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Editorial

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In the following number of QQ we are going to publish three important contributions coming from three groups of physicians that connected on line in several ways.

The physicians from Valle dell'Agno show us how can an experience of aggregation born and make us catch a glimpse of future relevant potentialities.

Net Search Marche (a SIMG database) conducted a survey on prostatic cancer with unusual results

The work conducted by Netasma is focused on a problem relevant for the quality of life of our patients.
According to the recent guidelines (Clinical Evidence, Ed. It. n.1, 2001 - Min. San.) to deal with asthma means to educate the patient to self-management of his own disease with a correct communication, verifying how the patient perceives the level of his illness, and also explaining him the causes of his acute crisis, teaching him how to recognise the symptoms, teaching him the how to prevent the environmental and hygienic causes, showing him how to use correctly sprays and peak-flow meter.

Bartter and Platter (Asthma: Better Outcome at Lower cost? The role of the expert in the care system, Chest, 1996; 110: 1589 - 1596) argues that pneumologists take care of the asthmatic patients better than GPs. We hope that this will change in the future.

Finally, an ancient quotation with regard of the scientific method.

Quale, quid aut quid in hoc,
quantum quotiens ubi quando
Aetas, natura, sexus, labor, ira, dieta,
Cura, fames, motus, lavacrum, cibus, unctio, potus
Debens artifici certa ratione notari
Si cupis iudex consultus haberi.

How, what or where,
How much, how many times or when,
Age, life, sex, toil, rage, life-style,
Care, hunger, bath, eating, inunction, drinking
Must be noticed with method from doctor,
If desires expert considered.

Gentile da Foligno (1278 - 1348) in his most famous work "*Carmina de urinarum iudiciis et de pulsibus*" (F.Fabbri, Ed. Perugia 1998; pag. 16-17) synthetizes with revolutionary (regarding contemporary knowledge) freshness the ways of research, based on clinic objectivity and on rigorous diagnosis method.

INDICE

An artistic and professional medical surgery in Agno Valley

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At Castelgomberto, a town of 5000 inhabitants in the province of Vicenza, is situated Barbaran palace, a Council property building which dates back to the 15th century. The Council has leased several rooms of the ground floor in the eastern wing to be utilized as a multifunctional social and health center.
Barabaran Palace, situated in a central position nearby the town square, is a work of Count Trissino (about 1450-60) who constructed the "villa" in gothic forms similar to the Vicentine gothic villas with a colonnade of large arches and residence above.

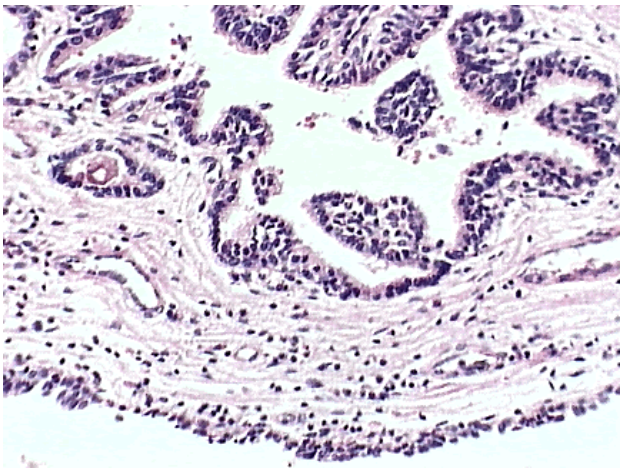
It served as a country noble residence surrounded by vast property lands.
Actually it houses the Public Library, a gymnasium, the Alpine Club, the elderly Citizen Club, the Northern District and Medical Surgeries.

A district medical surgery with a laboratory.
The part of the building converted into a multifunctional health structure is located in the eastern section on Via Villa. The entrance, an impressive door which acts as a waiting room for the detached Northern District Center.

The District operates in two rooms, one an administrative office and the other a public medical surgery and blood sampling center. The hallway leads into a waiting room for the generic practitioner and the local paediatrician's surgery.

