment of existing reflux, adaptation of occupational factors, vocal hygiene measures, breathing exercises, voice therapy and psychiatric assessment.

Results. From the patients with benign pathology 97% (398/410) had a significant improvement of their voice related quality of life following treatment that addressed the individual contributing factors to their dysphonia.

Discussion-Conclusions. Excluding or diagnosing organic pathology does not suffice to address the patient's needs. Individuals with voice problems report improvement of their perceived voice related quality of life following a multidimensional approach that targets the specific contributing factors and tailors the intervention to the individual.

OP82

**IDENTIFICATION OF ODORS IN PREGNANCY. ASSESSMENT OF ORTHONASAL AND RETRONASAL OLFACTORY FUNCTION**

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Objective: Self-reported abnormal sensitivity of smell and taste in pregnant women raises a question about the differences in identification of smells during pregnancy. Materials and Methods: Preliminary results from a cross sectional study of 26 pregnant women (10 subjects in the first trimester, 8 subjects in the second trimester and 8 subjects in the third trimester) in comparison with a control group of 31 women. Orthonasal olfactory function was assessed using pen-like odour dispensing devices (Sniffin Sticks). Retronasal olfaction was assessed using a collection of 12 grocery available powders applied to the oral cavity. Patients assessment included detailed history and a questionnaire about quantitative olfactory dysfunction (distorted or phantom smells) and subjective rating of their olfactory function in a visual analogue scale from 0 (normal smell) to 100 (worse symptom).

Results: Orthonasal olfactory function in pregnancy group was similar to control group (mean pregnancy group: 10,6 /mean control group: 11,2) but the retronasal olfactory function was found significantly decreased ( $p < 0.001$ , mean pregnancy group: 8,8) in comparison with the control group (mean control group: 10,9). Considerably low identification percentages were found in retronasal olfactory test for mushroom, muskat and celery.

Quantitative olfactory dysfunction was found in 37.5% of the subjects (4 subjects reported parosmia and 4 subjects phantosmia). Results from the self ratings of olfaction exhibited no significant differences with regard to olfactory ability.

Conclusion: Differences in olfactory sensitivity during pregnancy appears to be related with altered cognitive processing of olfactory information via the retronasal olfactory route. Alteration in retronasal olfaction may underlie food aversions and craving with implications for food intake during pregnancy.

OP83

#### QUALITY OF LIFE IN PATIENTS AFFECTED BY BELL'S FACIAL PALSY

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Bell's palsy is a frustrating and frightening experience for the patient resulting in an abrupt unilateral weakness or paralysis of the face. According to the natural history of this disease, approximately 70% of patients recover normal mimic function of the face within 3 weeks after onset, and the remaining patients may develop sequelae such as contracture and synkinesis to a different degree, especially in those whose recovery began after 3 months. In this study, we evaluated the quality of life in this clinical disease using the Facial Disability Index, in which the patients describe their own level of facial dysfunction reported as physical function and social/well-being function. Moreover, we assessed quantitatively the facial impairment with the grading House-Brackmann classification system during mimic facial motion. We retrospectively contacted all the patients affected by Bell's palsy and who visited our clinic between January 2000 and March 2004 with a long-term follow-up of a least one year. Forty-six out of 95 patients consented to participate, 17 male and 29 female, aged from 4 to 71 years old (age at the time of facial paralysis onset). For all the patients, the initial (at time of onset) and long-term (at follow-up) Facial Disability Index scores were compared and related to House-Brackmann grading system. It has been observed that in some cases the long-term sequelae, even minor synkinesis, were underestimated by our House-Brackmann grading system in regard to patient self-evaluation.

OP84

#### COMPARATIVE STUDY AMONG OMEPRAZOLE AND OMEPRAZOLE + DOMPERIDONE IN LARYNGOPHARYNGEAL REFLUX MANAGEMENT

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Purpose: the aim of the present clinical controlled trial was the study of the therapeutic value between a PPI (Omeprazole) and a combination PPI with Domperidone, for the laryngopharyngeal reflux (LR) management in adults.

Population - Methods: the population of our study it constituted a accidental sample of 62 adults patients in that was placed the diagnosis "active LR" and that did not make use PPIs or gastrokinetic drugs at the last half-year period. Then was held matching the patients according to their individual characteristics (sex, age, body mass index [BMI], smoking, sedentary life [SL], diabetes mellitus [DM], personal history [PSH] of gastroduodenal ulcer [GU] or gastroesophageal reflux [GR]), in two groups. In the Ist group was granted Omeprazole 20mg/24h, in the IInd Omeprazole 20mg/24h with Domperidone 10mg X 3/24h, for three possessed months and after were given similar alimentary directives, it followed program of follow-up of patients in 30 and 90 days, where became evaluation of mentioned before therapeutic forms with base a special Scoring System. For the statistical analysis of available data was used computational S.P.S.S. v.11.

Results: the 29 (46.7%) patients were men mean age (MA)

45.7+12.63 and the 33 (53.2%) women with MA 45.9+13.61 years (p NS). The results from the matching patients are mentioned in the below table:

| Groups           | Men | Women | MA   | BMI  | Smoking | SL | DM | PSH of GU or GR |
|------------------|-----|-------|------|------|---------|----|----|-----------------|
| I <sup>st</sup>  | 16  | 15    | 45.6 | 28.2 | 17      | 19 | 5  | 6               |
| II <sup>nd</sup> | 13  | 18    | 45.7 | 31.1 | 19      | 21 | 7  | 7               |

The values of the Scoring System from the patients of two groups at the beginning of study (BS), but also as they were shaped at his duration follow up (30 - 90 days), as well as the results of comparisons, they are mentioned in the table:

| Groups           | Score in BS | Score in 30 days | Score in 90 days |
|------------------|-------------|------------------|------------------|
| I <sup>st</sup>  | 171.112     | 123.862          | 75.31            |
| II <sup>nd</sup> | 167.923     | 100.381          | 34.82            |
| P (probability)  | NS          | < 0.002          | = 0.0007         |

The improvement of the clinical symptoms in patients was also accompanied by proportionally endoscopically discoveries.

Conclusion: the available data suggest that the combination Omeprazole + Domperidone is preferable, after it involved more rapid clinic but also endoscopically improvement that monotherapy of Omeprazole, in the adults with LR that was studied.

OP85

#### QUALITY OF LIFE IN MENOPAUSAL HYPERTENSIVE WOMEN: THE IMPACT OF WEIGHT LOSS

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Aim: To study menopausal hypertensive women and how the loss of body weight can improve the quality of life.

Methods: We questioned women with Body Mass Index >30 (BMI) and hypertension who managed to lose weight with diet and physical exercise.

The participants in the study were 64 women aged 45- 50 years old. The medication reported were diuretics or/and angiotensin-converting enzyme inhibitors(32), calcium antagonists and beta blockers(24), only beta blockers(8). All the participants in the study had lost at least 10% of their weight in six months.

Results: The impact in arterial hypertension was generally positive as expected. The presence of physical exercise 1-3 times weekly was a factor for an evolutionary change of life -style for 54 women. All women referred to the positive changes on the appearance of their body, their sexual life and the satisfaction of social activities and relationships.

Conclusions: Loss of weight in menopausal hypertensive women is rather a therapeutic approach that affects dramatically the quality of life, too.

OP85a

#### LEFT AXILLARY ARTERY OCCLUSION DUE TO COMPLICATED HUMERUS FRACTURE IN A PATIENT AFFECTED BY SUBCLAVIAN ARTERY CHRONIC OCCLUSION: CASE REPORT

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Left axillary artery occlusion due to complicated humerus fracture in a patient affected by subclavian artery chronic occlusion: case report

Traumatic lesions of arm arteries represent about 30-40% of peripheral vascular lesions. In most cases (80%) they are associated to nervous, bony or venous lesions resulting in a medical situation characterized by haemorrhage, acute ischaemia (thrombosis) and peripheral neurological lesions. The authors hereby describe a case report of left axillary artery thrombosis linked to

humerus fracture in a 87-year-old patient affected by homolateral chronic occlusion of the pre-vertebral subclavian artery with chronic respiratory failure and chronic myocardial infarction. With relation to the serious peripheral ischaemia and despite the high surgical risk, a surgical operation was advised: humerus osteosynthesis and left carotid common artery left omal artery ePTFE graft. In the period following the surgical operation, the angiography showed that the patient presented a regular by-pass patency and a normal arm sensibility and motility.

During the hospitalisation, which was prolonged due to the delayed transfer in a rehab structure, twenty days after the surgical operation, the patient began to show respiratory insufficiency linked to the insurgence of bronchopulmonary infection which, despite the convenient treatment, caused a progressive and ineluctable deterioration of the patient general conditions, who died 30 days after the surgery.

#### OP86

##### **THE ASSOCIATION BETWEEN ATHEROSCLEROTIC RISK FACTORS AND NUTRITIONAL PARAMETERS IN HEMODIALYSIS PATIENTS**

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**Introduction.** Major predictors of clinical outcome in dialysis patients are protein-energy malnutrition (PEM) and inflammation. A common mechanism for the development of CVD and malnutrition in dialysis patients may be cytokine activation.

**Methods.** We examined 42 hemodialysis patients, recruited from our unit. The patients with diabetes, malignancy and acute infections were excluded from the study. We measured serum level of albumin, transferin, interleukin-6 (IL-6), tumor necrosis factor alpha (TNF- $\alpha$ ), high sensitivity C-reactive protein (hs-CRP), and lipids. Body mass index (BMI) was recorded. Lean body mass (LBM), fat mass and percentage body fat were measured by bioelectric impedance (BIA). End diastolic pressure (EDD), and ejection fraction (EF) were measured by echocardiography.

**Results.** There were 42 hemodialysis patients, aged between 24 and 68 years. Using subjective global assessment (SGA), 18.5% patients were well nourished, 24 (55%) patients were malnourished. There is negative correlation between CRP level and albumin ( $r = -0.31$ ;  $p < 0.05$ ) and positive correlation between CRP level and macroangiopathy ( $r = 0.33$ ;  $p < 0.05$ ). Results of the factor analysis have indicated six latent factors with 70.5% of variance explained within all investigated parameters. The first factor (F1) of all parameters has explained 19.36% of variance. The highest factor loadings were found for plasma lipids. Significant factor loadings for the second factor (F2), with 15.74% explained variance have the nutritional parameters. The third factor (F3), has two components, EF and IL-6.

**Conclusion.** These data suggested that inflammatory markers in malnourished hemodialysis patients will identify patients at high risk of comorbidity and mortality.

#### OP87

##### **VASOACTIVE FACTORS DETERMINANT OF BLOOD PRESSURE ELEVATION IN PREECLAMPSIA**

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**Objective:** to evaluate factors that influence elevation of the blood pressure (BP) in women with preeclampsia (PE).

**Material and Methods:** atrial natriuretic peptide (h-ANP), endothelin (ET-1), urinary metabolites of prostacycline (PgF1a) and thromboxan (TxA2) were measured and 24-hour ambulatory BP monitoring was performed in 178 normotensive (NT) and 76 gravidas with PE observed at 8th, 18th, 23rd, 28th, 32nd and 36th gestational week (gw).

**Results:** MAP was higher in PE than NT from 23gw:  $92 \pm 9$  vs  $83 \pm 5$  mmHg. ANP increased from 8-36gw in NT:  $88 \pm 18$  to  $102 \pm 17$  pg/ml,  $p < 0.0003$ , and in PE:  $105 \pm 27$  to  $161 \pm 29$ ,  $p < 0.0001$ ,  $p < 0.000$  between the groups from 23-36gw. There was no correlation between h-ANP and MAP in PE. ET-1 increased in both groups, not significantly in and between the groups. PgF1a was higher in NT than PE from 8th gw:  $193 \pm 68$  vs  $112 \pm 28$ ,  $p < 0.0000$ . In PE rose to  $152 \pm 12$  at 36gw,  $p < 0.001$  and was lower than in NT,  $p < 0.02$  at 28gw. In NT, TxA2 decreased from 8-23gw:  $131 \pm 45$  to  $87 \pm 22$  and returned to the starting level at 36gw,  $p < 0.0000$ . In PE at 8gw TxA2 was  $85 \pm 22$ , rose to  $130 \pm 13$  at 36gw,  $p < 0.007$ . The difference between groups was significant from 8 to 23gw.

**Conclusion:** PE is associated with elevated plasma h-ANP, but there was no correlation between h-ANP and MAP in PE. PgF1a is maintained constant while slight but constant rise in TxA2 and ET-1 occurred and, in contrast to NT, is not able to counteract their vasoconstrictive action.

#### OP88

##### **DIFFERENCES IN BLOOD PRESSURE CONTROL RATES IN PATIENTS WITH TYPE 2 DIABETES MELLITUS IN PRIMARY CARE AND IN DIABETES CENTER OF THE UNIVERSITY HOSPITAL IN THESSALONIKI**

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**Background and aims:** Multicenter clinical trials have demonstrated that lowering blood pressure  $< 130/80$  mm Hg in patients with diabetes mellitus decreases the rate of cardiovascular events and renal deterioration. Nevertheless the blood pressure (BP) control in the primary care remains suboptimal. The aim of the present study was to compare differences in approach to the BP control in primary care and in Diabetes Center of the University hospital in Northern Greece population with type 2 diabetes mellitus (T2DM). **Materials and methods:** We examined 453 patients (pts) with type 2 DM between January and February 2005. Among them 344 (127 men, 217 women, age  $67.4 \pm 8.5$ , range 34-85 years) had BP  $> 130/80$  mm Hg or were taken antihypertensive (AH) therapy for at least 12 months. These patients were divided into two groups. Group A consisted of 211 patients who were treated in primary care (77 men, 134 women) and group B consisted of 133 patients (50 men, 83 women) treated in Diabetes Center. The BP was measured at two separate visits and mean BP was calculated. **Results:** Group B pts showed higher rate of BP  $< 130/80$  mm Hg compared with Group A pts (24.1% vs 14.7%,  $p = 0.029$ ). Also, Group B pts were treated with a mean of 2.12 AH drugs per patient while Group A pts were given a mean of 1.99 drugs per patient. The two groups did not differ in parameters as sex, age, known duration of DM, known duration of BP  $> 130/80$  mm Hg and smoking. Angiotensin converting enzyme inhibitors were used more frequently in Group B pts, but the achievement of BP  $< 130/80$  mm Hg was not dependent on class of AH drugs given. 143 Group A pts (67.7%) were unaware about the goal of BP control (BP  $< 130/80$  mm Hg).

**Conclusions:** Patients treated in Diabetes Center achieved higher rate of BP  $< 130/80$  mm Hg and were treated with greater number of antihypertensive drugs than pts in primary care. The lower rates of BP control in pts treated in primary care may be partly due to



the less aggressive approach to the treatment of BP and to the large proportion of the unawareness about the optimal BP levels.

OP89

**PREVALENCE, TREATMENT, AND CONTROL OF HIGH BLOOD PRESSURE IN PATIENTS WITH TYPE 2 DIABETES IN DIABETES CENTER OF THE UNIVERSITY HOSPITAL IN THESSALONIKI, GREECE**

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**Objective:** To estimate the prevalence, awareness, treatment, and control of hypertension in patients with type 2 diabetes at Diabetes Center of the University Hospital in Thessaloniki using definitions of The Seventh Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC-7). The relationship of hypertension to diabetic nephropathy, polyneuropathy, retinopathy, coronary and cerebrovascular disease was also studied.

**Research Design and Methods:** From a population of more than 5000 patients with type 2 diabetes attending the outpatient clinic at Diabetes Center of the University Hospital in Thessaloniki, a group of 453 subjects was chosen in a random sampling and was cross-sectionally studied between January and February 2005.

Sex, age, duration of diabetes, oral hypoglycemic medications or/and insulin usage, body mass index (BMI), creatinine, urinary albumin excretion, smoking history, and the presence of retinopathy, polyneuropathy, and coronary and cerebrovascular disease were assessed.

Blood pressures were measured at two clinic visits after a 5-min rest in a sitting position using a standard clinical sphygmomanometer.

Patients were classified as hypertensive based on JNC-7 criteria if their blood pressure (BP) was >130/80mmHg or if they were on antihypertensive medication.

**Results:** The prevalence of hypertension was 76% with the JNC-7 criteria (BP>130/80 mmHg or on antihypertensive medication). The majority of treated hypertensive subjects were on angiotensin converting enzyme inhibitors. Only 19% of all treated hypertensive patients met the JNC 7 goal (130/80 mmHg). In most cases, accepted blood pressure was achieved by the use of multiple antihypertensive agents.

Hypertensive subjects compared with normotensive patients did not differ significantly in sex, age, duration of diabetes, antidiabetic drug treatment pattern, and smoking history. Hypertensive patients had significantly higher BMI than normotensives (31.4±3.9 vs 28.4±2.8, p=0.041). There were no significant differences in the rates of nephropathy (hypertensives vs normotensives: 9% vs 9.1%, p=NS), retinopathy (21% vs 19.2%, p=NS), polyneuropathy (8.9% vs 9.1%, p=NS), coronary artery disease (26% vs 19.9%, p=NS) and stroke (4.9% vs 3.6%, p=NS) among the two subgroups.

**Conclusions:** Prevalence of high blood pressure is high in patients with type 2 diabetes. Hypertension remains mostly uncontrolled, demanding a more aggressive antihypertensive treatment. Retinopathy, coronary artery disease and stroke occurred more frequently in hypertensive patients, but the difference from normotensives was not significant. Obesity predisposed to higher levels of blood pressure in patients with type 2 diabetes.

OP90

**PREVALENCE, AWARENESS, TREATMENT AND CONTROL IN HELLAS, GREECE: THE HYPERTENSION STUDY IN GENERAL PRACTICE IN HELLAS ( HYPERTENSHELL ) NATIONAL STUDY**

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**Background.** The Hypertension Study in General Practice in Hellas (Hypertenshell) is a cross-sectional study (much like the National Health and Nutrition Examination Study) for assessing the prevalence, level of awareness, treatment, and control of hypertension in Greece.

**Methods.** The study was conducted with the collaboration of physicians in 98 Health Centers across Greece. Participants were interviewed about lifestyle, and blood pressure (BP) measurements were taken on two clinical visits for verification of diagnosis and control of hypertension. Hypertension was defined as systolic BP ≥ 140 mm Hg or diastolic BP ≥ 90 mm Hg, or current treatment with antihypertensive drugs; the same threshold was used for assessing control of hypertension.

**Results.** A total of 11,950 individuals participated and data for 11,540 were analyzed, comprising 0.1% of the Greek population. The prevalence of hypertension was 31.1% (men 33.6%, women 28.4%); among elderly individuals (>65 years) the prevalence was higher (65.4%). Of the hypertensive individuals, 39.8% did not know that had hypertension, yielding an awareness of 60.2%; in addition, 12.4% were aware but not treated (men 13.1%, women 11.8%). In all, 51.2% (1838) of hypertensive subjects were treated; 67.2% (1235) were treated but not controlled (men 66.7%, women 67.7%); and 32.8% (603) were treated and controlled (men 33.3%, women 32.3%).

**Conclusions.** The results of the Hypertenshell Study indicate that hypertension is a common risk factor for cardiovascular disease in the Greek population. Awareness, treatment, and control of hypertension are comparable to the best rates of control of hypertension given for the problem, but there is a considerable potential for further improvement in the control of this disease.

OP91

**THE CONTRIBUTION OF GROWTH HORMONE (GH) THERAPY IN THE QUALITY OF LIFE (QOL) IN CHILDREN AND TEENAGERS WITH TURNER SYNDROME (TS)**

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**Objective:** To evaluate the contribution of GH therapy in the QoL in children and teenagers with TS.

**Material and methods:** Our study included 20 Greek girls with TS aged 5-27 yrs having received GH. Twenty Greek girls without TS were used as controls having the same age and socio-economic level with patients, without suffering from any chronic disease, but admitted with an acute condition to ED. QoL was measured by 3 questionnaires: 1) Child Health Questionnaire-PF50\* (CHQ-PF50) for children 5-18 yrs, 2) General Health Questionnaire (GHQ-28) for individuals > 18 yrs and 3) Specific Turner Health Questionnaire (THQ), that has been especially designed for this study. Patients and controls were divided in 3 groups. Group I included 4 patients (GH for 2.25±2 yrs) and 4 controls aged 5-12 yrs. Group II included 8 patients (GH for 6.0±2.9 yrs) and 8 controls aged 13-18 yrs. Patients' parents answered CHQ-PF50 and THQ, whereas controls' parents answered only CHQ-PF50. Group III included 8 patients (GH for 3±1 yrs) and 8 controls aged 20-27 yrs. Patients answered GHQ-28 and THQ, whereas controls answered only GHQ-28.

**Results:** According to CHQ-PF50, patients had better physical and worse psychosocial condition than controls, while, according to GHQ-28 patients had better QoL regarding the somatic symptoms, anxiety and insomnia, social dysfunction and worse QoL in view of depression. In the THQ all patients achieved high scores. **Conclusions:** Our results show positive attitude of the parents

and patients with TS to the GH therapy and its contribution to the QoL.

OP92

**PROHIBITING ADMISSION TO HOSPITAL: FOCUS IN WORKING MOTHERS**

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Aim of this study is to investigate "family borders" arising in the long-term treatment period of children with chronic respiratory problems.

Material - Methods: In total 45 children with chronic diseases were included in our study. Medical history, number and duration of full treatment admissions and home-care periods were written down. A special questionnaire was used for working mothers, with questions for age, education, kind of work and frequency of absence from work.

Results: Mothers' education was obligatory education in 13, 3%, secondary level education in 37, 8% and 48, 9% were university graduates. The kind of mothers' work was employee in public services (51,1%), employee in private organizations (31,1%) and other professions (17,8%). The admission diagnosis was respiratory infection in 66,6% and asthma crisis in 22,2% of cases. Positive medical history for respiratory symptoms was present in all cases. Working mothers bothered their child's admission in 44, 4% of cases. Main reason for keeping children at home was problems at mother's work in 93% of cases. Numerous admissions in Hospitals was present in 28, 9% (>5 per year), and >3 admissions were reported in 44, 4% of cases. Absence from work due to family health matters was reported in mothers' work too often (31, 1%, >20 days per year) and in 22, 4% often (> 10 days a year).

Conclusions: Children with chronic respiratory problems are not treated according to typical therapeutic protocols since family matters affect dramatically final decision making for admission and treatment inside Hospital.

OP93

**OUTCOME OF CHILDHOOD ASTHMA IN FAMILIES WITH ASTHMATIC SIBLINGS**

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Background: Asthma is the most common chronic pulmonary disease in childhood with increasing prevalence. The knowledge of the natural history of childhood asthma and the evaluation of various risk factors that affect the prognosis, are essential for the correct management of the patients. The childhood asthma in Greece has generally good prognosis. Previous study showed that after 10-15 years 2 out of 3 patients are free of symptoms.

Aim: To evaluate the outcome of childhood asthma in asthmatic children with at least one asthmatic sibling.

Methods: 204 asthmatic children (mean age 10 years) from 102 families, who had at least two asthmatic children, were evaluated at the GAIN (Genetics of Asthma International Network) study. All family members answered detailed questionnaire considering asthma and atopy, and had skin prick tests to 10 common allergens and bronchial hyper-reactivity tests. 5 years later 88 of the families answered a detailed questionnaire considering asthma and atopy.

Results: 70% of the asthmatic children who were attending our Dept were still having asthma, while 59% of all the asthmatic children had asthma 5 years later. 63% of the children who had

still asthma, reported frequent asthma exacerbations.

Conclusion: The presence of an asthmatic sibling in the family has been shown to have a definite prognostic role in the outcome of childhood asthma.

OP94

**PROGNOSTIC FACTORS FOR THE OUTCOME OF CHILDHOOD ASTHMA**

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Aim: The aim of our study was to evaluate factors that might adversely affect the outcome of childhood asthma, 10-15 years after the diagnosis.

Subjects: 333 asthmatics with a mean age 6.3 years (SD  $\pm$  3.4 years) on the first visit have been followed for at least 1 year in the outpatients of a specialized asthma clinic.

Method: The patients were classified in according to GINA guidelines. We also collected data about the present complaint, the occurrence of other atopic manifestations, the family history of asthma and/or atopy, the social environment, smoking habits etc. The data for the current clinical condition were obtained by a detailed telephone interview performed by a research fellow. We classified the subjects according to their current condition in three groups: subjects free of symptoms, intermittent symptoms and persistent symptoms.

Results: The outcome of childhood asthma, as defined by persistent current symptoms, was predicted by the severity of childhood asthma, the duration of history, the coexistence of allergic rhinitis and conjunctivitis, the persistence of asthma at the age of 10 and 16 years. The outcome of asthma was not affected by the presence of complicated perinatal history, the history of breastfeeding, the family smoking habits, the accompanying eczema or food allergy, the parental education status.

Conclusions: Severe early disease and concomitant allergic rhinitis are observed to be the only significant risk factors for a severe asthma outcome in our cohort of children.

OP95

**EFFICACY AND SAFETY OF INHALED CORTICOSTEROIDS IN COMBINATION WITH A LONG-ACTING BETA2-AGONIST IN ASTHMATIC CHILDREN UNDER AGE 4**

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An increase in the incidence of asthma in children < 5 years has been identified. Recent NAEP guidelines recommend treatment of some asthmatics in this age group with the combination of an inhaled corticosteroid and a long-acting beta2-agonist even though this practice has seldom been studied among children younger than 4 years.

To analyze the efficacy and safety of the combination of fluticasone propionate (FP) and salmeterol (SA) in children < 4 years.

A retrospective study of 314 children, who have started FP/SA before the age of 4 years, has been conducted. To determine the efficacy, we evaluated the change in hospitalization rates, the frequency of wheezing; exercise induced asthma and nocturnal wheeze. Side effects of the drug were also evaluated.

The mean age of children was 2.4 $\pm$ 0.9 years, (62% males). According to the Martinez "Clinical Index to Define Risk of Asthma in Young Children with Recurrent Wheezing" the first visit diagnosis was asthma (80.15%), possible asthma (5.88%) and viral wheeze (13.97%). The previous medication that children had received was short action beta2 agonists (34.34%), montelukast

(1.01%), inhaled steroids (56.57%), montelukast and inhaled steroids (8.08%). The mean duration of therapy with F/S was  $9.3 \pm 3.1$  months. After the use of f/s hospitalizations were reduced significantly ( $p < 0.001$ ), and frequency of wheezing, daily, weekly, or monthly, was also reduced ( $p < 0.01$ ). The incidence of exercise induced asthma and nocturnal asthma have been decreased ( $p < 0.01$ ). No major side effects were recorded in our patients. Combination therapy is well-tolerated and highly effective asthmatic children under the age of 4.

#### OP96

##### **DARBEPOETIN ALFA ADMINISTERED ONCE WEEKLY IN CHILDREN WITH SOLID TUMOURS RECEIVING CHEMOTHERAPY**

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Paediatric patients with solid tumours receiving chemotherapy often develop anaemia. The aetiology of chemotherapy-related anaemia is multifactorial, resulting from the myelosuppressive effects of chemotherapy and the direct effects on the renal tubules, particularly by platinum-based agents. Patients with cancer have been shown to have inappropriately low levels of circulating erythropoietin for their degree of anaemia. Until recently, treatment options for patients who develop severe or symptomatic anaemia have been primarily limited to red blood cell transfusions. Risks associated with red blood cell transfusions include acute transfusion reactions and transmission of infectious agents. Darbepoetin alfa is an erythropoiesis-stimulating glycoprotein that has been shown, in dose-finding studies, to be safe and clinically active when administered to patients with cancer every 1.2 or 3 weeks. This study was performed to assess the efficacy and safety of darbepoetin alfa in children with solid tumors receiving chemotherapy.

From January to December 2005, 28 paediatric patients (12 boys and 16 girls) mean age 8.4 (range 2.5-14) years with solid tumors (neuroblastoma 4, Ewings' sarcoma 4, osteosarcoma 2, glioma 6, rhabdomyosarcoma 3 and Wilms' tumour 3) receiving chemotherapy and anaemia (hamoglobin level  $> 11.0$  gr/dl) were treated with darbepoetin alfa at dose  $4.5 \mu\text{g}/\text{kg}$  once a week by subcutaneous injection for 12 weeks. Mean serum EPO level was  $56.5$  mu/ml (8.9-112) at baseline. Response was achieved in 17 patients (60.7%). A haematopoietic response, defined as an increase in hamoglobin level of  $2.0$  g/d.l. without requiring blood transfusion. Hamoglobin level increased from  $9.2 \pm 0.4$  to  $11.3 \pm 0.7$  gr/dl at the end of treatment. Treatment was well tolerated. No adverse reaction related to Darbepoetin was observed. The findings from this study indicate that children with chemotherapy-associated anaemia can safely and effectively be treated with weekly darbepoetin alfa therapy. Darbepoetin alfa decreased blood transfusion requirements, increased hamoglobin concentration and led to improvement of their quality of life.

#### OP97

##### **QUALITY OF LIFE AND OUTCOME IN CHILDREN WITH LIVER TRANSPLANTATION**

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Liver transplantation (LT) is the treatment of choice for children

with irreversible liver failure.

**Aim:** To present our experience in children who successfully underwent LT and were attended in our department within the last 15 years.

**Patients and Methods:** we have followed-up 13 children with liver transplantation (7 boys, 6 girls) aged 15 months- 16 years old. Eight children initially presented with extrahepatic biliary atresia, 2 with acute liver failure after toxic mushroom ingestion, 1 with congenital intrahepatic biliary paucity, 1 with Alagille syndrome and 1 with Wilson disease. Six of them underwent liver transplantation in our hospital and the rest in other medical centres.

**Results:** Three children presented with acute rejection. One child has chronic organ rejection. Five children presented with CMV infection, 2 with herpes virus infection, 2 with Parvo virus and 1 with C Albicans infection. One child had post-transplantation diabetes and hypertension. One child presented with upper GI haemorrhage whereas another with small biliary paucity. The outcome was satisfying, and acceptable quality of life in 9 cases. Three have moderate quality of life due to various factors and one has moderate to good quality of life with a few medical problems.

**Conclusions:** The long-term clinical course of children with LT is good under the condition that they are attended by a group of specialists in specialized centres. Moreover family plays an essential role in the successful outcome and quality of life in these patients.

#### OP98

##### **IS B-BLOCKER THERAPY SAFE FOR HEART FAILURE PATIENTS?**

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**Introduction:** B-blockers substantially improve survival in patients with Congestive Heart Failure (CHF) with left ventricular systolic dysfunction. Perhaps because these drugs were once considered contraindicated in Heart Failure (HF) patients, some clinicians remain reluctant to prescribe them to these patients despite their favorable outcomes.

The aim of our study was to overview data of our patients, treated for HF in order to quantify the risks of the adverse effects of b-blockers.

**Methods:** We retrospectively examined data of 359 patients treated for HF. In 185 of them were prescribed b-blockers (carvedilol, metoprolol, bisoprolol) in their therapy and in the rest 174 were not. Follow up ranged from 6 to 24 months. In all of them we estimated the risk associated with therapy.

**Results:** B-blocker therapy yielded as a significant reduction of all cause mortality (2.3% vs 8.6% -  $p=0.02$ ), significantly lower risk for worsening HF (OR=0.83) and HF hospitalization (OR=0.96). B-blocker therapy was associated with significant increase of hypotension (7.4% vs 2.8% -  $p=0.003$ ), dizziness (20.8% vs 11.3% -  $p=0.03$ ) and bradycardia (6.3% vs 1.2% -  $p=0.01$ ) but no significant risk of fatigue associated with therapy (21.8% vs 23.2%  $p=0.6$ ). However, therapy was rarely stopped because of the adverse effects and the absolute increases in risk for therapy withdrawal because these adverse effects were small (4.7% vs 3.2% -  $p=0.7$ ).

**Conclusion:** Although b-blocker therapy was associated with hypotension, dizziness and bradycardia, the absolute increase in risk were small and overall fewer patients were withdrawn from therapy, concerning for clinicians who still hesitate to prescribe this life-saving therapy to patients with HF.

#### OP99

##### **RISK FACTORS FOR SERIOUS HEMORRHAGES AMONG PATIENTS TAKING ANTICOAGULANTS PER OS**

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**Introduction:** In studies of anticoagulant therapy *po*s in patients with Atrial Fibrillation (AF), the risk of serious hemorrhages has been hard to quantitate because these complications are not common.

The aim of our study was to evaluate the risk factors for serious hemorrhages among patients with nonvalvular AF, taking anticoagulants *po*s.

**Methods:** We studied 166 patients who developed serious hemorrhage during therapy with anticoagulants *po*s and 318 matched controls that did not. Both case and control patients were taking anticoagulants *po*s for nonvalvular AF. We performed a multivariable conditional logistic regression analysis to determine the odds of serious hemorrhage, adjusting for comorbid conditions. **Results:** Case patients were older than controls (mean age  $78.4 \pm 6.8$  vs  $72.6 \pm 6.2$  years /  $p=0.01$ ) and had higher INRs ( $3.8 \pm 0.8$  vs  $2.1 \pm 0.76$  /  $p=0.001$ ) and longer duration of anticoagulation ( $78.7 \pm 14.8$  vs  $28.7 \pm 12.3$  months /  $p=0.03$ ). The risk of serious hemorrhages increased at 85 years of age or older (OR=2.5) at INR rate of  $>3.5$  (OR=4.2) and in history of previous cerebrovascular disease (OR=3.6 for intracranial hemorrhages).

