TEZĂ DE ABILITARE

Conferențiar Dr. Puia Aida

Medicina de familie - Unitate în diversitate

ABSTRACT

The habilitation thesis “Family Medicine – Unity in Diversity ” presents the main achievements in the fields of scientific research, academic and medical activity after finishing my PhD thesis and covers a span of 22 years [2002-2024] as well as the future goals regarding my professional and scientific development.
The thesis is structured in three sections in accordance with the recommendations approved by the National Council for Attestation of the University Titles [CNATDCU]. This work reflects the results of my scientific and physicians activity, carried out mostly within the discipline of Family Medicine of the University of Medicine and Pharmacy “Iuliu Hatieganu” Cluj-Napoca.
Chapter I includes the main results of the scientific research obtained during the postdoctoral period and the most important academic and professional achievements that led to the occupation of the position of associated professor and publication of 51 articles, a book for residents, 4 chapters of books published in Romania and abroad, achieving a Hirsch index 6 [Web of Science].
Chapter 1.1.1. reflects my interest in the role of family doctors in raising suspicion and early detection of cancer in their position as gate-keepers. As member from 2017 of the ÖRG I contributed to several articles on this theme and initiated also similar researches in our country. The first study aimed to explore PCPs’ diagnostic actions in patients with symptoms that could be due to cancer and how they vary across European countries. A total of 2086 PCPs from 20 European countries answered the survey question, with a median of 72 PCPs per country. The main conclusion stated that when given vignettes of patients with a low but significant possibility of cancer, more than half of PCPs across Europe would take diagnostic action, most often by ordering diagnostic tests, with substantial between-country variations. The second study, comprising 475 PCPs from Bulgaria, Greece, Romania, Slovenia and Croatia, working on a vignette of lung cancer conclusioned that there are large differences between Balkan region countries in PCPs’ levels of direct access to investigations. When faced with a vignette of a patient with the possibility of having lung cancer, their investigation and referral rates vary considerably. To reduce diagnostic delay in lung cancer, direct PCP access to advanced imaging, availability of relevant clinical guidelines, and fast-track referral systems are needed.
Starting from the research carried out within the ÖRG, we considered it useful to carry out a research in Romania regarding the delays related to the diagnosis and treatment of gastric cancer. Our retrospective, single-center, observational cohort study, included 671 patients diagnosed with gastric adenocarcinoma and operated between 2013 and 2021. We have defined patient delay as the time from the onset of symptoms to the first encounter with a health care provider and diagnosis delay as the time from the first consultation with a health care provider to the establishment of the final diagnosis. The somehow surprising conclusion was that

the overall survival is not influenced by the patient delay or diagnosis delay, but an earlier presentation was correlated with some specific exhibited symptoms: upper gastro-intestinal bleeding, abdominal pain, palpable epigastric tumor, nausea. Our last study , a multicentre European qualitative study, based on an online survey with open- ended questions, asking 156 PCPs for their narratives about cases when they had missed a diagnosis of cancer, identified six overarching themes that need to be addressed. Doing so should reduce morbidity and mortality in the small proportion of patients who have a significant, avoidable delay in their cancer diagnosis. The “Swiss cheese” model of accident causation showed how the themes related to each other.

Chapter 1.1.2. covers the problem of palliative care, especially in the direction of caregivers problems. Analyzing 38 articles on the impact of different interventions over the quality-of-life of the caregiver, disruption of daily routine, non-existential financial resources, multiple responsibilities and psychological tension were identified as reducing the caregiver’s quality-of-life. Family involvment, knowledge about disease and treatment, abilities to communicate patient and the team and optimistic attitude were found to improve caregiver’s quality-of-life.

The problem of obesity and the self-stigma connected with it is the subject of the research conducted in chapter 1.1.3. Having many children of different ages I initiated a research on their everyday habits and the influence on the physical development, the results being presented in chapter 1.1.4. My interest in phytotherapy is detailed in chapter 1.1.5. with results of a research pioneering the composition in bioactive compounds of Trametes versicolor and Trametes gibbosa, two mushrooms growing in Romania. The quantitative characterization of the obtained extracts was aimed, especially regarding the total amount of polyphenols and the total amount of flavonoids, the class of compounds with a strong antioxidant role. Also the total antioxidant activity of the extracts was determined. This study was an inspiration for studies on Trametes versicolor, demonstrated by its 80 citations of which 30 in WOS indexed articles.

Chapter II presents the future directions for my academic, research and professional career development. The future activity will continue the collaboration with my colleagues from other disciplines of University of Medicine and Pharmacy “Iuliu Haţieganu” Cluj-Napoca and with other Family Medicine chairs centres in our country and abroad.

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