The district operates one day a week, wednesday morning, the day in which the town market takes place. Citizens can Thus combine a trip to the market with the performing of social and health tasks.
Blood sampling operates on Wednesdays and Fridays from 8.00 to 9.00 m. These samples are then sent to the Analysis laboratory of Valdagno Hospital. My colleague of generic medicine and I are the responsible health person for the blood sampling section. We work in the medical offices near blood sampling room. Our local USL pays us an extra for this service. Our role is not only limited to being present during blood sampling time but also to handle examination requests, make appointments and consign examination results to patients.

Group and Valley Medicine with a server.
My colleague and I are part of a medical group of six doctors who are connected in a network of data transmission by central server, in which another medical group of the Valley takes part. In total the server contains, for the time being, a bank of clinical data of the patients of eleven doctors, for a total of 15000 patients. Other colleagues of the northern District are working to be connected to the server. To be connected in a network gives the possibility to know in real time the clinical data of other doctor's patients who work in group medicine or in association.
In future, the server will become a data base of great importance for disease studies relative to the valley population.
To have combine together social and health services in one central, elegant location to which the town population identifies with, has been a solution greatly appreciated by the citizen of Castelgomberto.



Descriptive research on prostatic cancer in Marche Country

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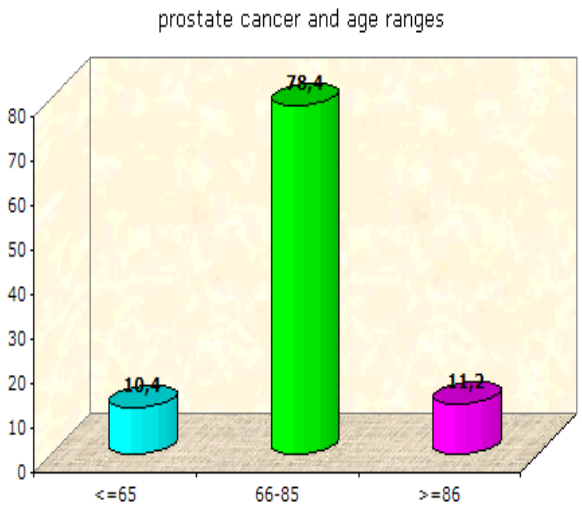
INTRODUCTION
70 General Medicine Physicians (members S.I.M.G.) of Marche Region have formed a free Association: the **Net Search Marche - NSM**.
These Doctors share the ways of working and collecting data, in respect to the very strict Protocol, established and become official during its presentation in Ascoli Piceno the 13th of January 2002.
All those Physicians give complete availability of all files in their Medical Archives.
Net Search Marche in modality, doesn't use a main server where to download periodically all those files from.
In SQL language instead, a link has been developed to be sent as attachment by e-mail to the Researcher Physicians. This link, when applied to the database, is capable to extract the necessary information. And those data are returned again, by e-mail, to the requesting structure where the statistical elaboration will be proceeded.

RESULTS
During such research, mainly on the Prostate Gland Cancer among the Marche Population, this link was capable to detect the age of the Diagnosis, the age at the time of the data request, the Patient's death with the eventual cause of death and to end, the Prostate Cancer prevalence in Marche Region.
53 G.M. Physicians participated by giving data on 71.900 Patients, whose 34.300 were males
293 Patients with Prostate Cancer have been pointed out with a 0,9% prevalence in the whole Population.
The percentage of male Patients under the age of 65 was 10,4%, between 66 and 85 it was 78,4% and above 86 the 11,2%.
It can be confirmed then that the prevalence of this Cancer is among the oldest people:

Physicians participating to the Study		53
Studied elements		71.900
Sex	M F	34.300 37.600
Male K Prostate cases pointed out		293
K Prostate prevalence on Males	≤ 65 y.o.	10,4%
	66-85 y.o.	78,4%
	≥86 y.o.	11,2%
Age at the Diagnosis time	Average	75,3
	Med.	76
	Min.	46
	Max.	94
Causes of Death	K Connected	52,4%
	K no connected	36,8%
	Uncertain	10<8%
Alive 66-85y.o.Patients With K Prostatic	ISTAT- Aviano	15%
	NSM	4%
Patients with K Prostatic (NSM 2002.04.14)	Total	386
	Deceased	79
	Alive	293



DEBATES and CONCLUSIONS
It is necessary to estimate carefully the reasons why those data (ISTAT's and NMS') show such evident differences.

