Policy document 2015-2016

INTRODUCTION

All over the world, the number of people with diabetes and chronic diseases as a whole is increasing, leading to an epidemic worse than any contagious disease ever could have caused. People also live longer due to technological developments and better health care conditions. Considering these two statements in combination raises an important issue: vast numbers of people live with diabetes in an aging population, characterized by multi morbidity and lower quality of life. This is significantly altering the healthcare needs of people living in different communities.

Care oriented towards people living with chronic conditions needs to be characterized as person centred, holistic, comprehensive and continuous, equally accessible to all. These characteristics have all been established as typical for primary care.

“Primary care has a key role to play in both conducting research and implementation of its results, given that family doctors encounter almost the whole population, whereas fewer people go into hospital. Research results derived from specialist areas of medicine can be difficult to implement into general practice because people who see their family doctor often have a multiplicity of medical conditions that influence each other. Hence, there is a need to gain better knowledge related to primary care.”

People living in countries with a well-established primary health care system, benefit from better health outcomes especially in terms of chronic diseases and preventive care.

Primary Care Diabetes Europe (PCDE) has been established to support all people with diabetes, their relatives, informal carers and professional primary health care providers to enhance the quality of the care as well as the quality of life.

1. MISSION

Primary Care Diabetes Europe (PCDE) exists to provide a focal point for primary care clinicians and their patients. Its purpose is to promote high standards of care for people living with diabetes throughout Europe. Emphasis is placed on incorporating evidence based medicine into daily practice as well as promoting diabetes education and research in primary care.

Through successful activities and a leadership position in the field, PCDE has an interface role between primary and secondary diabetes care organisations regarding research, education, clinical practice and health care governance aiming for a better quality of diabetes care in the community.

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2. VISION

PCDE is a non-profit organisation with both social and scientific goals. The vision is to pursue the following objectives:

- to encourage the development and implementation of multidisciplinary primary diabetes care guidelines in every European country
- to encourage a multidisciplinary approach to training, service rendering and quality improvement resulting in the best possible individual goals for every person with diabetes, living in Europe
- to organise courses in chronic disease management, focussing on all different aspects of diabetes care
- to develop practical tools for health care workers and their patients to facilitate educational efforts
- to develop closer relationships with other groups working in the field of primary care and diabetes
- to establish a network of active contacts in Primary Diabetes Care in Europe
- to explore the needs of health professionals working in Primary Diabetes Care and encourage sharing of professional experience

3. AIMS

PCDE aims to empower and maintain projects in the following domains:

- publication of a scientific Journal focussing on all aspects of Primary Diabetes Care
- scientific research in the field of Primary Diabetes Care
- organising CME/CPD activities for Primary Health Care professionals such as conferences, courses, either stand alone, in conjunction with other groups or incorporated within other major congress events
- maintaining an informative website for all members as well as a broader audience
- managing an active network of primary care physicians across Europe, coordinating the care for individuals living with diabetes
- health care leadership through governance

4. BACKGROUND

PCDE was founded according to the objectives of the Saint Vincent Declaration (1989). A group of interested primary care physicians met in Athens (1995) and established a first meeting in Lisbon (1996), formalising accepted objectives, constitution, action plan and a chosen committee. Initially, membership was open to primary care physicians and diabetes nurses. Since July 2001 membership has been open to all professionals working in primary diabetes care. From 2005 onwards the association is recognised officially by Belgian law as an international non profit organisation.

5. ORGANISATIONAL STRUCTURE

5.1. Membership

Individual membership is open to all professionals working in Primary Diabetes Care. Our current membership stands at about 4000 acceded members. About 10 individuals are active in the organisation and are responsible for all PCDE activities as members of Executive Committee and General Assembly. Currently membership is free, but in the future a modest contribution may have to be considered.

Today, supporting membership ensures the sustainability and continuance of PCDE. Supporting membership is open for all individuals or organizations with a legal personality to provide financial support to PCDE by means of annual contribution, to be determined by the Executive Committee. Supporting members do not have a vote in the General Assembly.

In different European countries strategic key informants are recruited, aiming to build bridges between different national diabetes organisations or networks and the international primary care community. These motivated primary health care professionals with national and international potential have the task to contribute, maintaining the active PCDE research network.