**Conclusion:** Anticoagulant management should focus on INR of 2.0 to 3.0 range, even in elderly patients with nonvalvular AF. INRs of 3.5 or greater should be avoided because of the risk of serious hemorrhages.

OP100

#### ACUTE MYOCARDIAL INFARCT IN YOUNG ADULTS

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**Purpose:** Acute myocardial infarction (AMI) in patients under 45 years old is studied in this prospective trial and a number of risk factors are evaluated.

**Methods:** Epidemiological and clinical characteristics have been studied for a period of four years (2000-2003) in a General Hospital that covers medical care needs of 115,000 people. Our study group includes 43 patients, (6.42% of total AMI population), 42 men and one woman, with a median age of  $40.72 \pm 4.2$  years. An ST-elevation STEMI was found in E.C.G control of 39 patients (90.7%) and 29 of them (75%) underwent a thrombolytic therapy. **Results:** Risk factors found were smoking in 79.1%, positive family history in 46.5%, hypertension in 18.6%, diabetes in 7%, dyslipidemia (LDL $>130$  in 76.7%, HDL $<45$  in 79% and TG $>150$  in 51.2%), 25 men (58%) were overweight, 3 were obese and 3 men suffered from a prior myocardial infarction. Interestingly, 2 patients suffered from hyperthyroidism without findings in coronary angiography and without any risk factor. Coronary angiography's results were positive for a single vessel disease in 37.9% of patients, two vessel disease in 20.7% three vessel disease in 17.2% and LM in 6.9%. Negative or no critical findings were reported in 5 patients (17.2% of cases). Preserved LV systolic function was found in 64.3% of patients and the hospital mortality was zero.

**Conclusions:** Risk factors for A.M.I. in young adults were sex, dyslipidemia, smoking and positive family history. The reversibility of risk factors makes the role of prevention crucial.

OP101

#### CARDIAC ARREST AT HOME VERSUS CARDIAC ARREST

#### INSIDE HOSPITAL: WHAT'S THE DIFFERENCE?

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**Purpose:** of this study is to outline the clinical factors that are related to the survival after cardiac arrest.

**Material and Methods:** From 2004-2005, emergency services of Komotini reported 27 cases of cardiac arrest. The resuscitation procedure was executed in the patient's house in 10 cases and inside hospital in 18 cases. The median age of patients was 56 years old (43-73). The mean duration for the arrival of resuscitation team was 7-8 minutes. Ventricular fibrillation or tachycardia was reported in 18 cases.

**Results:** The incident of cardiac arrest happened in front of witnesses in 5 cases, for the outpatient cases, with one successful resuscitation. The total number of survivals was 19 patients. Data from the medical history of the patients showed that only patients 8 suffered from coronary disease, 2 patients were previously diagnosed for chronic respiratory disease, 2 patients had positive thyroid hormones tests for hyperthyroidism. The ECG results were variable, showing in the majority of cases (18 patients) signs of a heart attack.

**Conclusion:** The meantime between cardiac arrest and resuscitation efforts beginning is the most important factor determining the survival, especially in cases of outpatients. When cardiac arrest happens inside hospital, the Basic Life Support Skills of nurses and young doctors might be a crucial factor, if a specialist is not available in time.

OP102

#### QUALITY OF LIFE AFTER CARDIAC ARREST

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**Objective:** This study investigates the quality of life in resuscitated people after sudden cardiac arrest.

**Material - Methods:** In total 63 patients were successfully resuscitated after cardiac arrest during the last 5 years in Rodopi, Thrace. They were 48 men and 15 women, with a median age of  $58 \pm 17$  years old. The history of patients was positive for hypertension (18), angina (16), chronic respiratory symptoms (8), chronic renal failure (7) and insomnia (11). We used the CSFQ questionnaire (Changes in Sexual Functioning Questionnaire) and the QIDS (Quick Inventory of Depressive Symptomatology).

**Results:** Frequent re-examinations at the emergencies for minimal disturbs were reported (31 patients). All patients changed their life-style, 27 stated that were optimistic for difficulties and aging problems and additionally a special vitality characterized the majority of patients who were incubated. Depression was diagnosed in 18 patients.

**Conclusions:** The alteration of behaviour after cardiac arrest is radical and the first post-arrest year is critical. Persistence of "symptoms" is a bad sign when lasts more than one year and foretells depression in these patients.

OP103

#### MECHANOCARDIOGRAPHY VS. ECHOCARDIOGRAPHY FOR OPTIMIZATION OF ATRIOVENTRICULAR PACING AND IMPROVING QUALITY OF DAILY LIFE

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**Introduction:** It is supported that the best quality of life in paced patients (pts) goes together with the optimal atrioventricular (AV-d) delay. The determination of the optimal AV-d in atrioventricular pacing (DDD) is mostly succeeded by the use of echocardiographic (ECHO) indexes. The mechanocardiography (MCG) has provided a number of significant indexes, which can determine the left ventricular function (LVF) in a very effective way but it has never been used for optimal AV delay identification. **Methods and Material:** 20 pts (M=15, F=5, m.a. 62.5±11 years) with DDD pacing and 20 healthy volunteers (Group A) were studied. Six months after the implantation of the pacemaker, all pts underwent MCG evaluation (combination of phonocardiogram, carotidogram, electrocardiogram and first derivative of apexcardiogram-fdA) and ECHO evaluation (M-mode, 2-D and Doppler) of systolic and diastolic LVF during DDD pacing (rate 750msec) with three different, gradually increased, AV delays (B=100, C=150 and D=200msec). The LVF of Group A was also studied with the same indexes (mean heart rate 823.2±78.01msec). All pts filled out (at baseline, at three and six months) a standardized questionnaire concerning their daily life. **Results:** While the AV-d was increased gradually from 100 to 200msec: a) the diastolic LVF appeared to deteriorate as it comes from mitral valve (MV) E velocity (pAvsC=0.001-pAvsD=0.001), MV A velocity (pAvsC=0.002-pAvsD=0.001), E/A ratio (pAvsC=0.001-pAvsD=0.001), MV filling time (pAvsC=0.006-pAvsD=0.001), and MV deceleration time, b) the systolic LVF appeared to deteriorate as it comes from M-mode ejection fraction (pAvsD=0.085), aortic max-velocity (pAvsD=0.001), LV ejection time (pAvsC=0.051-pAvsD=0.041), LV acceleration time (pAvsC=0.013-pAvsD=0.001), LV velocity-time integral (pAvsC=0.001-pAvsD=0.001), MCG pre-ejection period (pAvsD=0.004), MCG left ventricular ejection time (pAvsC=0.047-pAvsD=0.011), and hemodynamic ratio PEP/LVET (pAvsD=0.001), c) the diastolic and systolic LV function appeared to deteriorate simultaneously as it comes from fdA-index a/b (pAvsD=0.001) and fdA-index ef/ZN (pAvsC=0.002-pAvsD=0.001). The answers of Groups A and B were without statistical difference, while the answers of Groups C and D were appeared with statistical difference (p<0.05) compared to Group A.

**Conclusion:** The present study: a) supports present knowledge that short AV-d around 100 msec affect more favorable the LV function and the daily quality of life, b) proves the great value of mechanographic indexes and c) demonstrates the effectiveness of the combination of MCG and ECHO indexes in the determination of the optimal AV-d and the estimation of cardiac function.

OP104

**HEART FAILURE, SICK EUTHYROID SYNDROME, EXERCISE TRAINING, DAILY QUALITY OF LIFE**

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**Introduction:** Congestive heart failure (CHF) induces derangements in the balance of thyroid hormones, leading to sick euthyroid syndrome-SES. SES is defined as the decrease of T3 with normal T4 and TSH and it is an indicator of severity in CHF. Exercise training reverses SES (normalization of T3 levels) and improves not only the ability to exercise but furthermore the capacity for daily activities.

**Material and Methods:** 65 pts (M=41, F=24, mean age 56.2±5.7 years) suffering from CHF (EF<35%, NYHA Class II-III). FT3 and TSH values were estimated in all pts and 19 of them (M=11, F=8) had a positive criterion for SES diagnosis. These 19 pts were subdivided into 2 groups (Group A-10 pts who underwent a 30 min-exercise training daily program for 3 months, Group B-9 pts who restricted their physical activity over the same period). All patients at both baseline and end of study took a six-minute walk test. In both groups of SES patients, before and after the study period, an echocardiographic evaluation of LV systolic function was carried out by the measuring of ejection fraction (EF) and mitral envelope E-point distance from the intraventricular septum (EPSS) and LV diastolic function by estimating the left atrial emptying index (LAEI). All pts filled out (at baseline and three months) a standardized questionnaire concerning their daily life.

**Results:** The daily exercise had a beneficial influence on the patients of Group A, not only enhancing exercise ability (increase of mean covered distance in 6-minute test from 287±15 to 363±15 meters, p<0.01) but also reversing SES. The FT3 levels increased in all patients in a statistically significant manner, from 2.83±0.26 to 4.68±0.38 pmol/L (p<0.01). No statistically significant improvement in initial values was detected in the patients of Group B. The values of FT4 and TSH did not reveal statistically significant differences between the two groups. In Group A, the indices of LV diastolic (LAEI) and systolic (EF, EPSS) function were improved, although without statistical significance. There were no detected changes in these parameters in Group B. The answers, in Group A, revealed a significant (p<0.01) improvement in the quality of their daily life.

**Conclusion:** Exercise seems to improve the clinical status and the daily quality of life of patients with congestive heart failure by reversing sick euthyroid syndrome, which is generally thought to be reversed only after heart transplantation surgery. However, there is a need for further research on this subject so that more substantial conclusions may be drawn.

## POSTERS

### PP1

#### COMPARISON OF ROPIVACAINE 0,5% AND CHIROCAINE 0,5% FOR BRACHIAL PLEXUS NERVE BLOCK AND 0,2% FOR CONTINUOUS INFUSION AS POSTOPERATIVE ANALGESIA AFTER HAND SURGERY

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Aim of this study is to compare the effectiveness of ropivacaine and chirocaine, used for brachial plexus block and continuous infusion, as postoperative analgesia after hand surgery.

Method: We studied 20 patients, ASA I-II, aged 35-60 years, scheduled for hand surgery, randomized in two groups, A=10 and B=10. After premedication and basic monitoring set, patients had axillary brachial plexus block, and a catheter for continuous infusion was placed. Group A received 30ml ropivacaine 0,5% for the nerve block and had a postoperative infusion of 0,2% ropivacaine in a rate of 10ml/h, whilst group B received 30ml chirocaine 0,5% and an infusion of 0,2% 8ml/h. We recorded: time of nerve block installation, haemodynamic parameters and VAS score at end of surgery (defined as 0hr), 2, 4, 8, 12 and 24hr, adverse effects, and supplemental analgesic consumption, while patients received analgesic agents when VAS score > 4.

Results: Time of nerve block installation was in Group A 20.2±5,8min and Group B 21.9±4,5min. We recorded no haemodynamic instability, whilst VAS values were significantly higher at 12hr in both groups, compared with 0hr, but were not significantly different at corresponding measurements(p>0.05). No adverse effects were recorded. Total analgesic consumption was equal in two groups, with no significant difference (Group A: 14.8±4.1mg vs Group B: 16.1±3.7mg).

Conclusion: Brachial plexus block with chirocaine 0.5% and continuous infusion of chirocaine 0.2% for postoperative analgesia after hand surgery is safe and effective, with no adverse effects and equally low supplemental analgesic consumption, compared with ropivacaine 0.5% and 0.2% respectively.

### PP2

#### THE REDUCTION OF POSTOPERATIVE PAIN WITH CONTINUES INTRAVENOUS INFUSION OF MORPHINE

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Purpose. The reduction of post operative pain after hip surgery, by using continues intravenous infusion of morphine (40-60mg/ml - 2ml/h).

Method. During 2006 year in our hospital, we operate 45 patients with peritrochanteric femoral fracture (29 intratrochanteric and 16 subcapital hip fractures) All patients were operated under spinal anesthesia. At 32 of them we put continues intravenous infusion of morphine and at 13 we inject intravenous meloxicam and paracetamol. All of them were asked about the pain, according to V.V.A Scale, at 4th, 6th,8th and 10th hour after the operation.

Results. The results are registered in the following table:

|                         | 4th h | 6th h | 8th h | 10th h |
|-------------------------|-------|-------|-------|--------|
| Meloxicam + Paracetamol | 1.1   | 6.1   | 7.9   | 7.2    |
| C.I.I.Morphine          | 1.2   | 3.9   | 4.3   | 4.1    |

Two patients had vomiting and seven nausea, which we face them, and we didn't have to stop the infusion of morphine. The mean value of pain according to V.V.A.Scale, compared between two groups, with the use of Mann-Whitney test.

Conclusion. The use of intravenous infusion of morphine is effective and improves postoperative pain after hip fracture surgery.

### PP3

#### ANALGESIA AND QUALITY OF LIFE OF CANCER PATIENTS. THE PRESENT ATTITUDE OF MEDICAL AND NURSE STAFF OF THREE SMALL HOSPITALS IN ISLANDS OF S. AGEAN, NAMELY KOS, KALYMNOS, LEROS

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Cancer pain is a very important social-medical problem which remains unsolved, although it influences the quality of the patient's life and that of his own family.

50-80% of cancer patients have not satisfactory pain relief, although 80% of cancer pain could be controlled by low cost and technology methods.

Ignorance and inadequate education through health personnel have created a concern for the use of morphine, as a strong analgesic, which is transferred to the society, out of the hospital. We examine the present attitude of medical and nurse staff of three small hospitals in islands of S. Agean, namely Kos, Kalymnos, Leros.

A questionnaire and a hypothetical scenario were designed to assess health professionals' practice in everyday cancer pain management.

From the returned answers, we estimate their attitudes, knowledge, concerns, difficulties, usual ways of informing patient/family about pain management and the way of communication.

We focus on the role of the quality of the pain management services in the improvement of the quality of life of cancer patients, we mention the need for the proper information of local community-about the present possibilities in the area of analgesia- and we make suggestions for the creation of a close, proper, sincere, humanistic relation between doctors / patient/family in all stages of cancer

### PP4

#### EFFECT OF SINGLE-DOSE DEXAMETHASONE ON BLOOD GLUCOSE CONCENTRATION IN PATIENTS UNDERGOING CRANIOTOMY

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Dexamethasone, a corticosteroid used to treat peritumoral cerebral edema, is known to produce elevations in the blood glucose concentration, but the effect of a single intraoperative dose of dexamethasone on the blood glucose concentration is unknown. Glucose concentrations in response to either a 10 mg intrave-

nous bolus of dexamethasone or a saline placebo were evaluated in nondiabetic patients undergoing elective craniotomy. Both arterial and venous blood glucose concentrations were obtained immediately before and after treatment and hourly for 4 hours intraoperatively. The arterial blood glucose concentration in those who received 10 mg dexamethasone (n=25) increased from  $97 \pm 5$  mg/dl (mean $\pm$ SD) to  $149 \pm 23$  mg/dl over the course of the study, compared with a change from  $88 \pm 11$  mg/dl to  $103 \pm 12$  mg/dl in those who received placebo (n=25) ( $p < 0.05$  for 4 hour sample vs. baseline for both groups;  $p < 0.05$  between groups at 4 hours). Further, venous blood glucose concentrations were highly predictive of arterial glucose values ( $R^2 = 0.98$ ;  $p < 0.001$ ).

Since elevations in the blood glucose concentration should be avoided in the setting of central nervous system ischemia, findings from this investigation suggest that contemplated corticosteroid use should be reviewed for appropriateness of treatment. If dexamethasone is used, even as a single dose during craniotomy, intraoperative blood glucose concentrations should be carefully monitored and hyperglycemia treated, particularly in patients at risk for glucose-mediated exacerbation of brain injury.

#### PP5

##### **EFFICACY COMPARISON OF ROPIVACAINE 0,5% AND BUPIVACAINE 0,5% FOR AXILLARY BRACHIAL PLEXUS BLOCKADE**

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To compare the efficacy of Ropivacaine - Bupivacaine in application of axillary brachial blockade we studied 30 patients, 25-56 years old, ASA I-II, who underwent operations of the upper limb. The patients were separated in 2 teams: Team A (15 pts) received Ropivacaine 0.5% (30ml), team B (15 pts) Bupivacaine 0.5% (25 ml). All patients received 1mg Midazolam i.v. We recorded BP (mean), HR, and SpO<sub>2</sub> before the application, the initiation and complete installation time of the sensory blockade, the installation time of the motor blockade, the duration of the motor and sensory blockade, the BP, HR, SpO<sub>2</sub> every 5 min after the blockade and the quality of the blockade intra-operatively and postoperatively by using NASP (0-10), 0, 3, 6, 9, 12 hrs after the operation. The vital signs before operation were in Team A: MBP:  $96 \pm 8$  mmHg, HR:  $67 \pm 11$  / min, SpO<sub>2</sub>: 98% and in Team B: MBP:  $93 \pm 10$  mmHg, HR:  $70 \pm 9$  / min, SpO<sub>2</sub>: 98%.

The quality of the blockade intra-operatively in team A was 3/15 complained of malaise because of the esmarch and received supplementary i.v. analgesia. In team B 2/15 received supplementary analgesia. Post-operatively -A/B teams: NASP0=1,7 / 1,5, NASP3=2,8 / 2,5, NASP6=3,3 / 3, NASP9=5,3 / 4,9, NASP12=7,1 / 6,8.

There were no significant differences between the two anesthetics, which appear equally safe and effective for the axillary brachial plexus blockade.

#### PP6

##### **DOUBLE BLOCKADE OF FEMORALIS NERVE AND ISCHIADICUS NERVE BY USING ROPIVACAINE 0,5% Z**

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We studied 20 patients who underwent scheduled operation of the lower limb (8 arthroscopic, 3 patella, 4 tibial and 5 malleolar fractures).

Their age was between 30-59 years, ASA I-II. They received 1mg Midazolam i.v.

We located n. Femoralis and we injected 20 ml Ropivacaine

0,5%, afterwards we located n. Ischiadicus and we injected 20 ml Ropivacaine 0,5% again. We recorded BP, HR, SpO<sub>2</sub> every 5 minutes.:

No changes (>10 %) were observed in vital signs. The initiation time of sensory blockade: was  $10 \pm 3.2$  mins, the complete installation time was  $19 \pm 4.6$  mins, the complete motor blockade was  $25 \pm 3.8$  mins, the duration of motor blockade was  $6.5 \pm 1.2$  hrs and the sensory blockade was  $13 \pm 3.7$  hrs.

Finally 4/20 patients complained for pain intra-operatively and received supplementary analgesia and 2/20 patients received general anesthesia because of the extension of the surgical maneuvers. Postoperatively the NASP0 was 1.9, the NASP3 was 2.4, NASP6 was 3.8, NASP9 was 4.4 and NASP12 was 5.9.

The application of the double blockade (n.Femoralis and n.Ischiadicus) for orthopedic operations of the lower limb is safe, effective and creates fine intra-operative circumstances and satisfactory analgesia after the surgical procedure.

#### PP7

##### **SALIVA LEVELS OF 15-F2t-ISOPROSTANE (15-F2t-IsoP) AS BIOMARKER OF LIPID PEROXIDATION IN AUTISM CHILDREN**

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Background: Autism is a complex neurodevelopmental disorder that usually presents in early childhood and that is thought to be influenced by genetic and environmental factors.

Oxidative stress has been implicated in etiology of neurological, neurodevelopmental and neuropsychiatric disorders including Parkinson's and Alzheimer disease, Down's syndrome and autism. The biological fluids levels of the 15-F2t-Isoprostane (15-F2t-IsoP) are regarded to be the most significant biochemical of the oxidative stress. There are some studies that measured 15-F2t-IsoP in the plasma and urine of children with autism. However 15-F2t-IsoP has not been measured in the saliva of children with autism. This procedure is less stressful for the children with autism.

Objective: The purpose of this study was to evaluate saliva levels of 15-F2t-IsoP in children diagnosed with autism. Saliva levels of 15-F2t-IsoP were determined in 18 children with autism and 21 healthy controls.

Results: Relative to the control children, the children with autisms had significantly higher saliva levels of 15-F2t-IsoP.

Conclusions: a) the results substantiated that lipid peroxidation biomarker 15-F2t-IsoP is increased in autism children b) the saliva is the proper (optimal) biological fluid for the evaluation the lipid peroxidation in autism children.

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PP8

**INTERLEUKIN-1 AND INTERLEUKIN-1 RECEPTOR ANTAGONIST GENE POLYMORPHISMS IN PATIENTS WITH CHRONIC OR AGGRESSIVE PERIODONTITIS**

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The pro-inflammatory cytokines IL-1 $\alpha$  and IL-1 $\beta$ , are present in high levels in the gingival crevicular fluid (GCF) and gingival tissues in periodontally diseased subjects and are thought to be major pathological mediators in chronic inflammatory diseases including periodontitis. Polymorphisms in the genes encoding IL1 $\alpha$  (IL-1A), IL1 $\beta$  (IL-1B) and IL1ra (IL-1RN) of the IL-1 family have been identified and an association between IL-1 alleles and increased severity of chronic inflammatory diseases have been described. This is a case - control study and our aim was to estimate the frequency of the Single Nucleotide Polymorphisms (SNPs) IL1A+4845 and IL1B+3954 and the Variable Number of Tandem Repeats polymorphism (VNTR) of the IL1RN gene in a periodontally healthy Greek population and to compare this frequency with the ones from a group of patients with chronic adult periodontitis and a second group of subjects who suffered from aggressive periodontitis.

The population of this study consisted of three specific groups which were:

- 36 periodontally healthy subjects (Control group)
- 27 patients with chronic periodontitis (CP group)
- 29 patients with aggressive periodontitis (GP group)

These groups were genotyped for SNPs IL1A+4845 and IL1B+3954 using the PCR-RFLP method. Furthermore, we traced our population for the VNTR polymorphism of the IL1RN gene which encodes the antagonist molecule for IL1 receptor using a PCR based method and the primers described in the literature. The differences in genotype and allele frequencies were statistically analyzed using Hardy Weinberg test and the Gene Popó statistical package.

No statistically significant correlation was observed in any of the alleles or genotypes with the absence or presence of the disease. The heterozygous A1/A2 for the IL1B gene was identified in a higher proportion (58.3%) than of which was described in literature for Caucasians (<35%). Furthermore the homozygous A2/A2 for the IL1A gene was observed in a higher frequency (22.2%) than of which was already find for a Greek population (10.9%).

PP9

**ANTI-INFLAMMATORY DRUGS MAY NOT INFLUENCE APOPTOSIS VIA CASPASE-3 ACTIVITY IN RAT HYPERTROPHIED KIDNEY**

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Caspases are intracellular cysteine proteases that mediate cell death and inflammation. We have undertaken this study in order to investigate the mechanisms of action of anti-inflammatory drugs Dynastat (Parecoxid) and Loxitan (Meloxicam) in hypertrophied rat kidney by determining the activity of the apoptotic enzyme caspase-3.

Male rats (Wistar) 230-260 g of weight were divided into two groups (A, B). The second group of animals was submitted to nephrectomy unilateral according to the method of Waynforth.

Nephrectomized or no nephrectomized rats were divided into three subgroups and were injected intramuscularly as following: Subgroups A1 and B1 were injected with NaCl 9‰ (Controls), subgroups A2 and B2 were injected with Dynastat 3,0 mg/k.b.w. (Pfizer) and subgroups A3 and B3 were injected with Loxitan 0.20/k.b.w. (Boehringer Ingelhem). Animals were sacrificed 4, 8 and 10 days after injections and kidneys were homogenized in a sucrose solution 8.5%. The subcellular fractions were taken according to the method of Nordlie and Lardy and the caspase-3 activity was determined by a colorimetric assay kit (Sigma), based on the hydrolysis of the peptide substrate acetyl-Asp-Glu-Val-Asp p-nitroaniline (pNA) moiety.

Decreased caspase-3 activity was found in crude, at 4 and 10 days post nephrectomy, while it was enhanced at 8 days nephrectomy after administration of the above drugs. In renal nuclear fraction the activity of this apoptotic enzyme was shown decreased, as well as in cytosol plus ribosomes fraction. This study shows that the mechanisms of renal hypertrophy/hyperplasia after treatment with Dynastat and Loxitan may not include caspase activation most clearly demonstrated by the activity of caspase-3.

PP10

**EFFECT OF LORNOXICAM IN CASPASE-3 ACTIVITY ON RAT RENAL HYPERPLASIA, HYPERTROPHY**

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Lornoxicam, a novel potent non-steroidal anti-inflammatory drug (NSAID), in animal models, has shown anti-inflammatory, anti-pyretic and analgesic properties. It is indicated for acute mild to moderate pain, for rheumatoid arthritis and osteoarthritis, without carcinogenic effect. We investigated the effect of this drug in caspase-3 activity in stages of hyperplasia/hypertrophy on rat hypertrophied kidney after unilateral nephrectomy.

We used male rats (Wistar) 230-260 g of weight. Animals were divided into two groups (A, B). The second group of animals was submitted to nephrectomy unilateral according to the method of Waynforth. Nephrectomized or no nephrectomized rats were divided into two subgroups and were injected intramuscularly as following: Subgroups A1 and B1 were injected with NaCl 9‰ (Controls), and subgroups A2 and B2 were injected with Lornoxicam 0.40 mg/k.b.w (Nycomed Hellas S.A). Rats were sacrificed 4, 8 and 10 days after injections. Kidneys were homogenized with a Potter Elvehjem homogenizer in a sucrose solution 8.5% (final tissue conc. 1 g tissue/20 ml sucrose 8.5%). The subcellular fractions were taken according to the method of Nordlie and Lardy and the caspase-3 activity was determined by a colorimetric assay kit (Sigma), based on the hydrolysis of the peptide substrate acetyl-Asp-Glu-Val-Asp p-nitroaniline (pNA) moiety.

Our findings showed increased caspase-3 activity in renal crude at 8 days post nephrectomy, while the activity of this apoptotic enzyme was decreased in nuclear fraction. In cytosol plus ribosomes fraction this activity was diminished at 4 and 8 days post nephrectomy. We support the view that Lornoxicam may not have apoptotic effect on rat kidney hyperplasia/hypertrophy.

PP11

**QUALITY OF LIFE IN PERMANENT CARDIAC PACING**

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Introduction: The last years pacemakers have become highly



sophisticated devices capable of performing multiple different programmable functions. While the designers attempt to reproduce as closely as possible the normal intrinsic cardiac pacemaker function, they have still not matched nature's sophistication and fine control. One basic pacemaker issue in primary care is addressed to the question "How does the presence of a pacemaker impact patient presentation/complaint?"

**Methods and Material:** The next structured pacemaker regular (6 month intervals) follow-up (clinical history and medication review, cardiac physical assessment, analysis of intrinsic rhythm, pacing-sensing effectiveness, battery status, pacing-sensing thresholds, lead impedance, retrograde conduction analysis, Wenckebach period, sensor behaviour, intracardiac ECG, atrioventricular delay optimization, and optional procedures), was applied on 182 patients (M=104, F=78, mean age 74 +/- 8.9 years).

**Results:** The summary of pacemaker-related symptoms (dizziness, near syncope, syncope, confusion, dyspnea, orthopnea, paroxysmal nocturnal dyspnea, edema, pulsation in neck and abdomen, choking sensation, jaw pain, headache, apprehension, mental status change, diaphoresis, fatigue, weakness, markedly decreased exercise capacity, dyspnea with exertion, lethargy, lightheadedness, palpitations, rapid heart rates, chest fullness, chest pain and chest colds) were appeared in 55 patients (30,2%) mostly carrying ventricular pacemakers (39 pts) and less in atrioventricular pacing (16 pts).

**Conclusion:** The cardiologists running the pacemaker outpatient clinics have to be able to address any pacemaker malfunction that negatively affects the quality of life of their patients and to solve the problem by regulating the pacemaker's parameters. And furthermore the clinicians will suggest this successful approach to more patients.

PP12

#### CHANGE OF PATIENTS' HABITS AS AN IMPACT OF A HEART ATTACK

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**Background/Aim:** To describe the personal, socio-laboral and family impact on our patients after their first Myocardial Infarct (MI).

**Methods:** Patients who suffered a MI in 2005 and were registered in two Health Centres and a Hospital answered to a questionnaire, concerning demographic variables, change in risk factors (tobacco, alcohol, diabetes, hypertension and dyslipidaemias), laboral situation, impact on family life and concern about sexual life.

**Results:** Total of 62 patients: 43 males (63,4%), mean age: 61,23 (38-92). Smoking cessation: 27/38 patients. Alcohol consumption limitation: 23/32 patients. Physical activity increase: 36/62; most of them aged <70 (p<0.01). Weight loss: 32/41 of the overweight patients. Most of the patients with diabetes, hypertension and dyslipidaemia increased their interest about risk factors and stated that they had improved them. 69,4% of the patients stated that the disease changed their family lives, affecting mainly their partner. Patients aged ≥ 70 showed more concern about their family impact (p<0,05). 12 out of 20 previously sexually active patients have stopped sexual activity. 17 out of 26 patients who were working before MI returned to their work.

**Conclusion:** Most of the patients reduced their risk habits. Family dynamics changed, affecting mostly the partner. There was a tendency to quit previous sexual and, secondly, laboral activity.

PP13

#### METABOLIC SYNDROME: NEW IDF CRITERIA LEAD TO A NEW DISTURBING FREQUENCY

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**Background/Aim:** The comparison of the frequency of metabolic syndrome (MS) in a population of a rural region of Achaia based on the criteria of NCEP ATP III versus the frequency based on the new suggested International Diabetes Federation (IDF) definition.

**Methods:** Files of 505 Health Services Users were examined. Mean age: 64.49 (18 -95). 303 females (60%). They who fulfilled the NCEP/ATP III criteria were recorded as MS1, and those who fulfilled the IDF criteria were recorded as MS2.

**Results:** MS1: 137/505 (27.1%), 99 females and 38 males (incidence: 32.7% in females, 18.8% in males). Age distribution: 0-45: 3/73 (4.1%), 45-54: 5/54 (9.3%), 55-64: 34/90 (37.8%) and ≥ 65: 95/288 (33%). MS2: 197/505 (39%), 148 females and 49 males (incidence: 48.9% in females, 24.3% in males). Age distribution (years): 0-45: 9/73 (12.4%), 45-54: 15/55 (27.3%), 55-64: 43/90 (47.8%) and ≥ 65: 130/288 (45.1%).

**Conclusion:** With the application of the IDF criteria, the already high frequency (27.1%) of MS in this population becomes exceptionally high (39%). This ascendant differentiation remains constant regardless the sex and the age-related team; MS is still more frequent among the age of ≥ 55 years (p<0.0001) and among women (p<0.0005). That makes the early diagnosis of the syndrome in Primary Health Care even more valuable and suggests that an overall approach to the problem should be adopted, other than to encountering each risk factor separately.

PP14

#### THERAPY AND MATOBOLIC SYNDROME ASSOCIATION WITH SEX AND PHARMACEUTICAL THERAPY

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The Metabolic Syndrome (MS) is a group of associated disorders, which raise the probability of developing a cardiovascular disease or second type diabetes. The basic subject pathophysiologic disorder in the syndrome is the insulin resistance. A 10% of the Greek population suffers this disease, while many are unaware of suffering.

Our AIM is to report the parameter changes of MS after a trimester of therapy in association with the gender.

**Method - Patients:** We studied 53 patients aged average 56.23 ± 10.6 (24 men, 29 women) for a three months time with MS, divided in three groups accordingly to their therapy: a) dietic therapy and exercise, b) as "a" plus hypolipidaemic (STAT), and c) as "a" plus insulin-secretion medication (GLUCO). All patients were under therapy with anti-hypertension medication.

For defining the syndrome we used the NCEP-ATP III standard. In the research, we did not include any patients to which because of excessive fat (BMI > 30) we added Orlistat, and 6 patients not obeying the therapy.

**Results:** Concluding, the gender affects the results of the therapy just towards the compliance of patients (all 6 not complying patients were male).

In the therapy of MS, a significant role is played by the proper nutrition and exercise. The differences in the improvement of the lipidemic profile in patients of the team of the dietic therapy in correlation to those on hypolipidaemic medication are statistically not significant. This implies the greater significance of the reduction of physical weight in the therapy of MS.

## PP15

#### ASSURING QUALITY OF CARE - MANAGEMENT OF DIABETES MELLITUS IN GERIATRIC PATIENTS A CLINICAL AUDIT IN A PRIMARY CARE RURAL HEALTH CENTRE

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**Background-aims:** Improvement of clinical care of elderly diabetic patients in accordance to the current practice guidelines should be in a high position on the agendas of primary care physicians. Clinical audit is a key component of this process. A clinical audit of type II diabetes mellitus management in the geriatric patient was designed and implemented in our centre. **Materials-Methods:** A diabetes mellitus audit protocol previously designed by one of us for Crete Regional Health and Welfare System was used as a base for the construction of an audit form focusing on the following clinical points: a) Percentage of patients to whom daily low-dose aspirin has been prescribed. b) Percentage of hypertensive diabetics receiving treatment with an ACE or AT-II inhibitor. c) Percentage of patients with LDL-C plasma levels over 100mg/dL who were treated with a statin.

