



**THIRD**  
**Wonca** FAMILY  
MEDICINE  
**EAST MEDITERRANEAN** CONGRESS

*Family Medicine: Honoring the Past,  
Treasuring the Present, Shaping the future*

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# — ABSTRACTS BOOK —

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**Day 1 – 17 March 2016, Thursday – 17:00 – 18:00**

**Theme - Continuous Medical Education**

**Orthostatic Hypotension**

**Dr. Abdelaziz Hamdene**

*Private Practice, Hammamet, Tunisia*

Paper num: 23

Orthostatic hypotension is a classic manifestation of sympathetic vasoconstrictor (autonomic) failure. In many (but not all) cases, there is no compensatory increase in the heart rate, despite hypotension. Orthostatic hypotension increases in prevalence with age. OH is diagnosed on the basis of an orthostatic challenge and implies a persistent systolic/diastolic blood pressure decrease of at least 20/10 mm Hg upon standing. Its prevalence is age dependent, ranging from 5% in patients <50 years of age to 30% in those >70 years of age. OH may complicate treatment of hypertension, heart failure, and coronary heart disease; because disabling symptoms, faints, and traumatic injuries.

In this presentation, we outline the etiology and prevalence of OH in the general population, summarize its relationship with morbidity and mortality, propose a diagnostic and therapeutic algorithm, and delineate current challenges and future perspectives.

**Theme - Research in Family Medicine**

**Clinical Research Methodology Workshop: Hands on Proposal Writing**

**Dr. Firdous Jahan<sup>1</sup>, Kashmira Nanji<sup>2</sup>**

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<sup>2</sup>*Family Medicine Aga Khan University, Karachi, Pakistan*

Paper num: 8

**Justification**

An understanding of research is essential for all family physicians. A number of clinical research studies highlight the need for greater participation in research by physicians. Physicians face a variety of barriers with regard to participation in clinical research. Barriers to participation include lack of time, lack of resources, trial-specific issues, communication difficulties, conflicts between the role of clinician and scientist, inadequate research experience and training for physicians, and sometimes a scientifically uninteresting research question, among others.

Strategies to encourage physician participation in clinical research include adequate training, research questions that are in line with physician interests and have clear potential to improve patient care. This workshop aims to train clinician's about essential elements of research methodology.

**Content**

It begins with a broad overview of the clinical research and good practice in medicine. Subsequent sessions provide a stepwise guide to undertaking a research project, from posing a hypothesis through to writing the paper. The workshop has a strong interactive focus, and a mixture of topics such as Steps in the development of a research proposal, Setting hypotheses and formulation of objectives, Types of variables and scales of measurements, Types of research designs, Data Analysis, How to write manuscript and get your research published.

**Objectives/ Topics to cover**

At the end participants will have gained a basic understanding of:

- Research Proposal
- Research Question
- Research Design
- Type of Data and Analysis
- Writing Manuscript

**How to conduct/ Hands on Practice session**

After power point presentation, small groups will be invited to write a proposal out line and present in front of audience for feedback.

**A Community Study on the Elderly In Dubai/UAE to Plan for Future Geriatric Services**

Douaa Fathi<sup>1</sup>, Madiha Hamdi<sup>1</sup>, Salwa AlSuwaidi<sup>1</sup>, Dana Shaltoni<sup>3</sup>, Olfat Zuhair<sup>1</sup>, **Dr. Sajedah Shaltoni<sup>1</sup>**, Dr A. Abyad<sup>2</sup>, Dr Ebtihal Darwish<sup>1</sup>, Dr Layla Al Hosani<sup>1</sup>

<sup>1</sup>*Dubai Health Authority, United Arab Emirates,* <sup>2</sup>*Abyad Medical Centre, , Lebanon,* <sup>3</sup>*Student RCSI, , Bahrain*

Paper Num: 30

The percentage of elderly in the Middle East is expected to increase as the youthful masses work their way up the population pyramid due to the improvements in health care. According to the WHO Department of Aging 2000 report, most Middle Eastern countries will be entering the window of opportunity during this decade, and the window is expected to last until midcentury. It is during this lucrative period that the groundwork for future geriatric services should be firmly established and

nurtured. Therefore, this cross sectional study aims to assess the health needs of the elderly in order to deliver solid data for providing future geriatric services that can improve the quality of life of the elderly in the region. Information was gathered from elderly attending many health care and elderly facilities in Dubai, UAE. People who lived in the UAE and were 65 years old or above were included whilst those who were only visiting the UAE were not included. Overall, the total elderly population in Dubai is estimated to be 32,000 people. With a margin of error of 5% and a confidence level of 90%, the recommended sample size turned out to be 269 people. The sample size included in the study consisted of 300 individuals. The interRAI organization's community health assessment instrument (interRAI CHA) was used as a tool for gathering information. After filling in all the questionnaires, the data was entered into the SPSS Statistics program for analysis. The results obtained delineated which diseases need our support and improved prevention or management. By filling the gaps in elderly health care and by recognizing which aspects of care need our attention, we can ensure a better quality of life.