- The G.M. Physicians give extremely uniform data, with a very slight difference among them
- Unlikely a K Prostate case is not registered, considering that the illnesses records have been reviewed several times through proper courses for the NSM Physicians. Furthermore the Neoplastic Pathology rarely passes unnoticed by the G.M.Doctors, whether for its emotional contents lived by the Patient, whether for the continuous requests of therapies and instrumental check ups
- ISTAT official data are rather limited samples projections which are referred to the entire Italian population
- Is it possible that the K Prostate behaves differently among the Marche population compared to AVIANO's statistic, where Diagnosis are performed with clinical criterious instead of using a more realistic screening furnishing more precocious diagnosis?

All those queries don't have proper answers yet and it is hoped to have a further confrontation between Ancona University's Specialist Urology and the Italian G.M. Physicians.

NET-AUDIT
for asthma treatment

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Bronchial asthma represents a substantial cause of mortality, since in Italy, considering people aged over fifty, there are 20 deaths per year every 100.000 inhabitants (which means more than 10.000 people).

Pharmacological therapy in asthma
The international Guidelines for the treatment of asthma recommend a permanent or cyclic employment of inhaled corticosteroids. To this basic therapy, if necessary, short-acting bronchodilators (short-acting β 2-agonists) must be added.
In case the symptomatology cannot be kept under control with these two types of therapy, a treatment is added with a long-acting β2-agonist (salmeterol or formoterol inhaled) or a theophylline (although really they speak more and more rarely of theophylline) on a regular basis.
In our audit we have not considered the employment of the recent inhibitors for the synthesis of leukotrienes, which must be considered only as a second choice option, to be evaluated only after having utilized the maximum doses of corticosteroid inhalers, in the treatment of persistent light asthma (Ducharme, 2002).

The Audit's purpose
To determine the prevalence of bronchial asthma among patients. The research has been limited to those subjects

between the age of 20 and 55, with nominal asthma or defined on the grounds of clinical and instrumental criteria. The choice to limit the age range was determined after our considerations that under the age of 20 there are many spontaneous recoveries, while over the age of 55 most of the patients with pneumological problems are suffering from BPCO rather than from simple asthma.
For each asthmatic patient we have calculated the number and the kind of prescriptions made in the last six months, in order to verify every GP's adherence to the therapeutic instructions following the international Guidelines.
This audit will be the baseline for a second Audit where we will go and study how the ratio defined asthmatics/total asthmatics shall be modified and how the ratios of the consumption, between the several categories of anti-asthmatics drugs, shall have changed.

Methodology

The steps of the Audit have been:

- To verify if the patient is a smoker and the degree of severity of the disease, and then cross these data with the therapeutic variables
- To count the asthmatic patients between the age of 20 and 55, after having extrapolated them from our computerized files
- To check the correctness of the diagnosis of asthma on the grounds of the operative criteria which are enclosed in the study
- To count the number and check the kind of prescriptions made in the last six months
- To check if the planned therapy follows the above mentioned guidelines