**Results:** 346 elderly (mean age 72) diabetics were visiting the unit regularly. Of them 298 suffered from hypertension and 279 from hypercholesterolemia. Daily aspirin had been prescribed to 77% of patients. ACE or AT-II inhibitors had been prescribed to 210 (70%) of hypertensive patients. Statins were given to 232 (83%) diabetic patients with hypercholesterolemia.

**Conclusion:** These are considered to be encouraging results especially concerning the management of hyperlipidemic diabetics. The clinical audit was estimated to be valuable in supporting the clinical staff of our unit to improve quality of care of our diabetic patients, and to ensure that possible poor clinical performance is detected and acted upon.

## PP16

#### CORRELATION BETWEEN OSTEOARTHRITIS AND OSTEOPOROSIS OF AN ADULT POPULATION

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**Aim:** The purpose of our work was to study the correlation between osteoarthritis (OA) and osteoporosis (OP) of an adult population, taking into account all parameters.

**Population - Methods:** A total of 449 adult patients with a mean age of 59.5+9.1 years were enrolled in our study. A diagnosis of OA (former or recent diagnosis) was established for the majority of the patients (313 out of 449 - 69.7%) and one of OP (former or recent diagnosis) for the rest of them (136 out of 449 - 30.3%). All patients whose OD had not been assessed yet (DEXA) or who had never been subjected to radiological scans of knees, hips, shoulders and hands were subjected to those tests. As far as patients with a former diagnosis (no more than 2 year's old) of OA or OP are concerned, only results of the initial exams were assessed. Patients' parameters including age, sex, occupation, BMI, past medical and family history, associated diseases, T-Score, location and severity of OA were recorded and a statistical analysis of the available data was performed using the S.P.S.S.

software v.11.

**Results:** We registered 347 women (77.3%) with a mean age of 61.2+9.4 years and 102 men (22.7%) with a mean age of 57.8+8.9 years. The sites of appearance of OA in order of frequency were the knees (229 out of 313 patients - 73.2%), the hips (48 out of 313 patients - 15.3%) and the shoulders (17 out of 313 patients - 5.4%). The severity of OA depended on each patient's clinical and radiological findings (Visual Analogue Scale of Pain). The severity of OP depended on the T-score at the lumbar region of the spinal column and the hips. Patients who suffered from moderate or severe OA were not found to have moderate or severe OP respectively ( $r = -0.81$ ). On the contrary, patients with polyarticular OA ( $r = 0.62$ ) were found to have osteopenia or mild OP (mean T-score value:  $-2.1 \pm 0.19$ ). Finally, a positive correlation was noted between increased BMI score ( $>33.9$ ) and severity of OA ( $p < 0.002$  -  $r = 0.78$ ). This correlation was inexistence as far as patients with OP were concerned ( $p = 0.89$  -  $r = -0.57$ ).

**Conclusions:** Our data showed a negative correlation between OP and OA, especially for obese patients, but were inconclusive for patients with polyarticular OA. The multivariate statistical analysis showed that generalised OA could be considered a reliable negative index as far as the risk of developing OP is concerned ( $r = -0.36$ ), especially when it comes to obese adults ( $r = -0.94$ ).

## PP17

#### METABOLISM VITAMIN DISORDERS UNDER NORMAL AND PATHOLOGICAL CONDITIONS

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Vitamins are a heterogeneous group of organic molecules, essential for numerous metabolic operations. The replenishment of their insufficiency is important in the cure of several pathological disorders.

**Our Aim** is to report the vitamin disorders.

**Material:** The vitamin deficiency mechanism is divided in two groups:

A. Deficiency mechanism under normal conditions:

I. Secondary nutrition disorder caused by:

- The cooking manner - vit A by 10%, vit B1 by 30%, vit PP by 30-60%.

- The food conservation conditions.

- Geographical differences variety - vit A, vit C, vit B1 are found in lower levels in food produced in mountainous regions, than in those produced in lowland regions.

- Disproportion in a food ingredient:

a. food rich in carbohydrates - lower levels of vit B1, vit B2, vit C.

b. food rich in proteins - lower levels of vit B6.

c. food poor in proteins - lower levels of vit A, vit D.

d. food without lipids - lower levels of carotene.

II. Increased need caused by:

- Athletism - vit B1, vit B2, vit C.

- Pregnancy - vit A, vit B1, vit B6, vit C, vit D.

III. Anti-vitamins - biological substances, which prevent the biochemical use of vitamins - raw egg (connected with the biotins in idle shape), processed wheat with alkali (neutralization of thiamin).

B. Deficiency mechanism under pathological conditions:

| Disease            | Mechanism                  | Vitamin Insufficiency |
|--------------------|----------------------------|-----------------------|
| Gastric rejection, | Absorption disorder        | B12                   |
| Enteral rejection  | Absorption disorder        | B12                   |
| Cholecystitis      | Absorption disorder        | A, D, K               |
| Achlyrdria         | Absorption disorder        | C, B12, B6            |
| Elderly            | Endogen synthesis disorder | B1, B2, B6, D         |
| Antibiotic cure    | Endogen synthesis disorder | B1, B2, B6, B12, K    |
| Fever              | Increased needs            | B1, B2, B6, C, D.     |
| Parasites          | Endogen synthesis disorder | B12                   |
| Liver disorders    | Storing disorder           | A, K, B12, PP         |
| Hypothyroidism     | Effectiveness disorder     | C, B, K               |
| Thyreotoxicosis    | Effectiveness disorder     | C,                    |
| Addison disease    | Effectiveness disorder     | C, B                  |

|                       |                     |                       |
|-----------------------|---------------------|-----------------------|
| Chronic inflammations | Increased needs     | C, PP, B              |
| Smokers               | Increased needs     | C                     |
| Methemosphairinaimia  | Increased needs     | C                     |
| Diabetes incipidus    | Increased ejection  | PP, C, B              |
| Dialysis              | Increased purgation | B2, B1, B6            |
| Proteinury            | Increased ejection  | A                     |
| Alcoholism            | Absorption disorder | B1,B6,B12, folic acid |

Conclusion: A one vitamin insufficiency is found more rarely than the insufficiency of many vitamins. Most cases are connected with a mal-absorption syndrome, alcoholism, pharmacotherapy, dialysis, total par enteric nutrition and "one-sided" nutrition.

PP18

#### OMEGA 3 FATTY ACIDS FROM FISH AND THEIR EFFECT ON HUMAN HEALTH

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Omega-3 fatty acids are essential to human health. The human body cannot produce these types of fatty acids, they must be obtained from food. Food types rich in omega 3 fatty acids are certain 'plant' oils and fish.

There are three major types of omega 3 fatty acids that are ingested in foods and used by the body: alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). Once eaten, the body converts ALA to EPA and DHA, the two types of omega-3 fatty acids more readily used by the body. Extensive research indicates that omega-3 fatty acids reduce inflammation and help prevent certain chronic diseases such as heart disease and arthritis.

Fish is considered a good source of protein without the high saturated fat that can be found in other sources of animal protein such as fatty meat. Fish like mackerel, lake trout, herring, sardines, almore tuna and salmon are good sources of two kinds of omega 3 fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA).

This study is an attempt to establish the importance of the omega 3 fatty acids produced by fish to the human health and well being, by reviewing the current international literature.

PP19

#### THE ROLE OF PARATHYROID HORMONE (PTH) IN BLOOD PRESSURE REGULATION IN HYPERTENSIVE DIABETIC(TYPEII) PATIENTS

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Increased levels of PTH have been found in hypertensive diabetic patients with normal renal function and no proteinuria, probably in response to reduced levels of calcium. We investigated the potential link of serum levels of PTH, serum glycemia, total cholesterol, low and high-density cholesterol and ambulatory arterial pressure in patients with essential hypertension and diabetes. In our study we included 16 women and 12 men, mean age 53.2±8. Secondary causes of hypertension were ruled out on the basis of conventional clinical and laboratory criteria and all patients received anti hypertensive drugs (ECE inhibitors plus diuretic). The plasma concentrations of total PTH were measured by the RIA method. 24 hours ambulatory blood pressure monitoring was performed. Results showed that the mean concentrations of total plasma PTH was 40.42±8.76 pg/ml and there was significant correlation between the plasma concentration of PTH and daily values of systolic and mean blood pressure ( $r=0.71$ ,  $p=0.08$  and  $r=0.65$ ,  $p=0.15$  perceptivity). There was positive significant correlation with serum glycemia ( $r=0.59$ ,  $p=0.019$ ), low density cholesterol ( $r=0.62$ ,  $p=0.014$ ) and negative correlation with high density cholesterol ( $r=0.52$ ,  $p=0.06$ ). In conclusion there is a significant correlation of PTH and blood

pressure in hypertensive diabetic patients. Possible pathogenetic mechanisms could be PTH enhancement of calcium entry into smooth muscle cells and/or PTH action on the sympathetic nervous system.

PP20

#### ERYTHROPOETIN BLOOD LEVELS IN PATIENTS WITH TYPE I DIABETES, RENAL IMPAIRMENT AND ANEMIA

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This study aim to determine the prevalence of the functional EPO deficiency in a cross-sectional survey of patients with type I diabetes in the age of ,45 years old and the its effecton on their quality of life.

Clinical data of 35 patients with type I diabetes were obtained including a full blood count, iron indices and detailed history of diabetes complication. All the patients filled up the questionnaire of Kidney disease and quality of life. EPO levels were measured in the same samples, and correlated with the presence of anemia, iron deficiency and renal dysfunction.

25% of the patients had anemia, of whom 78% had EPO levels lower than the normal range. This association was most pronounced in patients with renal impairment (RI). Nearly half of all the patients with RI had anemia and sexual dysfunction (SD). However, 70% of anemic patients had not RI, and had EPO levels lower than the normal range. 30% of anemic patients had diabetic kidney disease. Among patients with normal EPO levels, 40% had iron deficiency as main cause of anemia.

The findings confirm that the likelihood of the EPO deficiency in young patients, is not dependant on the severity of renal impairment and can affect patients in early stages (stage I or II). Anemia is more than simply a marker of microvascular disease, and in diabetes type I is associated with vascular complication. Correction of anemia can improve the quality of life of the young diabetic patients.

PP21

#### HEARING AIDS: QUALITY OF LIFE AND SOCIO-ECONOMIC ASPECTS

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Objective: Hearing loss can significantly impair the quality of life of patients affecting communicative behavior, mental status, emotional and social function. This study assesses the impact of hearing aids on the quality of life of patients in a rural area and its correlation with socio-economic factors.

Materials - methods: 30 patients (18 male, 12 female), with sensorineural hearing loss of variable etiology, using hearing aid were enrolled in this study. Mean age of subjects was 74 years. This study used the Glasgow Benefit Inventory (GBI) to quantify the changes in quality of life. The binaural use and the type of hearing aids were recorded in relation with the health insurance of patients.

Results: 90% of the patients used one hearing aid (mean GBI total score 35) and only 10% had binaural hearing aid (mean GBI total score 45) ( $p<0.001$ ). The majority of patients used analog hearing aid (65%) and only 35% digital hearing aid. Interestingly, it was found that patients failed to attend appointments for calibration of hearing aids with a mean follow up of 2,5 years. Conclusion: This study demonstrated significantly better quality of life from binaural hearing aid use comparing to monaural. The binaural use of hearing aids was related with the financial status of patients and the kind of health insurance. Additionally, more subjects used analog hearing aids, as they are less expensive than the digitally hearing aids.

PP22

**OBSTRUCTIVE SLEEP APNEA SYNDROME AND WORKING EFFICACY**

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Osas is a serious, prevalent condition that has significant mortality and morbidity when untreated. Severe obstructive sleep apnea (OSAS) is most often accompanied by metabolic syndrome, obesity, diabetes and coronary disease. In its most severe form, it is a life-threatening condition, requiring active and immediate help. The objective of this study was to assess patient's subjective opinion about their working efficacy and the correlation with the results of polysomnography.

Material - Methods: Twenty-four patients with sleep disturbances were evaluated with polysomnography and endoscopic examination with Muller maneuver in our ENT department.

Patients completed the Epworth sleepiness scale (ESS), and a special focused (6-questions) working efficacy questionnaire (WA). We correlated the results with the Apnoea - Hypopnea index of the patients (AHI) and the Snore Index (SI).

Results: Patients were divided in 4 groups, according their Apnea -Hypopnea index (AHI). We correlated the polysomnography results (Pearson's correlation coefficient, Spearman's rho and Kendall's tau-b) with the results of WA questionnaire. Following multiple linear regression analyses of the clinical and polysomnography parameters, AH Index was the independent factor that correlated best with the baseline WA score. There was a significant correlation between the Apnea - Hypopnea index and the working efficacy score. Snoring was found to be a minor factor of decreased working efficacy

PP23

**THE EFFECT OF OBSTRUCTIVE SLEEP APNEA AND SNORING ON THE QUALITY OF LIFE OF FAMILY MEMBERS**

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The objective of this study was to examine the measurement properties of the Sleep Apnea Quality of Life Index in f people with OSAS and single snorers.

Material and Methods: In a 12 month period, twenty-four patients with sleep disturbances were evaluated with polysomnography and endoscopic examination (Muller maneuver) in our ENT department. Patients completed the Epworth sleepiness scale (ESS), the Mickelson scale, and the Calgary Sleep Apnea Quality of Life index (SAQLI).

We focused on a part of SAQLI, a 15-question based score, Disturbance Index (DI) and the Mickelson Snoring Score (MSS). This 15-question based score provides measures of anxiety, role limitation due to physical problems, role limitation due to emotional problems, social functioning, mental health, and energy/vitality. We correlated the results of questionnaires with the results of polysomnography (Apnea-Hypopnea Index (AHI) and the Snore Index (SI) of patients). We used the SPSS program, version 7(Pearson's correlation coefficient, Spearman's rho and Kendall's tau-b) There was a significant correlation between the snoring index and the DI score. Snoring was found to be a great factor of decreased QoL

Results: Patients were divided in 4 groups, according their Apnea -Hypopnea index (AHI). We found that Disturbance index was correlated to the AHI and SI. Statistically, was more significant the correlation between SI and Disturbance index as well as between SI and MSS.

We also found that even in mild or absence of apneas, the disturbance index was increased, as a result of the snoring.

PP24

**QUALITY OF LIFE IN ELDERLY PATIENTS WITH UNDIAGNOSED DISEASE OF THE THYROID**

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Aim: The investigation of frequency of undiagnosed disease of the thyroid, in elderly patients in community.

Material-method: The material of our study was 27 patients. It was 7 men and 20 women mean age 71 years old (64-88). They suffered from atypical symptoms such as headache, stiffness and cramping of the muscles, weakness, insomnia, chronic constipation, dizziness, temperature intolerance, etc. All these symptoms had been considered as psychoneurotic events caused their age. In their medical history was recorded diseases such as Diabetes mellitus, Arterial Hypertension, Coronary heart disease, arrhythmias, Stroke, COPD, etc. All of them received required treatment.

In all the patients became clinical evaluation and then designation in serum the levels of T3, T4 and TSH with RAIU method. Results: Pathological value of hormones presented the 10 (37%). The 40% of them had increased T3, the 10% increased T4 and 50% presented hypoclinical hypothyroidism with increased TSH. Conclusions: Evaluation of our results, shows that important percentage of elderly presents disturbance of thyroid function that easily escaped the medical attention of approach the patients in community. And that worsens the quality of life of patients the third and fourth age.

PP25

**QUALITY OF LIFE GYRIATRIC PATIENTS**

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The people of the third age constitute 18% of the population of a country with the prospect to increase at 10% at 2030.

Aim of our study was to study the quality of life of individuals of the third age that were treated in our Clinic.

Material - method: constituted 234 patients from which 60% were women and 40% men of average age of 75 years.

Results: 8% suffered from psychiatric diseases, 35% from diseases of the cardiovascular system, 18% from diseases of the respiratory system, 22% from malignant diseases, 7% from inflammatory diseases, 7%endocrine diseases and 3% from various other diseases.

Conclusion: old age is the time of the downfall of the individual which begins with the decrease of the bodily functions, in the 92% of patients there hardly exists an explicit medical problem and, in the 8% it concerns psychiatric disturbances, and there should be particular sensitisation towards gyriatric patients.

PP26

**SERUM SOLUBLE Fas AND FasL LEVELS SIGNIFICANTLY CORRELATE WITH ANTIBODIES AGAINST TSH RECEPTORS IN GRAVES' DISEASE**

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Aim: To assess levels of soluble Fas (sFas) and soluble Fas

ligand (sFas-L) in sera from patients with Graves' disease (GD). FasL, a cell surface molecule belonging to the TNF family, binds to its receptor Fas constitutively expressed in thyrocytes, thus inducing their apoptosis. sFas molecule lacks the transmembrane domain and blocks Fas-mediated apoptosis.

Methods: A total of 82 of GD patients participated in the study: 16 hyperthyroid at initial diagnosis (Group A), 28 hyperthyroid under treatment (Group B), 30 euthyroid under treatment (Group C) and 8 on chronic remission (Group D). Another 56 matched normal controls were examined. Levels of sFas and sFas-L were determined by a sandwich enzyme-linked immunosorbent assay. TSH, fT3, fT4, antibodies against TSH receptors (TRAK), thyroglobulin (anti-TG) and thyroid peroxidase (anti-TPO) were assayed with radiometric methods.

RESULTS: sFas and sFasL serum levels in GD patients and normal controls are shown in the following table:

|          | sFas (ng/ml) | sFas ligand (ng/ml) |
|----------|--------------|---------------------|
| Controls | 0.68 ± 0.19  | 0.088 ± 0.03        |
| Group A  | 2.04 ± 1.37  | 0.298 ± 0.1         |
| Group B  | 1.90 ± 1.10  | 0.272 ± 0.08        |
| Group C  | 1.26 ± 0.65  | 0.176 ± 0.05        |
| Group D  | 1.02 ± 0.67  | 0.142 ± 0.05        |

In GD patients, sFas and sFasL levels were significantly higher compared with normal controls ( $p < 0.005$ ). Levels of sFas and sFasL in the hyperthyroid subgroups (Groups A and B) were significantly higher than in euthyroid GD patients ( $p < 0.01$ ). Levels of sFas and sFas-L were significantly correlated with TRAK antibodies ( $r = 0.61$  and  $0.72$  respectively,  $p < 0.005$ ) and there was also a weaker correlation with fT4 ( $r$  approximated  $0.30$ ,  $p < 0.05$ ). Euthyroid GD patients under long term treatment ( $> 6$  months) tended to have lower levels of the apoptotic inhibitors, while sFas and sFasL levels did not correlate with the other parameters of the thyroid function studied.

Conclusion: Serum sFas and sFas-L levels were significantly higher in GD patients and correlated significantly with TRAK antibodies. These findings in combination with the increased bcl-2 expression found in GD may contribute to the promotion of thyroid gland growth and the induction of infiltrating lymphocytes apoptosis.

#### PP27

##### QUALITY OF LIFE OF USING ORLISTAT IN OBESE PATIENTS IN THIRD AGE

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Aim: It is known that obesity presentet in high percentage in third age and correlatet with other cardiovascular risk factors. The aim of our study was to evaluate the quality of life in obese patients in third age after receiving orlistat.

Material: Thirty eight patients (28 women and 10 men), mean age 69 years (65-73) was the material of this study. In 26 patients (69%) the body mass index (BMI) averaged 28,5(27-30)-group 1(Gp-1). 12 patients (31%) had BMI  $> 30$  (Gp-2). Evaluated the presence of other cardiovascular risk factors

(e.g. hypertension, diabetes, coronary diseas etc.) and the receiving of proper treatment.

All the patients received orlistat 120 mg x 3 eating a mildly hypocaloric diet. In this study measured weight loss over a 6-months period

Results: The BMI calculated 26,5 (26-28) of Gp-1. In the patients of Gp-2, BMI calculated 30 (28-32).

Twelve obese patients (-30%) had lost  $> 8\%$  of their initial body weight. Five patients (13%) had stopped the trial because of oily spotting (over 20 days). There were no significant differences for their sex and age.

Conclusion: In obese patients in third age, orlistat in combination with a low-fat diet was effectiveness and reduces body weight

in the first six months. The safety of the medication in this short study was satisfactory

#### PP28

##### MOOD ALTERATIONS FOLLOWING AN EXERCISE SWIMMING POOL PROGRAM IN HEALTHY ELDERLY WOMEN

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The purpose of this study was to evaluate the effects of an 8-week recreational exercise program on mood state of 38 sedentary elderly women, aged 60 to 75 years. The variables comprising mood state were positive engagement revitalization, tranquility and physical exhaustion and evaluated according to a 5-point scale. Subjects were allocated to one exercise group ( $n = 20$ ) and one control group ( $n = 18$ ). Exercise was performed for one hour, three times weekly. The training program was based on the Long Term Physical Activity Workshop and consisted of exercises for improvement of flexibility, general strength and coordination as well as for the reinforcement of self - esteem and self - confidence. Subjects were pre - and post-tested for the selected variables. The elderly who participated three times a week had a significantly more positive mood profiles than non-exercisers ( $p < 0.05$ ). Findings are discussed in terms of design and measurement improvements, the need to focus research efforts on multiple components of fitness in relation to mood state in the elderly.

#### PP29

##### ACE-INHIBITOR VERSUS $\beta$ - BLOCKER FOR THE TREATMENT OF HYPERTENSION IN RENAL ALLOGRAFT RECIPIENTS

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The goal of this study was to compare the antihypertensive and renal effects of the ACE inhibitor enalapril with those of the  $\beta$  - blocker atenolol in renal allograft recipients.

20 patients who received enalapril (daily dose titrated between 10 and 20 mg-group 1) and 15 patients who received atenolol (daily dose titrated between 50 and 100 mg-group 2) completed the 24-months study. All patients had stable graft function (serum creatinine concentration,  $< 1.5$  mg/dl) at entry into the study.

Enalapril decreased diastolic blood pressure from  $93 \pm 1$  to  $83 \pm 1$  mm Hg and atenolol decreased diastolic blood pressure from  $94 \pm 1$  to  $84 \pm 1$  mm Hg. The serum creatinine concentration did not change significantly in either group after 24 months. After 24 months, the change in urinary albumin excretion from baseline was  $100 \pm 15$  mg/d in the enalapril group and  $500 \pm 32$  mg/d in the atenolol group ( $p = 0.03$ ).

These results show that enalapril and atenolol are effective anti-hypertensive drugs when used after renal transplantation. Moreover, compared with atenolol, enalapril has no adverse effects on graft function. The relative reduction in albuminuria observed with enalapril as compared with atenolol could indicate a beneficial effect of enalapril on long-term graft function.

#### PP30

##### THE EFFECTS OF SELECTIVE ALPHA ADRENORECEPTOR INHIBITORS ON HEMODYNAMIC, METABOLIC AND RENAL FUNCTION IN HYPERTENSIVE PATIENTS WITH NEPHROPATHY

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There is a sound physiologic rationale for using  $\alpha_1$  adrenergic receptor inhibitors to treat hypertension. By selectively antagonizing binding of norepinephrine to the  $\alpha_1$  adrenergic receptor of the vasculature, the agents reduce blood pressure directly by blocking receptor mediated smooth muscle constriction, thereby increasing peripheral vascular resistance. In order to evaluate the effects of terazosin on hemodynamic, metabolic and renal function, we treated 39 patients (29 men and 10 women) primary hypertensive, aged from 22 to 71 years old, who were administered to orally terazosin treatment at a daily dose 2-5mg for 6 months. Most of the patients (89.7%) were previously treated with antihypertensive treatment. 94.8% were uncontrolled with mean values of systolic blood pressure (SBP) = 161.0 ± 14.00 mmHg and diastolic blood pressure (DBP) = 102.0 ± 9 mmHg and terazosin was added to the previous medication. In 4 cases terazosin was used as monotherapy. Routine clinical examination, biochemical tests, microalbuminuria, glucose, cholesterol, triglycerides were performed before and after treatment periods. Echocardiography performed before and after periods showed left ventricular hypertrophy in 72% of the patients and was not improved 6 months after the therapy. The creatinine remained stable in 92.3% of the patients during the 6 months duration of the study. The benefit of the medication was more evident in older men, as the antihypertensive therapy with terazosin improves the symptoms of benign prostate hypertrophy (BPH) also. We conclude that terazosin is able to control blood pressure in hypertensive population with impaired renal function previously treated and uncontrolled. Consequently, we showed that  $\alpha_1$  adrenergic receptor inhibitors have favorable effects on the level of plasma lipids and microalbuminuria has significantly decreased.

PP31

#### ELDERLY PATIENTS WITH HYPERTENSION IN PROVINCIAL POPULATION

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Hypertension is considered the greatest threat for cardiovascular episodes. It is predicted that by 2010 the percentage of elderly patients (>65 years old) will be 21% of the total population.

Our Aim is to report hypertension, while also the coexistence of other factors of cardiovascular morbidity in aged population and the type of therapy.

Patients-Method: In between 2004-2005 1100 patients were examined in the Medical Center of Katastari, from whom 415 (37.7%) aged patients (average 71 ± 5.4). We separated all patients with hypertension. We studied the success of the therapy and the accompanying diseases.

Results: Hypertension was discovered in 130 (28.8%) patients, from whom 57 were men and 73 were women. The response to the anti-hypertension therapy was - 65.38% (85/130). The accompanying diseases (hyperlipoproteinemia, diabetes mellitus, coronary disease, heart failure, cerebrovascular disease, thyroid dysfunction, disorder of collagen biosynthesis, chronic renal failure) formed 77.69% (101/130). The issued medication: ACE-inhibitors and  $\alpha_1$  46/130 - 35.38 %, Ca-inhibitors = 40/130 - 30.77 %, diuretic = 22/130 - 16.92 % and  $\beta$ -blocker = 20/130 - 15.38 %.

Concluding, the cardiovascular hypertension is frequent in third age population (31.3%). There is a great percentage of accompanying diseases (77.69%). During the therapy the most frequent medication is ACE-inhibitors,  $\alpha_1$  and Ca-inhibitors. The

response to the therapy is satisfying, and this fact forces us to insist on it.

PP32

#### MANAGEMENT OF HYPERTENSION AND QUALITY OF LIFE

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Purpose: The registration of epidemiological data of hypertension in the region of responsibility of the Health Centre of Moires Heraclio Crete.

Material and Methods: The study included a random sample of the population that visited the general practitioner's office of the Health Centre. A complete medical history was taken to all of the patients.

Results: In this study participated 202 hypertensive persons, 140 (69.3%) men and 62 (30.7%) women. A) 194/202 patients 96% had primary (essential) hypertension and 8/202 patients 4% had secondary hypertension. The majority of patients developed hypertension after the age of 50. The average age was 57.5 years old. B) Co existent disease were: a) Coronary heart disease 80 patients (60/80 men 75%, 20/80 women 25%) b) Diabetes mellitus 32 patients (20/32 men 62.5%, 12/32 women 37.5%) c) Stroke 16 patients ( 12/16 men 75%, 4/16 women 25%) C) Hypertension regulation with: a) Lifestyle modification 16 (7.9%) b) One antihypertensive drug 42 (20.8%) c) Two drug combination 120 (59.4%) d) More than two drugs combination 24 (11.9%). D) Other major risk factor: a) Cigarette smoking 110 (54.4%) b) Excessive alcohol consumption 70 (34.6%) d) Obesity 42 (20.85%) e) Stress 36 (17.8%) f) Dyslipidemia 98 (48.5%) g) Increased salt intake 180 (89.1%) h) Positive family history for hypertension 198 (98%).

Conclusions: Hypertension is a major clinical problem because of the affect of harmful factors such as smoking, obesity, excessive salt and alcohol consumption. The natural way of life and the avoidance of harmful habits contribute to a better quality of life.

PP33

#### RENOPROTECTIVE EFFECTS OF COMBINED ANTIHYPERTENSIVE THERAPY IN CHRONIC NONDIABETIC RENAL DISEASE

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Background: There has been much concern about the renoprotective role of different antihypertensive agents in chronic kidney disease. Angiotensin converting enzyme inhibitors (ACE-I) and Angiotensin II receptor blockers (ARB) were found to have specific renoprotective properties in patients with renal disease. Beyond that, it has been claimed that long acting calcium channel blockers (CCB) have similar antiproteinuric effects.

Methods: In the present study we tried to compare the effect of combination therapy of ACE-I plus ARB/CCB on proteinuria with that of ACE-I monotherapy in patients with chronic nondiabetic renal disease.

Results: 16 patients received enalapril and after one month we observed the reduction of BP from 162 ± 4 / 95 ± 2 to 145 ± 4 / 86 ± 2 mmHg. (p < 0.05). 28 patients received the combined therapy of enalapril plus diovan/ amlodipine. Blood pressure decreased from 158 ± 2 / 94 ± 3 to 142 ± 2 / 85 ± 2 mmHg (p < 0.05) At six months the antihypertensive efficacy remained sustainable in both groups, but the antiproteinuric action was greater in the combined

therapy group ( $-48 \pm 4$  %) than in the the monotherapy group ( $-23 \pm 3$  %), although the baseline values of proteinuria were similar in both groups ( $2.05 \pm 0.26$  gr/d vs  $2.34 \pm 0.18$  gr/d) ( $p < 0.2$ ). We did not observed difference on antiproteinuric effects between ACE-I + ARB group and ACE-I + CCB group.  
 Conclusion: The beneficial additive effects of combined therapy are more renoprotective despite similar reduction of BP in both groups and these effects obviously are attributed to blood pressure independent mechanisms.

## PP34

**BACTERIOLOGICAL FINDINGS FROM BRONCHIAL ASPIRATES OF ICU PATIENTS IN GENERAL HOSPITAL**

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Aim: The recording of organisms isolated from bronchial aspirates of ICU (Intensive Care Unit) patients.

Material and Methods: We included in our study 140 samples of bronchial aspirates from ICU patients who had been hospitalized in ICU for at least 3 days. Samples were sent to the microbiology laboratory during 2 years period of time (1/1/2004 until 31/12/2005). Clinical specimens were inoculated onto appropriate culture media according to the usual procedure of the laboratory.

Results: 76 out of 140 samples were positive (54.28%), while 64 were negative (45.71%). We isolated 87 microbial strains in total and the frequency of isolation of each one was as follows: *Pseudomonas aeruginosa* 28.7%, *Candida* spp. 18.4%, *Klebsiella pneumoniae* 9.2%, *Aspergillus* spp. 8.04%, *Acinetobacter baumannii* 8.04%, *Coagulase Negative Staphylococci* (CoNS) 5.7%, *Enterobacter cloacae* 4.6%, *Stenotrophomonas maltophilia* 4.6%, *Serratia marcescens* 3.4%, *Enterobacter aerogenes* 2.3%, *Staphylococcus aureus* 2.3%, *Enterococcus* spp. 2.3%, *E. coli* 1.1% and *Pseudomonas putida* 1.1%.

Conclusions: Over half of the samples tested gave positive culture results. *Pseudomonas aeruginosa* was the most frequently isolated organism. Gram negative isolates were the most frequent group of organisms (63.15%) while important rates of isolation were also documented for fungi (26.43%).

## PP35

**INFECTIVE ENDOCARDITIS AND EBSTEIN ANOMALY**

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Background: Ebstein anomaly is an abnormality in the tricuspid valve. True prevalence is unknown because mild forms frequently are undiagnosed. Infective endocarditis is a less common presenting form of Ebstein anomaly. Infective endocarditis not only affects the heart, but also produces a wide variety of systemic signs and symptoms through several mechanisms.

The aim: To present a case with Ebstein anomaly, presented with Infective Endocarditis and complicated with Pulmonary embolism.

Case report: We present the case of a two years child, which before the admission was unknown to have cardiac problems. The child was very intoxicated with fever till 39.5o C, dyspnoea and gasping.

An week before the initiation of the fever, the child was treated for Urosepsis ( *Escheria Coli*) with intravenous medicaments. Physical examination reveals cyanosis and heart murmur. Echocardiography shows vegetations in an abnormal tricuspid valve, characteristic for Ebstein anomaly. Based on Duke criteria for the diagnosis of endocarditis (Echocardiography with vegetations; Hemoculture - *Staphylococcus Aureus* positive) the child has been treated for infective endocarditis probably by a nosoco-

mial bacteraemia with Vankomicine + Gentamicine. The child during treatment has been complicated with Pulmonary embolism, for which was essential the use of Heparine.

Conclusion: Infective Endocarditis remains a diagnostic and therapeutic challenge.

Pulmonary embolism in Ebstein anomaly with infective endocarditis is a major complication.

The use of Heparine is essential in cases complicated with pulmonary embolism.

## PP36

**ANTIMICROBIAL SUSCEPTIBILITY OF PSEUDOMONAS AERUGINOSA AND ACINETOBACTER BAUMANNII STRAINS ISOLATED FROM ICU PATIENTS**

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Aim: *Pseudomonas aeruginosa* and *Acinetobacter baumannii* are frequent pathogens isolated from clinical specimens of ICU (Intensive Care Unit) patients. Our aim was to determine their susceptibility rates to antibiotics that are frequently used in clinical practice.