#### **Prevalence of Psychiatric Morbidity in the Primary Health Clinic Attendees in Kuwait**

**Prof. Muhammad Ajmal Zahid**<sup>1</sup>, Dr. Sulaiman Alkhadhari<sup>1</sup>, Dr. Aseel Omran Alsabbri<sup>2</sup>, Dr. Ibrahim HA Mohammad<sup>2</sup>, Dr. Amina Abdullah Atwan<sup>2</sup>, Dr. Fatma Alqudaihi<sup>2</sup>

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Paper num: 65

**Background:** A substantial proportion of primary clinic attendees suffer from psychiatric disorders and many of them are neither recognized nor adequately treated by primary clinic physicians. **Objectives:** To determine the point prevalence of, and identify risk factors for, depression, anxiety, and somatisation disorder in the primary health clinics in the country. **Method:** The Physical Health Questionnaires (PHQ-SADs), were administered to a randomized sample of 1046 primary clinic attendees in all the five governorates of the country over a 5-month period. The descriptive data were computed with chi-square tests while the association of demographic characteristics with psychiatric disorders was determined with the logistic regression test. **Results:** 42.7% of the our patients suffered from psychiatric disorders including depressive (22.9%), anxiety (17.7%), and somatisation

(33.4%) disorder. Comorbidity between the three disorders was found in 20.4% of the sample; 11% had two and 10.4% had all three disorders. The Kuwaiti nationals, female gender, older age group subjects and those with lower level of education were more likely to suffer from psychiatric disorder. **Limitations:** The inter-rater reliability may have affected the results as large number of physicians was responsible for administering the questionnaires. Moreover, the study did not include eating and substance-abuse disorders and the findings were limited to detection of somatization, depression, and anxiety disorders. **Conclusions:** In order to ensure timely provision of appropriate treatment, the primary care physicians need adequate information on different forms of presentation, and basic front line treatment, of the common mental disorders at the primary care level.

#### **Patients' Utilization of Written Health Education Materials and Perception to Material Quality in a Primary Health Care Setting**

**Dr. Alhan Haji**<sup>1</sup>, Dr. Mohammed Al Ateeq

<sup>1</sup>*King Abdulaziz Medical City, Riyadh, Saudi Arabia*

Paper num: 90

##### **Background and objectives**

Health education (HE) is one of the main components of PHC. Written materials are considered one of the main methods for health education. However, we don't know what our patients usually do with the current HE materials. This study was conducted to assess patients' utilization of current written HE materials in PHC setting, explore the patients' opinion of how should a good quality material be, and to determine best modality for health education.

##### **Methods**

This is a cross-sectional study that was conducted in three PHC centers at King Abdul-Aziz Medical City in Riyadh, Saudi Arabia. Data was collected through a self-administered questionnaire from 250 Arabic speaking subjects aging above 14, both genders, in the period from June to July 2014.

##### **Results**

Fifty five percent of participants usually get written health education materials from PHC waiting areas. The majority usually read one or more materials, remembered the information and found it helpful.. Written materials brought change to 77% as they applied the written message. Twenty five percent of participants read written materials regularly and more

than half usually spent time reading it in the PHC's waiting area. Around 51% put the material back to its place after reading it. The preferred design of the written materials is card that includes text and graphs and discusses healthy lifestyle as advices. More than 90% believe that written materials are effective for health education, but still want direct advice from health care providers.

#### Conclusion

Patients do utilize the current written HE materials in a positive way. More effort needs to be done to improve the quality of written Health Education materials. Different health care providers should contribute more in health education.

Key words: Health education, primary health care, written materials

#### **Discrepancies Between Elderly Patient's Self-Reported and Prescribed Medications: A Social Investigation**

**Prof. Nada Yasein**, Prof. Farihan Barghouti, Prof. Yacoub Irshaid, Dr. Ahmad Suleiman  
*The University of Jordan, Amman, Jordan*

Paper num: 142

#### Background and purpose

To study some characteristics of the elderly people attending the family practice clinic at the Jordan University Hospital (JUH) and to evaluate their knowledge of the prescribed drugs.

#### Methods

A total of 400 elderly people (180 men and 220 women) aged  $71 \pm 5.8$  years were studied regarding sociodemographic characteristics and the use of medicinal and nonmedicinal remedies. In addition, agreement between self-reported drug information and information taken from the medical records was also evaluated. The chi-square test was used to examine the associations between categorical variables.

#### Results

Almost one-third of the patients had full agreement between their knowledge of total number of drugs they take and the numbers found in the medical records, whereas 43.4% underestimated and 21.8% overestimated these numbers. Five drugs/classes were accurately estimated by the patient (methyldopa, ezetimibe, warfarin, statins and antigout drugs).