5.2. Executive Committee and General Assembly

- Membership of the General Assembly is open to all professional members of PCDE by candidacy. As many countries as possible are encouraged to be represented in the General Assembly.
- Membership of the Executive Committee is open to all members of General Assembly after candidacy. The total number of the Executive Committee is limited to 12. The General Assembly votes for their representation in the Executive Committee.
- The Executive Committee is a task oriented working group and has as a minimum a chairman, treasurer and secretary (vice-chairman).
- Members of the executive committee serve a term of 4 years, with a maximum of 2 consecutive terms in the same position.
- The chairman and treasurer cannot step down simultaneously.
- Within the Executive Committee a chairman-elect will be elected one year prior to the change of seat, the chairman-elect will be presented to the General Assembly for voting.
- Members of the Executive Committee, wishing to extend their term, are subject to majority approval of the Executive Committee.

The PCDE Constitutions can be consulted (in Dutch) at:
Or provided in English by the secretariat (secretary@pcdeurope.org).
6. HEALTH CARE GOVERNANCE

PCDE impacts on European policy level in their consultancy position at different national and international organisations. Since 2010, the European Coalition for Diabetes (ECD) was established together with the Federation of European Nurses in Diabetes (FEND), the International Diabetes Federation (IDF) and EURADIA, the research coordinating organisation of the European Association for the Study of Diabetes (EASD). ECD now is in constant communication with different members of the European Parliament and various partners in the European Commission in charge of all aspects of health care governance and research.

On 14 March 2012, the European Parliament adopted the Resolution on addressing the EU diabetes epidemic, driven by the cross-party and cross-national EU Diabetes Working Group (EUDWG), with the strong support of other fellow MEPs. The European Coalition for Diabetes (ECD) warmly welcomed this crucial Resolution as a great achievement marking a significant step forward towards improved diabetes prevention, diagnosis, management, education and research, for the better health and quality of life of all European citizens living with this condition.

PCDE is also a member of the “European Forum for Primary Care” which was established in 2005 aiming to improve the health of the population of Europe and equity in health care delivery by strengthening Primary Care.

The vision and objectives of the Forum have been firmly established in 2006 and 2007 and appeal to many policymakers, practitioners and researchers in Europe: “Strong Primary Care (PC) produces better health outcomes against lower costs. That is the briefest summary of available scientific evidence. By promoting strong PC the population’s health can be improved. Strong PC does not emerge spontaneously. It requires appropriate conditions at the health care system level and in actual practice to make PC providers able and willing to take responsibility for the health of the population under their care. A key element is effective collaboration with well organised secondary care. Everywhere in Europe the process of strengthening PC is ongoing, with a large diversity in the way PC is organised. Therefore, Europe is in a sense a laboratory landscape of experiments for organising primary care. There is a strong need to collect and share information about what structures and strategies matter. This is a support to practitioners but will also provide the evidence to convince policy makers at different levels that PC needs to be strengthened.”

PCDE supports, as an important exemplary project, the Turkish “Diabetes 2020: Vision and Targets” project. It aims to develop national vision and targets for Turkey, as well as strategies to facilitate them. The project is coordinated by the Turkish Diabetes Foundation, carried out under auspices of the Turkish Ministry of Health, and supported by WHO (European Region), IDF Europe, and PCDE.
7. COMMUNICATION

7.1. Primary Care Diabetes Journal

Primary Care Diabetes is the official journal of PCDE, published by Elsevier Publishing. The journal publishes original research articles and high-quality reviews in the fields of clinical care, diabetes education, nutrition, health services, psychosocial research and epidemiology as far as is relevant for diabetology in a primary-care setting.

The purpose of the journal is to encourage interdisciplinary research and discussion between all those who are involved in primary diabetes care on an international level. The Journal also publishes news and articles concerning the policies and activities of PCDE and reflects the society’s aim of improving the care for people with diabetes mellitus within the primary-care setting.

Since June 2010 editor-in-chief is Prof. Jaakko Tuomilehto who is assisted by an international editorial board.