Material and Methods: During 1/1/2005 and 31/12/2005 we isolated 17 *Pseudomonas aeruginosa* and 15 *Acinetobacter baumannii* strains from different clinical specimens of ICU patients. Microbiological cultures of the samples were performed by conventional methods while antimicrobial susceptibility was determined using the mini API system and the disc diffusion method according to the NCCLS guidelines.

Results: Susceptibility rates for *Pseudomonas aeruginosa* were as follows: Ticarc/clavulanic acid 76,5%, Piper/tazobactam 82,4%, Ceftazidime 75%, Imipenem 80%, Meropenem 81,2%, Cefepime 60%, Amp/sulbactam 0%. *Acinetobacter baumannii* had the following susceptibility results: Ticarc/clavulanic acid 23,5%, Piper/tazobactam 8,3%, Ceftazidime 7%, Imipenem 28,6%, Meropenem 18,7%, Cefepime 68%, Amp/sulbactam 8,34%.

Conclusions: *Pseudomonas aeruginosa* was more susceptible to tested antibiotics, compared to *Acinetobacter baumannii* isolates, except for Cefepime and especially Amp/sulbactam which were more effective against *Acinetobacter baumannii*. Surveillance data on susceptibility rates regarding these two usually multiresistant organisms are necessary in order to select the appropriate antibiotic treatment.

## PP37

**THE LIFE QUALITY OF PATIENTS WITH CHRONIC RESPIRATORY FAILURE AND CORONARY DISEASE**

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Purpose: The main purpose of this study is the improvement of life quality of patients who suffer from CRF, myocardial ischemia and those who have undergone a coronary artery bypass grafting (CABG). Material- Method: In a sample of 80 patients who are suffering from respiratory failure we assessed the life quality via the Greek Edition of the questionnaire SORT FORM 36 (SF-36) and it was contrasted to 80 patients who are suffering from coronary disease and have undergone a by-pass.

Results: The patients who suffered from coronary disease and had recently undergone CABG (< 1 year) were ranked as having the worst life quality concerning their physical and emotional situation, in comparison with the patients who were suffering. The latter, compared to patients who had an old by-pass (> 2 years), reported that they had remarked a great reduction on their vivacity. From the patients with CRF, 65% is mobilizing easily not only indoors, but outdoors as well, while from the

patients with coronary disease, 15% is mobilizing only indoors. This fact mainly has to do with patients having a recent by-pass and unstable angina. Their bad life quality was related to BMI, their age, and the co-existing disease.

Conclusions: The family, general doctor is able, through encouragement and support, to help the patients suffering from respiratory failure and coronary disease, either ones of final or non-final stage, to recover socially and to avoid depression and isolation, substantially improving their life quality.

PP38

#### ACUTE LEUKEMIA WITH PULMONARY MANIFESTATIONS

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The aim of the presented study is to investigate the frequency of various forms of respiratory organs affection in children, to reveal the role of bacterial and mycous flora in development of pulmonary infections complications at AL.

The results of treatment of 72 children admitted to Haematology Center are analyzed. The retrospective analysis of case histories of 126 AL patients has been conducted. The cytologic aspect of a bronchoalveolar lavage was dominated by leukemic blasts with pulmonary manifestation was diagnosed.

Pulmonary affections have been revealed in 30.8% of cases. According to our data the frequency of infectious complications at AL makes about 74%. The share of pneumonias among them is 48.3%. Tuberculosis was found in 6, chronic bronchitis - in 5, exsudative pleuritis - in 15, mycous lesion - in 4 patients. In 14 children with pneumonia prolonged neutropenia. In 12 children a significant decrease in the content of A and G immunoglobulinema were revealed. Staphilococcus epidermidis has been discharged in 16.6% of cases. Staphilococcus aureus has been discharged in 14.2, Streptococcus pneumoniae in 15% of patients. Haemophilus influenzae in 15.6%, and in 8.3% of patients - Enterobacterium were revealed. According to our data the frequency of leukemia affections of lungs makes about 36%. Deep adenopathies have been revealed in 5 patients. Leukemoid infiltration of lungs has been found in 6 patients. Blast pleurites at AL has been stated in 6 patients, and hyperleukocytic lung - in 2 cases. The predictors of lethal outcome of pneumonia in children with AL have been revealed.

PP39

#### PREVALENCE OF ASYMPTOMATIC TUBERCULOSIS INFECTION IN HOSPITALIZED THIRD AGED PATIENTS

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Background: Tuberculin skin test (Mantoux), since 1890 (Robert Koch), continues to be the only widely used test for detecting asymptomatic tuberculosis infection in general population.

Aim: To evaluate the prevalence of positive Mantoux in third aged hospitalized patients.

Materials & Methods: In 152 patients, [80 F / 72 M, mean aged 75 yrs (65-90)], from our Dpt. the period September - October 2004, a Mantoux test was done (Tuberculin PPD 0.5IU Pasteur).

The reaction, after 48 to 72 hours, was considered positive if there

was an induration 10 mm or more. Patients with history of TBC, cancer, treatment with immuno-suppressive drugs and recent infection were excluded.

Results: 86 (57%) were 65 - 74 years old and 66 (43%) 75-90. 32% had Diabetes Mellitus, 18% suffered from COPD and 15% from renal failure. Positive Mantoux had 11 patients (7,2%). There was no statistical difference in the prevalence of positive Mantoux between the two aged groups (9% in 65 - 74 aged vs 5% in 75 - 90 aged). COPD patients showed a higher percentage of positive Mantoux (17%, vs 4% in diabetics and 0% in patients with renal failure)

Conclusions: The low percentage of positive Mantoux in our patients compared with the prevalence of Latent Tuberculosis Infection in Greek population (25 - 35%), shows that the use and evaluation of Mantoux test must be done with caution in third aged hospitalized patients. Co-morbidities, cutaneous anergy and booster phenomenon related to third age can probably explain the above results.

PP40

#### EVALUATION OF HEALTH-CARE WORKER VACCINATION IN A SEMI-URBAN GREEK HOSPITAL

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Background: Maintaining a complete vaccination status for health-care workers (HCWs) is important to minimize morbidity among staff and patients.

Aims: To assess HCWs vaccination coverage for influenza, pneumococcus (PNU), HAV, HBV and tetanus in a semi-urban hospital.

Methods: Self-completed questionnaires were distributed to nurses and doctors.

Results: From 120 HCWs [78 doctors and 42 nurses / age 35.7 + / - 9.6 (SD)], only 2 (1.7%) reported a complete vaccination status in all 5 vaccines, 24.2% for influenza, 4.2% for PNU, 15.7% for HAV, 55.8% for HBV and 60% for tetanus, while 25 (20.8%) had done none of them. Men were more likely to be vaccinated than women, with this difference reaching statistical significance in tetanus vaccine ( 75% vs. 48.5% p<0.01) . Doctors were more likely to be vaccinated than nurses, with statistical significance in HBV and tetanus vaccine [64.1% vs. 40.5% ( p<0.05) and 67.9% vs. 45.2% ( p<0.05), respectively]. HCWs in Surgical Depts were more likely to be vaccinated than HCWs in Internal Medicine Depts, with statistical significance in influenza and HAV vaccines [ 51.9% vs. 22.7 % (p<0.01) and 37% vs. 13.6 % (p<0.05) respectively ]. Also HCWs in Hospital were more likely to be vaccinated than HCWs in regional health-care services, with statistical significance in influenza and tetanus vaccines [32% vs. 11.1% (p<0.01) and 68% vs. 46.7% (p<0.05 ) respectively].

Conclusions: HCW vaccination coverage and knowledge of vaccination requirements were poor. Adequately resourced HCW vaccination programs are necessary to improve vaccination coverage and reduce the risk of vaccine-preventable diseases among staff and patients.

PP41

#### PREVALENCE OF ANTIBODIES AGAINST HAV, HBV, HCV, LEPTOSPIRA AND HEMORRHAGIC FEVER VIRUSES IN THE PERSONNEL OF W.S.C.TH.

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People that come in close contact with water and sewage are thought to be susceptible of acquiring various diseases. The aim



of the present study was to investigate the presence of HBV, HCV, HAV, HIV, Leptospira and hemorrhagic fever infections in the personnel of Water and Sewage Company of Thessaloniki, a population prone to be infected due to sewage contact.

**Method:** We prospectively studied 160 workers in two different time periods, in 2001 and 2005. 131 were men (81,9%) while the remainder were women (29 or 18,1%). Blood was drawn in both instances from all workers, both those in contact with sewage and those working at offices. We determined the prevalence of anti-HAV, anti-HCV, anti-HBc, HBsAg, anti-Leptospira and antibodies against hemorrhagic fever.

**Results:** The prevalence of HAV infection was high in both time periods (87,6% in 2001 and 88,8% in 2005), being higher in those in contact with sewage and water (94,5% vs. 54,4%,  $p < 0.01$ ). The greater the age the higher the HAV-infection rates. HCV infection was not so common (0,65% and 0,63% in 2001 and 2005 respectively), with no difference among white collars and other workers. Less than 5% of workers (4,5% and 4,9% in 2001 and 2005 respectively) were HBsAg positive, while 36,4% and 36,8% (in 2001 and 2005 respectively) had positive anti-HBc. The prevalence of anti-HBc was greater in those working in close contact with water and sewage (41,8%) compared to those working in offices (19,4%,  $p < 0.01$ ). No worker was found to have antibodies against Leptospira or Hemorrhagic fever in neither occasion.

**Conclusion:** Prevalence of HAV and HBV infection remains high, although the rate of infection remains stable (no new infection was detected). HCV infection on the other hand is a rare occurrence. Early detection of susceptible persons and early vaccination should protect the workers against those water-borne infections.

PP42

#### **EXPRESSION OF TNF- $\alpha$ IN THE PERIPHERAL NERVE OF PATIENTS SUFFERING FROM NEUROPATHY ASSOCIATED WITH INFECTION OF HIV**

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**Purpose of the Study:** The purpose of our research was to study the expression of Tumor Necrosis Factor alpha (TNF -  $\alpha$ ), valued with immunohistochemical methods in biopsies of the suralis nerve, in patients suffering from Distal Symmetric Polyneuropathy (DSPN) associated with infection of Human Immunoreactive Vector (HIV).

**Materials and Methods:** We have examined the biopsies of the suralis nerve of 14 patients affected of DSPN and HIV. For the immunohistochemical study we used pieces of 7x5mm of the suralis nerve incubated with the primary antibody: monoclonal antibody anti - TNF -  $\alpha$ , Santa Cruz. As a control group we used the biopsies of the suralis nerve of 9 patients affected of other types of Peripheral Painful Neuropathies.

**Results:** We have studied 14 patients affected of DSPN and HIV who suffered from neuropathic pain. The 9 patients affected of other types of Peripheral Painful Neuropathies suffered from neuropathic pain, too. The immunohistochemical study showed the expression of TNF -  $\alpha$ , in all the 14 patients examined. 4 of them have showed the maximal reaction. The positive expression of TNF -  $\alpha$ , was found and in the 9 patients of the control group.

**Conclusions:** Pain is the predominant clinical expression of patients affected with DSPN and HIV. The expression of TNF -  $\alpha$ , was observed in all the examined patients. It's very important to continue the research for identify the mechanisms of neuropathic pain, in order to treat in appropriate mode the patients affected from Painful Neuropathies like DSPN.

PP43

#### **LIVER DISEASES ASSOCIATED CHOLESTASIS AND HEALTH-RELATED QUALITY OF LIFE**

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Symptoms associated with liver diseases cholestasis negatively affect health-related quality of life (HRQL).

**Aim:** It was to measure HRQL in patients with liver diseases cholestasis and to determine factors associated with more severe impairment.

**Methods:** Our study was a cross-sectional one. We documented patients' demographic and clinical characteristics, and measured their HRQL using the Short Form-36 and Chronic Liver Disease Questionnaire. We assessed the association of HRQL impairment with disease severity (Child's-Pugh class) and compared patients' HRQL with those of a healthy population, and diabetes.

**Results:** Ninety four patients with liver diseases cholestasis were included. Among them 78% were men, with an average age of  $57 \pm 12$  yr. Of these patients, 84% had cirrhosis (47% Child's A, 29% Child's B, and 8% Child's C). Patients with cholestatic liver disease showed more HRQL impairment than the healthy population and were similar to patients with diabetes. Patients who experienced severe itching showed profound HRQL impairment. In patients with cholestasis Physical Component Summary (PCS) scores of the SF-36 and Chronic Liver Disease Questionnaire (CLDQ) scores fell from noncirrhotic to Child's A to Child's B and C. No other clinicodemographic data were associated with patients' well-being.

**Conclusions:** Patients with liver diseases cholestasis revealed to have impairment of HRQL, which is further affected by worsening disease severity. Disease-specific measures were better able to discriminate patients with varying severities.

PP44

#### **REDUCED QUALITY OF LIFE OF PATIENTS SUFFERING FROM HEPATOCELLULAR CARCINOMA**

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Several data demonstrated that health-related quality of life is reduced in patients with cirrhosis and with chronic hepatitis in relation to antiviral therapy.

Not so many data are available on patients with hepatocellular carcinoma.

**Aim:** To assess health-related quality of life in cirrhotic patients with hepatocellular carcinoma.

**Methods:** Health-related quality of life was assessed in 105 hepatocellular carcinoma patients by means of Short Form-36 and Nottingham Health Profile questionnaires. The data for individual patients were compared to age-adjusted values obtained in 96 matched patients with cirrhosis, without hepatocellular carcinoma.

**Results:** All Short Form-36 domains and 5 out of 6 Nottingham Health Profile domains were altered. When hepatocellular carcinoma patients were compared with matched cirrhotics, differences were present for Bodily Pain, Role Limitation-Physical, and the Physical Component Summary of Short Form-36, as well as Pain of Nottingham Health Profile.

Health-related quality of life was not primarily related to tumour mass or hepatocellular failure. Logistic regression revealed sleep disorders to be associated with poor health-related quality of life. **Conclusions:** The present data stress the relevance of pain in poor perceived health status of hepatocellular carcinoma patients, and the importance of symptoms, such as sleep disorders.

PP45

#### **TOXIC HEPATIC LESION AND EPILEPTIC ATTACK**

### PROVOCATED BY ANTIVIRAL DRUG(ACICLOVIR)-CASE REPORT

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**Aim:** To present a case of severe toxic hepatic lesion with previous single epileptic like attack, provoked by antiviral drug (Aciclovir) used in therapy of Herpes Zoster.

**Case:** 37 old man, no smoker, use alcohol rare, no anamnesis for previous hepatic or other disease and previous epileptic attacks. Because of appearance of Herpes Zoster on the neck, the patient was treated with antiviral drug (tabl. Aciclovir 5x200 mg/7 days). After the last tablet with out any previous signs he have lost the consciousness associated with cramps, similar to epileptic. Because of that the patient was transported to the Neurology department, after the condition was stabilized, the patient with any symptoms was left on home treatment.

Laboratory findings showed high enzymic activity, what indicated severe hepatic lesion.

AST (463-1124U/L); ALT (76-182 U/L); LDH (2871-13940U/L); CPK (37720-56920U/L); CRP +; anti HIV and markers of viral hepatitis negative.

Abdominal Echosonography-normal findings.

Two weeks after vitaminotherapy and hepatoprotective therapy all findings were in normal limits and the patient was in good condition.

**Conclusion:** Toxic hepatic reaction with severe enzymic activity provoked with optimal dose of antiviral therapy is possible in previous healthy population.

PP46

### CONCEPTION AND DELIVERY AFTER LIVER TRANSPLANTATION: A 2 CASE REPORT

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**Case I:** A 37 years old woman having 3 previous pregnancies with a normal delivery, got pregnant fourth time by normal conception, after liver transplantation.

The case was considered as a high risk pregnancy and therefore medication, clinical follow up and decision concerning the treatment were taken in collaboration with Obstetrics /Gynaecology and Transplantation Clinics of the University of Thessaloniki. The first and second trimester passed by with no major complications.

On 34th week and 6 days of gestation the patient enter the hospital for clinical, biochemical and obstetric examination. Slight deterioration of liver and renal function was recorded, witch in combination with IUGR and high blood pressure raised the diagnosis of preeclampsia (suspecting preeclampsia).

After a trans-clinical meeting, decision of C.D. was taken.

A living female 2230 gr. fetus was born, with APGAR score 8 on 1 min. and 9 on 5 min. The mother was transferred precautionary to the Intensive Care Clinic for 2 days, and afterward to the Transplantation Clinic from witch she exits in 5 days in good condition.

**Case II:** A 31 years old woman, transplanted 3 years ago, with a normal conception, first partum, enter our clinic on 31 weeks of gestation with hypertension and oedema. Five days later, oligouria and renal function deterioration appeared while on the 6th day C.D. was decided after a trans-clinical meeting.

A 1430 gr male living fetus with 7 on 1 and 8 on 5 min. APGAR

score was born. After a brief period of nursing in Intensive Care Clinic, 4 days of hospitalization in O & G Clinic and few more days in the Transplantation Clinic, mother exits the Hospital in excellent condition.

PP47

### RENAL REPLACEMENT THERAPY IN ALBANIA

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In Albania, about 116 patients per one million people in year go to chronic renal failure (CRF). For 3.5 millions inhabitants are expected to be about 250-300 patients in year that need renal replacement therapy. Actually, in our country there are four hemodialysis centers, at UHC "Mother Teresa" in Tirana, Elbasan, Shkodra and Gjirokastra, in which are treated 110 patients. Also, there are about 30 patients treated by peritoneal dialysis from four years. So, there are about 140 patients treated by dialysis at our country, to away from the figure mentioned up. For this reason, we think that renal transplantation from living donors would be an efficient method of treatment for these patients, providing a high quality of life with a lower cost than other methods. From some years, in our Service of Nephrology are in follow-up about 80 patients, who have performed the renal transplantation abroad mainly in Turkey, Greece, Italy etc. They come regularly to take the immunosuppressive treatment. Five of them are dead: 1 from acute rejection, 1 from malignancy, 3 others from different infections. But until now no organizative structure has exist for renal transplantation in Albania. Actually is created a Task Force structure to prepare the necessary modalities to make possible the realization of renal transplantation in Albania.

PP48

### BENEFICIAL EFFECTS OF L-CARNITINE IN POSTDIALYSIS FATIGUE

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Patients under hemodialysis present low muscle concentration of carnitine. Post dialysis fatigue is a common symptom in patients on chronic hemodialysis. We enrolled 48 patients in a cross-sectional study using validated questionnaire and chart review. Thirty one patients complained of fatigue after dialysis (PDF). On formal testing using the Kidney Disease Questionnaire, the PDF group had statistically greater severity of fatigue and somatic complains than the group without subjective fatigue ( $p=0.03$  and  $0.04$ , respectively). On the scale measuring intensity of fatigue (1=least to 5=worst), the PDF group was  $3.4 \pm 1.2$ . PDF subjects reported that,  $75\% \pm 25\%$ , of dialysis sessions were followed by fatigue symptoms. They reported an average of 5.4 hours of rest or sleep to overcome the fatigue symptoms. We administered 20mg/kilo L-carnitine intravenously at the end of every dialysis treatment to all the 31 patients of the PDF group for 60 days. The L-carnitine therapy improved all the scores of fatigue symptoms on the PDF group. The symptoms which exhibited improvement were asthenia, cramp, intradialysis hypotension and dyspnea after exertion. The L-Carnitine administration at the end of hemodialysis can improve the quality of life of patients under chronic dialysis treatment.

PP49

### POLYNEUROPATHY IN CHRONIC DIALYSIS PATIENTS

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Background: More than 65% of patients who suffer from chronic renal failure will develop some degree of nerve damage. 60% of diabetics and less than 3% of general population is affected from peripheral polyneuropathy. The symptoms of neuropathy are usually the only method of diagnosis. In dialysis patients exposure to toxins such as urea or pth may be the reason. AIM: the aim of our study was to examine the possibility of polyneuropathy and to correlate this clinical condition with our laboratory data of our patients. Patients-methods: we investigated 30 patients, in chronic dialysis program in bicarbonate for 4 hours three times per week. We performed an electromyogram after dialysis session to intendify polyneuropathy .Males were:18/30(60%), mean age of the patients was:66.4±11.72y and mean duration in dialysis:30.28±23.08 months.We divided the patients into two groups. The diabetics (group A) and non diabetics (group B). The statistical analysis made with one way ANOVA. Results: no signs of polyneuropathy revealed in 9/30 patients (30%).In upper and lower limbs polyneuropathy revealed in 15/30 patients (50%). Polyneuropathy in lower limbs only in:7/30 (23%) .4/30 (13%) referred to the surgeon for carpal tunnel syndrome. Patients in group A revealed a statistical difference in dialysis duration and in pth levels(p<0.012)

No statistical differences revealed in other parameters between 2 groups.

We conclude that chronic dialysis patients suffer from polyneuropathy in a high percentage especially these with a longer duration and with more severe secondary hyperparathyroidism. May be the improvement in dialysis therapy and the better control in hyperparathyroidism will improve these condition.

PP50

#### IMMUNOSUPPRESSIVE TREATMENT OF LUPUS NEPHRITIS

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Over the past decade cyclophosphamide has come to assume an increasingly prominent role in management of severe, life-threatening manifestations of lupus nephritis (LN). We have studied the effects of immunosuppressive therapy in our patients (pts) with LN.

40 pts, 29 females and 11 males (mean age 33±4.3 years) were studied prospectively during a period of 5-62 months. Pts were divided in three groups: the first group of 13 pts was treated with cyclophosphamide, the second group of 15 pts was treated with prednisolone, and third group of 12 pts was treated with cyclophosphamide and prednisolone.

Nephrotic range proteinuria was present in 17 pts, respectively in 6, 6 and 5 of each group. 10 pts (respectively 3, 3, and 4 of each group) had impairment of renal function (creatininemia &#8805; 2 mg %). After 6 months of treatment, proteinuria decreased in 11 pts (respectively in 6, 3, and 2 of each group). Difference was significant between first and second group, and first and third group (p<0.038, p<0.05). Renal function improved in 7 pts (respectively in 4, 2, and 1 of each group; p<0.05, p<0.04). 3 pts, one of each group, died due to the progression of the disease.

We conclude than pulse cyclophosphamide treatment in our pts was more effective than the treatment with prednisolone alone and both combined. The pts treated with cyclophosphamide, had less undesirable effects than the other pts treated with prednisolone alone and cyclophosphamide combined with prednisolone.

PP51

#### THE INFLUENCE ADEQUACY OF DIALYSIS AND COMORBIDITIES ON QUALITY OF LIFE PATIENTS ON MAINTENANCE HEMODIALYSIS

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Objective: The interest for the patient's perception of their health has largely increased in the last years, together with the awareness that such subjective aspects require valid methods of analysis. SF-36 is a self-administered scoring system that has been widely used and validated as a quality of life (QoL) assessment tool in many clinical conditions, as well as at patients on hemodialysis (HD). The aim of this study is to investigate the QoL in HD patients, and analysis independent factors which impact on QoL in HD patients.

Methods: 192 HD patients who had on HD for more than six months were included, and QoL was investigated with the Medical Outcome Study (MOS) Short Form 36-Item Health Survey (SF-36). Sociodemographic, biochemistry and clinical data, as well as a comorbidity index (ICED-index) were also collected.

Results: We found that patients on HD perceived a significant worsening in their QoL in all investigated parameters (dimensions) of QoL questionnaire. Lower QoL was found in diabetic patients comparing with non-diabetic patients. Age and comorbidity were the independent factor which impact on QoL, while gender, parameters of adequacy of HD and duration of HD therapy is not. There were significantly correlated between QoL and Hb, albumin, education level, marriage status, income and duration HD session, but in final regression analysis only age, income and indexes of comorbidity (IDS and IPI) have significant impact (p < 0.05) on overall quality of life score (SF-36).

Conclusions: We concluded that younger age, income and less comorbidity predict better QoL.

PP52

#### PROFILES IN DIALYSIS

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The aim of this work is to present the effect of programmed ultrafiltration and sodium with dialysis machines Fresenius 4008E on 12 patients in our centre and the effect on decreasing of disequilibrium syndrome and hypovolemic symptoms during the dialysis.

There are not necessary any other costs- the same dialiseres,lines and solutions for dialysis are used with pre-programmed ultrafiltration and sodium profiles.

In my researching U-F profile number 5 has been used where the ultrafiltration has two phases - phase on active losing fluid and phase on refilling of fluid from extracellular to intravascular space wich phases alternate changes.And sodium profile number 5 which follows the course of U-F profile , so the plasma sodium concentration increases at a high UF rate and decreases at a low UF rate.This ensures that balance neutrality is maintained.

As a result of changes at the U-F rate were fluid is shifted into the vascular space than is removed through the low U-F rate.

My work was an impact of these profiles on 12 patiens(7male and 5 female)all with cardiovascular descases during 20 months profiled dialysis and I concluded that the arterial tension was stabilized and the muscle cramps were very rare , the headache and the other subjectival difficulty were reduced during dialysis.

PP53

#### HOMOCYSTEINEMIA IN UNSUPPLEMENTED ELDERLY HEMODIALYSIS PATIENTS

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**Background:** Higher level of homocystein is a consistent event in patients on hemodialysis (HD) treatment and hyperhomocysteinemia is recognized as an independent risk factor for increased cardiovascular morbidity and mortality. To investigate if homocystein levels are different in elderly HD patients than in younger the study compared 2 groups of patients with similar duration of HD: 1st group - 14 pts. older than 65 years and 2nd group - 14 pts. younger than 65 years.

**Material and methods:** All patients were tested for serum levels of total homocystein (Hc) (Abbot IMX FP-assay), plasma folate (Fol) and vit. B12 (Bayer ACS:180 assay). The patients were not supplemented by hydrosoluble vitamins during the last 6 months. **Results:** The levels of Hc were significantly higher than normal in both groups, but not much different: in 1st group -  $36.8 \pm 10.2$  vs.  $35.6 \pm 11.7$  mmol/l in the 2nd group (p N.S.). Folic acid and vit. B12 showed non-significant lower levels in elderly patients, as follows: Fol.Ac.:  $3.2 \pm 3.2$  vs.  $3.6 \pm 3.7$  nmol/l (p N.S.); B12:  $235 \pm 122$  vs.  $243 \pm 134$  pmol/l (p N.S.).

**Conclusion:** There are no serious differences of serum levels of homocystein, folic acid and vit. B12 in the compared groups of younger and older HD patients and the slight lower folic acid and vit. B12 in elderly are maybe due to the reduced gastrointestinal absorption of these vitamins, because of some atrophic changes.

PP54

**THE RISK FACTORS FOR END-STAGE RENAL DISEASE (ESRD) IN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE (ADPKD)**

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The progression to renal failure in ADPKD patients (pts) is influenced by factors that are considered as risk factors. Pts with these factors may be those for whom therapeutic intervention would be of great benefit. We have studied those subpopulations with ADPKD with highest risk for ESRD.

200 ADPKD pts (mean age  $48.5 \pm 12.2$  years) were studied retrospectively during 15 years. Survival times were calculated as time to dialysis, transplantation or death. Risk ratio was calculated using the Cox proportion hazards model.

55 pts entered in ESRD and 34 pts died. PKD 2 subjects had longer renal survival than PKD 1 pts (median survival 58 vs. 41 yr;  $p < 0.001$ ; risk ratio=2.3). Subjects who were diagnosed before age 30 and those who developed hypertension before age 35 had worse renal survival than those diagnosed after age 30 or those who remained normotensive after age 35 (age of diagnosis: 48 vs. 60 yr;  $p < 0.0001$ ; risk ratio=3.6; hypertension: 50 vs. 62 yr;  $p < 0.0001$ ; risk ratio=4.3). Treated pts with urinary disinfectants had a significant lower frequency of urinary infections than those untreated ( $p < 0.001$ ). Moreover, treated pts demonstrated a slope of creatinine of 0.0007 vs. 0.0148 of untreated pts ( $p < 0.001$ ).

We conclude that the onset age of autosomal dominant polycystic kidney disease influences its course; those subjects diagnosed later in life have more benign course disease than those diagnosed earlier. It is very important to diagnose and to treat hypertension and urinary infections early in the course of this disease.

PP55

**EPIDEMIOLOGICAL AND CLINICAL PROBLEM ON VIRAL HEPATITIS (B AND C) IN DEPARTMENT FOR NEPHROLOGY IN GOSTIVAR IN PERIOD (1995-2006)**

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Viral hepatitis B and C are epidemiological, clinical, prevent and

therapeutic problem at center for Hemodialyses (in patient with ESRD and hemodialyses treatment).

The aim of work, is to see problem of hepatitis B and C in our Center for hemodialyses and nephrology, on patients in praedialyses period and dialyses treatment and to give conclusion to this problem.

In period from 10 years from 127 patients, 45 (38%) are HBSnAg (B) positive, 82 (62%) are HBSnAg (B) negative, patients with clinical active hepatitis B are 11 (25%), patient with clinical persistence hepatitis B (confirm with hepatic biopsy and clinical laboratory) are 9 (20%).

Mortality on patients with hepatitis B in this period for 10 years is 3 (2%).

The personal who works in Department for Dialyses in Gostivar have Clinical Active Hepatitis B (two doctors and one nurse).

In period 2000-2006 year, the patients are investigated in praedialyses treatment (10 patients) and 40 patients with dialyses treatment in our center.

Praedialyses patients are HBSnAg B negative and HCV negative and preventive (Engerix B) for hepatitis B. Dialyses patients are investigated (for B and C hepatitis) clinical and laboratory and has (B-, C-, 14 patients), (B+,C- one patient), (B-, C+ 15 patients),(B+, C+ 9 patients).

From these patients (5 patients are for living donor kidney transplantation).

They are in program for treatment with Pegasus.

Early prevention on patients in praedialyses period and patients with dialyses treatment is basis for preventive and curative program in nephrology.

PP56

**RENAL PROTECTION WITH ANTIHYPERTENSIVE AGENTS**

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Renal protection is a notion promoted by many pharmaceutical companies in physicians encourage to change their prescription habits. The gold standard of evidence of renal protection shows prevents or delay of renal function decline over time, or prevention of renal structural changes, or both. Proteinuria reduction may be an adequate indicator of renal response.

ACEI are renal protective medications in proteinuric glomerular diseases like nephropathy. Dihydropyridine calcium channel blockers increase proteinuria, while non-DHP CCB's reduce proteinuria. The combination of very strict blood pressure control and ACEI can cause remission and even regression of overt diabetic kidney disease in more than 50% of patients.

The issue of which CCB is best initial monotherapy as a renal protective agent is of limited clinical relevance. ACEI are established as first line drugs in proteinuric diseases, but are not by themselves particularly potent antihypertensive agents. Achieving low BP targets is probably even more important than decisions about initial monotherapy because in chronic kidney diseases this will usually require more than one drug anyhow. DHP remain useful agents within a multidrug combination designed to maximally lower BP and protect the kidney. Possible class differences and optimal combination therapies should be explored further in clinical trials.

PP57

**EXPERIENCE FROM THE PLACEMENT AND FUNCTION OF PERMANENT DOUBLE LUMEN CUFF TUNNELED CATHETER IN HEMODIALYSIS**

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Aim of the study was to evaluate the quality of hemodialysis in patients with double lumen vein cuff tunneled catheters at the second half-year of 2005.

Material and methods: Sixteen (16) hemodialysis patients (6 M, 10 F), with double lumen vein cuff tunneled implanted catheters because of lack of other vascular access were included in our study. The age of patients was  $73.8 \pm 9.3$  years. All catheters were placed in the Hospital Lamia at the second half-year period 2005. We overall used 19 catheters. The following parameters were evaluated: complications at the placement, complications during the hemodialysis and adequacy of hemodialysis.

Results: In 3 from the 16 patients was replacement of new catheter necessary (1 removal from exit site, 1 exit site inflammation and 1 dysfunction through arterial leg stenosis due to manufacture defect). The permanent catheter was selected as initial vascular access in 5 by the 16 patients, the access places were the followings: 13 in the right internal jugular vein, 3 in the left internal jugular vein, 1 in the right subclavia vein, 1 in the left subclavia vein and 1 in the right femoral vein. The only complication which presented immediately afterwards the placement of catheters, in 4 patients, was bleeding of chirurgical section and subcutaneous hematoma. The mean duration of catheterfunktion is 9 months and there were no episodes of infection, thrombosis or other complication presented. The sufficiency of hemodialysis was measured in 13 by 16 patients (2 death and 1 was submitted in another Renal Unit). The conditions for hemodialysis were: Duration of HD 3.5 - 4 hours, Blood flow rate 270 - 300 ml/min and surface area of filter 1.8 - 2.0 m<sup>2</sup>.

Hemodialysis adequacies were: URR =  $70.2 \pm$  of 5.7 %, Recirculation =  $7.4 \pm 4.6$  %, spKt/V =  $1.24 \pm 0.15$ , vein eKt/V =  $1.12 \pm 0.13$ .