Underestimation was noticed in 17 drugs/classes and overestimation in 14. The significantly underestimated drug classes were biphosphonates, proton pump inhibitors, sulfonyleureas and antiepileptic drugs.

#### Conclusions

Some aspects of elderly people were evaluated regarding their medication knowledge. Almost two-third of the patients did not take their drugs in the proper way.

The results of the study highlight the importance of taking several actions by all healthcare workers and by the community to optimize health care provided for elderly people.

**Day 2 – 18 March 2016, Friday – 08:30 – 09:30**

#### **Theme - Evidence Based Practice**

#### **Integration of Minor Surgery in Family Practice**

**Prof. Tariq Shagran, Amani Albalawi, Zianab Alatawi<sup>1</sup>**  
*Military Hospitals, Tabuk, Saudi Arabia*

Paper num: 125

#### Rationale:

- Minor surgery is a basic component included in all training programs of family practice (e.g. Saudi board curriculum).
- The need to integrate minor surgery in family practice has research evidence (e.g. our pilot study in family medicine administration, military hospitals in Tabuk, KSA).
- Integration of minor surgery in family practice not only cost effective but also time and effort saving for patients and their attendants.
- It might augment patient satisfaction in 1ry health care services.

#### Objectives:

- Increase awareness of family physicians toward the importance of minor surgery as daily practice.
- Helping family physicians to be more precise in diagnosis and management of skin lesions amenable for surgical interference.
- Practical training on simple surgical procedures (e.g. local anesthesia, suturing & removal of skin lesions).

#### **Theme - Health Policies and Management**

#### **Bridging the Gap in Family Medicine Practice**

**Dr. Almoutaz Abdulrahman**

*Dubai Health Authority, Dubai, United Arab Emirates*

Paper num: 24

It is not common that this question; is there a gap in family medicine practice? To be rounded among family medicine practitioners. A lot of lectures and discussion forums are running to find answers to that question.

A lot of factors affected family medicine practice. Some are related to the culture where the practice take place and other related to practitioners and others to systems connected and organize the practice.

Four steps can help to bridging the gap. The first step (pre-preparation step) is the step of preparation the community to the real concept and role of family medicine .The second step (preparation step) is the step of preparation the individuals who will practice this part of medicine. This needs to standardized the learning and teaching process (pre, peri and post college). The third step (service structure) is the step of Structured the service based on the available resources to achieve specific goals. The fourth step (assessment) is the step of continuous assessment and improvement of the service.

The continuum of the family medicine practice is a dynamic one change its contents based on the community needs analysis. The needs analysis involve short and long run needs as well as emergency needs.

In my review I will discuss these steps in some details and how to implement them in our family medicine practice.

Key words: Family medicine, Gap, Continuum

### **Beliefs and Experiences About Faith Healing Amongst Patients Visiting Family Practice Services of Two Teaching Hospitals in Sindh Pakistan**

**Dr. Muhammad Mataro Moosani**, Prof: Dr. Niloufer Sultan Ali  
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Paper num: 31

Background:

Literature review reveals that practice of faith for healing is widely used all over world including Pakistan. Faith healing is a therapy, offered in the shadow of religious & cultural beliefs by adapting traditional ways. Patient using faith healing also visit physicians, and the extent to which our patients are involved in faith healing, is not fully known. There is scanty medical literature available over this topic so far.

Methods:

A cross sectional study (sample size 410) is underway in two teaching hospitals of Sindh, Pakistan, where patients' perceptions and experiences regarding faith healing are recorded by a self-administered questioner. A data analysis of 200 patients from Aga Khan Hospital Karachi is presented here.

Results:

92% patients revealed that their physicians didn't discuss their faith healing practices during consultation, 76% wanted their doctors to discuss spiritual and religious beliefs with them in context of their health issues, 44 % were involved in faith healing practices and 24% called their such experiences satisfactory, 68% said that modern day medicine should give due importance to faith healing & 84% believed that combining medicine with faith healing gives better outcomes.

Conclusions:

The present data of this ongoing study highlights this point that Physicians should be sensitive to patients' faiths and beliefs, and should know the extent to which his/her patients are involved in faith healing and how their experiences are affecting their health.

### **Theme - Quality and Accreditation**

#### **Improving Quality in Primary Health Care in Africa Using a Confidential Enquiry Method into Child Deaths**

**Dr. Vincent Mubangizi**<sup>1</sup>, Dr. Merlin Willcox<sup>2</sup>, Dr Elias Kumba Kumba<sup>3</sup>

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Paper num: 49

Background

Child mortality remains unacceptably high in sub-Saharan Africa. The majority of children die from causes which are easily preventable or treatable. The aim of this study was to evaluate whether confidential enquiry could be adapted to the African context, and whether it would lead to a reduction in child mortality.

