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# Research in penitentiary health: evolution of communications presented at congresses over the period 1992-2004

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## ABSTRACT

**Objective:** Describe the participation of health professionals working in the penitentiary field in the Spanish Penitentiary Health Society's congresses with the communications presented and know the health aspects they are most interested in.

**Material and methods:** Analysis of the communications presented in the Penitentiary Health congresses held in 1993, 1998, 2002 and 2004. The distribution of papers has been calculated according to years, autonomous regions and the authors' workplaces. We have identified 12 topic areas of interest and analysed their evolution in time.

**Results:** A total of 322 communications were presented at the four congresses analysed. The autonomous region accounting for more works is Catalonia with 126 (39,1% of the total), followed by the Community of Madrid with 67 (20,8%), the Region of Valencia with 36 (11,2%) and Andalusia with 26 (8,1 %). 18 penitentiary centres contributed to 75% of the works (n=200). In 267 communications (82,9% of the total), the first author was a professional from a penitentiary centre and in 54 (16,8%) from an extrapenitentiary one. Communications have been conducted by 1475 authors, 1142 penitentiary centres (77,4%) and 318 (27,9%) extrapenitentiary institutions. Among the well-defined topic areas, the HIV/AIDS infection occupies the first place with 21,4% of communications, followed by drugs/methadone (14,0%), health care management/quality (11,8%), mental health (11,8%) and tuberculosis (11,2%).

**Discussion:** Participation in Penitentiary Health Congresses remains constant with respect to not only the number of studies but also that of authors. The majority of works are carried out in small centres and the size of the health team is not conclusive in the research activity. The subjects most frequently discussed correspond with the most prevalent diseases in prisons. As the HIV/AIDS epidemic has decreased, other subjects have emerged, such as management, health care quality or diseases among immigrants. There is a need to establish strategies which encourage research in prisons, and especially in those geographic areas where less research is done.

**Key words:** prisons, biomedical study, biomedical congresses.

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## INTRODUCTION

In our country, health care in prisons is characterized by a serie of aspects which are common to the rest of the European Union member states, and probably to the world, although there may be some differences in its organization. These common characteristics refer to the limited group of professionals dedicated to it, a high specialization in some diseases and a clearly-defined at-risk population, as well as the need to face up

to public health problems which extend to the population treated itself such as rehabilitation of drug addicts, reintegration into society, or prevention of communicable diseases like HIV, viral hepatitis and tuberculosis<sup>1</sup>. Prisoners constitute a group of people with problems of social exclusion who live in a setting, the prison, which produces anxiety and where they find it difficult to interact<sup>2</sup>. Therefore, there is a need to add to the health care task the work in health promotion, which involves medium and long-term actions

and demands the collaboration of other disciplines different from those of health exclusively. On the other hand, health professionals working in prisons have a double condition, that of seeing patients and that of penitentiary administration workers, to which they must be faithful, but that entails special characteristics influencing the relationship between practitioner and patient<sup>4</sup>. In addition, there is also a need to connect the primary care level which is usually offered inside prisons and the specialized level provided by the general population's health care network. As a result of all the above mentioned, penitentiary health form a professional area of work which demands knowledge, specific skills and attitudes and its consolidation is making progress. The existence of the Spanish Penitentiary Health Society (SESP) is taken into account within the factors which help this professional development<sup>5</sup>, it promotes discussions and exchange of experiences by organizing regular congresses and conferences. Many research groups working on specific subjects have been organized within the core of the SESP. The SESP also has an organism, the Spanish Journal of Penitentiary Health, where studies related to health in prisons are published. We must point out that although the perspective of health care practice is important for professional development, the scientific view should not be less important. The existence of a community of researchers constitutes a key element in order to consolidate a body of knowledge in a specific area and for the profession to grow as one<sup>7,8</sup>. Nevertheless, pre and post graduate programs in medicine attach little value to scientific training. Due to that, practitioners and nurses, including those of prisons, reach a good clinical level but are generally afflicted by a lack of knowledge regarding the scientific method. This makes it difficult for them to conduct at ease the design and carrying out of studies, the preparation of articles for publication, the analysis of therapeutic decisions or the establishment of health care quality criteria<sup>9</sup>.

