



[Abstract:0195]

## PREVALENCE OF POSSIBLE OBSTRUCTIVE BREATHING DISORDERS AMONG OUTPATIENTS

Vera Larina, Tatyany Mironova, Denis Orlov

Department of Outpatient Medicine, Pirogov Russian National Research Medical University, Moscow, Russian Federation

**Aim:** To assess the prevalence of possible obstructive breathing disorders (OBD) using nocturnal pulse oximetry (NPO) among outpatients.

**Methods:** 98 outpatients (38.8% male) aged 30 to 70 (mean age  $52.7 \pm 11.7$ ) years were included in the study. All participants underwent a diagnostic work-up including clinical examination and gave their written informed consent before inclusion. NPO was performed using the PulseOX.

**Results:** Chronic nocturnal hypoxemia was detected in 71.4% of patients (45.7% of male, 54.3% of female). Less than five episodes of the oxygen desaturation index (ODI) per hour of sleep were detected in 28.6%, from 5 to 15 (mild severity of possible OBD during sleep) - in 28.6%; from 15 to 30 - in 29.6%; more than 30 - in 13.2% patients. Severe grade of ODI was prevalent in male aged 61-70 years. Normal values of the oxygen desaturation index were prevalent in female aged 30-50 years. Patients with nocturnal hypoxemia were more likely to have obesity ( $p < 0.001$ ), overweight ( $p < 0.001$ ), arterial hypertension, coronary heart disease ( $p < 0.001$ ) than patients without nocturnal hypoxemia.

**Conclusions:** Our results suggest the possible OBD during sleep were registered in every second outpatient according to the NPO data. NPO can be used more widely for sleep disordered breathing screening in the primary care stage.

**Keywords:** obstructive breathing disorders, outpatients, nocturnal pulse oximetry

[Abstract:1588]

## CAN WE TRUST DIAGNOSTIC TESTS? LET'S TALK ABOUT DEVICES FOR AMBULATORY BLOOD PRESSURE MEASUREMENT

Cristina Abad Pérez<sup>1</sup>, Sofía Álvarez Villalobos<sup>1</sup>, Ignacio Santiago Setién<sup>2</sup>, Raúl Parra Fariñas<sup>1</sup>, Borja San Pedro Careaga<sup>1</sup>, José Luis Lozano Polo<sup>1</sup>

<sup>1</sup> Department of Internal Medicine, Marqués de Valdecilla University Hospital, Santander, Spain

<sup>2</sup> Department of Cardiology, Marqués de Valdecilla University Hospital, Santander, Spain

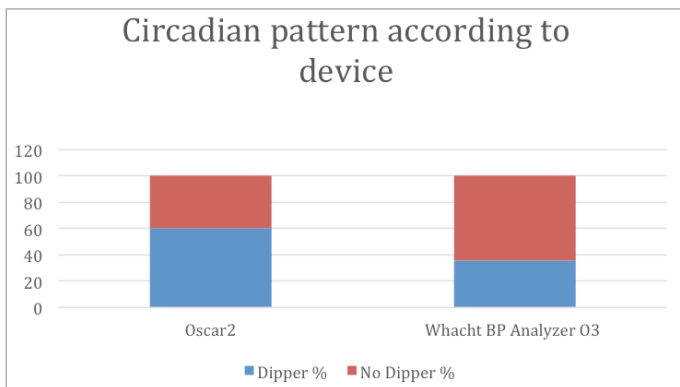
**Purpose:** To analyse differences in the circadian pattern and blood pressure (BP) with two ambulatory blood pressure measurement (ABPM) devices (Oscar 2 from SunTech® and WatchBP Analyzer O3 from Microlife®).

**Methods:** Retrospective descriptive study of patients who underwent ABPM to control high blood pressure or to optimize the control of cardiovascular risk factors between 2014 and 2022. 245 patients were included, 106 with the SunTech® device and 139 with that of Microlife®. Daytime, night time, and 24-hour average systolic and diastolic BP were analysed. Data analysis was performed with IBM® SPSS® Statistics.