Method

The UK confidential enquiry process was adapted and piloted in Uganda and Mali. Deaths were ascertained by reports from community and were investigated by interviewing families and any health workers involved. For each case the most likely causes, the avoidable factors were identified, and recommendations for avoiding future similar deaths made. The decline in

child mortality in the study areas was compared with that in the country according to official statistics.

#### Results

It was feasible to interview the families of over 95% of the deceased children. Of those who had consulted a health worker, 50-80% of the health workers could be interviewed. Almost all of the child deaths had at least one avoidable factor. The commonest avoidable factors were delay in treatment-seeking and poor quality of primary health care. The panels made a number of recommendations mainly targeted at the most important quality of care issues. Child mortality declined by 11-44%, per year which is significantly greater than the national level (around 4% per year).

#### Conclusion

The confidential enquiry was successfully adapted to the African context and seems to have been associated with an accelerated decline in child mortality in most of the study sites.

#### **Burnout Among Physicians in Qalubia Primary Health Care Facilities, Egypt**

Prof. Taghreed Farahat, **Dr. Nagwa Hegazy**  
*Family Medicine Department, Menofia University ,  
Shebin Elkom, Egypt*

Paper num: 95

#### Background

Burnout refers to a loss of energy, which usually happens when persons feel 'burned', in both physical and psychological terms. It carries out a potential negative effect on the individual's psychological and physical health, as well as an organization's effectiveness. Therefore, it is recognized worldwide as a major challenge to workers' health and the functioning of their organizations (1).

Objectives: Determine the prevalence of burnout among physicians in the primary health care facilities and identify the risk predictors of burnout syndrome.

#### Participants & Methods

The study was a cross sectional conducted on 76 physicians in Qalubia PHC units & centers in El Kanater El Kharaija district in the context of 10 months. All the participants were interviewed using Maslach burnout inventory.

#### Results

Nearly 66.7% of the general practitioners (GPs) has high total burnout while only 26.7% of specialists have high total burnout. Emotional exhaustion was higher in GPs

than family physician and specialist. It was 80.7%, 75% and 46.7% respectively (p value <0.001). High depersonalization was in GPs 89.5% compared to 50% and 40% in family physician and specialist respectively (p value <0.001). Nearly two third of the specialists have high personal accomplishment in comparison to 40.3% and 22% in GPs & family physicians. Multivariate regression analysis showed that the most relevant risk factor for burnout among doctors was low income (p value <0.05). Also the most relevant physical predictors for burnout among doctors were angry and hurry (p value <0.05).

#### Conclusion

Primary care physicians suffer from burnout more than family physicians and specialists. High burnout was prevalent with those under 30 years old and less than 5 years of experience

#### **Improvement of Quality Care in Congestive Heart Failure, Acute Myocardial Infarction and Pneumonia in a Community Hospital Setting in California, USA**

**Dr. Khalid Baig**

*Washington Hospital Healthcare System, Fremont,  
United States*

Paper num: 114

Positive Effect of Quality Improvement Measures for patients admitted with Congestive Heart Failure ( CHF ), Acute Myocardial Infarction ( AMI ) and Pneumonia ( PN ) applied in California, USA in a Community hospital setting over 2 years.

A series of specific parameters/measures were introduced for each of the 3 specific conditions of CHF, AMI and PN and measured for every patient admitted to our 250 bed community hospital in the Silicon Valley in California according to standards recommended by a national body, Institute for Healthcare Improvement (IHI). The percentages were compared with state (California) and national (USA) standards as published.

The initial level of performance was far below both state and national standards at less than 50% overall but with introduction and adoption of various measures for each of the 3 conditions of CHF, AMI and PN such as:

For CHF introduction of Echocardiogram of heart on admission, treatment matrix with ACE/ARB, Diuretics and Beta blockers and appropriate treatment recommendations per IHI and national standards.

For AMI, the door to balloon time was measured for every patient admitted with a goal of less than 90 minutes, institution of beta blockers, statins and anticoagulants.

For PN, blood cultures on arrival, administration of IV abx within 60 mts and oxygenation checks.

The introduction and adoption of all these measures with strict followup and adherence revealed significant improvement in patient outcomes with values at > 94% compared to state and national levels which were 90% or more.

Conclusion:

The adoption of a combination of specific quality measures, adopted from a nationally recognised organization, IHI, for 3 specific conditions of CHF, AMI and PN resulted in significant improvement in quality patient care as demonstrated by our study involving more than 300 patients over 2 years.

**Day 3 – 19 March 2016, Saturday – 08:30 – 09:30**

**Theme - Preventative Care and Health Promotion**  
**Introducing Occupational and Environmental Health Services into Primary Care**

**Prof. Abdulmunem Aldabbagh, Dr Walid Al Tawil, Dr Ban Al- Hashimi**, Dr Lujain Al Khazraji, Dr Raghdah Al Araj  
*WONCA/EMR, Baghdad, Iraq*

Paper num: 123

Paying more attention to Environmental and Occupational Health is an extra burden to the family physician but it is important to the patients and community.