The objective of this article is to describe the participation of health professionals working in the penitentiary field in Penitentiary Health congresses organized by the SESP with the communications presented, know the health aspects they are most interested in and how they have evolved throughout the years. From these results, we expect to be able to establish hypothesis with respect to the factors which determine the beginning of scientific works in prisons and direct actions designed to encourage research in this framework.

## MATERIAL AND METHOD

We have registered the communications presented in the Penitentiary Health congresses held in 1993, 1998, 2002 and 2004 into a database specially designed for this purpose<sup>10-13</sup>. We have been unable to include the communications from the congress held in 2002. The information collected refers to: first names and surnames of all the authors who have signed each of the communications, distinguishing first authors from other authors; the authors' workplaces, prisons as well as extrapenitentiary centres (hospital, university, health administration, etc...); autonomous region corresponding to the workplace; title of communication and year of congress at which it was presented. In order to describe the subjects which arouse most interest within penitentiary health, we have classified them into 12 topic areas using as a point of reference the setting of tables at the different congresses. Authors have been recorded for as many communications as they have contributed to. We have carried out a descriptive analysis for the variables included by calculating numbers and proportions. We have analyzed the relationship between size of the prisons health team and the number of works presented at the last congress (held in 2004), as well as between the size of the health team and the number of authors in each centre by means of a linear regression. We have also analyzed the number of centres participating in every communication and their evolution throughout time by means of a Chi-trend chart. Data related to size of prisons health teams have been provided by the general subdirection of Penitentiary Health dependent on the general subdirection of Penitentiary Institutions of the Home Office, which administer prisons within the whole territory except for those in Catalonia. Data concerning Catalonia, where prisons have been transferred to the regional government, have been provided by the department of Serveis Penitenciaris Rehabilitació i Justícia Juvenil dependent on the Generalitat de Catalunya department of Justice. This analysis has been conducted by means of the EpiInfo statistics pack for windows v.3.2.2.

## RESULTS

322 communications were presented at the four congresses analysed (table 1), among which 93 corresponded to the congress held in 1993 in Leon; 119 to the congress held in 1998 in Barcelona; 52 to the congress held in 2002 in Salamanca and 58 to the congress

held in 2004 in Alicante. 1998 registered the largest number of works, however the number of autonomous regions and penitentiary centres present was higher in 1993. That year, 16 out of the 19 autonomous regions presented communications as well as 41 penitentiary centres compared to 32, 25, and 27 communications presented in 1998, 2002 and 2004 respectively. The number of authors from penitentiary centres has varied from 315 in 1993 to 263 in 2004. Authors from extrapenitentiary centres played a more important role in 1998 (142) and 2004 (78).

According to autonomous regions (table II), Catalonia registered the largest number of communications presented in total congresses with 126 (39,1%), followed by the Community of Madrid with 67 (20,8%), the Community of Valencia with 36 (11,2%) and Andalusia with 26 (8,1%). In the four congresses, these autonomous regions remain in the first positions, except in 2002 when Galicia occupied the third position with 7 works. We must point out that the role of Catalonia and the Community of Valencia has increased in the course of time ranging from 22,6% of works in 1993 to 50,0% in 2004, and from 8,6% in 1993 to 17,2% in 2004 respectively. By contrast, the Community of Madrid and Andalusia have reduced their contribution going from 28,9% in 1993 to 12,1% in 2004 and from 10,8% to 8,6% respectively.

The Canary Islands, Ceuta and Melilla are the only regions which have never presented communications, whereas Extremadura, La Rioja and the Basque Country have been in this situation on one occasion only.

Out of the 322 communications, the first author was a professional from a penitentiary centre in 267 (82,9%) and from an extrapenitentiary institution in 54 (16,8%) but in 1 communication (0,3%) the author's origin could not be determined. 52 different centres, including penitentiary hospitals and central services, contributed to 267 communications affiliat-

ed to a penitentiary centre (Table III). Among these centres, 18 account for 75 % of works (n=200). We found that the men penitentiary centre of Barcelona, the department of Serveis Penitenciaris, the centres of Madrid II, Quatre Camins in Barcelona and Ponent in Lleida occupied the first five positions. Carabanchel penitentiary hospital also attracts attention for the high activity registered in 1993 which stopped in the following years due to its closing.

