

Authorship contributions

This manuscript has not been submitted to another journal and all authors have made substantial contributions to all of the following: 1) conception and design of the study, acquisition of data, analysis and interpretation of data, 2) drafting the article or revising it critically for important intellectual content, 3) final approval of the version to be submitted.

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Conflicts of interest

The authors declare that they have no competing interests.

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Health-related quality of life in young people at risk of exclusion in Melilla (Spain)



Calidad de vida relacionada con la salud en jóvenes en riesgo de exclusión en Melilla

Mr. Editor:

There are small isolated human groups within our communities with a lot of possibilities of being involved in exclusion processes. The aim of this study is to show the quality of life related to health (HRQL) and how it is influenced by certain factors on two teenagers groups at risk of exclusion in Melilla, as they represent approximately 10% of young people of their age. The first group is Unaccompanied Foreign Minors (UFMs) which represent a new migration currently in Europe; the second group, students in Initial Professional Qualification Programs (IPQP). The study was developed during 2010 in Melilla (Spain), City of a multicultural character located on the Mediterranean coast of North Africa which has a land border with Morocco, affected by migration.

Therefore, we designed a cross-sectional study and a probability sampling by conglomerates was performed, with a single-stage procedure and with a second stage of simple randomness. From the study population (169 UFMs plus 211 IPQP), 172 surveys were conducted, of which 28 were discarded remaining 144 (71 UFMs plus 73 IPQP). The HRQOL was measured using the Spanish version of *Vécu et Santé Perçue de l'Adolescent* (VSP-A).¹ A descriptive statistical analysis (Student's t, effect size, d to Cohen and correlation r) was performed and a multivariate analysis was included. All data were analyzed using SPSS and Excel.

The characteristics of the sample were briefly the following: mainly boys (71,7%) with a median age of 16,3 years, 56,3% born in Morocco, who largely came from broken homes (Loss of a parent or separated: IPQP 25,3%, UFMs 50% and poor parental level of education as they had no studies or did not finished primary school: IPQP 30%, UFMs 53,7%). All domains had an acceptable internal consistency (Cronbach α range, 0.75 to 0.84). The results show scores significantly lower than reference population in vitality, physical, psychological wellbeing and relationship with parents. UFMs lower

scores. Significantly lower scores of girls in physical, psychological and self-esteem (Table 1). The variables associated with HRQL in the multivariate analysis were: sex, age, religion, sports and the prevalence of consumption in the last 30 days of tobacco, alcohol and tranquilizers.

These observations are consistent with previous findings that have used the same questionnaire in Spain² as in Belgium³ (n=158) with immigrant adolescents. Our study provides HRQL in UFMs. The quantitative study approach may complement other qualitative ones as the performed in the Basque Country (Spain)⁴ with a sample of 60 UFMs. The difficulty of the study and approach to this group lies, among others, in the dispersion due to the different flats host and centers where they live. They can explain smaller sample sizes, such as a study of Hodes et al.⁵ (n=78 UFMs between 12 and 18 and 35 foreign children accompanied), or Gilgen et al. (2005) in Basel.

Multiple linear regression analysis corroborates findings already discussed in relation to sex, providing moreover the possible influence of the consumption of certain easy to get substances by adolescents such as tobacco and alcohol, in the different domains of HRQL, reducing their significantly scores. It also shows the positive influence that certain adolescent's attitudes have in HRQL such as religiosity and sports.

The main limitation of this study is the one inherent in cross-sectional studies.

The results reflect the need to design preventive programs¹: programs of health promotion, related to leisure, peer relationships, interpersonal relationships, self-esteem, empowerment and autonomy of women, and such as the action on conflicts experienced in relationship with their parents. These results provide clues too on how to investigate other youth groups.

¹ «Abandoning children on the streets involves placing delayed effect bombs on the heart of cities» «Laisser des enfants dans la rue revient à poser des bombes à retardement au cœur des villes». Tessier S, director. L'enfant des rues et son univers: ville, socialisation et marginalité. Paris: Syros; 1995. 227p.

Table 1
Comparison results of means between two groups (*t* de Student). Comparison results in each domain and sex.