Associate editors: Kamlesh Khunti (U.K.), Neil Munro (U.K.), Xavier Cos (ES), Johan Wens (BE), Alice Kong (HK) and Irene Blackberry (AU)

Launch: September 2006
Frequency: 6 issues p.a.
Readership: 4300+ members of Primary Care Diabetes Europe; 1000+ electronic library holdings.
Thomson Reuters Journal Citation 2014: 1.325

PCD Journal now fully electronic
Primary Care Diabetes Journal has undergone some important change in 2015. First is an increase in issue frequency, from four to six issues per year, reflecting a steady growth in article submissions and journal profile. Second is a transition from print to electronic as of July 2015. Members as well as a broader audience can register and get direct access to the PCD e-journal via the PCDE website via: https://www.pcdeurope.org/journal/

These changes together reflect the journal’s growing stature and the broader move of scientific literature online with the additional functionality that offers.

The Journal is indexed in Medline, Scopus, Science Citation Index and PsycINFO.

7.2 Website (www.pcdeurope.org)
In June 2015 the website is fully updated and the lay out has been improved, making it easier to navigate. The website is updated regularly with the latest news and achievements.
8. RESEARCH

8.1. EASD-PCD Study Group

PCDE promoted the creation of a Primary Care Research Group within EASD which was accepted by EASD in 2007. The research objectives of the EASD “Primary Care Diabetes Study Group” are:

- To encourage high quality research into clinical, psychological and organisational aspects of diabetes in primary care
- To build a European network of primary care researchers, with wide interests on diabetes
- To share research findings

Areas of interest
- epidemiological studies: incidence and prevalence in different European countries and different methodological aspects to calculate these
- treatment outcomes and evaluations of new treatment options
- adherence to treatment plans
- prevention of macro- and micro-vascular complications
- screening and early detection of diabetes and its complications
- expectations and perspectives of people living with diabetes, their families and their health professionals
- quality of life for individuals with diabetes
- social inequities in minority groups suffering from diabetes
- influences of the different European health care systems on health outcomes
- effectiveness and cost effectiveness of different models of health care delivery on diabetes health outcomes

The EASD PCD Study Group - according to its regulations - is holding annual business meetings with its active members during the EASD conference. The regulations have been updated according to EASD recommendations in 2012 and elections for steering group members have taken place in 2013.

The EASD PCD study group has developed the study protocol and conducted the pilot of the EUCLID study with PCDE funding (see below under “Previous research activities”) which resulted in 2 publications.

Currently the study group is engaged in an international descriptive, multi-centre study on the prevalence of Chronic kidney Disease (CKD) in people living with type 2 diabetes in primary care in different European countries, the PERCÉDIME-EU Study. The main objective of this project is to determine by data from (electronic) medical records the real life prevalence of CKD in people suffering from type 2 diabetes mellitus in Europe. The second aim of this project is to correlate CKD with other micro and macro cardiovascular complications and to define cardiovascular risk factors associated with this condition. The project has been initiated by the EASD-PCDE Study Group and will be hosted by the Spanish task force RedGDPS (the Spanish Primary Care Diabetes group).
8.2. On-going and future research activities

With public funding:

Active Ageing with Type 2 Diabetes as Model for the Development and Implementation of Innovative Chronic Care Management in Europe. This project aims to prevent costly complications and frailty in elderly with type 2 diabetes, enabling them to live independent, healthy and active lives as long as possible. This will be achieved by driving innovation and change in the current treatment approach, shifting from diabetes management (disease-specific care trajectory) to chronic care management (non-disease focused model). A roadmap for implementation of the model will be developed, providing also guidelines for development of chronic care models in a broader context.

With other funding:

JA-CHRODIS is a European collaboration that brings together over 60 associated and collaborating partners, from 26 countries.

These partners work together to identify, validate, exchange and disseminate good practices on chronic diseases across Europe and to facilitate their uptake across local, regional and national borders. The focus is health promotion and primary prevention as well as the management of Type 2 Diabetes and patients with more than one chronic condition (multimorbidity).

One of the key deliverables is a ‘Platform for Knowledge Exchange’, which will include both an online help-desk for policy makers and a clearinghouse providing an up-to-date repository of best practices and the best knowledge on chronic care.