54 communications which first author was a professional from an extrapenitentiary correspond to 28 institutions in six different autonomous regions: Andalusia, Principality of Asturias, Catalonia, Community of Madrid; Castile and Leon and Community of Valencia. We have also analyzed the number of penitentiary and extrapenitentiary centres participating in each communication and we could observe that collaboration between these centres has increased in the course of years, going from 1,24% centres per communication on average in 1993 to 2,25% in 2004 (Chi square of trend = 15,4,  $p < 0,001$ ). 1475 authors have contributed to the communications presented (322 first authors and 1153 other authors). Among them, 1142 were working in penitentiary centres (77,4%), 318 in extrapenitentiary institutions (21,6%) and 15 were of unknown origin (1,0%). Average proportion of authors per communication correspond to 4,58 and has been increasing in the course of years, going from 4,05 in 1993 reaching up to 5,93 in 2004. Table IV shows the distribution of authors per autonomous regions according to their dependence on a penitentiary centre or an extrapenitentiary one. Catalonia is again the region with more authors, followed by Community of Madrid, Community of Valencia and Andalusia. We have not found any statistically significant relationship between number of works presented per penitentiary centre and size of health team in the linear regression analysis we have carried out. We have obtained the same result when we analyzed number of authors per centre and size of health team.

	1993	1998	2002	2004	Total
	n	n	n	n	n
Comunicaciones presentadas	93	119	52	58	322
Comunidades Autónomas con comunicaciones	16	12	10	12	-
Centros penitenciarios con comunicaciones	41	32	25	27	-
Centros extrapenitenciarios con comunicaciones	6	15	4	4	-
Autores de centros penitenciarios	315	352	212	263	1142
Autores de centros extrapenitenciarios	52	142	46	78	318
Áreas temáticas	10	11	12	10	-

Tabla I. Comunicaciones presentadas a los congresos de Sanidad Penitenciaria según año.

Comunidad Autónoma	1993		1998		2002		2004		Total	
	n	%	n	%	n	%	n	%	n	%
Andalucía	10	10,8	7	5,9	4	7,7	5	8,6	26	8,1
Aragón	8	8,6	3	2,5	-	-	3	5,2	14	4,3
Asturias	2	2,2	6	5,0	-	-	-	-	8	2,5
Baleares	1	1,1	1	0,8	-	-	-	-	2	0,6
Cantabria	2	2,2	3	2,5	1	1,9	2	3,4	8	2,5
Castilla-La Mancha	2	2,2	-	-	-	-	-	-	2	0,6
Castilla-León	7	7,5	3	2,5	2	3,8	-	-	12	3,7
Cataluña	21	22,6	58	48,7	18	34,6	29	50,0	126	39,1
Extremadura	1	1,1	-	-	-	-	-	-	1	0,3
Galicia	1	1,1	-	-	7	13,5	-	-	8	2,5
La Rioja	1	1,1	-	-	-	-	-	-	1	0,3
Madrid	26	28,0	23	19,3	11	21,2	7	12,1	67	20,8
Murcia	-	-	3	2,5	2	3,8	1	1,7	6	1,9
Navarra	1	1,1	-	-	-	-	-	-	1	0,3
País Vasco	1	1,1	-	-	-	-	-	-	1	0,3
Valencia	8	8,6	11	9,2	7	13,5	10	17,2	36	11,2
Otros	-	-	-	-	-	-	1	1,7	1	0,3
Desconocido	1	1,1	1	0,8	-	-	-	-	2	0,6
Total comunicaciones	93	100,0	119	100,0	52	100,0	58	100,0	322	100,0

Tabla II. Distribución de las comunicaciones presentadas por Comunidad Autónoma del primer autor.

