

## 5. MODERATED POSTER SESSIONS

Thursday, 8 November, 16:20–17:20

### A.2. PUBLIC HEALTH AND DIFFERENT DIAGNOSES

#### Increasing anti-pneumococcal vaccination coverage rate: barriers and strategies

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#### Background

Anti-pneumococcal vaccination is an important public health strategy addressed to children, at risk adults and elderly people. Health professionals, particularly General Practitioners (GPs), play a key role in spreading and conveying information among target population, addressing services demand and administering vaccination. This study has been aimed to investigate the main barriers to anti-pneumococcal vaccination, mainly in adult and elderly population, in order to identify the possible future public health strategies to increase vaccine coverage levels.

#### Methods

A scientific literature review was performed by using the following electronic databases: PubMed, Cochrane Library and Embase. Italian institutional websites were also examined and grey literature was consulted through the search engine “Google Scholar” and other general purpose search engines. Specific key words and MeSH terms were used.

#### Results

The main barriers to anti-pneumococcal vaccination are: the lack of knowledge among population or health professionals and the lack of information received from GPs/specialists/pharmacists. In a survey on a sample of 400 subjects aged  $\geq 65$  years only 13% of respondents said that they were aware of anti-pneumococcal vaccination and 49% said that they would agree to be vaccinated if it had been recommended. A study carried out on a sample of 500 GPs showed that only 17.1% of them give correct information to their patients about the population groups to which anti-pneumococcal vaccination is recommended. A survey on a sample of GPs and specialists showed that 81% of the former and 64% of the latter strongly recommend pneumococcal vaccination in the elderly. Other evidences showed that physicians considered the increase in vaccination coverage rate depending on an outpatient management of vaccination and the promotion of vaccination efficient campaigns.

#### Conclusions

Several public health strategies to increase coverage vaccination levels could be implemented, such as: appropriate training programs for GPs and all health professionals involved in the vaccination process; the empowerment of the patient/citizen through specific training and education programs, the strengthening of the planning process and the effective delivery of vaccines in Primary Care.

#### Differences in treatment and outcomes of patients with acute coronary syndrome with ST segment elevation

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#### Background

Percutaneous coronary intervention (PCI) and fibrinolysis are the two different reperfusion treatments for patients with acute coronary syndrome with ST segment elevation (STE-ACS). We seek to ascertain epidemiologic differences, related to care and results, of patients with STE-ACS depending on whether or not the hospital has a hemodynamic unit (HU).

#### Methods

This is a retrospective cohort study with an analysed population of 11,122 patients with STE-ACS attended in Andalusian public hospitals and included in ARIAM Register during the period 2005–2009. A descriptive analysis was carried out, along with a bivariate analysis and a logistic multivariate regression analysis. Variables analysed were epidemiologic characteristics of patients, type of hospital, reperfusion strategy, complications during hospitalisation, and mortality rate.

#### Results

Of the total registered patients, 5,728 (51.5%) were attended in hospitals with HU, compared to 5,394 (48.5%) in hospitals without it. From the first group, 1,891 (33.02%) patients underwent some type of PCI, while 2,052 (35.84%) were treated with fibrinolytic drugs. Regarding patients attended in hospitals without HU, 349 (6.5%) were given PCI and 2,665 (44.81%) ( $p < 0.001$ ) received thrombolytic treatment. Concerning complications, statistically significant differences were found in post-infarction angina, heart failure, and number of hospital readmissions being higher in hospitals without HU. Nevertheless, we found a higher percentage of metabolic and infectious complications in patients treated in hospitals with HU. The multivariate analysis showed that factors associated with an increased risk of mortality are age OR 1.063 [1.053–1.074], female sex 1.462 [1.187–1.800], diabetes OR 1.2 [0.985–1.463] and Killip class III-IV OR 9.042 [7.320–11.169]. Patients with anterior location also have greater risk of death OR 1.421 [1.173–1.721] and the extension Q, OR 2.685 [1.896–3.801] as well. The hemodynamic unit acts as a protective factor OR 0.748 [0.619–0.904]; the risk of death of patients treated at hospitals without HU is 1.33 times higher.

with at least one comorbid condition is higher in EU ( $p < 0.04$ ).