**Findings:** 39% of the patients were women, with an average age of 61.45 years. 30.6% were obese, with 3.1% morbidly obese. 17.1% had diabetes mellitus. There were no significant differences between both groups except for the average age, which was slightly higher in the Microlife® group. The percentage of patients with a dipper pattern was higher with the SunTech® device (60% vs 36%,  $p < 0.001$ ). Nocturnal diastolic BP values were higher in measurements made with Microlife®. Furthermore, the percentage of patients with a riser pattern is also higher in this last device (18.70% vs 4.71%,  $p < 0.005$ ).

**Conclusions:** According to our results, the Oscar 2 device from SunTech® provides a more physiological circadian pattern than the WatchBP Analyzer O3 device from Microlife®. More studies should be conducted to confirm these differences, given that the low reproducibility of the circadian pattern in ABPM could be related, to a large extent, to technical factors of the device itself.

**Keywords:** arterial hypertension, ambulatory blood pressure measurement (ABPM), circadian pattern



**Figure 1.** Graphic of circadian pattern according to device.

The percentage of patients with a dipper pattern was higher with the SunTech® device than in the Microlife® group.

[Abstract:1728]

## WHAT PATHOLOGIES ARE MOST COMMON IN INTERNAL MEDICINE CONSULTATIONS?

Jesús Soto Benitez, Alberto Cáceres Gestoso, Alfredo Díaz Gómez

Department of Internal Medicine, Hospital San Carlos, San Fernando, Spain

**Objectives:** To analyse the reasons for referral from Primary Care to an Internal Medicine Unit.

**Materials and Methods:** Descriptive and retrospective study of adult patients (>18 years) referred from Primary Care during a twelve-month period. Clinical variables of the selected cases were analysed using the SPSS statistical program.

**Results:** In the analysis by sex, 77% were women and 33% men. The mean age was 57 years (49 years in men and 60 years in women). The main cause of referral was poorly controlled cardiovascular risk factors (28%), and within this percentage, arterial hypertension represented 62.5% of the referrals, dyslipidaemia 25% and diabetes mellitus type 2 12.5%. Likewise, referrals due to gastrointestinal processes (16%), syncope/presyncope under study (14%) and neurological processes (11%) stand out for their frequency. The rest were: osteoarticular pathology (7%), constitutional syndrome (5%), heart failure (5%), fibromyalgia (4%), lung nodules (3%), fever of unknown origin (3%), screening for infectious diseases (2%), immunological pathology (1%) and vascular pathology (1%).

**Conclusions:** The main reason for referral was poorly controlled cardiovascular risk factors, highlighting high blood pressure.

In the study, it is striking that three out of four patients referred from Primary Care are women, although their average age is higher than the average age of referred men.

Communication between Primary Care and Hospital Care, especially Internal Medicine, must be fluid to achieve comprehensive patient care as well as early diagnostic-therapeutic management. Therefore, we consider it especially relevant to implement measures to facilitate interlevel communication.

**Keywords:** cardiovascular, studies, analyze

[Abstract:1737]

## DIAGNOSIS OF MALIGNANT DISEASES THROUGH INTERNAL MEDICINE RAPID DIAGNOSTIC UNIT (RDU)

Paula Celis Sánchez, Laura Mariana Hernández Gómez, Marina Cazorla González, Ana Nieto De Pablos, Genma De Dios Cancelo, Natalia Vázquez Pardo, Carmen Del Carmen Rebollo Nájera, María González Fernández, Pablo Anselmo Sanz Espinosa, Marina Prieto Dehesa, Derly Judith Vargas Parra, José Abelardo Caicedo Guerrero, Tamara Gómez Traveso

Internal Medicine Service, Río Hortega Hospital, Valladolid, Spain

Our objective is to analyse the impact of the RDU at the Río Hortega Hospital on the diagnosis of patients with tumour pathology during the year 2022.