Conclusions: The placement of vein cuff tunneled catheters in our Hospital is a sure method of vascular access, without complications. The hemodialysis adequacy and the recirculation of the patients is very satisfactory.

PP58

#### EFFECTS OF SEVELAMER HYDROCHLORIDE IN CHRONIC RENAL FAILURE

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Background: Sevelamer Hydrochloride is an effective phosphate binder and it does not contain aluminium or calcium. These features make it advantageous over other phosphate binders. Beyond that, this drug has a favorable influence in the lipid profile.

Methods: We tried to determine the effects of Sevelamer Hydrochloride in 36 patients with chronic renal failure (Stage 4-5). After an wash out period of two weeks, all the patients received Sevelamer Hydrochloride (Renagel) and were followed for a six month period. Every month we determined the concentration of serum phosphorus, calcium, and calcium-phosphate product. Lipid profile was studied (including low and high density lipoproteins). PTH was determined in the beginning and at the end of the study.

Results: The changes observed in the measured parameters were as follows: mean change of serum phosphorus was  $-0.68 \pm 0.74$  mmol/l.; serum calcium changed in  $0.06 \pm 0.42$  mmol/l.; calcium-phosphorus mean change was  $-2.34 \pm 1.18$  mmol/l. ( $p < 0.0001$ ). LDL-cholesterol decreased by  $0.78 \pm 0.64$  mmol/l (mean  $-27\%$ ,  $p < 0.0001$ ). HDL- cholesterol increased by  $0.16 \pm 0.78$  mmol/l (mean  $+21\%$ ,  $p < 0.0001$ ). Side effects of Sevelamer Hydrochloride were insignificant.

Conclusion: The use of Sevelamer Hydrochloride is a useful way of treating patients with advanced chronic kidney disease and is devoid of important side effects. This drug improves the calcium-

phosphate equilibrium and the lipid profile of chronic renal patients.

PP59

#### PARATHYROID HORMONE (PTH), POTASSIUM (K) AND DIALYSIS - A CASE REPORT

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Background: In advanced CRF the ability of kidneys to excrete K fractionally declines and extrarenal disposal becomes more critical. Despite hemodialysis (HD) clears extra load of K, sometime 3 weekly sessions could not be sufficient.

Aim: The study describes a case of very high serum K in a HD patient admitted for parathyroidectomy (PTec). We try to explain the event by a dependence of K PTH.

Material and methods: A 44 years old woman from countryside was admitted in Surgery for PTec. Blood tests showed very high serum K before HD (b.d.) despite  $kt/V > 1.25$  and no haemolysis, trauma or blood transfusions were happen. We tested PTH, acid-based equation (ABE) and K after HD (a.d.).

Results: We found a neutral ABE a.d., but K was 7.5 and 7.8 mmol/l b.d. and 4.2 and 4.3 mmol a.d. at 1st and 2nd HD respectively.  $kt/V$  was similar to epicrisis date. PTH was 2500pg/ml (2 months ago it has been 1500pg/ml). To prepare the patient for operation we made HD in 3 consecutive days. The patient was PTec. and she had no longer extremely high K b.d..

Conclusion: The case suggests that very high PTH provokes very high K in patients with CRF. It is maybe due to a described mechanism of PTH influence on calcium influx and potassium efflux from cells. HD contemporarily solves the problem, but PTec is definitely needed.

PP60

#### THE NODULAR PULMONARY AMYLOIDOSIS AND THE SJOGREN'S SYNDROME IN A PATIENT TREATED WITH INTERMITTENT HEMODIALYSIS (IHD)

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In the available literature we have found the descriptions of five cases of nodular pulmonary amyloidosis associated with Sjogren's syndrome. In our practice such a case has occurred in a patient with chronic renal failure. A 53-year-old woman underwent nephrological, rheumatological and pulmonological examinations because of end-stage renal disease with a small cirrhotic kidneys in renal ultrasound examination, pulmonary nodules and xerophthalmia. Serological data revealed a slight positive rheumatoid factor, antinuclear antibodies, anti-SS-A, anti-SS-B and anti-RNP/Sm antibodies. The Shirmer's test was positive on both sides and the Sjogren's syndrome was recognized. Pulmonological examinations (the chest radiograph and CT scan, bronchofiberoscopy, culture of bronchial washings, bronchial biopsy, pleural effusion analysis and a thick-needle biopsy) failed to determine the etiology of nodular changes in lungs. Immunofluorescence studies in the skin biopsy specimen showed IgM-positive staining. After two years of treatment with IHD a toracoscopy was done with enucleation of the nodules from the right lung. Histological examination showed massive deposits of amyloid, which allowed for diagnosis of diffusive nodular pulmonary amyloidosis.

PP61

#### CARDIOVASCULAR RISK, INFLAMMATION AND MORTAL-

**ITY IN HEMODIALYSIS**

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The study tries to find some important predictors of the cardiovascular risk in HD patients.

Methods: In 120 patients on HD, serum lipids, apolipoproteins (apo) A-I and B, lipoprotein(a) [Lp(a)], fibrinogen, and serum albumin (Salb) were compared to CRP and serum amyloid A (SAA), two sensitive markers of an acute phase for a period of 18 months. Mortality was registered that time.

Results: Serum CRP and SAA were elevated in 43% and 46% of patients in absence of infection. Patients with elevated CRP or SAA had significantly higher Lp(a), fibrinogen, and lower HDL, apo A-I, and Salb than patients with normal CRP or SAA. During follow-up, 23 patients had died, mostly due to cardiovascular events. Overall mortality and cardiovascular mortality were significantly higher in patients with elevated CRP or SAA ( $P < 0.005$ ) and were also higher in patients with Salb lower than 40 g/liter ( $P < 0.01$ ). In multivariate regression analysis SAA, fibrinogen, apo A-I, and Lp(a) lost their predictive values, while age and CRP remained independent predictors of both overall death and cardiovascular death.

Conclusion: The results suggest that a considerable number of HD patients exhibit an activated acute phase response, which is related to high levels of atherogenic risk factors and cardiovascular death.

**PP62****FETUIN-A IN HEMODIALYSIS (HD) PATIENTS**

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Fetuin-A, a negative acute phase protein, shows beneficial effect in regulation of osteogenesis, suppression of vascular calcification, and increase of body weight. However, the impact of chronic uremia in fetuin-A levels has not been elucidated.

We investigated the effect of fetuin-A, in 43 HD patients, 27 males and 16 females, mean age of  $57.6(\pm 13.8)$  years, and on HD for a mean of  $63.4(\pm 54.4)$  months, who were followed up for 12 months. At the beginning and at the end of study period, fetuin-A, ILs 1 $\alpha$ , 1 $\beta$ , 2, 6, TNF $\alpha$ , oxLDL antibodies were measured. BMI, nutrition status (SGA) were determined. Every month, we measured markers of inflammation (CRP, albumin, ferritin), lipid profile (cholesterol HDL/LDL, triglycerides), delivered HD dose (kt/V). The mean of 12 consecutive monthly measurements per parameter and per patient was estimated.

At the beginning and at the end of the study period, fetuin-A was very low compared to normal values ( $31.2\pm 17.4$  and  $30.1\pm 17.8$  respectively, normal values:  $51.9\pm 15.0$ ng/ml). We found a positive correlation between fetuin-A and BMI ( $p=0.011$ ,  $r=0.944$ ), Kt/V ( $p=0.016$ ,  $r=0.921$ ), albumin ( $p=0.048$ ,  $r=0.751$ ) and a negative correlation between fetuin-A and CRP ( $p=-0.016$ ,  $r=0.029$ ), triglycerides ( $p=-0.085$ ,  $r=0.587$ ), oxLDL ( $p=-0.016$ ,  $r=0.945$ ), TNF $\alpha$  ( $p=-0.06$ ,  $r=0.642$ ). In 7 malnourished patients (SGA<sup>31</sup>) fetuin-A was much lower compared to that of well-nourished ( $32.9\pm 17.7$  vs  $21.9\pm 13.4$   $p=0.01$  and  $30.7\pm 17.7$  vs  $27.0\pm 15.2$  respectively).

We conclude, fetuin-A is low in HD patients and is collerated with parameters of nutrition, inflammation, oxidative stress, delivered HD dose. Therefore, when uremic milieu coexists, the beneficial impact of fetuin-A is limited.

**PP63****EFFECTIVE TREATMENT OF SECONDARY HYPERPARATHYROIDISM WITH INTRAVENOUS (I.V) ADMINISTRATION OF PARICALCITOL IN HEMODIALYSIS PATIENTS**

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Thirty four (34) chronic hemodialysis patients, were included in this study. Serum levels of i-PTH > 300 pg/ml was the main criterium for introducing these patients to the therapeutic protocol with paricalcitol.

The first dose of the medicine was calculated using the formula  $i\text{-PTH}/80$  = amount of paricalcitol in mcg per dialysis session. The duration of the study was 12 months. After the beginning of their therapy with paricalcitol 7 measurements of i-PTH, P, Ca were made. Results. Statistical evaluation was done by the multiple variant analysis. Mean serum P and Ca were significantly increased ( $p<0.0001$ ) but their levels were not more than the upper normal limits. CaXP product was increased but not more than the upper normal limit (55). The serum i-PTH levels were significantly decreased ( $p<0.0001$ ) but they followed the changes of the dosage of paricalcitol. 3-9 patients showed some episodes of hyperphosphatemia during the treatment. They were not compliant with both, hypophosphatemic diet and phosphate binders. Only 3 patients showed also some episodes of hypercalcemia due to the long term use of paricalcitol.

Conclusion. It is suggested that the treatment of secondary hyperparathyroidism with paricalcitol is safe and effective.

**PP64****FAMILY'S SUPPORT AS A FACTOR OF WELL-BEING IN PATIENTS ON HAEMODIALYSIS**

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Introduction: Patients on hemodialysis have a 84% higher rate of suicide than the rest population. In this article we suggest that above medical criteria is family's support that prevents this outcome.

Case presentation: a) male, 50 years old, diabetic, blind, epileptic, haemodialysed for nine years. b) male, 67 years old, haemodialysed for eleven years. He undergone angioplasty and suffered from pericarditis, tuberculosis and depression. His psychotic mother committed suicide. c) male, 79 years old, haemodialysed for seven years, suffered from arteriopathy. He crushed his legs due to an accident and never recovered. d) female, very old, haemodialysed for years. She lived on the mountains with her family and a goat! Every time she had a difficult travel changing four buses and crossing a sea. When it was cold, she was making fire while waiting for a bus, using branchlets from the wood. When it was raining she used an umbrella to protect herself and the fire! e) female, 66 years old, widow with three children in poverty, haemodialysed for ten years. She suffered from cirrhosis, depression and arteriosclerosis. Gradually, gangrene developed on her limbs. Her arm was amputated but refused to do so with the leg, fearing that she may die afterwards. Conclusions: Noone of the above patients thought to drop out or commit suicide. Everybody wanted to live by all means. We conclude that welfare of patients depend on the ability of families to support positive emotional status. As Epictetus said, "not situations but thoughts make the torture".

**PP65****END-STAGE RENAL DISEASE (ESRD) AND RENAL REPLACEMENT THERAPY (RRT) IN ALBANIA**

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The incidence of end-stage chronic renal failure in Albania has been estimated about 116/million per year. Chronic glomerulonephritis is the most leading cause to ESRD (31%), than are tubulointerstitial diseases (24.4%), hereditary kidney diseases (17.5%), diabetes mellitus with 3.3%, etc.

From 1985 until 1999 were treated a total of 12 patients. After the Kosovo war in 1999, European Community throughout OIM, made possible the reconstruction and equipment of unique center of hemodialysis (HD) in Tirana. Now the number of patients treated by hemodialysis is increased and are constructed three other centers. All pts in these centers are under the erythropoietin treatment. HCV was confirmed to be present in 22 of pts: 9 pts are females and 13 males. HBV was confirmed to be present in 11 of pts: 5 pts are females and 6 males. For 10 years the mortality is estimated to be 12%. The main causes have been cardiovascular disorders. The programme of continuous ambulatory peritoneal dialysis (CAPD) is functioning from three years. There are about 30 patients that perform CAPD. The mortality has been estimated in 20%: two patients are dead from peritonitis, two others from peritoneal sclerosis.

There are about 80 patients who have performed renal transplantation abroad, mainly Turkey, Greece, Italy etc. Is prepared the draft with constructed rules for transplantation, and are reimbursed totally two important drugs used from patients after transplantation - Cyclosporin A and Cell-Cept. We are doing all the attempts to start the renal transplantation in Albania.

PP66

#### **CHOLCYSTOKININ AND LEPTIN VERSUS GRELIN. THE IMPACT IN NUTRITION OF HEMODIALYSIS (HD) PATIENTS**

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Cholecystokinin (CKK) and leptin (Le) inhibit while grelin (Gr) stimulates appetite in chronic waste diseases, like uremia. The implication of their antagonistic action in decreased nutrition, which is appeared in HD patients, has not been elucidated.

We investigated the impact of these hormones in 44 HD patients (28 males, 16 females), mean age of 57.8 ( $\pm 13.6$ ) years and on HD for a mean of 63.7 ( $\pm 54.1$ ) months, who were followed up for 12 months. At the beginning and at the end of the study period, CKK, Le, Gr levels were measured and BMI, nutrition status (SGA), were estimated.

The levels of studied hormones were very high, compared to method's normal values. Between study period (12 months), a statistical significance for the two of them (CKK:  $0.23 \pm 0.07$  beginning vs  $0.71 \pm 0.20$  ng/ml end,  $p=0.068$  Le:  $33.3 \pm 5.9$  vs  $35.1 \pm 4.9$  ng/ml  $p=ns$  Gr:  $1.99 \pm 0.39$  vs  $6.82 \pm 0.92$  ng/ml  $p=0.01$ ) was noticed. A positive correlation between CKK and Le ( $p=0.058$   $r=0.831$ ) and a negative correlation between both of them and BMI ( $p=-0.011$   $r=0.954$  and  $p=-0.073$   $r=0.687$  respectively) was observed. Gr correlated negatively with CKK ( $p=-0.036$   $r=0.844$ ), Le ( $p=-0.046$   $r=0.797$ ) (antagonistic action) and BMI ( $p=-0.006$   $r=0.870$ ). In 8 malnourished patients (SGA<sup>3</sup>1), CKK and Le levels were lower compared to that of well-nourished ones while no difference was observed in Gr.

We conclude, the elevated levels of positive and negative hormonal regulators of appetitemay indicate a dysregulation of their receptors, in uremia. Gr may act antagonistically to CKK and Le, but their total action cannot explain the development of malnutrition in HD patients.

PP67

#### **THE INFLUENCE OF PREGNANCY IN THE PROGRESSION OF AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE**

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The effect of pregnancy in women with autosomal dominant polycystic kidney disease (ADPKD) is variable. In a longitudinal study performed for 5 years we have evaluated the influence of risk factors, including pregnancy and hepatic cysts, to the progression of renal failure in ADPKD patients.

52 ADPKD female patients (pts) were included in the study. Impairment of renal function was considered when creatininemia  $\geq 1.5$  mg/dl. Loss or renal death was determined the time to renal replacement therapy or time of serum creatinine value up to 10 mg/dl. Kaplan-Meier product-limit survival curves were constructed to calculate survival times, and log rank test was used to compare the survival curves.

22 pts have had less than three pregnancies (42.3%), while 30 pts have had three or more pregnancies (57.7%). Women with three or more pregnancies had a poorer renal survival than those with fewer than three pregnancies ( $p<0.01$ ). 23 pts had also hepatic cysts: 16 pts have had three or more pregnancies, while 7 pts have had less than three pregnancies. Women with hepatic cysts had a poorer renal survival than those without hepatic cysts ( $p<0.01$ ).

PP68

#### **RELATIONSHIP BETWEEN THE PRESCRIPTION TIME FOR HEMODIALYSIS AND THE POST - HEMODIALYSIS UREA REBOUND**

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The effect of certain clinical characteristics and dialysis parameters of the hemodialysis patients (pt) upon the appearance of postdialysis urea rebound (PDUR) are not clearly defined. The aim of the study was to found the relationship between PDUR and the prescription time for hemodialysis of the hemodialysis pt.

The study was performed on 64 stable hemodialysis pt. The duration of dialysis session was 240 min with three-times per week hemodialysis. PDUR was calculated as the percentage of increase in serum urea level at 30 min. after dialysis compared with urea 30 sec after dialysis. The patient clearance time (tp) was calculated from the Tattersall equation. SpKt/V and cKt/V-D are calculated by using 30 sec. and 30 min. postdialysis urea concentrations with Daugirdas 2 formula. We measured cardiac output (CO) using Doppler echocardiography after dialysis session.

The mean PDUR was  $23.34 \pm 12.82$  % and CO was  $5.60 \pm 1.66$  l/min. tp was  $50.24 \pm 24.06$  min and strongly correlated with PDUR,  $r=0.944$ ,  $p=0.00$  and also correlated negatively with CO  $r=-0.31$ ,  $p=0.02$ . Prescription time for hemodialysis (td) was  $278.33 \pm 17.23$  min and strongly correlated with PDUR,  $r=0.97$ ,  $p=0.00$ . Between this 64 patients one subgroup of 20 pt with lower CO  $< 5$  l/min were with longer tp and have higher PDUR  $> 35$ % and td  $> 300$  min.

We can conclude that high correlation of PDUR with the patients clearance time and the prescription time for hemodialysis confirm the need for individualization of dialysis, particularly integrated of dialysis duration.

PP69

#### **SERUM INTERLEUKIN-6 IS INVERSELY RELATED AND**

#### OXIDIZED-LDL DIRECTLY RELATED TO THE LIPIDEMIC PROFILE IN HEMODIALYSIS PATIENTS

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**Background.** Low and not high serum cholesterol (TChol) seems to be a risk factor for cardiovascular disease (CVD) in hemodialysis (HD) patients. To investigate the causes of this "reverse epidemiology", the relationship between lipidemic profile, inflammation and oxidative stress in HD patients was explored.

**Methods.** In 136 HD patients lipid profile (TChol, LDL, HDL and triglycerides), IL-6, soluble IL-6 receptor (sIL-6R), soluble gp130 (sgp130), IL-10 and oxidized-LDL (ox-LDL) were measured. **Results.** Serum IL-6 as well as "Total IL-6 activity" - the product of the two agonistic IL-6 molecules (IL-6 x sIL-6R) divided by their natural inhibitor (sgp130) - were lower in HD patients with TChol  $\geq 157.5$  mg/dl (median TChol) than in those with TChol  $\leq 157.5$  mg/dl: mean  $\pm$  SD IL-6,  $7.6 \pm 7.0$  vs.  $11.5 \pm 10.8$  pg/ml,  $P = 0.02$  and Total IL-6 activity,  $0.7 \pm 0.7$  vs.  $1.1 \pm 1.3$ ,  $P = 0.02$ . On the contrary, ox-LDL was higher in the group of HD patients with high cholesterol (TChol  $\geq 157.5$  mg/dl) than in those with low cholesterol:  $120.4 \pm 26.0$  vs.  $75.8 \pm 23.2$  U/L,  $P = 0.000$ . Serum IL-6 and Total IL-6 activity were inversely related to TChol ( $r = -0.256$ ,  $P = 0.003$  and  $r = -0.272$ ,  $P = 0.002$ ) while ox-LDL was directly related to TChol ( $r = 0.786$ ,  $P = 0.000$ ). Results were similar when multivariate analysis was performed.

**Conclusions.** The lipidemic profile is related to inflammation and oxidative stress in HD patients. The above results potentially explain the "U shape" relationship between TChol and CVD mortality in this population: hypo-cholesterolemic patients have increased inflammatory activity while hyper-cholesterolemic patients have increased oxidative stress and especially ox-LDL level; both are potential CVD risk factors.

PP70

#### SERUM OXIDIZED-LDL IS INVERSELY CORRELATED TO TELOMERASE ACTIVITY IN PERIPHERAL BLOOD MONONUCLEAR CELLS OF HEMODIALYSIS PATIENTS

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**Background.** Telomerase preserves telomeres' function and structure preventing cellular senescence. Its activity is reduced in peripheral blood mononuclear cells (PBMCs) of hemodialysis (HD) patients. The purpose of this study is to investigate the correlation between increased oxidative stress / inflammation and telomerase activity (TA) in PBMCs of HD patients.

**Methods.** TA was measured by PCR-ELISA in PBMCs isolated from a group of 42 HD and 39 non-renal failure subjects. Serum oxidized-LDL (ox-LDL), Tumor Necrosis Factor (TNF) and Interleukin-10 (IL-10) was measured by ELISA.

**Results.** Ox-LDL was negatively correlated to TA in PBMCs ( $r = -0.506$ ,  $P = 0.000$  in the whole group of 81 HD and normal subjects and  $r = -0.559$ ,  $P = 0.000$  in HD patients). TNF was also inversely associated with TA in the whole group studied ( $r = -0.492$ ,  $P = 0.000$ ) while IL-10 was not. Taking into consideration the characteristics of the HD patients and control group, the only predictors for TA in PBMCs were ox-LDL and

TNF ( $\beta = -0.421$ ,  $t = -4.083$ ,  $P = 0.000$  and  $\beta = -0.381$ ,  $t = -3.691$ ,  $P = 0.000$ , respectively) while examining separately HD patients, the predictors for TA were ox-LDL and HD duration ( $\beta = -0.671$ ,  $t = -4.709$ ,  $P = 0.000$  and  $\beta = -0.349$ ,  $t = -2.447$ ,  $P = 0.023$ , respectively).

**Conclusions.** Ox-LDL serum level is inversely correlated to TA in PBMCs of HD patients. Our study proposes a new consequence of increased oxidative stress in HD patients: the premature cellular senescence potentially related to atherosclerosis through LDL oxidation.

PP71

#### RECORDING THE RATE OF PROFESSIONAL BURNOUT THAT THOSE WORKING IN HEALTH SERVICES EXPERIENCE RESULTS IN ELEVEN (11) KIDNEY MACHINE WARDS OF THE NATIONAL HEALTH SYSTEM HOSPITALS, ALL OVER GREECE

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Professional burnout is defined as the syndrome of physical and psychological exhaustion that is found among those who have a relationship with other people on a professional basis.

The causes of this professional burnout lie on individual and environmental factors and its symptoms are coming out in a physical, psychological and social level. Its occurrence affects not only the people working there but also the patients and the health services. The aims of this project are: a) to record, by using questionnaires, the rate of professional burnout that those working in health services experience and b) to suggest ways for the prevention or the treatment of this phenomenon and support the nurses.

The research part of this project was carried out with the critical use of questionnaires (M.B.I., A.W.Q., W.C.Q., etc.) in eleven (11) Kidney Machine Wards of the National Health System hospitals, all over Greece. The statistic analysis of the facts showed the negative correlation of the emotional exhaustion as well as the depersonalization from the personal accomplishment and professional satisfaction.

Moreover, the existence of the above subcategories of the burnout, deprives them of their willingness for additional offer and learning, affects their free choice of tasks as well as their independence during carrying them out, consists an obstacle to peer solidarity and finally correlates positively and indeed in an important degree with the heavy workload in their working environment.

PP72

#### PROFESSIONAL BURNOUT . THE SYNDROME OF PHYSICAL AND PSYCHOLOGICAL EXHAUSTION THAT IS FOUND AMONG THOSE WHO HAVE A RELATIONSHIP WITH OTHER PEOPLE ON A PROFESSIONAL BASIS

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Professional burnout is defined as the syndrome of physical and psychological exhaustion that is found among those who have a relationship with other people on a professional basis. It is particularly high to the health field professionals, especially among male and female nurses due to the difficult working conditions and is considered as the outcome of perpetual stress that has been accumulated and overwhelms the person working in this field who feels that, psychologically, cannot cope with the pressure of the workplace.

The causes of this professional burnout lie on individual and environmental factors and its symptoms are coming out in a physical, psychological and social level. Its occurrence affects not only the



people working there but also the patients and the health services. The aims of this project are: a) to look into the attitudes and the fears for the illness of a particular category of health services professionals: nurses working in the kidney machines, b) how these attitudes finally affect their working environment both in their personal as well as their social lives, c) to trace the factors that are involved in the indication of this syndrome of burnout. The research part of this project was carried out with the critical use of questionnaires (M.B.I., A.W.Q., W.C.Q., etc.) in eleven (11) Kidney Machine Wards of the National Health System hospitals, all over Greece.

PP73

**THE INFLUENCE OF URINARY TRACT INFECTIONS TO THE PROGRESSION OF AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE**

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Urinary tract infections (UTI) are common in patients with autosomal dominant polycystic kidney disease (ADPKD). However, frequent episodes of UTI are less common and were seen more frequent in females than in males. We report our experience about the frequency of UTI and the follow-up in ADPKD patients during 20 years.

180 ADPKD patients were included in the study. Subjects were considered as having UTI if they had had two or more episodes of UTI. 108 treated patients were compared with 72 untreated patients. The therapeutic scheme for the treatment has been an urinary disinfectant - bactrim 960 mg (Berlocid-Berlin-Chemie) ½-1cpr/die alternate weeks for three months, discontinued for three months, again alternate weeks for three months and so on. Another treatment alternative except bactrim has been nalidixic acid.

UTI were observed in 60% of our ADPKD patients (108 patients). Treated pts with urinary disinfectants had a significant lower frequency of urinary infection ( $p < 0.001$ ) and hematuria ( $p < 0.001$ ) after one year than untreated pts. Moreover, treated pts demonstrated a slope of creatinine of 0.0007 vs. 0.0148 of untreated pts ( $p < 0.001$ ).

We conclude that UTI are frequent in our ADPKD patients. The correct treatment of UTI decreases their frequency and has beneficial role in the rate of progression to renal failure in ADPKD pts.

PP74

**HIGH PHOSPHATE AND CALCIUM- PHOSPHATE PRODUCT AND THE DECLINE OF RENAL FUNCTION**

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The aim of this study is to evaluate the level of phosphate and calcium- phosphate products and their relation with renal function

71 patients included in the study, were divided in 2 groups .35 patients presented stage IV of renal chronic disease and 36 patients presented renal chronic disease stage V.

The patients were divided into subgroups according to value above or below the upper threshold from the KDOQI guidelines: phosphate (2,8 mg/dl) and product calcium - phosphor ( $44,5\text{mg}^2/\text{dl}^2$ )

The decline rate of renal function for each patient is calculated by linear regression analysis.

The risk for a more rapid rate of decline in different groups was assessed by linear regression analysis.

We studied 71 patients, who had a mean decline of renal function

4,5-11ml/min for 6 months.

Increased phosphate was present in 65% of the patients and calcium-phosphate product was increased in 45% of the patients. Patients with high phosphate levels had a faster decline in renal functions 2,3 ml/min for 6 months ( $p < 0,005$ ). Patients with a high level of calcium -phosphate product had also a faster decline of renal function, 3,4ml/min for 6 months ( $p < 0,005$ ).

High levels of phosphate and calcium -phosphate were independently associated with a more rapid decline in renal functions.

PP75

**END-STAGE RENAL DISEASE AND QUALITY OF LIFE**

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Quality of Life (QOL) is an important parameter of the treatment adequacy in patients with End-Stage Renal Disease (ESRD) that can have impaired daily functioning because of primary kidney disease and comorbid conditions. Aim of study: to investigate QOL in hemodialysis (HD) and kidney transplant (KT) patients and assess the influence of independent factors, including age, time on dialysis which impact on QOL in ESRD patients.

A total of 139 patients with ESRD who received chronic hemodialysis (M-57%, F-43%, mean age -  $40.83 \pm 1.21$  yrs, dialysis age -  $30.4 \pm 3.2$  months; mean Kt/V  $1.18 \pm 0.2$ ) and 18 KT patients (mean age  $38.5 \pm 4.3$  yrs) were included. HD patients have been treated 8-12 hours of bicarbonate HD per week. The Kidney Disease QOL questionnaire (KDQOL-SF™) was administered to obtain the QOL data at 2 to 4 weeks after start of HD/or KT and at every 6 months post initiation during 3 years.

Results show a significant impairment of QOL in HD and KT patients for all parameters except mental health ( $p < 0.05$ ). Higher age, dyslipidemia, arterial hypertension, diabetes mellitus and severe anemia associated with lower quality of life. Higher QOL was found in KT patients, except Mental health composite scores. At 6-36 months of HD/or KT, patients reported significantly better QOL on Burden of kidney disease scores, Effect of kidney disease on daily life, significantly better physical quality of life than baseline.

We conclude that adequate correction of anemia and arterial hypertension, managing co-morbidity may improve ESRD patients' QOL.

PP76

**STUDY OF VOLATILE SULFUR COMPOUNDS IN THE MOUTH OF HEMODIALYZED OR TRANSPLANTED PATIENTS**

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Background: Some periodontal gram (-) bacteria are possible causes of periodontitis and systemic infection. These bacteria produce volatile sulfur compounds (VSC) through which they can be detected.

Matrrial and Mthods: We studied, in 20 hemodialysed (Group 1) and 60 transplanted patients (Group 2), the levels of sulfur compounds in the mouth using a device named Halimeter and at the same time we measured the Community Periodontal Index of Treatment Needs (CPITN). There were 44 male and 36 female pts and their mean age was 44.93 years.

Results: The VCS levels were  $70.37 \pm 16.14$  ppb and  $321.18 \pm 41.81$  ppb in Group A and B respectively ( $p = 0.007$ ). CPITN in Group A showed absolute health in 75% of patients and haemorrhage on

light touch in 25% where as in Group B showed absolute health in 15.3% of pts, haemorrhage on light touch in 40.7% and presence of calculus in 35.6%. There were 8.5% missing values because of the patients were edentate.

In conclusion patients on hemodialysis waiting for a transplant are in very good condition and present low evidence of infection in their mouth, while pts with a transplanted kidney have significantly higher levels of VSC, present a high percentage (81.6%) of signs of infection according to CPITN and need treatment.

PP77

**THE IMPACT OF CARDIOVASCULAR DISEASES AND MEDICATION IN PATIENTS WITH CHRONIC RENAL FAILURE REFERRED TO A NEPHROLOGIST**

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Cardiovascular diseases are prevalent in patients with chronic renal failure (CRF). We studied the prevalence of these problems and the use of cardio- and reno-protective medications in patients with CRF at the time of their visit to a nephrologist.

85 patients with cardiovascular diseases were included in the study performed during two years. Inclusion criteria was seric creatinine > 1.5 mg/dl. Patients who had acute renal failure were excluded from the study.

55% of the patients were male, 45% were female, mean age was 68 years, and the mean estimated glomerular filtration rate was 33 ml/min/1.73m<sup>2</sup>. Prevalence of medical conditions was as follows: hypertension 67%, ischemic heart disease 41%, hypercholesterolemia 47%, previous smokers 46%, current smokers 19%, diabetes mellitus 45%, peripheral vascular disease 21%, cerebrovascular disease 11%, congestive heart failure 18%, atrial fibrillation 10%, and valvular heart disease 7%. 73% of patients had used ACE-I or ARB, 64% had used statins and 36% of them antiplatelet agents.

In conclusion, cardiac and vascular disease and uncontrolled hypertension is prevalent in patients with CRF at the time of referral to a nephrologist. There exist opportunities to improve blood pressure control and the use of angiotensin system blockade in these patients is recommended for cardio- and reno-protection.

PP78

**BURNOUT SYNDROME AMONG DIALYSIS NURSES**

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Background: Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, defined by exhaustion, cynicism, and inefficacy. The work of dialysis nurses (DN) is stressful and often accompanied by job dissatisfaction (JD) and burnout that have negative consequences to physical/mental health, as to the quality of health care they provide.

Aim: To evaluate the burnout and the sources of JD among DN. Methods: We used two measuring instruments: scale of sources of JD and standardised Burnout Test. Questionnaires were distributed to 12 dialysis centers and 160 nurses (age 36.7±7.3yrs, 14.97±7.0yrs of work experience) answered voluntarily and anonymously.

Results: The most significant sources of JD are high risk of infective diseases and low salary for the work. With no symptoms of burnout were 41.9% of nurses, 53.1% were in the phase "no burnout, but preventive measures are needed", 4.3% were at high risk, and 0.7% have the burnout. Nurses with longer working experience have higher level of burnout: <10yrs vs. 10-20yrs vs. >20yrs, F=11.74, p<0.01, suggesting accumulation of stress over time. BS correlated with the JD (r=0.36, p<0.01). Furthermore,

61.6% of nurses with higher and 33.3% of those with lower burnout from the average would change their workplace if they had such opportunity.

Conclusion: Small percentage of nurses have burnout, but high percentage are in phase when measures are needed to prevent or overcome the stress-bounded states: psychological counseling, education about vulnerability towards stress and risk from burnout, as well as measures on organizational and individual level.

PP79

**HEALTH RELATED QUALITY OF LIFE IN PATIENTS OF HEMODIALYSIS UNIT IN A GENERAL HOSPITAL**

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Health related Quality of Life (HRQL) in Hemodialysis patients, obviously, concern with quality and sufficiency of Dialysis treatment. Therefore, is useful to control, more globally, the efficacy of this kind of treatment, by estimating the HRQL, at least, periodically. We investigated 120 patients (55 females, M age 63.2 years) with different main causes of End Stage Renal Diseases. All of them undergoing Hemodialysis treatment, for at least 3 months, in the Hemodialysis Unit of General Hospital of Serres district. All data were received recently (m June, July 2006) We studied the HRQL by the SF-36 Health survey score system, in our modification, for easier application between our patients.