### Conclusion

Our findings show that the attention to comorbidity in diagnosis and treatment of dementia is a matter to delve more deeply at the international level.

## PASSI d'Argento (Silvery Steps): a nationwide surveillance system for active ageing, Italy 2012

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### Issue

People over 64 are consistently increasing in Europe. Socio-economic & behavioural risk factors increase poor health risk, while an ageing population in good health limits pressure on social & health systems & increases its contribution to society. Due to the importance of monitoring elders' health status & needs & reducing their "ill health", the Italian Government supported an active ageing policy with Passi d'Argento (PDA), a nationwide surveillance system. After 2-year experimentation in 16 Regions, under technical & scientific coordination of the National Institute of Health, PDA is now included into the National Prevention Plan (2010–2014).

### Description

Following the CDC BRFS approach, PDA adopted the WHO Healthy Ageing strategy: Participation, Health & Security as main pillars of a policy for Active Ageing. Surveillance is done on a sample of population over 64, stratified by sex & age classes, randomly selected from Local Health Units' list of resident, phone interviewed with a standardised & validated questionnaire on socio-demographic characteristics, health status perception, life styles, depression symptoms, social isolation signs, participation to social life, access to health care & availability of adequate income. Uni- & multivariate analysis of data collected use Epi-Info & Stata. To ensure high quality of data, social and health professionals involved in the surveillance have to follow a continuous training and to participate to a web-based Community of Practice (Moodle) to share experience & best practices.

### Results

5077 interviews in 2010 (response rate 86%). According to instrumental/activity daily living & socio-behavioral factor risks & with the purpose of making data useful for planning elders' services, respondents were grouped in 4 categories: in good health (48%), at risk of disease (14%), at risk of disability (23%), with disability (15%). 36% are estimated to be a resource for the society or their families, but 9% are at risk of social isolation; 60% refer difficulties in making ends meet.

### Lessons

A standardised, comparable & sustainable surveillance system, such as PDA, monitors social & health aspects of ageing,

ensuring reliable evidence to inform policy on healthy ageing at national & international level.

## Falls in elderly. Evidence from a large Emergency Department in Mures County, Romania, 2009–2010

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### Background

Falls are the leading cause of nonfatal injuries among elderly, leading to medical care, hospitalization or permanent disability. In Romania, the proportion of people aged over 65 years is growing faster compared to than any other age group. Furthermore, this population group is also one of the most vulnerable one by involving greater risks of exposure to challenges and a reduced capacity to respond to these. The study aims to determine the frequency of severe falls and the associated risk factors among persons aged 65+.

### Methods

We conducted a retrospective study of all elderly aged 65 years and older seen for trauma in an emergency department from March 13, 2009 to July 17, 2010. The analysis uses data from a surveillance system implemented as part of the EU Injury Data Base (IDB) in the Mobile Emergency Service for Resuscitation and Extrication Targu-Mures, Romania. Records of patients who were coded as fall-related trauma were retrieved, a total of 346 cases.

### Findings

Data collected revealed that 70.2% of the elderly had suffered fall-related injuries due to inappropriate floor surfaces (65%) and alcohol consumption (13.9%). Head injuries encounter for approximately 1/3 of injuries (Pearson Chi-Square Asymp. Sig. = .000). Males sustained more open wound injuries (21.4% in males vs. 15.2% in females), whereas females sustained more fractures (30.9% in females vs. 23.8% in males). 78.9% of elderly received a form of medical treatment, 103 (29.8%) of all elderly patients presenting to the emergency department with trauma required admission.

### Conclusions

Fall-related injuries are a leading risk factor for disability. Moreover, head injuries may result in lifelong psychological impairment. Many of the injuries are potentially preventable. Interventions that focus on fall prevention might have an influence on the reduction of injuries and increase the quality of life.

## Domiciliary radiography program for frail elderly: an innovative service of public health

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### Background

In Italy, the Piedmont Regional Agency for Health Services has funded a research on a public domiciliary teleradiology program for frail elderly and immobile patient.

Transporting radiology to the patient's home is challenging. Preliminary experiences indicate that the coupling of simple, light-weight X-ray equipment with an advanced DR-detector