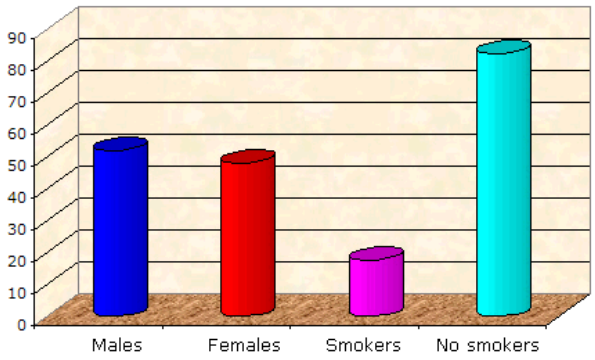
Results

In order to have a diagnostic uniformity, the following criteria of "force" of the diagnosis have been adopted, resulting from an adaptation of the international Guidelines by the Netaudit list.
As a whole, the 977 diagnoses of asthma represent 2,9% of the studied population. In comparison we have the most recent data regarding an ISTAT inquiry carried out in '93-'94 in Italy, where they verified a prevalence of asthma, in the total population, of 3,2%. Other European data speaks of a prevalence of 4%-7%, therefore in our try out we are surely under the average (diagnostic underestimate? Different prevalence?).

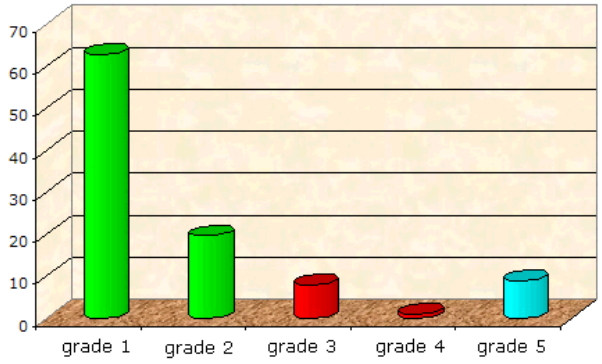
Nominal asthma		Only diagnosis in chart
Defined asthma	Clinical	recurrent cough, especially at night, feeling of chest tightness, wheezes, development of other different factors
	Instrumental (PEF)	increase > 15% after 15'-20' of β2 increase > 20% from morning to evening with β2 increase > 10% from morning to evening without β2 decrease > 15% after 6' of physical exercise
	Instrumental (SPIROMETRY)	FEV1/FVC<75% FEV1 increases of at least 200 ml with β2 FVC increases of 15% with β2 FEV1 decrease of 20% with 16 mg of Metacoline

The population between the age of 20 and 55 followed by the 36 family doctors of the Netaudit list, resulted to be constituted of 33.005 subjects; among these, 394 have been classified as "nominal" asthmatics; 583 have been classified instead as "defined" asthmatics on the grounds of presence of trigger factors or of instrumental checks which have confirmed the diagnosis of bronchial-obstruction.
Sex: males have resulted as slightly predominant (52% against 48%), while, compared to the Italian adult population, the percentage of declared smokers is low (17,6%)

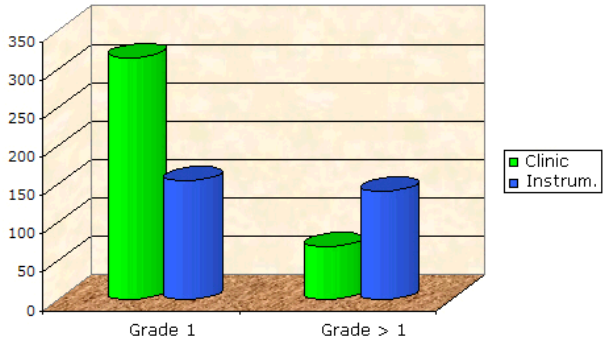
Smoker state: we have noticed that the number of smokers is still, unfortunately, different from zero (133 out of 750); still more worrying is the fact that such ratio is higher in the most severe stages of the disease: 76 out of 469 (16%) in the stage 1; 51 out of 214 (24%) in the stages higher than 1, with a significant difference between the ratios : $p<0,05$ – CI95% from -0.14 to 0,01