Here, we will try to attract the attention of Family Physicians that their clients quite often suffer from diseases that are closely related or caused by the exposure to Environmental & Occupational hazards. Remember also that the air we breathe, the water we drink and the food we eat are important constituents of our environment, in addition to the work we do in this environment.

Here we will show how a large variety of diseases and complaints could be linked to occupational or environmental hazards exposures.

**Antimicrobial Resistance: Is It Really an Issue to be Concerned About?**

**Dr. Marwa Ahmed**

*NHS Greenwich CCG, London, United Kingdom*

Paper num: 139

Background and Purpose

In the last several years, it was noted that the frequency and spectrum of antimicrobial-resistant infections have increased in both the hospital and the community. This was recognised as an important issue to tackle. Certain infections that are essentially untreatable have begun to occur as epidemics.

Methods

Review of the results of the survey carried out by WHO on 'Antibiotics: Handle with care', a global WHO campaign to tackle antibiotic resistance and encourage best practice.

The author would review and discuss the role of Public health UK and NHS England in this with a more detailed discussion around the new guidance issued by the National Institute for Health and Care Excellence (NICE) aiming to curb the inappropriate use of antibiotics.

Results

After review of the WHO document, of those surveyed:

- 76% believe that antibiotic resistance happens when the body, rather than the bacteria, becomes resistant to antibiotics.
- 66% believe that individuals are not at risk of a drug-resistant infection if they personally take their antibiotics as prescribed.
- 44% think antibiotic resistance is only a problem for people who take antibiotics regularly.
- 57% feel there is not much they can do to stop antibiotic resistance.

UK NICE guidance has provided some advice to support clinicians and health care workers in the aim of tackling this issue which has been extensively prompted and used by both primary and secondary clinicians.

Conclusions

The purpose of this guideline and survey was to provide good practice recommendations on systems and processes for the effective use of antimicrobials. If successfully implemented, NICE's guidance could help to reduce inappropriate antibiotic prescribing by 22% which account for 10 million prescriptions.

**Medical Students Involvement in NCD Prevention- Tobacco Control**

**Skander Essafi**

Liaison Officer for Public Health Issues, IFMSA, Tunisia

Paper num: 153

Introduction to the workshop:

Global trends indicate that NCD-related lifestyles are rising among young people, and that they establish patterns of behavior that persist throughout life and are often hard to change. IFMSA strongly recommend that NCD related policies are also tackling risk factors during childhood and youth. Through this workshop proposal, we would like to draw attention to the crucial need to strengthen primary health care and optimize awareness of NCDs and its risk factors among youth.

Goals and Objectives:

- To use non-formal education methods which have been developed and used in IFMSA, in order to raise awareness within the healthcare community about NCDs risk factors and challenges behind them, including awareness of the various stakeholders, their involvement and conflict of interest.
- To share experiences from local campaigns, advocacy projects and international events involvement in the field of tobacco control from medical student and young health professional perspective at local and international level, in order to identify issues faced and lessons learned.
- To raise awareness and provide information to healthcare leaders of the Eastern Mediterranean Region in WONCA conference on the hazard of NCDs, especially tobacco control issue, this also being the theme event of our next IFMSA EMR regional meeting in Jordan this year.
- To provide information to the attendees of the workshop, which would be encouraged to be taken back to the national and local surroundings and used in order to battle the NCDs and its risk factors?

**Theme - Women and Men's Health**

**Treatment of Depression in Primary care**

**Mr. Enda Murphy**

Health Services Executive, Ireland, Health Service Executive, Ireland

Paper num: 118

Depression is recognized as the leading health issue facing people today.

80% of people who experience Depression will have their GP/Primary Care Physician as their ONLY health resource.

Successful treatment of Depression depends on a holistic combination of Lifestyle Changes, Pharmacotherapy and Psychotherapy.

In order to be effective GP's must have a thorough understanding of how these treatment principles interact with each other.

GP's are then in an ideal position to translate these principles into their own cultural ideology, thereby overcoming prejudices and facilitating 'best practice' guidelines to be accepted by patients.

This workshop will look at how National Institute of Clinical Excellence (NICE) treatment strategies can be successfully and easily translated into different cultural settings leading to very positive outcomes.

**Treatment of Anxiety and Panic Attacks in GP practice**

**Mr. Enda Murphy**

Health Services Executive, Ireland, Health Service Executive, Ireland

Paper num: 119

Cognitive Behaviour Therapy (CBT) is the best evidenced based approach recommended by the National Institute for Clinical Excellence (NICE) in the treatment of anxiety and panic attacks.

CBT is ideally suited to GP and Primary Care practice as it provides a proven method of psychological therapy that can be easily learned and applied within the constraints encountered in today's primary health care service.

Furthermore Anxiety and Panic Attacks can be easily treated by a simple combination of low intensity CBT interventions and support.