Centro penitenciario	1993		1998		2002		2004		Total	
	n	%	n	%	n	%	n	%	n	%
Barcelona Hombres	5	6,0	12	13,0	1	2,2	3	6,5	21	7,9
Secretaría de Serveis Penitenciaris	3	3,6	7	7,6	4	8,7	5	10,9	19	7,1
Madrid 2	3	3,6	2	2,2	10	21,7	3	6,5	18	6,7
Quatre Camins Barcelona	-	-	3	3,3	3	6,5	11	23,9	17	6,4
Ponent Lleida	3	3,6	9	9,8	3	6,5	-	-	15	5,6
Subdirección General de Sanidad Penitenciaria	4	4,8	10	10,9	-	-	-	-	15	5,6
Fontcalent, Alicante	-	-	4	4,3	3	6,5	7	15,2	14	5,2
Madrid 1 Hombres	5	6,0	6	6,5	0	0,0	0	0,0	11	4,1
Hospital Penitenciario Carabanchel	11	13,3	-	-	-	-	-	-	11	4,1
Albolote, Granada	3	3,6	2	2,2	-	-	2	4,3	8	3
Zaragoza	3	3,6	2	2,2	-	-	3	6,5	8	3
Barcelona jóvenes	-	-	6	6,5	1	2,2	-	-	7	2,6
Castellón	-	-	-	-	3	6,5	2	4,3	7	2,6
Picassent, Valencia	5	6,0	2	2,2	-	-	-	-	7	2,6
El Dueso, Cantabria	-	-	2	2,2	-	-	2	4,3	6	2,2
Villabona, Asturias	-	-	5	5,4	-	-	-	-	6	2,2
Mansilla, León	2	2,4	3	3,3	-	-	-	-	5	1,9
Murcia	-	-	2	2,2	2	4,3	1	2,2	5	1,9
Resto de centros	33	39,8	14	15,2	13	28,3	7	15,2	67	25,1
Total comunicaciones prisiones	83	100,0	92	100,0	46	100,0	46	100,0	267	100,0

Tabla III. Centros penitenciarios que aportan el 75% de las comunicaciones, distribución por centro del primer autor y año.

Comunidad Autónoma	Otro centro		Prisión		Total	
	n	%	n	%	n	%
Andalucía	15	4,7	112	9,8	127	8,6
Aragón	3	0,9	54	4,7	57	3,9
Asturias	8	2,5	13	1,1	21	1,4
Baleares	-	-	6	0,5	6	0,4
Canarias	-	-	1	0,1	1	0,1
Cantabria	-	-	45	3,9	45	3,1
Castilla-La Mancha	1	0,3	12	1,1	13	0,9
Castilla-León*	4	1,3	41	3,6	48	3,3
Cataluña*	197	61,9	412	36,1	618	41,9
Extremadura	1	0,3	5	0,4	6	0,4
Galicia	-	-	35	3,1	35	2,4
La Rioja	-	-	2	0,2	2	0,1
Madrid*	27	8,5	251	22,0	280	19,0
Murcia	3	0,9	21	1,8	24	1,6
Navarra	-	-	1	0,1	1	0,1
País Vasco*	-	-	4	0,4	5	0,3
Valencia	48	15,1	127	11,1	175	11,9
Otro	1	0,3	-	-	1	0,1
Desconocido	10	3,1	-	-	10	0,7
Total	318	100,0	1142	100,0	1475	100,0

\* En 15 autores no se pudo determinar su adscripción a un centro penitenciario o a otro: 3 de Castilla-León, 9 de Cataluña, 2 de Madrid, 1 del País Vasco.

Tabla IV. Distribución de autores según su adscripción a un centro penitenciario o a otro centro extrapenitenciario por Comunidad Autónoma.

With respect to the 12 defined topic areas, and according to number of communications, HIV/AIDS infection occupies the first position with 21,4 % (table IV), followed by drugs/methadone (14,0%), care management/quality (11,8%), mental health (11,8%) and tuberculosis (11,2%). Interest in some of these main subjects has been decreasing along the years, as it is the case for tuberculosis whereas others such as hepatitis or care management/quality have gained more relevance, this last one has even dislodged HIV/AIDS in 2004 from its invariable first place. Since 2002, works related to health problems with regard to immigration have been included. In general, and as figure I shows, we can observe that the distribution of topics has been more homogeneous in the last congress.

## DISCUSSION

Our results indicate that Penitentiary Health congresses are an important showcase, probably the

principal one, to show the works carried out within prisons. Although the group of professionals involved is small (1467 practitioners, nurses and infirmary assistants in 2004), participation in all the congresses remains constant with respect to not only the number of studies but also that of authors. Regarding this subject, something striking was that in the congress held in 1993, although it hasn't been that of major number of communications, it indeed accounted for a more distributed presence of autonomous regions and prisons. This can probably be explained by the fact that it was the first congress organized, and a response to the profound need from the prisons health group.