We made a retrospective descriptive observational study of patients diagnosed with tumour disease in the RDU in 2022. We analysed with SPSS'23 sex, age, type of neoplasm, time elapsed between appointment request and first consultation, time between first consultation and final diagnosis, waiting time until consultation with the referred Service and dead patients at the data collection (May 2022).

As results, among 353 patients analysed, 18% had a neoplasia, being 78% solid organ tumours (SOT) and 22% haematological malignancies (HM). In the case of SOT, 69% were male and 31% female, with a mean age of 72 years. In the HM, 61.5% were men and 38.5% women, with a mean age of 59. Among SOT, pulmonary was 22%, pancreatic 14%, colon 14% and gastric 10%. In HM, 79% were lymphomas and 21% multiple myelomas. The average time from the first contact at RDU and the final diagnosis was 11 days. The mean time between diagnosis and referral to the correct Unit was 8 days for HM and 9 days for the rest. 29% of the initial patients had died when data was collected, mostly for SOT.

As conclusion, RDU allows quick diagnosis of tumour pathologies, avoiding hospital admission, reducing healthcare costs and the emotional burden. The performance of complementary studies is faster as well as referring to the corresponding Service to start treatment.

**Keywords:** rapid diagnostic service, ambulatory, tumours

[Abstract:2108]

## ACKNOWLEDGEMENT OF OVERWEIGHT AND OBESITY BY PATIENTS AND MEDICAL PRACTITIONERS; A CROSS-SECTIONAL STUDY

Dumitha Sandamali Govindapala<sup>1</sup>, Faiz Fazil Ahmed<sup>2</sup>, Sengamalai Goweshaliya<sup>2</sup>, Janaka Munasinghe<sup>2</sup>, Nipun Lakshitha De Silva<sup>2</sup>

<sup>1</sup> Department of Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

<sup>2</sup> Department of Clinical Sciences, Faculty of Medicine, General Sir John Kotelawala Defence University, Ratmalana, Sri Lanka

**Background and Purpose:** Accurate perception of weight by overweight/obese patients and the acknowledgment of their excess weight by medical practitioners are pivotal in managing obesity. This study aimed to assess knowledge, perception, and attitudes toward obesity among overweight/obese patients and the recognition of their overweight status and interventions by medical practitioners.

**Methods:** This descriptive cross-sectional study interviewed 317 overweight/obese patients during their first visits to medical clinics at the University Hospital, KDU. A structured questionnaire assessed demographic characteristics, comorbidities, knowledge, perception and attitudes towards overweight/obesity. Recognition and management of overweight/obesity by medical practitioners were evaluated through recall of previous six-month consultations and review of medical records.

**Findings:** Among the study participants, 163 (51.4%) were obese and 154 (48.6%) were overweight. Only 63 (19.9%) patients knew the meaning of BMI. Less than half (45.4%) considered overweight/obesity a medical problem. Body weight misperception was observed among 92 (59.7%) overweight and 150 (92.0%) obese participants. Of the 267 patients evaluated by another medical practitioner during previous six months, only 102 (38.2%) were told the diagnosis of overweight/obesity. Patients' weight status was documented in seven (2.6%) medical records only. Overweight/obesity was determined by calculating BMI in 49 (48.1%) patients, while in 20%, the diagnosis was merely by visual identification. More than half of the patients with obesity related Non-Communicable Diseases had not received weight reduction advice.

**Conclusions:** Low comprehension of the term BMI and misperception of body weight among studied population is concerning. Acknowledgment and intervention of the excess weight status of overweight /obese patients by medical practitioners were largely inadequate.

**Keywords:** obesity, overweight, BMI, acknowledgement, perception

[Abstract:2512]

## IRON DEFICIENCY ANAEMIA - LESS COMMON AETIOLOGIES AND CLINICAL MANIFESTATIONS

Margarida Fonseca, Carlos Grijó, Joana Pereira, Jorge Almeida, Luís Flores

Internal Medicine, Centro Hospitalar Universitário de São João, Porto, Portugal

Iron deficiency is an important cause of anaemia, requiring thorough identification and etiological assessment for appropriate therapeutic intervention.

