



European Academy of Paediatrics Research in Ambulatory Settings Network

Bruxelles winter meeting 2013 EAPRASnet

UTI primary care management 1-36 mo Adamos

Results of the UTI study were presented by Adamos. The main finding – diversity of diagnostic and therapeutic approaches..Some of the practices are not evidence based.

Summary :

There is a need to establish harmonized guidelines

PCP needs CME for the diagnosis of UTI

Paper ready to be sent for publication

Comments

Björn: Sweden: Because of a small number of participants from Sweden results are not shown.

Is there ability to present national results ??? without this option there is no actual feedback to participants.

Zachi: due to statistical issues, low response rate countries, can be presented in a supplementary data incl. in the final paper, not in the manuscript

Shimon: rarities, or extraordinary country differences (for example suprapubic aspiration) need to be mentioned

Adamos: national coordinators may present the nation's data in his country.

Zachi: diversity of approaches may reflect different healthcare delivery 'setups', lack of knowledge, lack of guidelines

Netherlands: good point to discuss lack of circumcision as a risk factor for male UTI

Shimon: circumcision AAP: children that were circumcised have less chances to get UTI, WHO:

Zachi: This is the fact – less UTI. However European experts claim circumcision is not ethically justified.

Elke: An example of diversity of health care setups is that in Germany it is mandatory to have a microscope and perform a microscopic examination of the urine sample

EAPRASNET SPA – London Meeting

SPA: consortium EAP EPA ECPCP

An important meeting was held in Europediatics Glasgow, 2013: the take home message - providing strong voice for children.

SPA paper The Journal of Pediatrics [Volume 162, Issue 3](#) , Pages 659-660, March 2013

Current status of Child health in the EU: substantial differences (language, guidelines, healthcare delivery etc.)

Ingrid Wolfe is a key figure in the new consortium. She wrote BMJ and Lancet papers

1. How can we improve child health services Ingrid Wolfe BMJ | 23 APRIL 2011 | VOLUME 342

2. Health services for children in western Europe:

Ingrid Wolfe . The Lancet March 27, 2013 [http://dx.doi.org/10.1016/S0140-6736\(12\)62085-6](http://dx.doi.org/10.1016/S0140-6736(12)62085-6)





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Another important player in the consortium – RICHE: an EU funded group who built a Research Inventory for Child Health in Europe <http://www.childhealthresearch.eu/>

London meeting was held in November 2013 in RCPCH. Participants were leaders of RICHE project, (Mike Rigby and Anthony Staines), Ingrid Wolfe Mitch Blair and European Paediatric Association representatives Massimo Pettoello Mantovani (Secretary General) and Jochen Ehrich (Treasurer). EAP (Adamos Hadjipanayis, Zachi Grossman Stefano del Torso) ECPCP (Stefano del Torso), Future plans were discussed, including the option to establish a European Child Health Platform Observatory

An important part of the meeting was devoted to Funding possibilities, including: Horizon 2020

ACTION

The two priorities which the group identified to take forward were:

1. Survey of electronic health record of all those who care for children in primary care.
2. Consider integrating COSI future results with methods presented in previous papers Mangione N Engl J Med 2007;357:1515-23, Rigby EUROPEAN JOURNAL OF PUBLIC HEALTH VOL. 13 2003 NO. 3, namely evaluating the quality of care delivered to European children according to a pre established bank of health care indicators.

Zachi: adding GPs to the research is an interesting option as in many countries GPs care for children. There was a discussion on the difference between Electronic Medical Record (focusing only on clinical data) and Electronic Health Record (including also social elements influencing health)

It seems that when applying to EU funding they will likely fund health rather to medical

There was a comment from Arthur Mazur (Poland) that consortiums are funded in EU, not scientific societies, and that initial seed money is required. Adamos replied that some EU contributions do not need initial seed money and the issue on the table is of such kind.

Elke talked in favor of this big project. She cautioned that some good performance indicators are not recorded on EMR and there might be a difficulty in adopting the Mangione method in a future study.

Adamos concluded that the next step is an EHR study, using a short questionnaire

Kindly Taken by Peter Altorijai.

Revised by Zachi Grossman, Adamos Hadjipanayis Diego Van Esso and Stefano del Torso