Regarding the autonomous regions participating, Catalonia registered the largest number of works presented, which corresponds to 40% of the communications we have analyzed in this research. This could be explained by the existence of large centres where teams are made up of various professionals and where it is easier to create a favourable environment for scientific collaboration<sup>5</sup>. Nevertheless, the communities

Área temática	1993		1998		2002		2004		Total	
	n	%	n	%	n	%	n	%	n	%
VIH/SIDA	19	20,4	23	19,3	19	36,5	8	13,8	69	21,4
Drogas/metadona	12	12,9	17	14,3	8	15,4	8	13,8	45	14,0
Gestión/calidad asistencial	12	12,9	12	10,1	3	5,8	11	19,0	38	11,8
Salud mental	12	12,9	12	10,1	5	9,6	9	15,5	38	11,8
Tuberculosis	15	16,1	19	16,0	1	1,9	1	1,7	36	11,2
Educación para la Salud	2	2,2	17	14,3	1	1,9	4	6,9	24	7,5
Hepatitis	9	9,7	5	4,2	4	7,7	6	10,3	24	7,5
Otros	5	5,4	6	5,0	5	9,6	3	5,2	19	5,9
Otras infecciosas	6	6,5	3	2,5	1	1,9	0	0,0	10	3,1
Inmigrantes, mujeres	0	0,0	0	0,0	3	5,8	4	6,9	7	2,2
Cuidados enfermería	0	0,0	1	0,8	1	1,9	4	6,9	6	1,9
Salud laboral	1	1,1	4	3,4	1	1,9	0	0,0	6	1,9
Total	93	100,0	119	100,0	52	100,0	58	100,0	322	100,0

Tabla V. Distribución de las comunicaciones presentadas según área temática y año (número y porcentaje).

of Madrid and Andalusia are in the same situation, except for some very active centres such as Madrid II, but their role is less important and does not correspond with their prison population, number of prisons or health professionals.

Regarding the number of communications per penitentiary centres, some centres in Catalonia together with Madrid II occupy again the first positions. On the other hand, we must point out that small prisons such as Castellón, El Dueso in Cantabria or Murcia also occupy important positions, whereas we can observe the absence of large centres like Madrid IV, Madrid V or Seville. Another important aspect is the absence of communications from the general direction of Public Health at the last congresses, which contribution could be very valuable due to their national competences. Most works are carried out within a limited number of centres and the size of the health team has not been conclusive in the research activity. Thus, we must consider that professionals are stimulated by other factors, for instance the way work could be organized in order to give more space to the exchange of experiences, or the differences in collaboration with extrapenitentiary organisms or in support strategies from central services, a different research tradition in the health field among the autonomous regions and probably the presence of active individuals who act as catalysts among their colleagues. It is also interesting to point out that when a congress is held in a definite autonomous region, it represents a stimulus to initiate new works whenever some research activity already existed (Catalonia or Region of Valencia) and has lit-

tle effect in those places where scientific production is less important (Castile and Leon).

Topics frequently discussed in the communications presented coincide with the most prevalent diseases in prisons, therefore HIV/AIDS has registered greater interest in all the congresses except for the last one, most probably as the result of the improvement in the quality of life of patients under antiretroviral treatment, which has reduced the pressure of the HIV/AIDS epidemic<sup>14,15</sup> and has enabled health professionals to focus on other issues such as management and quality improvement regarding their services. The integration of Penitentiary Health into the National Health System is an expectation that may have had an impact on the growing interest for topics related to management and health care quality.

We can also observe a decrease in the number of communications concerning tuberculosis, whereas other topics such as diseases among immigrants are emerging as a consequence of the sociological changes that have been taking place in our country in the last years 16. In general, prime health topics in Spanish prisons correspond with those established in the WHO's European office within their program "Health in Prisons"<sup>17</sup>.

An aspect we cannot fail to mention is the description of weak points in this article. Our analysis gives information about the authors' origin, the topics discussed and their evolution in time. Nevertheless, although it has not been possible now, in future the quality of communications will have to be taken into consideration according to the evaluation criteria used for their acceptance in the corresponding con-