This presentation aims is to introduce to GP's and Allied Health professionals, effective low intensity CBT skills appropriate to their clinical practice and experience in the treatment and management of Anxiety and Panic Attacks.

Participants are invited to bring along case histories for discussion regarding diagnosis and treatment with the author both at and after the workshop.

## **Breast and Colon Cancer Screening Programs in Kuwait**

**Rihab AlWotayan**

*Director of Primary Health Care Department, Ministry of Health, Kuwait*

Paper num: 155

Early detection is the best way to beat cancer; so “Catch them before it becomes too late”. The most common cancers in Kuwait (breast and colorectal) are largely preventable, the only problem is that cases present too late. The Ministry of Health in the State of Kuwait introduced the Kuwait National Mammography Screening Program (KNMSP), designed to provide free breast cancer screening services. The program which provides mammography services, physical examination and medical consultations to women over 40 years of age at select governmental health care centers. The second major screening program that the Ministry of Health introduced was the National Program for Early Detection of Colon Cancer. The main item for implementation of the national programs has been awareness policies and protocols for transferring cases. The presentation shows our experience in implementing the screening programs in Primary health care centers.

### **Day 3 – 19 March 2016, Saturday – 11:40 – 12:30**

#### **Theme - Mother and Child Care**

#### **Knowledge and Practices of Mothers Regarding Diet During Diarrhea and Respiratory Tract Infections among Children under Five Years Attending Family Medicine Clinics of a Teaching Hospital, Karachi**

**Dr. Ambreen Afzal**

*Aga Khan University Hospital, Karachi, Pakistan*

Paper num: 32

#### **Objective**

To determine the knowledge and practices of mothers regarding diet during diarrhea and respiratory tract infections among children under five years attending family medicine clinics of a teaching hospital, Karachi.

#### **Methods**

332 mothers were interviewed from Family medicine clinics of Aga Khan University Hospital, Karachi during June to December (2013), through non-probability convenient sampling using a structured questionnaire. The selected mothers were those who were having children under five years of age who had suffered from diarrheal or respiratory tract infections in the last 3

months. Descriptive, univariate and multivariate analyses was performed on SPSS 19.

#### **Results**

A total of 332 mothers were included in the study out of which almost 29.8% of the mothers were less than 25 years of age and majority of them had a high educational status. Results showed that 98 (29.5%) mothers had adequate and 234 (70.4%) had inadequate dietary knowledge during diarrheal infections. Regarding dietary practices during diarrhea, 89 (26.80%) mothers had adequate while 243 (73.19%) had inadequate practice.

In dietary knowledge during respiratory infections 30 (9.0%) mothers had adequate while 302(90.9%) had inadequate knowledge. Regarding their practices only 6 (0.001%) mothers had adequate and 326 (98.19%) had inadequate practices.

#### **Conclusions**

Study indicates that there is a need of right dietary awareness amongst mothers during diarrheal and respiratory tract infections and as a family physician we can fill in their dietary knowledge gaps and change their practices thus reducing the disease burden in our country.

Keywords: Diarrhea, Respiratory infections, Dietary knowledge and practice.

#### **Study of Knowledge and Attitude of Teachers Regarding the Management of Diabetes Mellitus in Irish Schools**

**Mrs. Khadijah Angawi**<sup>1</sup>, Dr. Mary Codd<sup>1</sup>, Dr Michael O'Grady<sup>2</sup>, Dr Catherine Furlong<sup>3</sup>

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Paper num: 52

#### **Background**

Children with Type 1 diabetes (T1DM) face exceptional challenges at home and at school due to complex medical management needs. International literature suggests that a minority of teachers have adequate knowledge to manage T1DM. A resource pack for schools has been developed by the Diabetes Ireland, but has not been endorsed by the Department of Education and Skills. The purpose of this study was to evaluate the knowledge and attitudes of primary school teachers in Ireland to T1DM and its management.

### Methodology

The knowledge and attitudes of teachers was assessed using a questionnaire derived from 'Test your Diabetes Knowledge' developed by Husband et al. (2004). The survey was distributed online and by post.

### Results

118 of a possible 400 (31%) teachers responded to the survey. The majority were < 40 years of age (62%), female (82%) and Irish (97%). The majority teach in Catholic schools (67%). Median duration of teaching as 13 years (range 0.5 – 40 yrs.), most of which teachers had spent in their current schools. A Two-step Cluster analysis was used to ascertain distinct categories of DM knowledge based on teachers' responses to the questions of diabetes knowledge. The final model revealed three cluster with an average silhouette statistic measure of 0.4. Overall, 38.5 % (n=40) of respondents were in the 'good' knowledge category, 35.6 % (n=37) in the adequate or 'some' knowledge category and 26 % (n=27) in the 'poor' knowledge category.

### Conclusions

The level of knowledge of teachers of DM and its management is a concern. Only 16% of teachers reported having a guide to management of DM in schools; approximately one-quarter have had training in chronic disease or DM management. This study provides important information for policy development in relation to teacher education and school strategies for management of T1DM in schools.