Before the start of this study, we test our patients by mini mental test and established that the vast majority (92%) of investigated, showed a sufficient mental score and so, they could collaborate with investigators in this study. After elementary statistical analysis by correlation analysis (r- coefficient).

We conclude that: 1) The HRQL is significantly lower than that of the general Population 2) Significant role in the modulation of HRQL, play, first of all, the age of the patients, by mean that, the younger patient independently of different other parameters, between them the main disease, present significantly higher scores and, subsequently, better HRQL than the older. 3) Serious is the role of the current status of musculoskeletal system, the frequency of the pain appearance and the daily needs for analgesics. 4) The severe and long existing secondary hyperparathyroidism as also the uncorrected anemia any more deteriorate the HRQL 5) It is useful to estimate, periodically the HRQL for better control of Hemodialysis patients

PP80

**MAJOR HISTOCOMPATIBILITY COMPLEX CLASS I RESTRICTED T-CELL AUTOREACTIVITY IN HUMAN PERIPHERAL BLOOD MONONUCLEAR CELLS**

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During selection in the thymus or any subsequent response, T-cells recognize peptides bound to major histocompatibility complex (MHC) molecules. Peptides produced by lysosomes or by proteasome/immunoproteasome stimulate CD4+ or CD8+ T-cell respectively. Inflammation alters components of both antigen-processing pathways resulting in the production of different peptides. The role of such changes in self/non-self discrimination was examined in autologous mixed peripheral blood mononuclear cell cultures. Stimulator cells were incubated in the presence or absence of INF-γ with or without lysosome inhibitors (ammonium chloride/chloroquine), cathepsin inhibitor (E-64), or proteasome/immunoproteasome inhibitor (epoxomicin). Responder cells were added and ζ-chain phosphorylated forms were

used as read out. INF- $\gamma$  did not affect  $\zeta$ -chain phosphorylated forms, which means that the expected INF- $\gamma$  induced alterations in antigen processing machinery do not influence self/non-self discrimination. Surprisingly, the completely phosphorylated 23-kD  $\zeta$ -chain was always present except in the case of epoxomicin, indicating the presence of MHC class I restricted autoreactive CD8+ T-cells but not of MHC class II restricted autoreactive CD4+ T-cells, possibly due to more efficient negative selection in the thymus of the latter. Autoimmunity is prevented due to absence of help by CD4+ T-cells. This conclusion was confirmed by the lack of differences in IL-2 levels in cell culture supernatants, as well as, by the absence of differences in cell proliferation under the various conditions described above.

PP81

#### QUALITY OF LIFE OF CANCER PATIENTS

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Cancer is included today in the main causes of sickness and mortality in world level. This fact is related to the deep environmental changes, the repercussions from the modern way of life and factors of heredity.

The aim of the work was to study the quality of life of cancer patients.

Material method They constituted 48 patients that were treated in our Clinic from which 25 were men and the remainder were women between 30 and 70 years old.

Results: As a first cause of sickness from cancer in the men is the cancer the lungs with 25%, liver cancer follows with 22%, stomach cancer with 22%, colon cancer with 21% blood malignancies with 10% As a first cause of sickness from cancer in the women is breast cancer with 40%, the second cause thick intestine cancer with 35%, and the third liver cancer with 25%. All patients not regarding age report that they have stress for the course of the illness, distress for the satisfactory control of pain in the 98% and of the remaining symptoms in 64%.

For hair loss at the beginning of chemotherapy in 89% as well as a fear for various infections in 69%. Between the problems from the moment of the beginning of the illness they reported difficulties of adapting in the new way of life in 82% as well as economic difficulties in 70%.

Conclusion: Particular psychological support of this team of patients is needed. It would be good that the patients as well as their families are treated by a psychiatrist

PP82

#### PATIENTS WITH NEOPLASIA (NEO) AND SYNDROME OF LOW T3

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The syndrome of low T3 is characterized by low levels of Thyroid hormones (TH), without clinical symptoms of TH insufficiency and is appeared in patients suffering from various non-thyroidal (TH) diseases. It is not clear whether the changes of hormones demonstrate a protective answer. The syndrome is probably owed in reduction of T4 transformation to T3 from the hepatic system. Low levels of TH represent a bad prognostic point.

Aim: Our aim is to compare the patients with neoplasia and disturbances of TH of hormones, with the patients suffering from cardiovascular, pestiferous and GA diseases.

Material - Method: The study became in total of 118 patients who were hospitalized in Pathological Clinic and 36 of them had neoplasm diseases.

Results: The 118 patients, in whom disturbance of TH of hormones was realised, were separated in 4 teams according to their primary illness:

In conclusion the syndrome of low T3 is more often appeared to neoplasia (30.51 %). The disturbances are connected with the gravity of illness. The growth of syndrome is considered functional adaptation of suffering organism, aiming at his reduction through metabolism and safeguarding of energy for the period of heavy illness. The degree of reduction of levels of hormones of TH is connected with the gravity of illness and it can foresee the forecast in certain cases.

PP83

#### OBESITY AND CANCER

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Overweight and obesity may account for 20% of all cancer deaths in US women and 14% in US men. That means 90,000 cancer deaths could be prevented each year if Americans could only maintain a normal, healthy body weight. In the year 2000, about 65% of US adults were overweight or obese, according to the Centers for Disease Control and Prevention, and about 31% were obese. Researcher shows the heaviest women had cancer death rates 62% higher than normal-weight women and heaviest men in the study had death rates from all cancers combined that were 52% higher than the rates among normal-weight men. The researchers speculate that obesity acts on cancer by raising the body mass index levels, sex hormones like estrogen, or protein hormones like insulin, and insulin-related growth factors. Too much fat around the waist, for instance, can disrupt insulin metabolism and increase the risk for colon cancer, among others. Losing weight has been shown to improve insulin sensitivity and to decrease the level of sex hormones in the blood so it is reasonable to assume that losing weight will also decrease cancer risk. Obesity can cause acid reflux, which can make a person more susceptible to esophageal cancer. Excess weight is also associated with gallstone formation, which increases the risk of gallbladder cancer.

PP84

#### QUALITY OF THE PAIN MANAGEMENT SERVICES IN THE IMPROVEMENT OF THE QUALITY OF LIFE OF CANCER PATIENTS

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Chronic pain is a major problem of public health which causes reduction of the patient's personal and social activity, productivity, quality of life and increases the cost of his medical care. The present study focuses on cancer pain and especially at the last stage of the patient's life.

We describe the management of pain as well as its characteristic statistic and physiological components, in patients with cancer, through the ages, from ancient years until this date and we present selected references from mythology, religion, art, science. We, also, present how palliative care became a medical specialty through years.

Cancer pain is a very important social-medical problem which remains unsolved, although it influences the quality of the patient's life and that of his own family.

Analgesia and quality of life of cancer patients are very closely connected, although it is recognized that the quality of life is a subjective feature and it is only the holistic management of the patient that could cover his personal needs adequately, at the advanced stage of his illness.

We focus on the role of the quality of the pain management services in the improvement of the quality of life of cancer patients, we mention the need for the proper information of local community about the present possibilities in the area of analgesia- and we make suggestions for the creation of a close, proper,

sincere, humanistic relation between doctors / patient/family in all stages of cancer.

PP85

**EFFECT OF CYCLED LIGHT ON WEIGHT GAIN OF PRETERM INFANTS IN ISFAHAN 2005**

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**Introduction:** Nowadays prematurity is the major cause of death among infants during the first year of life and is responsible for most of admissions to NICU. Having multiple neurodevelopmental problems, preterm infants are low birth weight because of staying in uterus for a shorter time. So the survival of preterm infants would be depended on their birth weight. The stressful environment of NICU exposes preterm infants to inappropriate stimuli such as continuous light in day-night period and also susceptibility of these infants, managed us to use alternative methods to promote their growth and health. The aim of study was to determine the effect of cycled light on weight gain in preterm infants.

**Methods and Materials:** This study is a quasi-experimental clinical trial study that was carried out on 66 hospitalized preterm infants in NICU in Al-zahra Hospital in Isfahan. Subjects were selected by convenience sampling. Data was gathered by interview and inspection. Weight of infants was measured by special infants scale and DX2 luxmeter was used in order to measure light intensity. In intervention group, light intensity of NICU was reduced from 180-200 lux to 5-10 lux by turning the lights off from 7.5 PM to 7.5 AM. At the beginning and at the end of study infant's weight was measured. The length of intervention was matched in two groups. Descriptive and analytic statistical methods were used for the data analysis.

**Results:** The results showed significant difference between weight gain (weight changes) of preterm infants in two groups ( $P = 0.041$ ) but there was no significant difference between weight of preterm infants before and after study in cycled group ( $P = 0.058$ ) and in control group ( $P = 0.183$ ).

**Discussion:** According to the results, applying cycled light in NICU could improve growth and weight gain in preterm infants. The possibility of applying cycled light in clinical centers would be achieved if facilities were provided. Then developmental interventions such as arranging environmental light are suggested to promote infants' health.

PP86

**THE QUALITY OF LIFE OF THE PATIENTS SUFFERING FROM ONCOLOGICAL PATHOLOGY OF THYROID GLAND**

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We examined 56 patients, who were operated on oncological pathology of thyroid (operation was performed from 1 to 10 years ago). The patients took the course of radioiodine therapy and obtained life-time substitutional therapy with L-thyroxine. To assess the quality of life during the after operation period we used the Russian language version of the questionnaire SF (36 (Medical Outcomes Study Short Form)). The quality of life in case of cancer of thyroid gland, as compared to the sample group, appeared to be significantly decreased in all the scales of the questionnaire SF-36. With reliability of  $P < 0.05$ , as compared to the sample group, the following indices decreased: physical functioning ( $69.1 \pm 2.8$  vs  $92.1 \pm 2.4$ ); the role of physical problems in the restriction of vital activity ( $22.3 \pm 4.0$  vs  $70.2 \pm 6.8$ ); social functioning ( $42.0 \pm 1.6$  vs  $52.8 \pm 2.3$ ); the role of emotional problems in the restriction of vital activity ( $19.6 \pm 5.4$  vs  $73.1 \pm 8.9$ ). These

data indicate to the prolonged effect of the psychotraumatic experience and the changes of subjective perception of one's social status. The data obtained show the significant influence of psychological aspects of the perception of the case of cancer of thyroid gland on the level of subjective assessment of vital activity and, as a result, social adaptation.

PP87

**CONCEALMENT OF DIAGNOSIS IN PATIENTS DIAGNOSED WITH CANCER: A QUALITATIVE INVESTIGATION**

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**Objectives:** The question of whether or not to disclose information concerning cancer diagnosis has been an issue of concern for physicians for a long time. Surveys show that concealment rate for cancer diagnosis range between 15% to 80%. The purpose of this pilot study was to explore illness representations in patients diagnosed with cancer who were not informed about their diagnosis, using qualitative methodology.

**Methods:** Four patients diagnosed with cancer were interviewed. Questions were grouped into 3 basic categories. Interviews were transcribed and compared. A list of meaningful themes was then produced from each comparison.

**Results:** The following categories emerged: assessment of illness (causes, symptoms, diagnosis, seriousness, curability), quality of life (relationships, return to work, self-esteem, external appearance, disabilities) and aspects of medical care (doctors, hospitals, medicine).

**Conclusions:** This study is one of the first attempts to explore illness representations in cancer patients who were not informed about the diagnosis. Results are discussed in terms of healthcare diagnostic practices.

PP88

**FINE NEEDLE ASPIRATION OF THE THYROID: DISTINCTION BETWEEN HYPERPLASTIC NODULAR GOITERS FROM FOLLICULAR NEOPLASMS USING MORPHOLOGIC AND MORPHOMETRIC PARAMETERS**

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The aim was done to evaluate if a panel of cytomorphologic and morphometric parameters of the thyroid either alone or in combination would help in differentiating hyperplastic nodular goiters from follicular neoplasms on fine needle aspiration (FNA) smears.

Seventy-eight patients with thyroid nodules and FNA differential diagnosis between hyperplastic goiter and follicular neoplasm were studied for morphologic cytologic criteria, cellularity, colloid, cellular pattern (honey comb or syncytial) and morphometric parameters. Using a microscope connected to a computerized video system the nuclear area, perimeter, diameter, short axis, long axis, axis ratio, form Ar, form Pe, form NCI, contour ratio and nuclear roundness were measured and analyzed.

All of patients had undergone total or subtotal thyroidectomy. Twenty-nine of them were subsequently shown to have multinodular goiter, 25 had a follicular adenoma, 7 follicular carcinoma, and 17 papillary carcinoma follicular variant on paraffin section.

The main cytomorphological criteria of nodular goiter are, the presence of honeycomb pattern alone or in combination with the syncytial pattern and the multiplicity of cytological picture.

The mean values of nuclear area, perimeter, diameter, short axis, long axis, were significantly different ( $p < 0,001$ ) between the adenomas and carcinomas as well as between adenomas and hyperplastic nodules. No differences were found for the axis

ratio, form Ar, form Pe, form NCI, contour and nuclear roundness.

Nuclear morphometry in combination with the cytomorphological criteria could help for the preoperative differential diagnosis of follicular lesions in fine needle aspirates of the thyroid

PP89

#### ACUTE LIVER FAILURE AFTER TOXIC MUSHROOM INGESTION - 2 CASES REPORT

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Ingestion of toxin-containing species of mushrooms may lead in acute liver failure. In case of irreversible liver damage after conservative management, the only suggested treatment is emergent liver transplantation. AIM: To present our experience from liver transplantation in 2 children who developed fulminant liver failure after mushroom ingestion. The patients (2 boys, 4 and 12 years old) had a meal with wild mushrooms collected by their families. The children initially presented with symptoms of gastroenteritis, a progressive elevation of the functional and obstructive liver enzymes, acute renal failure and encephalopathy. Both required mechanical ventilation and admission in the Pediatric Intensive Care Unit. They underwent emergent cadaveric liver transplantation (1 total and 1 segmental).

Results: One of the patients presented with postoperative diabetes, hypertension and CMV infection which were successfully managed. The other patient had no complications. Both patients have good quality of life one year after the transplantation requiring only regular follow-ups.

Conclusions: Mushroom poisoning requires prompt treatment with supportive therapy and if the patient does not completely recover, emergent liver transplantation is being performed with remarkable results. The social, psychological and economical impact of the non-deliberate ingestion of toxic mushrooms on the patients' families and society can be very serious. Early referral to a liver transplantation unit is emphasized. Quality of life of these children depends on good cooperation between families and clinicians. In the future, more attention is needed for the prevention of such cases with better information about mushroom toxicity.

PP90

#### KNOWLEDGE OF HEALTHY LIFESTYLE IN GREEK PRESCHOOL AGED CHILDREN

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IntroIntroduction: The aim of the present study was to estimate children's knowledge on factors related to healthy lifestyle.

Methodology: The sample consisted of 93 preschoolers from two Preschool centers of Thessaloniki, Greece. To evaluate children's knowledge of healthy behavior, a questionnaire was constructed, consisting of 16 items, referring to familiarization with fundamental motor skills, changes on body functions during physical activities, discrimination between healthy and unhealthy foods and children's affective responses to the participation in physical activities. The teachers asked the questions and children had to respond by completing an illustrated rating scale. Each item had three indicators, pictures or faces. Only one indicator of each item was the correct. Descriptive statistics was used to estimate children's knowledge.

Results: The results indicated that most of the children (73%) couldn't move in the space in different ways and roll the ball straight (61%). They know the meaning of exercising in health (88.8%), how to listen to their heart rate (80.9), they realize the body changes when they move (66%), they recognize healthy food (61.7%) and they feel happy during physical activity (70.2%). Conclusion: Although the data of the present study showed that preschoolers have the basic knowledge about the changes on body functions during exercise and healthy nutrition and they mostly feel happy when exercising, it has been noted that they weren't familiar with basic motor skills. Since preschoolers know about healthy lifestyle, why children's activity levels decline with age and childhood obesity is already an epidemic according to the international references?

PP91

#### BACTERIAL MENINGITIS AND CSF BIOCHEMICAL CHANGES IN CHILDREN

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Introduction: Meningitis is an emergency pediatrics condition of which the early and on time diagnosis plays a major role in prevention of pediatrics mortality and complications. Biochemical changes as well Para clinical reports are reliable clues This study has tried to define bacterial meningitis and CSF biochemical changes children. Methods and materials: This is an experimental prospective study carried out on 3 month to 12 year children. The data were collected by observing patients. files including 40 patients diagnosed as bacterial meningitis, hospitalized and treated, in Alzahra hospital pediatrics ward from march2001 to march 2003. The subjects were selected by convenient sampling. There were two groups as group A including 20 meningitis patients taking oral antibiotics such as Amoxicillin,Ampicillin, Erythromycin over 24hour. before referring to hospital and groupB including 20 meningitis patients without taking any antibiotics. There were total of 40 samples 25 boys and 15 girls. Just after hospitalization the first LP had: been carried out for all subjects and cell culture, sugar and protein all had been checked. Then, the subjects were compared. Results. The findings showed CSF culture negative in all 25 samples in group A while there were biochemical changes suggesting bacterial meningitis in CSF of the subjects but in group B in which all samples had not taken antibiotics, there were 13 cases (60%) of positive CSF culture regarding microorganisms as Meningo-coccus, Streptococcus and Escherichia coli. The number of cell in the first group, taking antibiotics was between 120 to 3170 with mononuclear domination while that was in the second group, not talking any antibiotics, as220 to 3910 with polymorph Nucleons domination. Regarding sugar and protein in CSF, there was no change in both groups. So, taking antibiotics before LP can affect meningitis microorganism and make LP culture negative. According to the findings, oral antibiotics can possibly have no serious effect on CSF cells except for leucocytes, which are fewer. Any delay to send CSF sample to the lab can result in CSF leucocytes changes. Sending the CSF sample to lab as soon as LP is carried out is suggested.

Discussion and conclusion: Taking oral antibiotics before LP can affect CSF culture results while this has no effect on CSFsugar or protein.

PP92

#### MANAGEMENT AND EPIDEMIOLOGICAL FEATURES OF BRONCHIAL ASTHMA PAROXYSMS IN A MEDICAL HEALTH CENTRE OF NORTHERN GREECE

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The purpose of this study was to record and analyse the personal and family history and the therapy used in cases of bronchial asthma paroxysms in a Medical Health Centre of Northern Greece. During a 2 years period, 2004-2005, the files of Medical Health Centre of Sohos were retro- prospectively reviewed and all cases with bronchial asthma paroxysm were recorded and analysed. Statistical analysis was performed with SPSS 12.

The time period 2004-2005, 99 children with bronchial asthma paroxysm were examined at the Medical Health Centre of Sohos. Their mean age was  $5.64 \pm 3.53$  years. 68/99 children were males and 31/99 females. 3 children had a positive history of atopic dermatitis, 1/99 of eczema in infancy, 1/99 of urticaria, 2/99 of allergic conjunctivitis and 4 of allergic rhinitis. 10/99 children with bronchial asthma received only nebulized salbutamol, 46/99 nebulized salbutamol and corticosteroids, 3/99 nebulized salbutamol and corticosteroids per os, 5/99 nebulized salbutamol and montelukast, 28/99 nebulized salbutamol with nebulized corticosteroids and montelukast, 2 nebulized salbutamol and desloratadine per os and 2 desloratadine per os and nasal spray mometasone furoate. Only 1 child received no treatment.

In conclusion, nebulized salbutamol (95/99) and nebulized corticosteroids (75/99) were the most commonly used medications in the majority of children with bronchial asthma in a Medical Health Centre of Northern Greece.

PP93

**ANALYSIS OF RELATION BETWEEN TIME MANAGEMENT BEHAVIORS AND OCCUPATIONAL STRESS OF MEDICAL SURGICAL WARD'S HEAD NURSES OF SHAHEED BEHESHTI MEDICAL UNIVERSITY OF TEHRAN - IRAN**

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Background: According to lakein description of time management, individuals first determine their needs and want and then rank them of importance. Specific activities include setting goals to achieve the needs or wants and prioritizing the tasks necessary to accomplish them. The tasks of at most importance are then matched to the time and resources available by planning, scheduling, and making lists.

Objective: This study is aimed at analysis of relation between time management behaviors (setting goal and priorities, mechanics of time management, control of time and organization ) and occupational stress (role overload, role ambiguity and role conflict).

Methodology: 30 nurses (all of the samples) participate in this research. A questionnaire which had 57 questions was used. For data analysis X2 and Pearson correlation coefficient were used

Finding: The result indicate that in general most of sample located in good level of T.M.B (63.4 %). In addition most of sample (50%) experience occupational stress in the normal level. Finally Meaningful relation is seen between T.M.B and occupational stress ( $r = - 0.81$   $P < 0.001$ ).

Conclusion: It is important to distinguish among the different facets of time management. The low correlation among the factors indicate that ,for instance , if a person sets goal it does not necessarily follow that he or she feels in control of time or makes lists. Finally time management behaviors can reduce occupational stress.

PP94

**ANXIETY AND FAMILY SUPPORT IN PATIENTS WITH CARDIOVASCULAR DISEASES, BRONCHIAL ASTHMA AND COPD**

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Introduction: The presence of high anxiety levels and depression in patients with chronic cardiovascular or respiratory diseases has been described in international bibliography.

Aim of this study is the investigation of anxiety levels in patients with chronic cardiovascular diseases (CCD), bronchial asthma (BA) and chronic obstructive pulmonary disease (COPD), as well as, the effect of family support in these anxiety levels.

Method: In the study participated 101 patients. During their hospitalization we recorded their demographics and they were called to supplement the family support scale and the Spielberger Trait Anxiety Scale (STAS).

Results: The sample included 51 (50.5%) males and 50 (49.5%) females. 31 (30.7%) had been diagnosed with CCD, 38 (37.6%) with BA and 32 (31%) with COPD. Mean age was  $56.33 (\pm 14.48)$ . Mean family support score was  $48.97 (\pm 9.80)$  and mean anxiety score was  $43.44 (\pm 10.55)$ . Females presented higher anxiety levels compared to males (t test  $p < 0.05$ ) while did not present difference as for the family support level. As for anxiety, patients with CCD presented higher levels compared to those with BA and COPD. As for the effect of family support, the patients with CCD presented lower levels compared to the patients with BA and COPD. The age did not present correlation with anxiety and family support levels, on the contrary, family support levels presented negative correlation with anxiety score.

Conclusions: The patients with CCD present higher anxiety levels but also lower levels of family support than patients with respiratory diseases. The results propose the necessity of direct psychological support in patients with cardiovascular diseases.

PP95

**EFFECT OF SHIFT WORK AND FATIGUE LEVEL IN SLEEP HABITS**

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Objectives. The objective was to investigate the correlation between sleep habits and fatigue among employments with different working hours in a psychiatric hospital.

Material-Methods. The material was 106 employments of the Psychiatric Hospital of Thessaloniki who were divided in three groups (Group A: nurses with cyclic shift work, Group B: nurses and clerks with day-time shift work, Group C: doctors with partial cyclic work). All the participants were screened with General Health Questionnaire (GHQ-28), the Fatigue Severity Scale (FSS) and the Sleep History Questionnaire.

Results. Group A has higher total score in FSS than group C ( $p < 0.05$ ) and it also has difficulties in concentration during the day ( $p < 0.05$ ). Also, there is no statistical difference between group A and group B in total FSS score, and these two groups seem to have too early morning awakes in comparison with group C ( $p < 0.05$ ).

Conclusion. The shift work seems to affect the sense of fatigue, causing concentration problems and early awakes in hospital employments. This could effect in the quality of life of the employments and the quality of the service in a hospital.

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PP96

**PATIENTS WHO SUFFERED FROM COGNITIVE ABATEMENT. TREATMENT WITH DONEPEZIL AND THE ASSERTERS DIVERSITY**

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The Aim: of the present study was the evaluation of the communication between asserters and patients who suffered from cognitive abatement at the duration of treatment with Donepezil, in primary health care ambience.

Material - Methods: at the last three-years (period January 2003 - May 2005) were studied in total 47 successive old patients in that were applied the Mini Mental LLC questionnaire and did not assemble no one > 24 degrees. It followed issuing of Donepezil (5mg/24h) for six possessed months. Was remark many communication characteristics between asserters and patients with cognitive abatement in 24 hours, from the first before the six month? Results: the 32 (68.08%) they were men with mean age 64±17.2 years and the remainder 15 (31.9%) women with medium age 63±14.8 years (p NS). The mean values from the first application of Mental LLC were 18.9±4.3 for the men and 19.4±3.9 for women (p NS), in the end of half-year period the values were shaped 24.7±4.8 for the men and 24.8±3.8 for the women, p<0.04 / p<0.05, respectively. The assenter persons reported essential improvement of daily communication after the second month. Also, were improved the needs of service and particularly obvious were facility of services afterwards the fifth month.

Conclusions: the Donepezil was found that is an important drug for the suspension of progress of cognitive abatement in old patients. Also, the improvement of cognitive abatement in old patients had positive results not only in him self but also in assenter persons. Concretely in the improvement of provided services (paid or not), but also in their mental health.

PP97

**QUALITY OF LIFE AND DEPRESSION IN PATIENTS WITH EXACERBATION OF COPD**

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Purpose: The aim of the study was to determine the role of evaluation of depression in patients with exacerbation of chronic obstructive pulmonary disease (COPD).

Materials and Methods: 45 hospitalized patients with exacerbation of COPD were included in this study. The mean age of the patients was 59.1±9.7 years, 100% were males. All the patients underwent physical examination, laboratory and instrumental investigations. Also all included patients examined with Russian versions of Hospital Anxiety and Depression Scale (HADS), Hamilton Rating Scale for Depression (HRSD) and AQ 20 Quality of Life Questionnaire (AQ 20).

Results: Depression was detected in 73.3% of cases (33 patients): subclinical HADS-depression - in 33.3% (15 patients), clinical HADS-depression - in 40% (18 patients). Anxiety was detected in 26.6% of cases (12 patients). The combination of anxiety and depression was detected in 7% of cases (3 patients). There were significant correlations between HADS-depression score and HRSD score (r=0.81; p=0.001), HADS-depression score and AQ 20 score (r=0.51; p=0.01) and HADS-depression score and FEV1 (r=-0.39; p=0.02).

Conclusions: The results suggest that depression have high prevalence in patients with exacerbation of COPD. Physicians should

detect depression to improve compliance and quality of life in patients with COPD.

PP98

**THE ROLE OF THE PSYCHO-EDUCATIONAL GROUP OF THE RELATIVES IN THE IMPROVEMENT OF THE QUALITY OF LIFE IN PSYCHIATRIC PATIENTS**

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Objectives. The objective was to investigate the role of psycho-educational groups of the relatives of the patients with severe psychiatric problems in the quality of life of the patients.

Material-Methods. 17 relatives of patients with severe psychiatric problems (schizophrenia, bipolar disorder) were divided in two groups. The A group (N=8) were participated in psycho-educational group once per month, and the B group (N=9) were not. All the relatives were completed the GHQ-28 questionnaire, the subjective emotional burden questionnaire, and the strategic of confrontation problems questionnaire. The scope of the paper was the comparative study of the two groups.

Results. The relatives of the A group were manifested worse general health in GHQ-28 scale (p=0.02), higher subjective emotional burden (p=0.02), and they follow not stable behavior. In contact, the relatives of group B follow passive and adaptive behavior (p<0.06).

Conclusions. Higher subjective emotional burden and worse general health as well as not stable behavior lead the relatives to ask for help in psycho-educational groups. One of the scope of this group could be the replacement of these tactics with other prevent them from high emotional burden.

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PP99

**THE EVALUATION OF DONEPEZIL IN OLD PATIENTS WITH COGNITIVE ABATEMENT**

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The Aim: of the present clinical controled trial it was the evaluated the confluence of Donepezil in old patients with cognitive abatement, in primary health care ambience.

Material - Methods: at the last three-years (period January 2003 - May 2005) were studied in total 47 successive old patients in that were applied the Mini Mental LLC questionnaire and did not assemble no one > 24 degrees. It followed issuing of Donepezil (5mg/24h) for six possessed months, biochemical control per quarter and reassessment of level of cognitive abatement in the end of half-year period. Were marked the chaperon's diseases of patients, the mainer undesirable energies of pharmaceutical therapy, while for the statistical analysis of available data was used the S.P.S.S. v.11.

Results: the 32 (68.08%) they were men with mean age 64±17.2 years and the remainder 15 (31.9%) women with medium age 63±14.8 years (p NS). The mean values from the first application of Mental LLC were 18.9±4.3 for the men and 19.4±3.9 for women (p NS), in the end of half-year period the values were shaped 24.7±4.8 for the men and 24.8±3.8 for the women, p<0.04 / p<0.05, respectively. The major chaperon's diseases from the old patients

(P) were: 1.arterial hypertension (39 P - 82.9%), 2.dyslipidaemia (22 P - 46.8%) and 3.diabetes mellitus (8 P - 17%). The mainer undesirable energies were: 1.nausea (4 P - 8.5%), 2.headache (2 A - 4.2%) and muscular debility (1 P - 2.1%). No one patient did not needed interrupt the pharmaceutical therapy.

Conclusions: the Donepezil was found that is an important drug for the suspension of progress of cognitive abatement in old patients. Also, it is safety drug which is deprived serious undesirable energies.

PP100

#### **ALCOHOL DRINKING HABITS AND HEALTH-RELATED QUALITY OF LIFE AMONG GENERAL POPULATION**

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The exaggerated alcohol use is followed by dramatic increase of many difficult and fearfully phenomena.

Aim:To assess alcohol drinking habits in general population.

Methods: We studied 4682 residents from 7 most important cities in our country, with ranging age 16 to 67 years old, 64.25% males and 35.75% females,unemployed,workers, adolescents, students, and pensioners. A self-administered detailed questionnaire included alcohol drinking habits;whether or not people believed that alcohol abuse,influenced their health-related quality of life. Drinking status was classified according to daily alcohol intake or frequency of drinking. We assessed the health-related quality of life (HRQOL) based on scores for five scales of the SF-36.

Results:It was found that 19.3% use alcoholic beverages every day; 52.84% drink 1 to 2 d/day, 2.43% drink over 8 d/day.They referred social problems in 18.96%, family problems in 19.49%, help due to being drank in 18.28%, school problems in 17.99%, medical assistance to the hospital in 8.6%, problem with the police order in 4.8%, car accidents in 5.3%, accidents from being drank in 9.52%.The most part, 88.38% think that excessive alcohol consumption harm the general health, 39.1% think to stop alcohol consumption due to its consequences.There were more heavy drinkers among men than among women.Decreased odds ratios of sub-optimal HRQOL conditions, defined as less than the median SF-36 scores, for Role-Physical and General Health were found among persons who consumed 1.0 to 22.9 g/d of alcohol.

Conclusions: Alcohol is a problem in these communities. Associations of drinking patterns with subjective health varied in five sub-scales of the SF-36.

PP101

#### **PSYCHOTHERAPY AND QUALITY OF LIFE IN PSYCHIATRIC PATIENTS**

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Objectives The objective was to investigate the role of psychotherapy in the quality of life of psychiatric patients.

Material-Methods. 23 patients (15 schizophrenics and 8 with bipolar disorders) were studied concerning the quality of life (SF-36 questionnaire) and the kind of psychotherapy [only individual psychotherapy (N=8, group A) or additional group psychotherapy (N=15, group B)]. Personal characteristics (such as PANSS score, duration of illness) were concerned. All the patients also received pharmaceutical treatment.

Results. There were no statistical differences in the duration of illness and PANSS score, although the mean age was higher among the patients who participated in group therapy. Group B patients have a tendency for statistical difference in GAF scale. There were no statistical differences in the scales of Sf-36 between the two groups.

Conclusions. Concerning the advantages of group psychotherapy this is a good opportunity for the patients for improvement the quality of life.

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PP102

#### **FORCED HOSPITALIZATION IN A PSYCHIATRIC CLINIC OF A GENERAL HOSPITAL**

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Introduction: The purpose of Psychiatric Departments in General Hospitals is short-term hospitalization, the development of interconnectivity psychiatry, monitoring of patients on an outpatient basis, direct intervention in community - when it is required and training.

Aim of our study is to make a statistical evaluation of the involuntary admission to a psychiatric department of a general hospital. Material / Method: From a total of 1046 patients treated for the 2002-2004 period, we registered the number of those hospitalized involuntarily following D/A's orders. We also have registered their demographics, duration of hospitalization and exit diagnosis according to DSM IV.

Results: The sample included 210 patients (20.1% of total hospitalized patients). Males were 130(61.9%), females 80(38.1%), a statistically important variation ( $x^2 p < 0.01$ ), not observed in the general population of admitted patients.

Mean age of the sample was 42.96 years ( $\pm 12.6$ ). Mean duration of hospitalization was 19.01 days with the males presenting a shorter stay (17.2 days) against the females (21.93 days, t test  $p < 0.05$ ).