Chronic diseases like diabetes, cardiovascular disease, cancer and mental disorders, affects 8 out of 10 people aged over 65 in Europe. Approximately 70% to 80% of health care budgets across the EU are spent on treating chronic diseases. There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and manage diseases like cardiovascular disease and Type 2 Diabetes. There is great potential to reduce the burden of chronic disease by making better use of this knowledge. JA-CHRODIS has been designed to exploit this potential.
Dawn2 is the largest study of its kind, conducted across 17 countries and 4 continents, into the psychosocial aspects of management of diabetes. For the first time ever, family members were surveyed — along with people with diabetes, nurses, dieticians, general practitioners and specialists — to find new ways of reducing the burden of the condition. “The DAWN2™ study confirms that the physical, financial and emotional burden of diabetes across cultures and countries is carried by the entire family, not just by the person with diabetes”, says Professor Mark Peyrot, principal investigator and chair of the international scientific committee overseeing the DAWN2™ study.

The initial results show that:
- 63% of family members are anxious about the possibility that the person they live with will develop serious complications from the condition¹
- 66% of family members of insulin-treated people with diabetes fear that their loved one will become hypoglycaemic during the night¹
- 34% of family members report a negative financial impact on themselves due to the diabetes of their loved one¹
- 20% of family members experience that their loved one is being discriminated against because of diabetes and that the community they live in is intolerant of diabetes¹
- 35% of people with diabetes report their family argues with them about how they manage their diabetes²
- 75% of family members have not attended an education programme about diabetes¹, despite at least 70% of diabetes healthcare professionals believe that involvement of family members is a vital part of good diabetes care³

The DAWN2™ study brings new and important scientific data about the hidden burden of the diabetes pandemic on the families of people with diabetes and the gaps in current healthcare systems. The societal implications of these findings are significant and DAWN2™ results should motivate and compel decision-makers, healthcare providers and patient organizations to act in unity to improve education and support for both people with diabetes and their loved ones.

8.3. Previous research activities

Development of 13 General Practice Guidelines for the management of the most common diseases and conditions in Primary Health Care in Greece. This project is an initiative with the aim to develop 13 Guidelines in General Practice and Nursing regarding the management of the most common chronic diseases through the application of a specific methodology, which has been tested and developed by the Department of Social and Family Medicine of the University of Crete in a previous INTERREG project.
The “EXpert and Patient views on Living with and cOntrolling type 2 diabEtes” (EXPLORE) survey was conducted to understand the complexity of treating type 2 diabetes by describing the similarities and differences in perceptions of clinicians and patients. The survey was an internet-based, 10-item questionnaire for people with T2DM (N=2140) and clinicians (N=1406) from 13 countries. In most regions, interviewed clinicians worked in primary care (primary care physicians, specialty practice nurses, and nurse practitioners), except in countries where diabetes care is usually provided by specialists (endocrinologists or cardiologists) in which case those providers were interviewed. Clinician to patient respondent ratios varied slightly from country to country depending on local treatment practices. The findings of the survey highlight the need for improved communication regarding multiple facets of T2DM management in order to reduce the disconnect between perceptions of clinicians and concerns of people with T2DM.

Clinicians need to provide patient support to re-enforce the multiple health benefits of modest and sustained weight loss. Furthermore, people with T2DM require advanced education from their healthcare teams regarding the connection between controlling daily risk factors such as glycaemic control, weight management and treatment adherence, and long-term T2DM disease complications. Such education and support from clinicians would help motivate patients to self-manage their disease more effectively and empower them to address risk factors within their control.

### EUCLID

Thanks to the research branch of the association, under chairmanship of Prof. Guy Rutten, the EUCLID project was designed and developed as a first achievement of this collaborative research working group. In 2009 the results of the successful pilot of this study were published within our Journal.


The ADDITION study is an Anglo-Danish-Dutch Study in General Practice of Intensive Treatment and Complication Prevention in Type 2 Diabetic Patients Identified by Screening. Results were presented during EASD 2010 and ADA 2011. It was a pragmatic and relevant intervention study to everyday general practice and it demonstrated that primary-care-based stepwise screening for type 2 diabetes is feasible and identifies patients with substantial levels of cardiovascular risk that is potentially modifiable.


The **SWEET** project, under the auspices of Professor Thomas Danne, aims to contribute to reducing the burden of diabetes and related costs in Europe by addressing diabetes in children and adolescents. More specifically, the project will aim to improve quality of life outcomes for children with diabetes and their carers, by means of establishing a network of centres of reference for paediatric and adolescent diabetes services. PCDE is proud to be an associated partner in this project. 