### **Theme - Geriatric Care**

#### **Elderly Neglect among the Population of Home Health Care Services of Prince Sultan Military Medical City, Riyadh, Saudi Arabia**

**Dr. Maryam Chapra**, Dr. Rabaa Al Momen

*Prince Sultan Military Medical City(PSMMC), Riyadh, Saudi Arabia*

Paper num: 26

### Background

Elderly neglect is an international problem that is unrecognized and understudied in Saudi Arabia. There is a need to know if the elderly in this society are neglected by their families; and if so, how can we prevent neglect and improve the quality of their lives.

### Objective

The objective is to measure the prevalence of elderly neglect among the population of Prince Sultan Military Medical City, Home Health Care under the Department

of Family Medicine and study factors related to neglect and to make a comparison between the neglected and not neglected groups.

### Method

A record based, cross-sectional study of elderly under the care of the Family Medicine Department, Home Health Care Services of Prince Sultan Military Medical City was done. A Sample of 363 elderly of 65 years and above was randomly selected and their files were studied for sociodemographic, physical, psychological and cognitive aspects. The responsible trained team members of Home Health Services were asked about their opinion about the degree of neglect. The factors associated with elderly neglect were determined and then analyzed using chi-square.

### Results

Prevalence of neglect was (12%). Elderly male were more associated with neglect than females (19%: 8%), as were married elderly (71%). Neglect was associated with factors e.g. low income (25%) and psychological illnesses (80%), while cognitive impairment had no statistical significance. Only (23%) of families favored elderly care centers, while the majority (77%) thought it was "not an option".

### Conclusion

Data showed a prevalence of (12%) of elderly neglect in the population of Home Health Care of Family Medicine in Prince Sultan Military Medical City. The Society was not accepting to the idea of elderly care centers, as (77%) thought it was not an option.

#### **Nutritional Status of Elderly Patients Visiting Outpatient Clinics**

**Dr. Saleh AL Nass**<sup>1</sup>, Dr. Fahad Al Shahrani<sup>2,3</sup>, Dr Saeed ur Rahman<sup>3</sup>

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Paper num: 104

### Background and Purpose

The number of elderly people is growing rapidly which will be followed by various health problems in this population. Nutritional status of elderly in either way, obesity or malnutrition can affect the overall health status of elderly people. Little is known about the nutritional status of elderly outpatients in Saudi Arabia. The aim of this study is to assess the

nutritional status of elderly patients visiting outpatient clinics.

#### Methods

Cross-sectional study conducted in Outpatient Department of King Abdul-Aziz Medical City, Riyadh between April and December 2013. A total of 363 participants were included (198 men and 165 women) aged 65 years or older. The nutritional status of participants were assessed using body mass index (BMI) and the Mini-Nutritional Assessment tool (MNA).

The MNA consists of 18 questions about: anthropometric assessment, general assessment, dietary assessment and subjective assessment.

Results were expressed as mean  $\pm$  SD and in number and percentage. T-test was used to assess differences between male and female on MNA score. Pearson correlation was used to explore relationship between age, BMI and MNA score.

#### Results

The prevalence of malnutrition among elderly outpatient was 9.6% (MNA < 17 points) and 27.5% were at risk of malnutrition (MNA 17 – 23.5 points) with no difference between male and female on MNA score ( $t = -0.27, p = 0.79$ ).

MNA total score was significantly lower with increasing age in both gender ( $r = -0.49, p < 0.01$ ). The prevalence of overweight and obesity was 30.9% and 27% respectively.

Obesity was significantly higher among female than to male (72.4% vs. 27.6%) ( $\chi^2 = 39.5, p < 0.01$ ). Being obese was associated with decreasing age ( $r = -0.22, p < 0.01$ ).

#### Conclusion

Nutritional problems are highly prevalent among elderly outpatient, reaching 36.6% (obesity = 27%, malnutrition = 9.6%). So, the nutritional status of elderly people needs to be assessed routinely for prevention, early identification and treatment.

#### **Theme - Clinical Audit**

#### **Breast Feeding Practices in Emirati Infants-Audit**

**Zahid Nabi Qureshi**

*Dubai Health Authority, United Arab Emirates*

Paper num: 4

Background

Breast feeding is best way of feeding infants and is normative standards. Health authorities, UNICEF, WHO and American Academy of Paediatrics recommend exclusive breast feeding for first six months. Breast feeding be continued thereafter with complementary foods. Despite the evidence of its long term and short term benefits practice of exclusive breast feeding worldwide is still low. Baby friendly hospital practices and mother support group play an important support in these practices.

The purpose of this study was to know Breast feeding practices in emirati infants and rates of exclusive Breast feeding up to 6 months age.