The duration of hospitalization of patients admitted involuntarily doesn't seem to differentiate substantially from the mean duration of the rest cases (19.55 days, t test  $p > 0.05$ ). As for the diagnosis, the majority of the sample manifested psychotic disorders (70%), while the next larger group was regarding mood disorders.

Males with psychotic disorder were more than females ( $x^2 p < 0.01$ ). Conclusions: Psychiatric departments of general hospitals, though not designed from their onset to receive and hospitalize involuntary patients, have proved their capability of "handling" these patient categories, despite all the difficulties that have arise and still apply.

PP103

#### **CAN A PARTICIPATION TO A GROUP IMPROVE THE QUALITY OF LIFE?**

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Aim: Intervention in a group focusing on the psychological maturity and coping strategies under stressful life events . The aim of the study was to investigate the relationship between 'psychological maturity' and coping strategies in the life of undergraduate students. In addition, the study investigates the degree to which an intervention may influence the psychological maturity of the participating subjects, their consequent coping strategies and their quality of life.

Material. The sample consisted of thirty-two students at the School of Health and Welfare Professions of the Technological Educational Institute (TEI) of Patras. Assessment was based on a combination of qualitative and quantitative measures.



The results of the study show that the intervention ameliorated the psychological maturity level of the experimental group. The individuals under investigation used a variety of coping strategies, an attitude that is probably more functional, given that the character of coping can change according to the environmental circumstances.

It appears that the participants 'learned through experience' that the support offered by the group is one of the most important and functional coping strategies, improving effectively one's own life.

PP104

**ALCOHOLISM IN THE EMERGENCIES OF THE PSYCHIATRIC DEPARTMENT OF GENERAL HOSPITAL**

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**Introduction:** It is well known that there is a high co morbidity between psychiatric disorders - especially depression and personality disorders - and alcoholism.

**Aim** of this study is to investigate the co morbidity of alcohol dependence - abuse in patients seeking psychiatric help in the Emergency Department (E.D.) of a General Hospital.

**Method:** For a three months period, all the adult patients examined in the E.D. of two General Hospitals completed the CAGE Test, which traces covered alcoholism problems. We recorded their demographics and their cause of psychiatric examination. Residents acquainted with its use gave the test.

**Results:** The sample included 320 patients with mean age 41.7 ( $\pm$  15.4) years. The positive answers were 25.1%. Men compared to women presented statistically higher scores to the test ( $t$  test  $p < 0.05$ ). Age and education level seem not to differentiate the answers to the test. As for the marital status, divorced patients presented significantly higher scores compared to married and unmarried men. We found no significant differences among the diagnostic category groups with the exception of the personality disorders group (ANOVA test  $p > 0.05$ ).

**Conclusions:** Alcohol abuse seems to be increased in Greek psychiatric patients compared to the general population, a finding in accordance with the international bibliography. The systemic investigation of alcohol abuse as a co morbidity factor and as a factor connected with the psychiatric illness seems to be important. Divorced men with psychiatric illness seem to be a high risk group, a finding in accordance with the international bibliography.

PP105

**INTERPERSONAL RELATIONS AND BEHAVIOURS. BEHAVIOURS' CLASSIFICATION IN FOUR (4) CATEGORIES, AS A BASIC TOOL OF DECODING THE CAUSES OF INDIVIDUALS' AND GROUPS' BEHAVIOURS**

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After long clinical observation and study of the behaviours of mentally ill and healthy individuals, 4 basic categories of behaviours were resulted. These behaviours are: a. Behaviour "Thesis" (attitude), b. Behaviour "Attack", c. Behaviour "Eva-

sion" (avoidance) d. Behaviour "Apologia".

The first category "Thesis" includes the behaviours in which the individual expresses notionally his opinions, desires and fears during his interpersonal relations.

Emotionally the person behaves gently, respects the others and feels the environment as being secure. As a result is:

a. a state of safety and secure is achieved or b. the person quits this behaviour and chose one of the rest three behaviours.

These behaviours are about defence toward an objective danger for the individual's "Ego". The second behaviour "Attack", through the form of unmasked or masked aggressiveness, is come up as:

- Annoyance (nuisance, harassment) with irony, making fun of someone, grizzling, allusions

- Threat (direct or indirect)

- Attack (verbal, physical)

The behaviour "Evasion" is a clear defence reaction towards a real or an imaginary noxious factor. The Behaviour "Apologia" is a defensive procedure. The person feels disadvantageous and asks for understanding. He aims at acknowledging his weakness and he tries to justify himself or he tries to prove his equivalence, in terms to change the mistaken image the environment has for him.

The knowledge and the classification of these four behaviours, can be very useful in clinical practise helping with the right diagnosis, but also helps to build the therapeutic relation which leads to treatment.

PP106

**COMPARATIVE INVESTIGATION OF MATERNAL HEALTH AND REHA OF THE MOTHERS WITH LOW BIRTH AND PREMATURE BILITATION INFANT, AND TERM INFANTS IN HOSPITALS OF ISFAHAN**

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**Introduction:** The future of a society depends on children's health. Children's growth and health is directly influenced with mother's health. This study has targeted on defining and comparison of maternal health of mother's with low birth and premature with the one of mothers with term infants.

**Materials and methods:** This descriptive analytic study was carried out on 200 mothers with low birth and premature infants selected by target focused sampling .The date were collated related to maternal health concerning weight, age, smoking, taken drugs pre delivery weight, times of pregnancy, anxiety due to crisis and maternal health care. The data were analyzed by descriptive and inferential statistics.

**Results:** The findings related to frequency distribution of maternal health of mothers with low birth and premature infants compared with the ones with term infants showed that there was a significant difference between mothers with low birth and premature infants in age group of 15 to 19 years of age and mothers with term infants aged between 20 to 24 years ( $T = 1/0135$ ,  $DF = 198$ ). The findings related to mothers weigh before pregnancy showed that there was not a significant difference between most of the mothers with low birth and premature infants aged between 45 to 54weight years and mothers with term infants of birth than105kg ( $P < 0/01$ ,  $DF = 182$ ). Regarding maternal health in both groups there was a significant difference between taken drugs and duration and dosage, maternal health and anxiety

And restlessness.

**Discussion and conclusion:** Since mothers play a major role in care of children and their own mental health influences their children physical and mental health, health team should pay close attention to mothers mental physical and social health preservation in order to enhance their children physical and mental health as well.

PP107

**THE PHYSIOLOGICAL AND PSYCHOLOGICAL BURDEN OF CONCEALING DIAGNOSTIC INFORMATION: AN EXPERIMENTAL STUDY**

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**Objective:** It has been systematically shown that secret keeping is a stress-generating process which results in a decline in several health indicators. Secret keeping, in terms of concealing diagnostic or prognostic information, is a common practise in medical settings. However its direct impact has not yet been investigated. The present study examined the physiological and psychological impact of hiding versus disclosing bad news concerning cancer diagnosis.

**Methods:** Sixty (N=60) healthy young male medical students participated in the study. Students were randomly assigned in 3 groups. All students were informed that they were about to have a 5 min consultation with a 26 year-old woman with non-operable brain tumour. They were also given information about prognosis, treatment and side effects. Group A (disclosure group) was instructed to reveal the information about the diagnosis, prognosis, and treatment. Group B (concealment group) was instructed not to reveal the truth concerning the diagnosis, and prognosis, while students in group C (control group) were instructed to conduct a structured interview concerning dietary habits.

Mood and cardiovascular reactivity was assessed at baseline, 30 minutes later, and immediately after the task. In addition heart rate variability was assessed during the consultation using a digital signal extraction pulse oximeter.

**Results:** The results of the correlation between handling other's health information and one's stress levels as well as the relationship between stress, heart rate variability and cardiovascular activity will be presented.

**Conclusions:** The physiological and psychological burden of hiding versus disclosing bad news in medicine will be discussed

PP108

**ASBESTOSIS: STUDY OF CALCIFIED PLEURAL PLAQUES IN WESTERN ALMOPIA, GREECE**

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**Background:** Asbestosis is defined as diffuse lung fibrosis due to occupational or nonoccupational exposure to asbestos fibers. This study was conducted to show that in the area of Western Almopia, Prefecture of Pella in Greece, and particularly in 7 villages of that area (Monastiraki, Promachi, Megaplatanos, Orma, Polykarpi, Sarakini and Koryphi) the presence of rocks with high concentration in asbestos fibers, used for whitewashing until 1935, causes asbestos-related alterations which can be observed in the imaging studies.

**Methods:** The study was carried out retrospectively in the archives of the Radiology Department of the General Hospital of Edessa, examining chest radiographies from 05/2004 to 05/2006.

**Results:** Radiographic findings of asbestos-related alterations include benign pleural effusion, pleural plaques, diffuse pleural thickening, rounded atelectasis, asbestosis, mesothelioma and lung cancer. The prevalence of calcification in pleural plaques is reported to be 10-15%. In this study 31,750 chest X-rays were examined, from which 1,935 belonged to the inhabitants of the above mentioned 7 villages. Out of these 1,935 X-rays 266 presented calcified pleural plaques that appeared as irregular heterogeneous densities, usually bilateral, the so-called holly leaf.

The age of these 266 chest X-rated inhabitants ranged from 55 to 90 years old.

**Conclusions:** It has been revealed that in the area of 7 rural villages in Western Almopia the environmental exposure to asbestos causes asbestos-related alterations. In particular the development of calcified pleural plaques was found in a percentage of 13.7% of the local population.

PP109

**QUALITY OF LIFE OF YOUNG ADULTS WITH BRONCHIAL ASTHMA**C. Karakousis 1, I. Karathoda 1, A.V. Karathoda 1, C. Karamitsios 1  
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The bronchial asthma is a chronic pneumonic disease that is owed in over stimulation of the bronchus and a varied degree of decrease of the bronchus that recedes automatically or after the use of bronchodilatation .

**Aim of our work** was to investigate the quality of life of young adults with bronchial asthma.

**Material method:** 22 oral interviews of known asthmatic patents that arrived in our clinic. From them t12 were men and were 10 women, between 18-30 years of age.

**Results:** In the 87% intense stress and fear for a new asthmatic crisis was found. 67% are ashamed for their illness while 75% are afraid of being rejected because of their illness from their social environment. 92% reported a decrease of initiatives and activities because of the fear of a new asthmatic crisis and 89% of them reported that they were upset by the restrictions that are imposed to them in order to check the illness. In the asthmatic young adults behaviour disturbances were observed, more analytically: in t45% regression in previous stages of growth, in 67% intense dependence from the parents, in 56% the individuals were shy compared to their peers and they hesitated making a sexual relationship. 78% reported that they withheld their problem from their sexual partner for a long time. Then prompted by their doctor 86% of the men and t 74% of the women did sports at least two hours weekly. 98% knew details of their illness.

**Conclusion:** The bronchial asthma influences unfavourably the sentimental maturation and mental growth of young adults. Being informed is essential for the individual. We should stress that asthma is a chronic illness with good prognosis and we should provide patients with constant sentimental support

PP110

**PSYCHIATRIC REACTIONS MADE BY THE BURNED PATIENTS**

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**Background:** This research has been made as a survey on the psychiatric reactions made by the burned patients . This survey has aimed to find the various approaches and psychiatric reactions made by this category of patients, to classify them according to their characteristics including occupation and age and to put forward some suggestions in respect with the research findings.

**Methods:** 50 subjects hospitalized in the hospital from in Isfahan due to burning for the first time were surveyed in this research. A questionnaire filled in by interviews was applied as a tool for gathering the data.

**Findings and Conclusion.** In general, the results show the following points: 70% of the subjects were in the age range of 20-29; 52% were male; 38% of them were 20-29 years old; 24% of the male subjects were workers and 34% of the female subjects were housewives; 70% of the subjects were married; 68% of them had 0-2 children; most of the subjects (86%) had been burned due to thermal factors; 50% of the subjects had been injured on both exposed organs and covered organs; 50% of the subjects had

been burned with a surface of 20-30%; 50% of the subjects were in the 2nd and 3rd degree of burning; 42% of the subjects having been burned due to a thermal factor were classified in the 2nd and 3rd degree of burning.

PP111

**A QUALITATIVE STUDY OF THE RELOCATION STRESS FROM THE ICU. CAN WE REDUCE IT?**

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**Introduction:** Relocation stress may be defined as "a state in which an individual experiences physiological and/or psychosocial disturbances as a result of transfer from one environment to another". Extensive literature exists examining patients' experiences while in ICU and longer-term effects of critical care. Little is known of the patients' experiences immediately following discharge to wards.

**Objective:** A qualitative study was designed to explore and describe the lived experiences of patients following transfer from the intensive care unit, attempting to focus on the participants' perspective. Recommendations on practice developments to prevent or improve relocation stress, based upon the consequent physical and emotional insights into patients' experiences, are proposed and discussed.

**Design-methods:** An open interviewing style was adopted, following an unstructured flexible approach. Ten purposively selected ICU patients of the "G. Gennimatas" General Hospital were bedside interviewed three to four days after their discharge from the ICU to the wards.

**Results-conclusions:** Data was analysed utilizing procedural approach to phenomenological interpretation and analysis. Three major themes emerged, each of which comprised of minor categories: physical response (sleep difficulties, mobility), psychological response (positive and negative feelings and family) and provision of care (experience of the transfer process, need for information and care management). Implications for the ICU patients' care, derived from the experiences captured, should force us explore ways of providing ICU patients with the potential for optimal recovery. The results of our study and similar research might indicate the need of intervention programmes based on coping strategies, exercise and information.

PP112

**SURGERY AND QUALITY OF LIFE IN THIRD AGE PEOPLE**

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Third age people presented many health problems during hospitalization when they are forced surgically like that diabetes, hypertension, atherosclerosis, lipedemia, circulatory - respiratory problems, thyroids, brain tumors, hydrocephalus, cerebrovascular diseases, craniocerebral injuries etc These diseases are more common and determined the quality of life in elderly.

**Analyzed:** the individual diseases that led during hospitalization in surgical department, the permanence in that and final result

PP113

**THE USE OF ALGINATE AND HYDROCOLLOID DRESSINGS IN THE MANAGEMENT OF PRESSURE ULCERS**

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**Introduction:** About 10% of acute and 35-40% of chronic disease cases will present pressure ulcers during their hospitalization. Treatment aims are the prevention of ischemia and the enhancement of the healing process.

**Objective:** Evaluation of healing process after surgical debridement, the follow up and treatment of chronic patients with the use of hydrocolloid and alginate dressings, the settlement of a sore ulcer department and the organization of a medical archive. **Materials and Methods:** During a two year registry, 20 patients, aged 78- 84, with grade III and IV pressure ulcers and 3-10cm diameter were followed. The anatomical localization was: 10 on the sacrococcygeal area, 16 on the greater femoral trochanters, 10 on the calcaneous, 4 on the buttocks and 4 on the perineum. **Precexisting diseases include:** 10 cases of stroke, 4 of hip joint arthroplasty and 4 of aortic aneurysm surgery. No patient suffering from painless vessel ulceration or ulceration from immunosuppression or terminal stage disease is included. **Surgical debridement followed by the use of hydrocolloid and alginate dressings was the healing method of choice.**

**Results:** 18 patients were healed within a period of 10 to 28 weeks. Recurrence was present in one patient. One patient died from generalized sepsis. 8 were hospitalized due to local infection, treated with intravenous antibiotics selected according to blood culture.

**Conclusion:** Management of local infection and necrosis is of vital importance when handling grade III and IV pressure ulcers, and requires hospitalization. Alginate and hydrocolloid dressings promote the healing process and ensure decency for the patient throughout treatment.

PP114

**THE PSYCHIATRIC SOCIAL CLUB OF KOZANI: A PILOT PROGRAM OF PSYCHOSOCIAL REHABILITATION**

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**Purpose:** Presentation of the outcome of a pilot program of Psychosocial Rehabilitation (PSR) concerning the creation of a psychiatric social club under the auspices of Municipality of Kozani. **Introduction:** The term "Psychosocial Rehabilitation" refers to the use of various methods to enable people who are severely mentally ill to develop social and vocational skills for independent living. Such treatment is carried out at many sites: hospitals, outpatient clinics, mental health centers, day hospitals and social clubs.

**Material and methods:** 15 patients aged between 18-65 diagnosed mainly as schizophrenic, bipolar or with mild mental retardation took part in this program. People with alcohol or drug dependence were excluded. Evaluation took place twice: Before starting the program and after the first year, concerning participation, comprehension of skills, functioning (with the use of Global Assessment of Functioning Scale -GAF) and self-evaluation of quality of life (with the assessment of the WHOQoL-100 Inventory). The number of relapses and hospitalizations were also into account.

**Results:** There was a significant improvement from baseline measurements in all scales. For example 80% of the participants were found to be quite or much improved in GAF scale. Furthermore the total amount of relapses and hospitalizations was diminished to one third or even eliminated.

**Discussion:** Having in mind that this is a pilot program of Psychosocial Rehabilitation we should consider its contribution to the improvement of the Quality of Life standards as quite signifi-

cant. The results of the program are encouraging for the promotion of similar structures.

PP115

**OSTEOPOROSIS AND LIFE QUALITY: STATISTICAL EXAMINATION IN A PRIMARY HEALTH CARE CENTRE**  
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**Introduction:** Osteoporosis is a common disease starting usually with menopause. It is related to life quality deterioration of women who are suffering from it.

**Purpose:** The purpose of this study is to register the epidemiological data of osteoporosis to people over 40 years old and its influence on the efficacy and the life quality of people suffering from this disease.

**Material and Method:** The study was realised in the area that the Medical Centre of Moires, Heraclio- Crete, is in charge. In a randomly selected population of 306 persons, we applied a personal patient card, which included the demographic data, the patient's medical history (menopause, fractures, long lasting cortisone reception, thyroid diseases, surgeries, diabetes mellitus, height and weight measurement). Further more, they were asked about their daily efficacy and their life quality. Rates of T-score < -2.5 were corresponding to high danger, while rates > -1 correspond to low danger.

**Results:** The T-score average of the patients who were selected randomly is -1.75, while the average menopause age was 44, 36 years old. The persons that had fractures were 14 (4.5%), those taking cortisone for a long time were 6 (1.9%), whereas thyroid diseases were found to 2 persons (0.65%), 48 patients suffered from diabetes mellitus (15.7%), 86 patients were over-weight (28.1%), whilst there were differences among the patients concerning their daily efficacy.

**Conclusions:** The early diagnosis of osteoporosis in the field of primary health care can significantly contribute to the fractures' reduction, while it can positively influence the daily efficacy and the improvement of the life quality.

PP116

**PREOPERATIVE DIAGNOSTIC VALUES OF FINE-NEEDLE CYTOLOGY AND MRI IN PAROTID GLAND TUMORS**  
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**Introduction:** The objective of our retrospective study was to discuss the value of fine-needle aspiration cytology (FNAC) and magnetic resonance imaging (MRI) in the diagnosis and treatment of parotid gland masses.

**Materials and Methods:** This was a case-control study conducted between 1995 and 2005 in Europe. A data search was carried out on Medline and the Internet. The results of these examinations were compared with the corresponding histopathological diagnosis.

**Results:** The sensitivity, specificity and accuracy for detecting malignant lesions were 87, 94 and 93% respectively for MRI, 81, 95 and 92% respectively for cytology and 100, 88 and 91% respectively for both studies combined. Fine-needle cytology provided better information than MRI concerning precise histological diagnoses. The MRI allows a good assessment of the tumoural mass and its anatomical relationships (sensitivity 55%, specificity 86%, positive predictive value 89%, negative predictive value 75%).

**Conclusion:** In cases of parotid gland mass, where surgical intervention is necessary, there is no need of special investigations: however Fine-needle cytology and MRI allow us to anticipate what operation will be required.

PP117

**ERECTILE DYSFUNCTION AND CARDIAC STRUCTURE**  
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**Aim.** Endothelial and endocrine dysfunction in patients with erectile dysfunction (ED) may impact on cardiac structure. The aim of this study was to investigate cardiac structure in patients with ED without arterial hypertension.

**Methods.** 48 patients (mean age 44±9 years) with erectile dysfunction were studied. Erectile function was estimated by questionnaire International Index of Erectile Function (IIEF-EF domain score). The patients were divided on 2 groups: with mild ED (IIEF12-25; n=22), and severe ED (IIEF<11; n=26). M-mode echocardiography was performed and left ventricular mass index (LVMI), ejection fraction (EF) were calculated. Patients hadn't arterial hypertension. Serum levels of dehydroepiandrosterone sulfate (DHEA-S) and testosterone were detected.

**Results.** The EF was more than 45% in all patients. The LVMI was higher in patients with severe ED than with mild ED (118.8±13.9 vs. 110.2±14.4 g/m<sup>2</sup>, respectively, p=0.04). The left ventricular hypertrophy (LVMI>125 g/m<sup>2</sup>) was detected in 6 patients with severe ED and 1 patient with mild ED. The diameter of left atria was higher in patients with severe ED (35.4±5.6 mm) than in patients with mild ED (31.3±4.9 mm, p=0.01). There was negative correlation between left atrial diameter and serum DHEA-S (r=-0.38; p=0.01) and testosterone levels (r=-0.39; p=0.01). We detected also negative correlation between levels of DHEA-S and age (r=-0.53; p<0.001). Multiple regression analysis showed, that left atrial diameter was independently inversely correlated with DHEA-S levels (R<sup>2</sup>=0.32; t=-0.46; p=0.003).

**Conclusions.** Patients with severe ED without arterial hypertension have higher left ventricular mass index and diameter of left atria, and there structural abnormalities are associated with lower serum DHEA-S levels.

PP118

**PEYRONIE'S DISEASE AT A PATIENT WITH ERECTILE DYSFUNCTION**  
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**Aim:** aim of this report is to show that the patients' selection is the key to the proper treatment. Less experienced surgeons should limit themselves to medical management. Educations on pathogenesis and natural history of disease will allow the patient to make an informed decision in regards to treatment option and expected outcomes.

**Presentation of case:** an adult patient, man, 60 years old, with an active sexual life who came at a Health Centre reporting painful erection and mild bending of an erect penis and erectile malfunction begging aggravated three months ago. The medical history of patient was free, he didn't receive any medication and he didn't report any penile trauma. After assessment we recognized a pathological bending and curvature of penis. We recommended a Color Doppler Ultrasonography which showed no pathological foudns of arteries but ultrasound using 7.5Mz transducer visualized calcifications and the minima lesions of cavernosum corpora and tunica albuginea. Peyronie's disease is difficult to treat

because there is no known etiological agent and because occasional spontaneous disappearance of lesion occurs; the assessment of therapy is difficult. According to the bibliography about the Peyronie's disease control, because our patient had erectile malfunction which didn't response to the therapy, we decide to treat the situation with plastic surgery so we take care of connection of patient with urologists. Penile deformity of patient corrected by plaque incision but patient had some degree of penile shortening and postoperative erectile malfunction.

PP119

#### **RETROPERITONEAL LAPAROSCOPY OF A RETROCAVAL URETER**

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**Introduction:** We present a case of retrocaval ureter featuring laparoscopic technique treatment using extraperitoneal access.  
**Materials and methods:** A 28-year old man complained on recurring lumbar pain associated with repeated episodes of acute pyelonephritis on the same side. He also complained for 2 episodes of macroscopic hematuria. Ultrasound revealed dilation of the pyelocaliceal system in the right kidney. Urography showed a J-shaped proximal ureter, suggesting retrocaval ureter. CT scan confirmed diagnosis and the decision was to repair this abnormality laparoscopically. We used the standard extraperitoneal laparoscopic access through 3 ports. We dissected the entire proximal ureter and released the lower renal pole. The vena cava was identified and we clearly notice where the ureters start to become retrocaval. The major problem we faced was that we could not identify the distal part of the ureter. After 120 minutes we convert the operation to an open laparotomy. We performed a continuous spatulate suture and a DJ catheter was inserted.  
**Results:** Estimated bleeding was 100 mL and there were no post-operative complications. The patient was discharged from hospital on the 4th postoperative day with no intercurrence. The double-J catheter was maintained for 6 weeks, and the patient remained asymptomatic following removal. A control urography performed 3 months after surgery showed good drainage of the ureter with correction of the anatomic abnormality.  
**Conclusion:** we believe -although our failure to complete the operation without conversion- that the standard extraperitoneal laparoscopic access should be one of the first treatment modalities for the treatment of such anatomic abnormalities

PP120

#### **RELOCATION STRESS IN CRITICAL CARE: A REVIEW OF THE LITERATURE AND INTERVENTIONAL RECOMMENDATIONS**

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**Introduction:** The success of critical care is to keep people alive and restore them back to health with a minimum degree of physical and psychological distress. However, when the acute event is over, the individual is transferred to the general ward to become one of many, thus losing the intensive monitoring of the Intensive Care Unit. The anxiety that arises from the loss of a secure environment is referred to as relocation stress.

**Objective:** To review the various concepts and causes of this phenomenon, arriving at a more operational definition of it. To review interventions that have been suggested reducing or preventing this phenomenon from occurring. To recommend practice developments to prevent or improve it.

**Design-Methods:** A systematic review was contacted using numerous sources, such as CINAHL, MEDLINE and PsycINFO databases, and searching terms, such as relocation, transfer, discharge, critical care, intensive care, anxiety, stress.

**Results-Conclusions:** This phenomenon has been described as transfer stress, translocation syndrome and, more recently, relocation stress. Transfer anxiety could be said to comprise of: primary anxiety, fright and expectant anxiety. A number of risk factors have been suggested as contributing to or causing relocation stress. Present critical care appears to be limited to disease-centred care and neglects problems that may be encountered in the post-critical care period. There is a need for a more effective, holistic service that will bridge the current gap in care. Preparation for transfer out of the ICU should begin on admission to the unit and continue throughout the stay.

PP121

#### **QUALITY OF LIFE OF CHILDREN WITH IDIOPATHIC SCOLIOSIS AFTER TWO YEARS TREATMENT WITH BOSTON BRACE**

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**Purpose:** The purpose of our study was the evaluation of quality of life of children with Idiopathic Scoliosis, after two years treatment with Boston brace.

**Patients - Methods:** 50 children, aged between 11 and 17 years old, with Idiopathic Scoliosis, participated in the study. The time of their treatment with Boston brace was at least two years. The daily duration of Boston brace application was more than twelve hours.

Quality of life of children was evaluated with SF-36 questionnaire and compared with quality of life of a group of 60 healthy children of the same age.

Statistical analysis of results was based on statistical package SPSS-12. Level of evidence was defined at  $p \leq 0.05$ .

**Results:** The two groups of children were comparable according to age and sex. Results in each questionnaire's category, were greater in the group of healthy children. Only in three categories, role limitations due to emotional problems, emotional wellbeing and social functioning exist statistical significant difference between two groups.

**Conclusions:** Quality of life of children with Idiopathic Scoliosis treated with Boston brace is negatively influenced, in comparison with healthy children of same age. On the other hand, benefits from Boston brace application are such that we don't propose stopping Boston brace treatment after two years of therapy.

PP122

#### **THE USE OF GROWTH FACTORS IN THE HEALING OF CHRONIC ULCERS**

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**Purpose:** The purpose of the study is to show the beneficial effect of the growth factors in the healing of chronic ulcers, by improving the local conditions and the possibility of healing the trauma.  
**Material- Method:** We report the case of 47 year old man who was operated because he suffered from acute rupture of the Achilles tendon while he was training. Two weeks after the operation, the surgical trauma presented some symptoms of infection that leded

to its rupture. The patient presented 2 ulcers, having the dimensions 4x2.8x1.5 cm and 3.5x2x1.5 cm accordingly along the surgical cut, without any progress of healing for 6 weeks.

In our hospital as soon as we treated the infection of the trauma, we made 2 infusions of growth factors with the distance of between two weeks from one another. The infusion was done in the edge of the ulcers perimetricaly and the bed of them. The ulcers remained closed for a week after the infusion.

Results: Two weeks after the performance of the second infusion we noticed that granulated tissue fully covered the trauma. The restoration of the area was done with grafting of skin of partial thickness.

Conclusion: The growth factors constitute the basic means of the success of the healing of chronic ulcers. Moreover we would like to add that growth factors reduce the cost of hospitalization of such patients and contribute towards their return to their previous activities.

PP123

#### MISSION AND ROLE OF THE ORTHOPAEDIC DEPARTMENT

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The orthopaedic as a functioning department of the hospital introduces an extremely complicated organizational structure in such a framework under which different health professionals co-exist apart from their refutable professional and personal goals. Nevertheless these different aims have to keep up with the targets of the enterprise called hospital. Such targets are firstly the maintenance and increase of quality of services, secondly the greater possible effectiveness and thirdly the patient satisfaction taking under consideration the issue of cost containment.

The orthopaedic department of the General Hospital of Giannitsa, considering the above issues, and having the appropriate health professionals and managers and nursing personnel, are trying very hard to reach the best possible result in order to achieve the above targets related to the services delivered as well as the patient satisfaction.

PP124

#### INTRAVENOUS REGIONAL METHYLPREDNISOLONE AND XYLOCAINE FOR TREATMENT OF REFLEX SYMPATHETIC ALGODYSTROPHY- A QUALITY OF LIFE STUDY

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Objective :To evaluate the safety and efficacy of administering intravenous regional infusion of corticosteroid and local anesthetic in the management of posttraumatic Reflex Sympathetic Algodystrophy.

Patients - Methods: During the last four years we have treated 42 patients suffering from posttraumatic Reflex Sympathetic Algodystrophy of wrist and ankle joint. The diagnosis of RSA was made if a patient had at least four of these symptoms: hyperesthesia, edema, vasomotor changes, pain with burning quality, joint stiffness or temperature differences between extremities and radiological findings of transient osteoporosis.

We studied the response (disappearance of pain and functional improvement) to intravenous regional infusion of corticosteroid and local anesthetic (7 ml of Xylocaine and 160 mg of Methylprednisolone / upper extremity or 12 ml of Xylocaine and 250 mg of Methylprednisolone / lower extremity) which was performed on each patient, with the use of tourniquet, once a week for 20 minutes, at least three times.

Results: Quality of patients' life was assessed twice, at the beginning of treatment and one week after the last infusion by using Health Related Quality of Life Questionnaire. Quality of patients' life improved substantially, although no statistical significant difference found in the mean quality of patients' life between two measurements ( p= 0,13 paired t-test).

Conclusions: Intravenous infusion of Methylprednisolone and Xylocaine appear to be effective and well tolerated in the treatment of RSD.

PP125

#### LOW BACK PAIN IN SPORTS AND EXERCISE. PREVENTION AND REHABILITATION

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Low back pain is one of the most common medical problems in modern societies. Although it is not as serious condition as heart disease or cancer in terms of mortality. Is the most common cause of disability for persons under 45 years of age and it has an estimated cost. One of the challenges in the prevention and treatment, is that the etiology is diverse, and the specific cause is often unknown.

Many cases, however, have been associated with poor physical conditioning. For this reason low back pain is considered one of the major hypokinetic diseases.

Low back pain as a syndrome presented during sports and exercise. For this reason many of them temporary or finally stopped sporting activities and exercise.

We present the syndrome of low back pain in sports and exercise with methods for prevention and rehabilitation

PP126

#### CONTROL OF KNEE PAIN WITH INTRAARTICULAR INJECTION OF HIGH MOLECULAR WEIGHT HYALURONAN

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Introduction Since the early days of the new year, many patients have visited our hospital with knee pain, because of knee osteoarthritis. This condition made their life worst, than that it was.

Purpose The purpose of these study is to evaluate the efficacy of intraarticular injection of High Molecular Weight Hyaluronan for the control of knee pain because of knee osteoarthritis and their quality of life.

Method 135 of these patients were injected intraarticularly High Molecular Weight Hyaluronan (H.M.W.H), for three times, ones every week. According to the classification of Kellgren Lawrence, 12 were classified on stage 1, 82 on stage 2, 39 on stage 3 and 2 on stage 4. All patients were asked about the pain, according to Verbal Visual Analogue Scale before starting therapy and after a month of the last intraarticular injection.

Results The results are registered in the following table:

| Verbal Visual Analogue Scale | Number of patients before therapy | Number of patients after therapy |
|------------------------------|-----------------------------------|----------------------------------|
| 0 (no pain)                  | 0                                 | 41                               |
| 1                            | 0                                 | 8                                |
| 2                            | 0                                 | 10                               |
| 3                            | 0                                 | 11                               |
| 4                            | 0                                 | 7                                |
| 5                            | 7                                 | 24                               |
| 6                            | 15                                | 6                                |

|                       |    |    |
|-----------------------|----|----|
| 7                     | 22 | 11 |
| 8                     | 23 | 5  |
| 9                     | 20 | 4  |
| 10 (very strong pain) | 48 | 8  |

Conclusion The intraarticular injection of High Molecular Weight Hyaluronan (H.M.W.H), helps patients to control the knee pain of osteoarthritis and improves their quality of life.

PP127

**IS EMPLOYMENT AN APHRODISIAC TO WOMEN OR NOT?**

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Aim: this paper investigates employment influences upon women's sexual behavior and quality of life and records useful messages for future research.

Material and Methods: 600 Thessalian women of variant education, aged 18-60 years, participated in the research during the year 2005. Data were recorded in an especially formed anonymous questionnaire during face-to-face interviews.