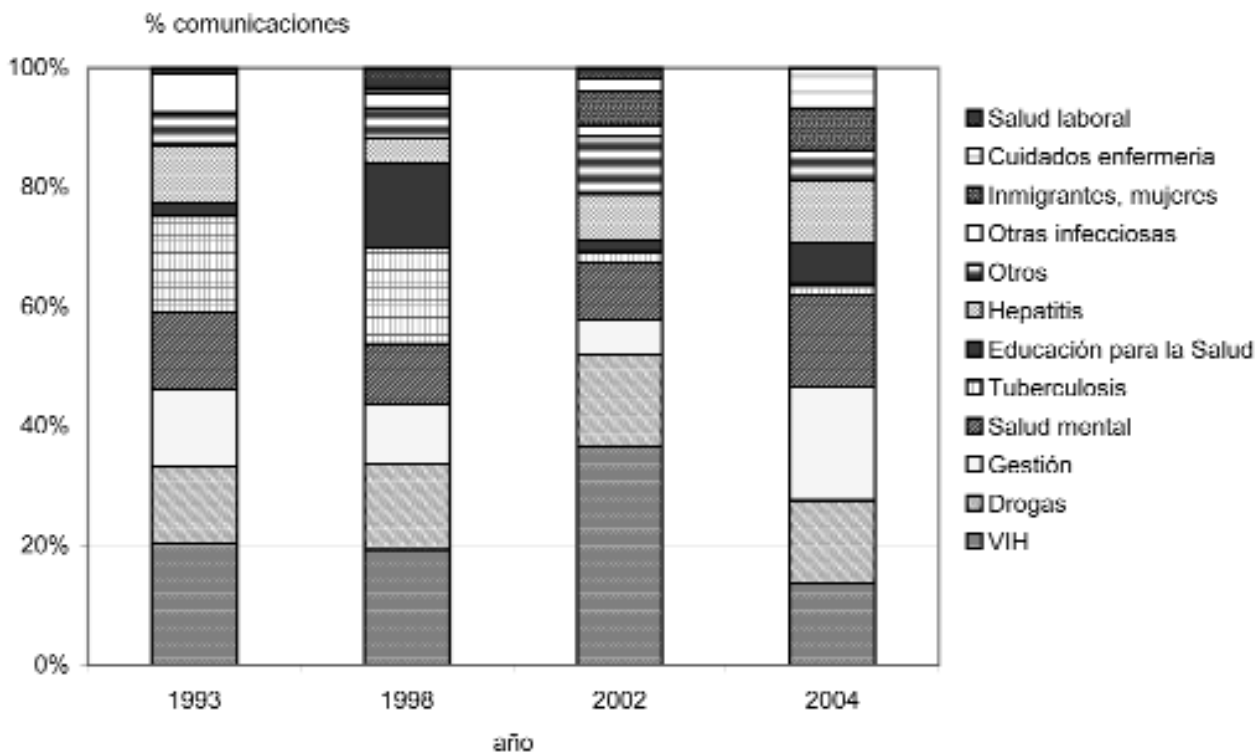


Figura I. Distribución porcentual de las comunicaciones presentadas según área temática y año.

gress such as : structured abstract, clear and feasible objectives, design and methodology, relevance of topic put forward, proportion of communications rejected, etc.<sup>18</sup>. By using objective criteria, we can measure the evolution in the quality of works<sup>19, 20</sup> and initiate improvement actions. Another deficiency we must mention is that communications corresponding to the Penitentiary Health Congress held in Granada in 2000 were not at our disposal. Their inclusion would have probably modified data from some centres, above all those of Andalusia, but we do not think that the overall change would have been important, since no increase in the level of research activity has taken place in this region in later years.

Finally, we would like to point out that a communication is a first presentation of a work of greater magnitude which will at the end come to one or more articles.

Considering the subjective evaluation carried out, we think that many communications do not go beyond this first phase. There are many reasons for that, one which is obvious is that many interesting works have not been published as articles. In other cases, the lack of methodology makes it difficult for the work to progress. The pressure from the high number of patients to attend, the professional iso-

lation or the lack of institutional support (little value is attached to scientific publications, specific training is lacking as well as access to analysis software, etc.) are other reasons which may also be the cause for works not to progress and end in articles. As we have said before, participation in scientific works regarding clinical practice in prisons and health problems within prisoners contributes to professional development<sup>5</sup>, it also constitutes an essential exercise in order to know the role and the evolution of the most prevalent diseases in this group of people, but also improves the quality of care<sup>21,22</sup> since it obliges us to make a critical check of the processes carried out, identifying errors, and directing new objectives and programs. Thus, there is a need to establish strategies in order to encourage research in Spanish prisons since in the end it will benefit the prisoners' health.

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