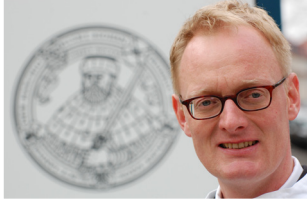




# JEN@ALLGEMEINMEDIZIN



Dear Colleagues,  
Dear Friends of our Institute

At the beginning of the year we asked: "How can we care for ourselves, if we are ill?" Now we know that most general practitioners do not consult a doctor, but diagnose and treat themselves – irrespective of the risks involved.

Due to improvement in intensive care medicine more and more people survive sepsis, however, accompanied by persistent stress. The first large-scale study 'SMOOTH' conducted at our institute is now being completed. It shows several options of how general practitioners can help making the success of the intensive care medicine sustainable.

The therapy of patients with common mental disorders is more effective in well-organized practices. The 'PRoMPT-study' based on practice case management for major depression showed significant and lasting positive effects for patients. The shared electronic list of drugs in our 'E-Konsil project' is a means to support the cooperation of care delivery for patients with dementia.

After almost three years of preparation, the academic programme 'Jena preference-based medical studies (JENOS)' has been started this fall semester. Our institute is mainly responsible for the 'outpatient-based medicine'. Along with 'hospital-based medicine' and 'research-based medicine' the programme offers a unique opportunity to shape the students profile as well as our university. I wish you a pleasant Winter/Christmas time and enjoy reading.

Yours,  
Professor Jochen Gensichen

## Health of doctors

Our study on general practitioners (GP) own health shows that only 20 % out of 1200 do consult a general practitioner for their own medical questions. Self-diagnosis (92 %) and self-therapy (95 %) are widely spread. But GPs who are treated by colleagues do follow their advice. In following studies we will examine whether the GPs' health behavior influences the quality of their own health care.

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## Pain after Sepsis

Paresthesia and neuropathic pain affect the quality of life after a patient survived a sepsis. Our results show that men more often suffer from neuropathic pain than women (OR=2.6; p=0.028). A good general state of health before a sepsis seems to be a protection from pain (OR=0.98; p=0.036). Initially minor pain related complaints seem to increase over time (p<0.001).

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## Long-term effects of sepsis

In the 'Smooth' study we are monitoring long-term effects of heavy sepsis. After three years, we are now able to analyse data from 20 study-centers and nearly 300 general practitioners. On 23 October the study team met with international experts from USA, Switzerland and Netherlands in Berlin to discuss first results: General practitioners are able to support these patients in coping with their everyday life after leaving ICU: "Safe life after sepsis".

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## Visiting scientist at the Institute

Mrs. Dipl.-Psych. Johanna Sill from the Centre of Excellence for Psychotraumatology and the Department of Clinical Psychology and Neuropsychology at the Centre of Psychiatry Reichenau, University of Konstanz was a visiting researcher

at our institute during last summer. She investigated possibilities for a general practitioner treatment of patients with psychotraumatic stress and, thus, helped to prepare a new project.

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## MultiCare

After six years a large study on patients with multiple diseases has been completed recently. Several analyses deepen our understanding of multimorbidity: the body mass index (BMI) is associated with chronic pain over time; in contrast, there is no statistically significant association between waist-hip-ratio (WHR) and waist circumference (WC). Adiposity goes along with increasing depression, anxiety disorders as well as impairments due to chronic pain.

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## PRoMPT-Depression

One year after finishing case management for patients with depression in practices of general practitioners patients still report better care, following clear aims of treatment, periodic updating and assistance in health problems. Apparently, the practices stay active beyond the study. (Petersen, 2014)

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## E-Konsil

In November, the project 'E-Konsil' passes into its final stage by the introduction of a prototype of a regional communication platform for dementia care. Our systematic review shows that the 'electronic list of medication' – though based on narrow evidence yet – can be an essential element for the success of such platforms. We are curious about the first test runs.

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## Teaching News

### Small groups in general practitioners' practices?

Up to date student education in general practitioners' practices takes place predominantly in a 1:1 mentoring. Nearly 40% of our teaching physicians can envision small group education in their practices. It was stated that tight schedules could be restrictive. Well-structured teaching plans may help to realize small group education in the practices. [christin.grahmann@med.uni-jena.de](mailto:christin.grahmann@med.uni-jena.de)

### JENOS – Reform of Studies at Friedrich Schiller University

This fall semester, the introductory lecture on JENOS for medical students in their fifth semester at Jena University Hospital has been started. Students get to know the three lines of the studies of medicine: 'outpatient-based Medicine (AoM)', 'hospital-oriented Medicine (KoM)' and 'research-based medicine (FoM)'. At the end of the semester they can choose one of these lines. About 80 interested students are expected in the field of AoM which is coordinated by the Institute of General Practice and Family Medicine. [sven.schulz@med.uni-jena.de](mailto:sven.schulz@med.uni-jena.de)



### Dear health care assistants,

Prior to our meetings on 18.02., 06.05. and 02.09. in the next year where we will meet, the general practitioners at the institute to discuss topics around the general practice offices, I would like to invite you to the 4th Thuringian Day of general practice/family medicine. It takes place on the 15th of November 2014 at the hospital-site in Lobeda and offers different possibilities for further education (see below).

I would particularly like to recommend the course "visitors management". It is certified as part of the Verah education and offered at a special price of 60 €. In three hours (2 x 90 minutes) you will be able to learn about all important aspects of visitors management. In-between we offer a buffet and the possibility to exchange notes with other colleagues and us. I look forward to seeing you there. Yours,

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### 4th Thuringian Day of general practice/family medicine in Jena - November 15, 2014

**Courses for physician colleagues:** Comeback: Travel medicine for GP offices (Armin Mainz, Korbach) ♦ Practice-based insights into physiotherapy (Julia Dördelmann, Bochum) ♦ Pregnancy in the GP office (Christin Grahmann, Jena) ♦ Polypharmacy in older adults – options to reduce and optimize the medication regimen (Michael Freitag, Jena, and Katrin Farker, Jena) ♦ Recognizing and treating eating disorders (Mandy Koschke, Jena) ♦ Natural medicine (Doreen Jaenichen, Jena) ♦ Chronic pain: patient frustrated, team stressed out – is there an alternative? (Winfried Meißner, Jena) ♦ Post-traumatic stress in outpatient care (Konrad Schmidt, Jena) ♦ Doctors' health (Sven Schulz, Jena) ♦ Shoulder (Ulrich Smolenski, Jena) ♦ Anxiety disorders in general practice – What can we do? (Thomas Hiller, Jörg Breitbart, Jena) ♦ Pediatric emergencies (Peter Hartmann, Jena).

**Courses for non-physician personnel:** Emergency: New resuscitation guidelines (Jens Reichel, Jena) ♦ The ABC of quality management using EPA (Iris Schluckebier, Göttingen) ♦ Diagnostics in the GP office (Stephan Kausche, Jena) ♦ Hygiene and more... (Armin Mainz, Korbach) ♦ The immobile patient in the GP office (Mercedes Schelle, Jena) ♦ VERAh, certified course (Silke Vonnau, Nahetal-Waldau).

Special lecture: 'Hufeland Lectures' - Professor Michael M. Kochen, Freiburg

Further information, registration and news at: [www.allgemeinmedizin.uni-jena.de](http://www.allgemeinmedizin.uni-jena.de)