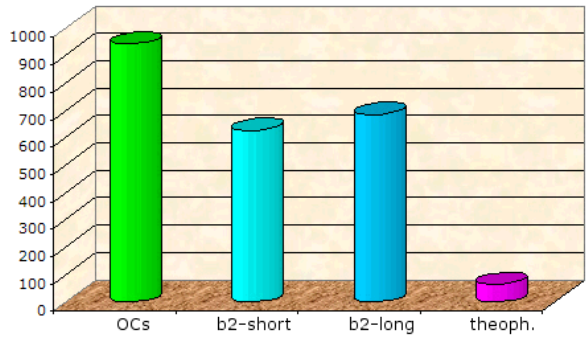
Severity: the asthma, as for severity, has been classified in five degrees:
degree 1: intermittent or seasonal (62,7%)
degree 2: slightly persistent (19,6%)
degree 3: moderately or severe persistent (7,9%)
degree 4: need for hospitalisation or visit to the emergency department (0,8%)
degree 0: not classifiable (8,9%)
From the results here stated we can clearly see that the majority of the patients is suffering from a disease which is not serious (82,3%), while only 0,8% has required a hospitalisation or required a visited to the emergency department



The diagnostic close-examination or the instrumental diagnostic confirmation has been a bit lower than what we actually expected; only 39,3% of the asthmatics have in their chart recorded values of PEF or of a spirometry. In this case, this particular feature of our activity must be obviously improved. On the other hand, the major number of diagnoses based only on the clinical data is of low severity cases.



Regarding the therapy, we have found a subdivision of the prescriptions into the following categories:
Cortisonic inhalers: 941 prescriptions
short-acting β2-agonists: 626 prescriptions
long-acting β2-agonists: 688 prescriptions
theophyllines**:** 64 prescriptions



Conclusions
From our data it results that the group of Participants in the next months must undertake improvements regarding the diagnostic definition and that of the degree of severity of the disease, as well as the intervention on the not residual smoking habit, which is present in a higher proportion just in those patients with more advanced severity degrees. We know that, further than our group of General Practitioners, the quality for assistance to asthmatics is often insufficient around the world, whether for the difficult definition of the diagnosis, or for the necessity of using suitable diagnostic instruments, or ultimately for the difficulties to involve the patient in a diagnostic, preventive and therapeutic course of action. We think it will be useful to make an effort to better adapt the computerized charts for this task. In our GP group of Netaudit we have verified that there is a wide margin to improve the diagnostic definition ability.
Adherence to the Guidelines: Concerning the principal target of the Netaudit, we can say that the adherence to the international Guidelines regarding the first choice drugs (steroid inhalers) is excellent. We have noticed that instead a loss of balance towards the long-acting β 2-agonists compared with the short-acting ones, probably because of the introduction on the market of inhalers containing both a cortisonic and a long-acting β 2-agonist in **FIXED COMBINATION**. What is more, we observed with pleasure that the employment of the theophyllines, which now are not even mentioned by the international Guidelines, represents only a very small proportional quota of the overall prescriptions (2,7% of the prescriptions).
Asthma severity: Finally, we want to underline a datum which has surprised us and which is some way different from what we find in the international literature: more than 80% of our cases have been classified as “light”. Many GP participants, in the notes to the study, have witnessed the frequency of cases with clear asthmatic conditions, which where actually characterized by just a few episodes in their lifetime, or by a clear seasonality

and mildness of the crisis. This type of information stimulates us to organize a bigger number of Audits within GP, in order to develop epidemiological definitions having a better accordance with the GP guidelines.

Participant doctors (belonging to the NETAUDIT list):

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BRIZIO Enzo
BUSSOTTI Alessandro
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D'AMBROSIO Gaetano
DE MOLA Cosimo
DEL ZOTTI Francesco
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FUSELLO Massimo
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MAZZI Marco
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NARGI Enzo
NOVELLETTO Franco Bruno
PAOLINI Italo
PAPANDREA Gianpaolo
PARADISI Piero
PAROLINI Orfeo
QUATTROCCHI Piero
RUBICINI Giuseppe
SANDRI Paolo
SAVINO Andrea
TAJANI Renato
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