A 72-year-old man was referred for Internal Medicine consultation for persistent iron-deficiency anaemia (haemoglobin 10.5 g/dL, mean corpuscular volume (MCV) 69 fL, ferritin 5 ng/mL) spanning two years, unresponsive to oral iron supplementation. No visible blood loss was noted. Upper gastrointestinal endoscopy revealed chronic gastritis with moderate atrophy and a positive *Helicobacter Pylori* test. Eradication was conducted. Lower gastrointestinal endoscopy disclosed colonic diverticulosis. Capsule enteroscopy revealed no relevant findings. Due to inadequate response to oral iron supplementation, further investigation for celiac disease and autoimmune gastritis was pursued, highlighting positivity for anti-parietal cell antibodies. Anaemia was resolved with intravenous iron, requiring periodic administrations.

A 56-year-old man with migraine aura, restless leg syndrome (RLS) and also a blood donor, was referred for Internal Medicine consultation due to iron-deficiency anaemia (haemoglobin 12.8 g/dL, MCV 73 fL, ferritin 9.9 ng/mL). No macroscopic blood loss was observed. Upper and lower gastrointestinal endoscopies exhibited no abnormalities. He commenced oral iron supplementation and ceased blood donations, resulting in resolution of anaemia and RLS symptoms. He currently donates platelets.

Autoimmune gastritis and blood donation are two less common causes of iron-deficiency. Autoimmune gastritis should be considered in when there is inadequate response to oral iron supplementation, suggesting impaired iron absorption. While blood donors generally possess lower blood reserves, routine anaemia screening is not universally recommended. These clinical cases reinforce the importance of comprehensive etiological investigation and awareness of rarer manifestations of iron deficiency, such as RLS.

**Keywords:** iron deficiency, autoimmune gastritis, blood donation

[Abstract:2626]

## SMOKING AND NECK HEIGHT RATIO. IS THERE AN ASSOCIATION?

*Arise Garcia De Siqueira Galil*

Medical School of the Federal University of Juiz de Fora, Juiz de Fora, Brazil

**Objectives:** To evaluate the characteristics of smokers and their relationship with the Neck Height Ratio (NHR).

**Methods:** Cross-sectional cohort study of smokers in the process of smoking cessation ("Projeto Livres do Tabaco"), between 2021/ September and 2023/ December. Abnormal values were considered: NHR >0.25; abdominal obesity, waist circumference >80 cm (women) and >94 cm (men); neck circumference (NC) >40 cm; systolic blood pressure (SBP) >130 mmHg, diastolic blood pressure (DBP) >85 mmHg. Obstructive sleep apnoea syndrome (OSAS), Stop Bang survey, >5 points; depression, PHQ-9 ≥9 points; cognitive impairment, Montreal Cognitive Assessment (MoCA) <26 points; declared atherosclerotic disease (DAD), presence of atherosclerotic lesion, regardless of the affected site.

**Results:** 158 smokers were evaluated (22 consecutive treatment groups), of which 81.8% were women; age, 57.76±9.98 years; 53.5%, white; 38.3%, married. Regarding smoking history: length of addiction, 40.12±12.00 years; 60.7%, smoking ≥20 cigarettes/day; 73.2%, high nicotine dependence. When comparing smokers with abnormal NHR with those without this characteristic, it was observed that they were significantly more obese ( $p<0.001$ ) and with greater abdominal obesity ( $p<0.001$ ), as well as greater OSAS ( $p<0.001$ ), dyslipidaemia ( $p<0.008$ ), DAD ( $p<0.007$ ), abnormal DBP ( $p<0.020$ ) and blood glucose >100 mg/ dL ( $p<0.029$ ). Regarding smoking history, trigger for nicotine dependence ( $p<0.060$ ) and weight gain during cessation ( $p<0.050$ ).

**Conclusions:** The NHR, a low-cost and easy-to-perform tool, can be an additional alternative in monitoring smokers, to investigate the distribution of body fat, since there was a clear association between the NHR and components of the metabolic syndrome.

**Keywords:** neck height ratio, smoking, cardiometabolism