Domains (Spanish VSP-A)	Reference values and MELS (boys 16-18 years old)			Reference values and MELS (girls 16-18 years old)			Reference values and MELS-UFMs (boys 16-18 years)			MELS 16-18 years old Domains and sex. N = 144		
	Mean (SD)			Mean (SD)			Mean (SD)			Mean		
	Reference (n = 96)	MELS (n = 84)	p	Reference (n = 105)	MELS (n = 32)	p	Reference (n = 96)	MELS (n = 38)	p	Boys (n = 101)	Girls (n = 43)	p
Vitality	70,4 (17,3)	51,5 (25,5)	0,0001	63,0 (18,1)	54,5 (23,2)	0,03	70,4 (17,3)	47,5 (22,4)	0,0001	51,1	49,4	NS
Physical wellbeing	75,2 (15,4)	63,3 (20,3)	0,0001	61,8 (17,5)	49,8 (20,8)	0,001	75,2 (15,4)	61,9 (21,5)	0,0002	64,0	51,2	0,001
Psychological wellbeing	67,0 (18,6)	60,2 (23,8)	0,03	55,5 (20,4)	47,2 (21,7)	0,03	67,0 (18,6)	54,8 (24,6)	0,05	60,4	47,0	0,002
Self-esteem	83,9 (21,2)	76,2 (27,4)	0,03	66,8 (26,9)	57,8 (38,8)	NS	83,9 (21,2)	69,9 (26,9)	0,01	76,6	57,0	0,0001
Relationship with friends	75,3 (17,7)	55,2 (28,3)	0,0001	75,6 (17,7)	69,8 (22,9)	NS	75,3 (17,7)	52,9 (24,9)	0,0001	54,8	62,8	NS
Relationship with parents	67,9 (20,6)	47,9 (31,4)	0,0001	68,3 (20,6)	51,6 (32,9)	0,0007	67,9 (20,6)	38,1 (33,5)	0,0001	45,9	41,6	NS
Relationship with teachers	53,4 (24,5)	58,7 (33,1)	NS	58,8 (24,2)	78,4 (26,1)	0,0001	53,4 (24,5)	62,5 (30,8)	0,03	60,1	71,4	0,05
School work	53,6 (26,6)	52,7 (29,1)	NS	61,3 (27,7)	67,2 (25,5)	NS	53,6 (26,6)	55,3 (30,9)	NS	54,1	63,1	NS
Leisure	69,4 (18,0)	54,9 (27,8)	0,0001	63,4 (21,3)	59,8 (29,4)	NS	69,4 (18,0)	43,4 (26,4)	0,0001	52,5	48,8	NS

MELS: acronym of this study; NS: not significant; SD: standard deviation.

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Authorship contributions

D. Castrillejo has designed the study and has performed the analysis. D. Castrillejo, C. Muñoz-Bravo, A. García-Rodríguez, J. Ruiz and M Gutiérrez-Bedmar have participated in the analysis, drafting and discussion of the results. All authors have approved the final version of the article.

Conflicts of interest

None.

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Actitudes de los médicos hacia el problema de las pruebas y los procedimientos innecesarios



Physicians' attitudes toward the problem of unnecessary tests and procedures

Sr. Director:

En abril de 2013, el Ministerio de Sanidad presentó la iniciativa «Compromiso por la Calidad de las Sociedades Científicas» con el fin de dar difusión a las más de un centenar de recomendaciones referentes a evitar hacer pruebas, procedimientos y tratamientos ineficaces, obsoletos o faltos de respaldo científico¹. Dichas recomendaciones están en la línea de las aparecidas en 2012 en los Estados Unidos, elaboradas y difundidas mediante la iniciativa *Choosing Wisely*², y adaptadas en los sucesivos años en diferentes países occidentales del resto del mundo³.

Nuestro estudio valora mediante una encuesta la actitud de facultativos hospitalarios ante la realización de pruebas

innecesarias, sus causas y las posibles soluciones. Analizamos también el grado de conocimiento de las recomendaciones elaboradas por las sociedades científicas a este respecto¹. Para ello, durante el mes de mayo de 2016 facilitamos por vía electrónica un cuestionario anónimo a 192 facultativos hospitalarios de dos hospitales comarcales del Sistema Sanitario Público de Andalucía (Montilla [Córdoba] y Alto Guadalquivir, Andujar [Jaén]). La tasa de respuesta fue del 89% (172 de 192 facultativos). En la **tabla 1** se muestran los resultados más significativos. Cabe señalar que más de la mitad de los encuestados conocen poco o nada la iniciativa de las sociedades científicas y del ministerio, así como cuando se les preguntaba por las recomendaciones similares conocidas como «No hacer»⁴. Además, la gran mayoría de los médicos son conscientes del problema de las pruebas y los procedimientos innecesarios en el sistema de salud, y sienten que son ellos los que están en la mejor posición para hacerle frente. Una mayoría de facultativos indicaron que era frecuente que los pacientes solicitaran pruebas innecesarias en su quehacer diario, y que no era extraño que se accediera a dicha