Results: 53% of the participants were employed while 87% of the whole sample consider employment a necessity, for it provides financial independence and enhances self confidence (57%), it promotes rewarding interpersonal relations and social status (23%), it brings women to their psychosocial "equilibrium" (14.7%) and finally employment is a way to escape from domestic routine (5.3%). Sexual behavior is affected by employment (100% of the participants). In more detail, 79.5% positively correlate employment to sexual desire, 13.2% positively correlate employment to infidelity while only 7.3% state that employment decreases sexual disposition.

Conclusions: Employment has an aphrodisiac affect upon women, since it promotes a more productive psychosocial behavior and thus it contributes to a quality way of living.

PP128

**CENTERS OF EXCELLENCE OR DEVELOPMENT OF GENERAL MEDICINE?**

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Aim of this study is to examine the opinion of physicians about the need for Centers of Medical Excellence and the development of General Medicine as well.

Material - Methods: A questionnaire was distributed in 135 physicians, 67 specialists and 68 trainees. Answers were taken from 11 different hospitals in Greece.

Results: Many physicians (75%) believe that medical interventions of advanced difficulty can be executed in any Hospital. In a percentage of 38%, doctors consider that therapy in a Center of Excellence is often not needed, while the rest believe that only too old patients and patients with advanced malignancies might lose the chance of advanced medical therapy. Current therapeutic interventions held in Centers of Excellence are mostly "overtherapy" according to the 66,6%. In total, physicians are not opposite to the idea of national institutions of Excellence. Almost all trainees but less than half of the specialists wish to work in a Center of Excellence, even circumstantially. The development of General Medicine was characterized as necessary from 66,6%, useful from 10% and not important from the rest of asked physicians.

Conclusions: If National Health Institutes of Excellence were established in Greece, they would attract many physicians, especially the younger ones. The "pathetic attitude" group was inter-

estingly large, with no interest either for primary or for tertiary medical services.

PP129

**CRITERIA OF THE QUALITY CONTROL SYSTEM FOR HUMAN RESOURCES IN HEALTH SYSTEMS IN GREECE**

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Aim: The human resources of Health Systems consist from medical doctors, nurses, paramedics, management and economic services professionals. Determining the criteria for the quality control of human resources is necessary for Health Promotion, and these criteria vary among different countries. The widely accepted need for continuing medical education (CME) is a growing reality throughout Europe. Following the integration of Greece in the European Union (EU), national training programs for health professionals have become more numerous than ever. Aim of the present study is to record the available opportunities of continuing medical education in Greece and to correlate them to the promotion of health.

Materials and Methods: We used information derived from the Greek Ministry of Health, the National Health System Legislation, the EU subsidized national training courses for health professionals for 2005-2006, along with information from the educational meetings held by medical associations and scientific medical societies.

Results: The congresses for doctors and nurses held by the scientific societies provide aside from knowledge, a certificate of attendance, and a number of credits for continuing medical education (CME credits), however registration requires mandatory payment. During 2005-2006, only 325 subsidized national seminars for health professionals were programmed, giving the chance of free medical education to a small percentage of doctors and nurses. None of the above programs accepts unemployed doctors.

Conclusions: Continuing medical education depends mainly on personal motivation for each health professional in Greece. Quality of health services depends in a great degree on the continuing lack of education in Greece.

PP130

**ESTABLISHMENT OF A STANDARDIZED QUALITY SYSTEM (ISO-9001 STANDARDS OF INTERNATIONAL STANDARD ORGANIZATION) IN A PALMA DE MALLORCA HEALTH CENTER (SPAIN)**

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The Coll Primary Health Center (PHC) has marked as objective, the global quality improvement by the establishment of a normalized system of quality (ISO-9001 quality standards of the International Standard Organization). The present communication's objective is to describe the process of design, establishment and its initial results.

Procedures. The Coll PHC (Mallorca, Spain), formed by 47 professionals, attends 24.500 inhabitants. The ISO project was initiated during 2005, by a training course, the process map construction, election of procedures to analyze and its assignment to GPs groups to be represented by flow charts. Likewise, the quality and organizations manual was begun, and a survey was carried out to the professionals.

Results. All the 47 implied professionals have collaborated, 32 procedures have been expressed in flow charts. Up to now, internal meetings of the work team and meetings with the assessment enterprise have occurred, with a duration of more than 100 h. The survey has shown high expectations of the professionals

about the impact of the ISO procedures in the quality of services. Conclusions. The quality certification is an exciting, complex process with a foreseeable positive impact on the quality of its services, and the experience of our PHC could be a stimulus for other PHC.

PP131

**PATIENT-CENTERED FAULTS AND MYTHS IN GREECE**

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Aim of this study is to refer to faulty mechanisms related to the relationship to patients/National Institutes of Health in Greece. Issues as consent of the patient for the execution of surgical operations, the transportation of critically-ill patients, the Intensive Care Units' use, the mapping and adequacy of resuscitation teams, the control of cancer therapy and prevention, the diagnosis announcement in cancer patients, euthanasia, iatrogenic morbidity and mortality and organ donation are examined under the scope of Greek newspapers.

Material - Methods: Greek newspapers and magazines were used to construct the documentation of our study.

Results: A variety of articles have been published to inform Greek patients, with many common points as a whole. Great emphasis is given to iatrogenic death and diseases, with everyday references and detailed description of medical faults. The emergencies condition in Greece is described to be problematic, especially in rural areas. Cancer is still a "death carrying disease", but prevention is more strengthened than ever especially for breast cancer. Consent for surgical operations and euthanasia are still almost undiscovered matters for Greek newspapers, while organ donation is referred but rarely. Intensive Care Units are thought to be either the preface of death or the only chance for survival in other articles. Criticism is more profound in newspapers than in magazines and simultaneously there is an ideal presentation for European or American Hospitals. Conclusions: The relationship of doctor and patient seems to be under a constant re-examination in modern Greece, with many problematic areas of conflict.

PP132

**PRIMARY MEDICAL CARE AND THE TASTE OF SUB-SPECIALTIES**

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Purpose of our study is to evaluate the new educational programme of general doctors (GPs) in Greece.

Materials - Methods: A new promising educational programme has recently been composed for residents in General Medicine by the Hellenic Society of General Doctors. It refers to the minimum number of medical skills needed from each specialty.

Results: The mandatory pattern for primary education in general surgery, orthopedics, gynecology, pediatrics and other subspecialties is giving the chance to residents of General Medicine to take a share of education as residents with different prospective. The General Medicine logbook consists the official guideline and determines the fundamental needs, as emergency procedures. As far as skills and techniques are concerned it is upon the goodwill of the X Department's medical staff to teach certain rules and practices. Quality of education depends on Hospitals available equipment, too. Also subsidized seminars given by the Ministry of Health are mainly limited in theory. Other courses acquire mandatory payment. For example, ATLS course is a certified 2-days course, but is also quite expensive, so

is not attended by the total number of residents. CONCLUSIONS: General Medicine is not a Hospital specialty. Probably that is a reason explaining the inadequate share of education offered to this group of residents in comparison to other specialties. Medical societies should take the step and educate general doctors in primary care of each subspecialty, providing special workshops with essential skills, since the quality of Health Services in any country depends mainly on General Medicine.

PP133

**DEFINING MEAN SCORESE OF ACADEMIC MEMBER, PREPRITION IN COOPRATIVE MANAGEMENT IN ONE OF NURSING AND MIDWIFERY SCHOOL OF ISFAHAN UNIVERSITY OF MEDICAL SCIENCES: ZAHRA ZANDIYEH DR ,HEIDARALI ABEDI ISFAHAN UNIVERSITY OF MEDICAL.SCI**

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Introduction: Although the thought of participation has shown its high competence in all dimensions of life and society and it has proven numerous successful and different researches in the field of participation and participative management.

Methods & materials: This study is methodological triangulation ( a several - dimensional way of methodology) which has been performed on the academic member college at Isfahan university as a research society (n=100). The method of sampling facts and the ways of collecting data is using a questionnaire and the analysis was done by descriptive and statistical statistic.

The research findings Showed that the mean preparation & score of staffs (133.8) is academic member much higher than standard.

PP134

**PATIENTS GROUPS: THE SOCIAL ANSWER TO HEALTH SYSTEMS' INADEQUACY?**

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Aim of this study is to refer to patients groups in Greece and report the conditions of establishment and function of such organisations.

Material and Methods: This is a research study reporting the patient groups in Greece and reviewing the aspects of a patient group development. The research was made via internet searching machines with basic terms, and covers the past 5 year's period.

Results: More than 10 patient groups have been established the past 5 years in Greece. Oncologic groups are the better organized groups consisted from many members. The Hellenic Anticancer Society is the most popular patient society, but is directed and organized by doctors. Comparing Greece to USA or United Kingdom, Greece is still in an early phase of organizing patients in societies and supporting groups. As far as prevention is concerned, the Institution for Gastroenterology and Nutrition and the Hellenic Institution of Heart Diseases have offered a lot in prevention. The Hellenic Geriatric Society has a patient branch and consists one of the more supporting societies, and similar activities have been reported for the patient branch of Hellenic Psychiatric Society.

Conclusion: Patient groups offer supporting and prevention services in society and consist a valuable part of health organizations. Medical doctors and nurses participate in patient groups and offer in management and organizing needs. Greece is a country with numerous patient groups that promote health via social and ethical mechanisms.

PP135

**THE EFFECTIVENESS OF EXERCISE PROGRAMMES IN**



### IMPROVING QUALITY OF LIFE IN PATIENTS WITH CHRONIC LOW BACK PAIN

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**Purpose of the Study:** The purpose of our research was to examine the effectiveness of exercise programmes in improving quality of life and functional outcomes in patients with Chronic Low Back Pain (CLBP). The main symptoms of CLBP are the pain and the muscle disability of the limbs.

**Results:** Our bibliographic research showed that the 20% of people over 65 years old are suffering from CLBP, which had negative effects in their everyday mode of living and their quality of life in general. Furthermore, the 40% of them were incapable of doing their ordinary activities and this had negative results in their physical and psychological status.

The exercise programmes included muscle endurance and strength exercises. Supervision from experts and adequate compliance were common aspects of the training programmes.

**Conclusions:** The exercise has a positive effect on CLBP patients. Muscle strengthening and pain relief are the common components of exercise programmes. This fact suggests that exercise programmes are effective in improving the quality of life and functional outcome in CLBP patients.

PP136

### QUALITY IN CLINICAL TRIALS

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It has been claimed that a good clinical trial is worth a thousand expert opinions. However, the quality of a clinical trial depends on various factors such as the study's validity, randomization, blinding, sample size, internal sensitivity, data analysis techniques, class effect and many more. Yet these issues can be rigorously examined by means of specially designed checklists like Oxford System for Quality Scoring Controlled Trials (OSQSCT), or the Oxman and the Guyatt Index of Scientific Quality (OGISQ). Both these tools can help us in critically appraising any published clinical trial. In order to check for quality in a clinical trial's randomization and blinding aspects, we can use the OSQSCT, which is a short and useful checklist. The OSQSCT is a valid tool which can determine if these prerequisites have been met. Sample size and study methodology can be measured by using the OGISQ, which is a 10-item, Lickert type scale, designed for measuring the effectiveness of a trial's adequate sample size and sound methodology.

PP137

### DESCRIPTION OF NOISE LEVELS IN HOSPITALS

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Noise levels in hospitals have been shown to be high, especially in the Intensive Care Unit (ICU) departments. A noisy environment can affect the psychological state of the patients, since it can impose sleep fragmentation, disorientation, and anxiety, on the patients, and the working personnel as well.

**Aim of this study** was to measure and compare noise levels in a 16 beds ICU and a 30 beds pulmonary ward of General Hospital.

**Methods:** Recordings were undertaken using the internationally agreed A-scale. Measurements were recorded in 1-hour intervals for 15 consecutive days. Pearson's t-test and ANOVA were used in order to compare noise differences on a 24-hour basis, between the two departments.

**Results:** Noise levels were high, both in the ICU and the ward ( $58.22 \pm 1.26$  dB and  $52.61 \pm 7.06$  dB, respectively). However noise in the ICU was significantly higher ( $p < 0.001$ ) than in the ward. During daytime (701-1500), noise in the ward was as high as in the ICU (ward:  $59.43 \pm 6.09$  dB vs. ICU:  $60.61 \pm 1.75$  dB). In weekends though, noise was significantly lower in the ward (ward:  $53.86 \pm 5.34$  dB vs. ICU:  $60.46 \pm 1$  dB,  $p < 0.001$ ). In the afternoons (1501-2300), measurements were significantly lower ( $p < 0.001$ ) in the ward all week long.

Noise levels in the night and early in the morning (2301-0700) were significantly lower in the ward than the ICU ( $45.25 \pm 6.82$  dB vs.  $57.34 \pm 1.47$ ,  $p < 0.001$ ).

**Conclusion:** Noise levels were high in both departments, especially during busy working hours. Nights remain noisy in both departments, despite the decrease that is observed. Effort should be made to decrease noise level in all hospital departments, in order to achieve better quality in clinical practice.

PP138

### SIMULATION MODELS IN GENERAL MEDICINE

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**Purpose of this study** is to present our experience from the procedure of manufacturing simulation models for general medicine and share this experience with the participants.

**Material - Methods:** We have manufactured models for the execution of tracheotomy, thoracostomy technique, central venous catheter insertion, peritoneal lavage procedure and the use of Sengstagen-Blakemore catheter. The above mentioned techniques will be presented to participants and they will have the chance to test the models by themselves.

**Results:** We have already tested our models in and out of Hospital. Home practice was the first choice of all asked doctors and simulation models- practice was characterized as satisfactory by 75 doctors, and moderate by 12 doctors. USA stands in the first position of sales of simulation models for doctors, while United Kingdom follows. In Greece, workshops with simulation models have been held with great success. Planned workshops for 2006 will educate general doctors and nurses for trauma care skills.

**Conclusion:** Because inadequate medical education is a longstanding problem, simulations models may help a lot, especially via the innovation of home self-education and practice. The cost can be very low with the use of simple materials.

PP139

### DETERMINING THE BARRIERS FOR CLINICAL RESEARCH IN GREEK PERIPHERAL HEALTH CENTERS

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**Aim:** Clinical investigation is a growing reality throughout Europe. Following the integration of Greece in the European Union (EU), national programs and academic institutes' schedules have been developed. Aim of the present study is to record the available opportunities for clinical research in Peripheral Health Centers in Greece and to correlate them to the promotion of health. **Material and Methods:** We used information derived from the Greek Ministry of Health, the National Health System Legislation, the EU subsidized national training courses for health professionals for 2005-2006, along with information from the educational meetings held by medical associations and scientific medi-

cal societies. Also, we have used materials from Greek Universities.

Results: During 2005-2006, 325 subsidized national seminars for health professionals were programmed, giving the chance of free medical education to a small percentage of doctors and nurses. None of the above programs accepts unemployed doctors and none of them was relative with research. However, the National Health System Legislation includes clinical research in the criteria for assessment of candidate and directors of Medical Departments. Sponsored clinical research is held in Pharmaceutical Industry Laboratories except from Academic Institutes.

Conclusions: The great majority of Greek Hospitals lack the essentials for experimental work and analogous equipment for research. In the existing laboratories quality control is not systematic.

PP140

#### IS DEVELOPMENT OF GENERAL MEDICINE A BARRIER TO SUBSPECIALTIES EXCELLENCY?

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Aim of this study is to examine the opinion of physicians about the need for Centers of Medical Excellence and the development of General Medicine as well.

Material - Methods: A questionnaire was distributed in 135 physicians, 67 specialists and 68 trainees. Answers were taken from 11 different hospitals in Greece.

Results: Many physicians (75%) believe that medical interventions of advanced difficulty can be executed in any Hospital. In a percentage of 38%, doctors consider that therapy in a Center of Excellence is often not needed, while the rest believe that only too old patients and patients with advanced malignancies might lose the chance of advanced medical therapy. Current therapeutic interventions held in Centers of Excellence are mostly "overtherapy" according to the 66,6%. In total, physicians are not opposite to the idea of national institutions of Excellence. Almost all trainees but less than half of the specialists wish to work in a Center of Excellence, even circumstantially. The development of General Medicine was characterized as necessary from 66,6%, useful from 10% and not important from the rest of asked physicians.

Conclusions: If National Health Institutes of Excellence were established in Greece, they would attract many physicians, especially the younger ones. The "pathetic attitude" group was interestingly large, with no interest either for primary or for tertiary medical services.

PP141

#### THE NEI-VFQ-25 GREEK TRANSLATION VERSION

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Purpose: To present the Greek translation of the National Eye Institute Visual Function Questionnaire (NEI-VFQ-25). The Laboratory of Experimental Ophthalmology of Aristotle University Thessaloniki in Greece made the Greek version of the VFQ-25 possible.

Material-Method: NEI-VFQ-25 is a reliable and valid 25-item version of the 51-item National Eye Institute Visual Function Questionnaire. It consists of a set of 25 vision-targeted questions, representing eleven vision-related constructs plus an additional single-item general health-rating question. It also includes an appendix of additional items from the 51-item version, which

expands the scales up to 39 total items. The items are divided into subscales, grouped by theme or domain like difficulty with near or distance vision activities, limitations in social functioning due to vision, role limitations due to vision, dependency on others due to vision, mental health symptoms due to vision, driving difficulties, limitations with peripheral and color vision and ocular pain. The additional single-item general health-rating question has been shown to be an excellent predictor of future health and mortality in population studies.

Results: NEI-VFQ-25 is a survey which measures the dimensions of self-reported vision-targeted health status that are most important for persons with chronic eye disease and takes approximately 10 minutes on average to administer. It is especially useful in settings such as clinical trials, where interview length is a critical consideration.

Conclusions: The NEI-VFQ-25 Greek translation version is a useful instrument for quality of life measurements in Greek population with chronic eye disease.

PP142

#### NEW OPEN SPACES FOR A BETTER QUALITY OF LIFE FOR THE USERS OF SANTA MARIA ANNUNZIATA HOSPITAL IN FLORENCE, (ITALY)

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The research aims to define the relationship between the hospitals that erected in the ex-suburban area of our cities over the final years of the 20th century and those micro and macro landscape surrounding them. During the first years of the new millennium the way to plan hospitals changed, is not possible to consider the architectural structure, its functionality and capacity alone, but we must also bear in mind the impact the building has on the surrounding environment and landscape and to provide more environmental facilities for a better quality of life of the users. The case study is the hospital of Santa Maria Annunziata just outside of Florence. The project aims to define the area as an Asklepion and is articulated in two scales, territorial and local. The territorial solution proposes a new landscape assessment, draws new limits for the city and reorganizes the existing territorial structures and agricultural land. The local solution concerns more to the hospital environs with a new ecological design of the existing areas, with an implementation of the existing parking spaces drew with strict principles of landscape architecture and with the creation of new open spaces and therapeutic gardens for the patients. Connecting health to culture and the physical environment, better quality of life, environmental implementation and a therapeutic view of the landscape are the targets of the project.

PP143

#### IMPACT OF SEXUAL SATISFACTION ON QUALITY OF LIFE IN GREEK MULTIPLE SCLEROSIS PATIENTS

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Introduction: One of the major bodily symptoms, that Multiple Sclerosis (MS) patients have to cope with, is sexual dysfunction. It is a frequent but often overlooked problem, and may interfere with the social life of the patients and affect the quality of their lives. The purpose of this study was to determine the impact of sexual dysfunction of Greek patients suffering from clinically definite MS on their quality of life (QoL).

Participants and Methods: Fourteen men and twenty-two women with MS, aged 20-54, completed: a) QOLIE-89, which measures QoL and functioning levels, b) BDI-II, which measures depres-

sion, c) FIS and FSS scales, which measure 4 dimensions of "fatigue" and "severity of fatigue", respectively and d) GRISS, which covers the most frequently occurring sexual dysfunctions of heterosexual persons with a steady partner.

Results: For the female patients the Avoidance subscale of GRISS was the measure best predicting both the overall QOLIE-89 score and FIS, while for the males, the most informative subscale was Premature Ejaculation, and additionally, Avoidance. FSS was not found to be significantly correlated with any of the GRISS subscales, while BDI-II was affected by Avoidance and Infrequency of sexual contacts only in women.

Conclusion: It seems that sexual satisfaction has considerable impact on QoL and general fatigue in Greek MS patients, thus further attention to sexual problems should be brought in similar cases.

PP144

#### EVALUATION OF RISK FACTORS IN CHILDREN WITH ALL

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The aim of the present study was to investigate the influence of some possible risk factors in development of ALL. A hundred children diagnosed as ALL in Dr. Sheikh's hospital in mashhad-Iran were involved in the study. Their ages ranged between 1.5 and 14 years ( $7 \pm 4.2$ ). Male sex, presence of malignant disorders among close relatives, paternal occupational exposure, very low socioeconomic status, very low maternal and paternal education, living in rural areas, Contacting with pesticide exposure by child, Spontaneous fetal loss and deliver died neonate seemed to be the factors associated with increased risk of ALL in children.

PP145

#### QUALITY OF LIFE OF PATIENTS THAT SUFFERS FROM MYELODYSPLASTIC SYNDROMES

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The myelodysplastic syndromes constitute a heterogeneous team of clonally disturbances of hemopoietic stem cell, which are characterized by not efficient hematopoiesis and periphery cyttaropenies.

The development of these diseases oscillates between a soft course of many years and a rapid development to acute leukaemia.

AIM :of the work was to study the quality of life of these patients.

Material - Method they constituted oral interviews of patients with MDS.

Results: From the 31 patients 9 were women and 21 were men between 60 and 90 years old. From them 21 were farmers. From the symptoms of the illness they considered the lessening of their strength and the easy lassitude in the 89% more annoying because it compels them to decrease their activities. The [petechies] in 65% for aesthetic reasons.

The fear of infections in the 29% because they thus require being admitted to the Hospital and are limited in their social activities.

Between the problems from the moment of the beginning of the illness they reported difficulties of adaptation in the new way of life in the 82% as well as economic difficulties in the 70%. All patients reported that the frequent attendances in the Hospital for transfusions and various complications as the result of illness cause them particular stress.

Conclusion: the illness is more frequent in the elderly with preference in the rural population. From the moment of the beginning of the illness all the patients need a relative's psychological support in order to be accepted and adapt in their new way of life as much as possible.

PP146

#### SPORTS AND QUALITY OF LIFE IN STUDENTS IN PUBLIC INSTITUTIONS OF EDUCATION

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The pastime with the sports contributes in the maintenance of the bodily well-being of person and his psychosocial balance

The aim of our work was to record the athletic activity with regards to the free time and the effect in the quality of life in students of Public institutions of education(IEK)

Material - method: the information were collected after distribution of questionnaire in 142 students, from which the 75 were men and the 67 women of age of 19 to 25 years. The 40% of female students reported the work simultaneously with their study, the 6% were married. The 95% of total female student reported that they consider the pastime with athletic activities important . The 71% had intention to exercised but have no free time while the 41% dealt with athletic activities. The sports that they preferred were dance 38%, aerobic 28%,swimming18%, volleyball 10%, 6% other sports. With the exercising dealt 1hour weekly the 22%, 2 hour weekly the 50%, 3 hours and more 28%. As for the place of exercising, the 62% were in gym, the 28% alone, 10% in other places.

Respectively the male students answered: the 67% worked, to2% were married . The 89% believe that the pastime with athletic activities is important in the human the 86% had intention to be exercised systematically but they have no free time, while the 69% are exercised students dealt with the football the 45%, basketball 28%, volleyball the 18%, 9% with other sports. As for the place of exercising, the 48%are exercised ,to 42% in gym, 10% in other places.

Conclusion the males and female students because that at the same time with the studies have family and professional obligations do not have enough time to deal with the sports

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#### PATIENT WITH ACTIVE PROTOPATHICAL IDIOPATHIC POLYMYOSITIS WITH NORMAL VALUES OF CREATINE PHOSFOKINASE

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Introduction: polymyositis is of unknown etiology disease of body's striated muscles. Pathological process of the disease can begin in any age and its incidence in the general population is calculated between 1:200.000 and 1:280.000 each year. The relation of attack between women and men is 9:1. Polymyositis is categorized only in proportion to coexistence with other diseases in a)children's polymyositis, b)children's polymyositis with vasculitis, c)protopathical - idiopathic polymyositis, d) polymyositis with neoplasia (of breast, lung, ovaries, peptic), e)polymyositis with other disturbance of conjunctive tissue (SLE, scleroderma, rheumatoid arthritis). Active polymyositis with normal values of creatine phosphokinase (CPK) in blood occurs in less than 2% of patients.

The Aim: of the present study is the presentation of an exceptionally rare case of an adult woman with active protopathical idiopathic polymyositis with normal values of CPK.

Presentation of Case: woman patient E.K. 44 years old with individual medical history of mixed hyperlipidemia under pharmacotherapy (Simvastatin 40mg/24h) had come to the outpatient clinic repeatedly, in order to receive her monthly medication. The last times she began to report weakness of proximal muscular teams, mialgies, arthralgias (especially of hands), easy fatigue and loss of muscular power. Clinical examination had no pathological results. The first laboratorial examinations of blood were

as follows: Ht= 40.9%, MCV= 91fL, MCH= 30pg, MCHC= 32g/dl, Hb= 14.2g/dl, WBC= 4.9\*103/µl, PLT= 290\*103/µl, Fe= 89µg/dl, Ca= 9.2mg/dl, Amylase= 97U/L, TKE= 11mm/h, CRP= negative, K= 3.9mEq/L, Na= 142mEq/L, Urea= 39mg/dL, Creatinine= 0.8mg/dl, Uric= 4.1mg/dl, SGOT= 38U/L, SGPT= 42U/L, γ-GT= 12U/L, LDH= 289U/L, Total Cholesterol= 223mg/dl, Triglyceride= 134mg/dl, HDL= 28mg/dl, RF= negative, and CPK= 178U/L. This mild increase of CPK wasn't considered as remarkable initially, because the patient reported strong bodily activity 20hours ago. Flowingly we worked out an electromyography where we recorded: 1.small width and small duration multiply phase dynamics of kinetic unit, 2.fibrillar contractions - acute positive elevations - irritability of muscles' insertion and 3.odd high frequency unloading. In addition to the above mentioned classic trinity, the muscles' biopsy (degeneration of muscular fibers), we found positive antinuclear antibodies and a gradual increase of CPK, confirmed the diagnosis.

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**HEALTH STATE OF CHINESE IMMIGRANTS IN GREECE**

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Background/Aim: To determinate the use of conventional and Chinese medicine in a Chinese population of an urban Greek area.

Methods: Randomized selection of 30 Chinese people attached to two Health Centers and a hospital in Patras, Greece. Recording of demographic data, use of conventional medicine (CM) in relation to the use of traditional Chinese medicine (TCM), problems and difficulties, most frequent reasons of consulting, level of satisfaction, vaccination level, dietary and physical exercise habits.

Results: N=30, 86.7% men, mean age: 32.54, (80% <40). 17/30 use both types of medicine; 9/30 exclusively CM and 4/30 exclusively TCM. 21 have important communication problems and 10 complain about waiting lists. 80% state that they are very satisfied by health services in Greece. The most common reasons for consulting are: respiratory infections, emergency surgical problems and accidents. 90% don't believe in the efficacy of vaccines and 96.7% state that they had never done vaccinations. 14 have only Chinese dietary habits and 25 exercise regularly or walk a lot during their occupation.

Conclusion: Young Chinese population uses both types of medicine depending on the disease. High level of satisfaction with CM is noted. There are serious communication problems and a lack of social security and preventive medicine schedule.

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**AMOUNT OF RESPECT TO HOSPITALIZED PATIENT S RIGHTS:**

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Introduction. Nowadays, regarding the public awareness concerning medical care from one hand and high costs of health care imposed to patients from the other hand, the patients deserve to be aware of precise care, treatment, risks and careful health management programs. So respecting patients right increases their satisfaction resulting in their high trust to medical care centers and ultimately bringing about a good respect to values and humanity that ends to increased quality of care.

Methods and material: This is cross sectional study that investigate the amount of respect to hospitalized patient in three steps of admission, treatment and discharge. the population studied comprised all hospitalized patients in medical surgical wards. first, the samples wre selected through convenient sam-

pling and then all the qualified subject, were included in the study.

Data analysis: The data were analysed by descriptive statistics and will be peresented in charts and diagrams.

Results: Regarding the first goal, mean score of patients rights respect at the time of admission was 2.2703 with st = 0.7603 .regarding the second goal, patients rights respect during the treatment was 2.5491 with st = 0.6267.

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**ASEPSIS AND ANTISEPTIC METHODS IN ANCIENT GREECE - FROM HOMER TO HIPPOCRATES**

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From the ancient times some mediators - healers had realized the importance of antiseptis.

Our AIM is to write down the knowledge in means of asepsis in wounds regarding Ancient Greece in the era of Homer (near 1250 B.C.).

Material is mostly the Homer epics, which actually is ancient written documents, where one can find first references in traumatology and asepsis. There are descriptions of arrow extractions, blood sucking from trauma and cleaning wounds. There were also known at that time the antiseptic and germicidal properties of copper. An amphora from archeological findings in Achilles shows us the way to pull out an arrow from the thigh of wounded Tilefus, after rasping scrap from the copper point of the arrow. It also described the use of antiseptic means, haemostatic, and drug use for compensating pain and wound bandaging. Celsus (near 40 A.D.), in his disquisition "De medicina" for the era of the Trojan War mentions specifically "...the doctors treat only wounds...".

Hippocrates, (460-370 B.C.) underlined that dark and religiously dominated theories should be replaced by direct clinical observations. In his work "Concerning wind, water and earth" he recommended to midwives to wash their hands first in order to avoid puerperal infections.

Conclusion it is not incidental that historiographer and orthopedic Amyntas Barbarousis, considers Homer to be an ancient Greek doctor specialized in traumatology. In addition Hippocrates freed ancient traumatology from the divine theory of Homer and established the basis of medicine as a science.

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**THE PLACE OF MYTHS AND PUNISHMENT IN THE UPBRINGING OF THE CHILD IN ANCIENT YEARS**

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Myth consists the most effective and easy to comprehend mental nourishment for children, throughout history, ever. Plato mentions in " Politeia" : Don't you know how we narrate myths to children, which are nothing more than a lie, but also hide some truth with in them ? So, we commence by narrating myths to children even before they are given the opportunity to take up gymnastics". Apart from the father, the rest of the family's members narrate myths to children. In fact the grandmother, called in greek "grea" was so closely related with the narration of myths, that we ended up using the proverbial phrase "greos myth".

And while the myth was considered to be the first mental nourishment, punishment was undoubtedly a necessary and essential element of paedagogy. Whoever was involved in the upbringing of children was obliged to beat them without mercy and restraint and on his own fashion. So, it seems that the mother and the nurse preferred the sandal, the paedagogue the stick or the crook and the teacher the cane. The father, as always used the leather belt, the "skytos".

Plato comments that mother, father, nurse and paedagogue labour for the benefit of the child and by gentle means lead it to prudence, "and if the child was not obedient, through threats and beating they would lead it to prudence, just as the oblique and flexible wood becomes straight".

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**THE VALUE OF "THE GAME" IN ANCIENT YEARS**

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Plato was the first who underlined the significance of the game in a child's upbringing and ever since no one has challenged or questioned its contribution to the thorough development of a young man. Paedagogists throughout history advise parents to offer them the opportunity to play. In any case philosophers advise parents and teachers not to think less of the significance of the game for the child. The rattle, which the ancient people called 'platagonion', was the first toy. They were made of clay or brass. The earthen ones, decorated with geometrical shapes, were carefully used only by mothers and wet-nurses, since they were fragile. Such rattles that have been preserved, bore the shape of an animal, having a long handle and little rocks in them, which vibrated to generate sound. The rattle used by children would surely be made of metal. The following extracts are from "Nomoi" and "Politeia" in which Plato expounded his viewpoints about the game: He does not see any other means as more suitable for a child's character formation than the game. You cannot deny a child to play, since it is an inherent part of its very nature and etymologically they have a common origin (child-play in an-

cient Greece paidi-paihni). The philosopher encouraged paedagogues to prefer the methodology of teaching through games. His urge to the teacher is well known: "Do not use violence during the learning process", but, instead "teach the children through the use and the support of games".

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**TWINS AFTER KIDNEY TRANSPLANTATION: CONCEPTION AND CESAREAN DELIVERY**

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A 30 years old woman with a successful cadaveric kidney transplantation and a normal conception enter the 4th O & G Clinic of the University of Thessaloniki on 31 weeks of twin gestation, with high blood pressure and renal function deterioration.

The first fetus was corresponding at 31 weeks and 5 days and the second at 28 weeks and 6 days instead 33 weeks. The consecutive Doppler Ultrasound examination showed progressive deteriorating status of the second fetus.

After 16 days of hospitalization, blood pressure was still high and the renal function stable but not optimal.

In a transclinical meeting, decision of C.D. was taken.

Two male live fetuses, 1180 and 1690 gr were born, both with an APGAR score 8 on 1 and 9 on 5 min.

Immediately after the operation, mothers' status ameliorated and she finally exit the clinic 7 days after hospitalization.

On the first follow up, on August 2006, both newborns presented healthy in excellent status.

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