fréquente de la CRP au moment du diagnostic, une normalisation lente de ce paramètre le rend également peu contributif au suivi. La disparition de la pyurie est précoce mais sa corrélation avec la résolution de l'infection reste encore à démontrer. Aucun de ces marqueurs ne peut être recommandé pour guider la durée de l'antibiothérapie en cas de PNA.

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Safety and effectiveness of telemedical management of uncomplicated urinary tract infections

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Aims: Uncomplicated urinary tract infections (UUTI) can be diagnosed and managed based on the medical history and the clinical picture. According to current clinical guidelines, telemedicine is an appropriate way of health care delivery. We evaluated the safety and effectiveness of evidence-based telemedical management of UUTI.

Methods: For the period of one year, all persons calling the Swiss Centre for Telemedicine in Basel for a teleconsultation because of urinary tract symptoms who qualified for telemedical management of UUTI (female, obvious symptoms, diagnosis other than UUTI very unlikely, no contraindication for antibiotic therapy, age 18-65 yrs, symptoms ≤7 days, no relevant comorbidity according to predefined list) were included in the study. Telemedical management of UUTI including antibiotic prescription was done according to current general practice guidelines. Three days after teleconsultation people were routinely followed up by telephone and asked about relieve of symptoms, adverse events, or need to visit a doctor or hospital.

Results: A total of 526 UUTI in women were handled by telemedical management. Follow-up information was available for 95% of them. Eighty-six percent of patients got trimethoprim / sulfamethoxazole (160/800 mg) prescribed. Three days after teleconsultation, 79% of patients reported complete symptoms relieve, and 92% reported a reduction of UUTI symptoms. In 5% of women the condition worsened, e.g. due to an increase of pain, pain in the renal angle, or fever. Four percent of patients reported side-effects of the prescribed antibiotics such as nausea, rash, or itching. In the 3 days following teleconsultation 4% of women consulted another healthcare provider without further contacting the telemedicine center because they felt unsafe or their condition worsened. Another 8% of patients were referred to face-to-face consultations by the telemedicine center because they developed additional symptoms or bacterial resistance of the prescribed antibiotic was suspected.

Conclusion: Telemedical management of UUTI is a safe and effective way of health care delivery, and safety and effectiveness are similar to those of UUTI management in face-to-face consultations. A considerable number of face-to-face consultations because of UUTIs can be avoided. This type of management may also be suitable to reduce workload in general practices.

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Self medication with antibiotics in undocumented, Latin American immigrants in Geneva, Switzerland: a cross-sectional and comprehensive study

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Introduction: Self-medication with antibiotics differs greatly from one country to other. Confronted to such complex practices our aim was to better understand the frequency of self-medication with antibiotics, the types and sources of medicines used in a population of undocumented, uninsured Latin American immigrants seen at our primary care facility (UMSCO).

Design: A cross-sectional survey was conducted two days a week during three months in 2009. All undocumented Latin American immigrants consulting at the UMSCO and who reported recent self-medication were invited to participate in a structured interview. All interviews were conducted in French or Spanish and responses noted manually by the interviewer.

Results: Of 221 eligible persons screened, 146 (54%) reported recent self-medication. Of these, 70 (47.9%) participated in the structured interview. Respondents were mainly women (76%); of various origin: Bolivian (40%), Brazilian(23%) or Ecuadorian (16%). The mean age was 37 (SD:10.4) years, the mean length of stay in Geneva was 4.8 years (SD:2.9).

Use of systemic antibiotics without medical prescription is frequent in our sample: 36/70 (51%) respondents reported this use in Geneva. For 25 respondents (35.7%), we confirmed the drug class via the trade name or the international nonproprietary name (INN). Amino-penicilins were the most