More information on SWEET at:  


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**CALLIOPE** is a Thematic Network with a focus on cross-border e-Health Interoperability. It has been initiated by 17 health authorities and 11 organisations representing groups of physicians, community pharmacists, patients, industry and health insurers and is supported by the European Commission under the ICT PSP programme. 

More information on CALLIOPE:  
http://www.ehtel.org/activities/eu-funded-projects/calliope-call-for-interoperability

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The **IMAGE** project (Development and Implementation of a European Guideline and Training Standards for Diabetes Prevention), led by Dr Peter Schwarz, is set to improve the management and reduce the impact of type 2 diabetes across Europe. Effective and immediate primary prevention is essential to lower the burden of type 2 diabetes within the European Union. The 3 year IMAGE project will help to address this through the development of:  

- European practice-oriented guidelines for the primary prevention of type 2 diabetes  
- A European curriculum for the training of prevention managers  
- European standards for quality control in the assessment, monitoring and quality reporting of type 2 diabetes prevention  
- A European e-health training portal  

More information on IMAGE:  
http://www.image-project.eu/
The DIAMAP project, of which the mission is to undertake a wide survey of the current European diabetes research landscape, from which expert opinion can identify gaps and highlight strengths, aims to guide a Road Map strategy for diabetes research in Europe.

The objectives of this project are:

1. Survey of research activities and funding for diabetes research, both public and private, at regional, national and European level
2. Creation of diabetes research database from survey of European and limited worldwide data: intended to be sustained by EURADIA after initial capital from Commission
3. Identification of gaps, strengths and weaknesses and opportunities in diabetes research in Europe by expert analysis
4. Development of final Road Map report by an overarching Expert Advisory Board (EAB) to outline strategy for diabetes research in Europe, taking into account different scenarios, including the Innovative Medicines Initiative.

PCDE was represented in the Horizontal issues group aiming to build bridges between all different subgroups of the DIAMAP project as there are: genetics/epidemiology, islets, pathophysiology/metabolism/integrative physiology, micro-vascular complications and macro-vascular complications.

More information on DIAMAP at http://www.diamap.eu/

Starting from the DIAMAP project, Euradia (i.e. the alliance for Diabetes Research) initiated the compiling of a European Platform for Clinical research in Europe, in which PCDE is represented and will bring in the voice of Primary Care within European diabetes research.
8.4. other research activities

PCDE is also interested in collaborating on other research initiatives and with different research partners.

As such PCDE facilitated a Cochrane systematic literature review on Interventions for improving adherence to treatment recommendations in people with type 2 diabetes mellitus…


…as well as the OBO project (Obstacles and Outcomes on Living with Diabetes),

9. CONFERENCES & MEETINGS

PCDE has hosted 13 International Conferences. It also organises diabetes tracks within the WONCA regional conferences, where it is officially recognised as the Diabetes Special Interest Group.

- 1997 Founding meeting - Lisbon

Conferences have been organised in:

- 1999 Brussels
- 2000 Prague
- 2002 Stockholm
- 2003 Paris ‘building for the future’
- 2004 Munich related to EASD
- 2005 Athens related to EASD
- 2007 Amsterdam related to EASD
- 2008 Istanbul related to WONCA Europe
- 2010 Istanbul together with AHEAD (**)
- 2011 Istanbul together with AHEAD and EPCCS (**)
- 2012 Barcelona stand-alone PCDE conference
- 2014 Barcelona stand-alone PCDE conference

Future meetings:

- 2015 Istanbul related to WONCA Europe. PCDE organises a diabetes track of five sessions within the conference.
- 2016 Barcelona 14th PCDE conference (see scientific programme in the appendix)

Besides conferencing, PCDE aims to set up on a regular basis, courses on chronic disease management for primary health care professionals.

(*) Association of Training and Research in Family Medicine in Turkey
(**) European Primary Care and Cardiovascular Society
10. Network

10.1 WONCA Europe

The mission of Wonca is to improve the quality of life of the peoples of the world through defining and promoting its values, as well as by fostering and maintaining high standards of care in general practice/family medicine.

10.1.1 WONCA Europe SIG

PCDE has the unique opportunity of being the official Diabetes Special Interest Group (SIG) of WONCA-Europe, to be involved in the organisation of different WONCA meetings, positioning PCDE in the centre of WONCA’s partners. PCDE has the task to organise the diabetes track within the official Scientific Programme of the annual WONCA Europe Regional Conferences, by invitation of the organising committee.

10.1.2 WONCA-Global Working Party on Research

In May 2011, PCDE was invited to be part of WONCA’s Global Working Party on Research.

10.2 EASD

Within EASD the Study Group on Primary Care Research in Diabetology is composed of PCDE members with interest in high quality primary care research. Most of them have academic positions in different countries across Europe.

\[7\] Wonca = World Organization of National Colleges and Associations in General Practice/Family Medicine.
10.2. Affiliations

A particularly close working relationship has already been established with IDF, WONCA, FEND and EASD, EURADIA as well as other EASD study groups such as Diabetes Education Study Group (DESG) and Cardio Vascular study group. In 2010 PCDE was strongly involved in the annual DESG meeting, introducing the concepts of ‘Primary Care’ and stressing its importance and assets for diabetes education as a whole.

PCDE aims to consolidate these affiliations in the future. In addition, there are also close contacts with WHO, WONCA networks such as EGPRN and EQUIP, and WONCA Special Interest Groups such as the European Primary Care Cardiovascular Society (EPCCS) as well as other national and international organisations.

Individual members of the Executive Committee have direct links with most of the major diabetes organisations at a European and even Global level and contribute actively to their respective regular conferences.
2015 SUPPORTING PARTNERS

PCDE highly values the contribution of all partners who supported all above mentioned PCDE activities with unconditional grants in 2014-2015. PCDE is reliant upon sponsorship and would not be able to carry out our important work without it. We would therefore like to thank our supporting members who make it all possible.

Gold Supporting Members 2015
- Astra Zeneca
- Elly Lilly and Company

Silver Supporting Member 2015
- Roche Diagnostics

Supporting Collaborative Project Partners 2015
- Eli Lilly and Company
- Sanofi
- Astra Zeneca
## APPENDIX

### FRIDAY, 29 APRIL 2016

<table>
<thead>
<tr>
<th>TIME</th>
<th>PLENARY MEETING ROOM</th>
<th>SYMPOSIA MEETING ROOM</th>
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<tbody>
<tr>
<td>07.30 - 08.00 h</td>
<td>Registration</td>
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<tr>
<td>08.00 - 09.00 h</td>
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<td>Breakfast Satellite Symposium</td>
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<tr>
<td>09.00 - 09.15 h</td>
<td>Opening ceremony</td>
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<tr>
<td>09.15 - 10.00 h</td>
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<td>Session 1 - OBESITY</td>
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<td>10.00 - 10.45 h</td>
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<td>Session 2 - MENTAL HEALTH</td>
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<td>10.45 - 11.30 h</td>
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<td>Coffee Break</td>
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<tr>
<td>11.30 - 12.30 h</td>
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<td>Session 3 - HYPOGLYCAEMIA FROM PATIENT PERSPECTIVE</td>
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<td>12.30 - 13.00 h</td>
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<td>Session 4 - PAUL CROMME LECTURE - Life time achievement award</td>
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<tr>
<td>13.00 - 14.30 h</td>
<td>Lunch</td>
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<tr>
<td>14.30 - 15.30 h</td>
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<td>Session 5 - ADHERENCE</td>
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<td>15.30 - 17.00 h</td>
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<td>Session 6 - MULTIMORBIDITY</td>
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### SATURDAY, 30 APRIL 2016

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<tr>
<th>TIME</th>
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<th>SYMPOSIA MEETING ROOM</th>
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<tr>
<td>08.00 - 09.00 h</td>
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<td>Breakfast Satellite Symposium</td>
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<td>09.00 - 09.45 h</td>
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<td>Session 7 - RISING STAR</td>
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<td>09.45 - 10.45 h</td>
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<td>Session 8 - 5 BEST POSTERS</td>
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<td>10.45 - 11.15 h</td>
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<td>Coffee Break</td>
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<tr>
<td>11.15 - 11.45 h</td>
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<td>Session 9 - Debate: EARLY TREATMENT INTENSIFICATION + CLINICAL INERTIA</td>
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<tr>
<td>11.45 - 12.45 h</td>
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<td>Session 10 - DRUGS</td>
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<tr>
<td>12.45 - 13.00 h</td>
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<td>Closing Ceremony</td>
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<tr>
<td>13.00 h</td>
<td></td>
<td>Reception (informal drink and tapas)</td>
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