#### Method

All infants/neonate registered in child health (vaccination) of family clinic Hatta Hospital during one year were followed and noted for feeding practices at visits 1w, 1m, 2m, 4m, 6, and one year Records noted tabulated and analyzed.

#### Results

In this study population (sample) the early breast feeding initiation was almost 100% and exclusive breast feeding at one week nearly 90%. There is notable and sharp decline there after reaching 24% @ 6m for exclusive breast feeding.

#### Conclusion

This observed practice of Exclusive breastfeeding of 24% at 6 months is far below the widely accepted "universal coverage" target of 90% and suggests the need for an acceleration of efforts to scale up in promoting Exclusive breastfeeding. There is intense need for a working strategy and to set targets within the available, acceptable and applicable resources.

**Day 3 – 19 March 2016, Saturday – 14:30 – 15:20**

#### **Theme - Non-Communicable Diseases**

#### **The Efficacy of Primary Care Multi Disciplinary Approach (PCMDA) in the Management of Chronic Wounds: Show me the Evidence?**

**Prof. Hashim Mohamed**

*Primary Care Corporation, Doha, Qatar*

Paper num: 3

#### Introduction

Diabetes represents a major public health burden in developing countries, especially the Arabian Gulf region, which is going through a rapid socioeconomic transition. Diabetic foot is becoming an escalating

problem in Qatar due to the high prevalence of diabetes which is around 24%. Currently, diabetic foot care is disintegrated within the health system resulting in increased medical costs, reduced quality of life, decreased productivity, increased hospitalization and unnecessary amputations. Primary care multidisciplinary approach (PCMDA) intervention in this regard is paramount in order to tilt the balance in favoring patient-centered integrated diabetic foot care strategies.

We propose a (PCMDA) utilizing the expertise of a family physician with special interest in diabetic foot management in working with patients and their care takers in order to: Coordinate the care pathways, reduce waiting time, increase patient satisfaction, stratify the patients appropriately into: Low, Intermediate and High risk and finally, reduce cost and improve outcome.

The (PCMDA) will propose and disseminate clinical guidelines for managing diabetic foot, offer continuous medical and nursing programs, including conferences and symposiums, propose hand on clinical courses for healthcare professionals interested in diabetic foot care and carry out prospective studies regarding the efficacy, process and outcomes of integrated diabetic foot care in Qatar.

The objectives

1. Propose a multi-disciplinary integrated diabetic foot care program
2. Introduce the concept of patient-centered diabetic foot care model
3. Reduce the cost of wound products and rate of amputations related to diabetes

### **Irritable Bowel Syndrome, A Challenge or Opportunity?**

**Dr. Faris Matloub**

*DHA, DUBAI, United Arab Emirates*

Paper num: 19

Irritable bowel syndrome is a common presentation at the primary care. It is a functional bowel disorder manifested by abdominal pain, bloating and disturbed defecation.

In the absence of specific biological markers for IBS, primary care physicians usually rely on symptom-based criteria for diagnosis. A number of diagnostic tools have been developed for use in IBS including the Rome criteria, and the Manning criteria. However, PCP feel that there is still a challenge in diagnosing IBS

without missing the so-called “Red Flags” that point out to organic pathology, and when to refer for endoscopy.

There is no universally accepted management strategy for IBS due to variable presentation, the disease nature, type and severity of symptoms. Some treatments have been shown to be superior to placebo, others are not. Besides, some psychotherapeutic interventions have established effectiveness in IBS. Where to treat IBS? In primary or secondary care setting? Data showed that less than half of those suffering from IBS consult a physician and most clinical studies on IBS have been performed in patients referred to gastroenterologists, the majority of patients are likely to present in primary care where their diagnosis and management is initiated.

The presentation will review the diagnostic criteria and management options for PCP in an evidence-based approach.

### **Early Detection of Chronic Obstructive Pulmonary Disease (COPD) in Family Practice**

Dr. Mohammad Alkot<sup>1</sup>, Dr. Rana El-Helbawy<sup>2</sup>, **Jehad Albitar**<sup>1</sup>

<sup>1</sup>*Umm Al-Qura University, Makkah , KSA, Makkah Al-Mukaramah, Saudi Arabia,* <sup>2</sup>*Lecturer of Family Medicine, Shebien Alkoun, Egypt,*

Paper num: 83

Introduction

In real practice Chronic Obstructive Pulmonary Diseases (COPD) is often diagnosed at a late stage as its clinical manifestations pass unnoticed and spirometry is almost not utilized.

Objective

To clarify the role of family physicians in early detection of COPD at the primary care level. Methodology: The study was conducted during winter season 2015 in Al- Shohadaa family health center, Al-Shohadaa city, Menoufia governorate, Egypt. All patients  $\geq 40$  years, smoking  $\geq 10$  pack-years attending the center with respiratory symptoms were subjected after their consent to a spirometry to check for early COPD diagnosis.

Results

Based on spirometer only, 159 out of 192 (82.8%) targeted patients did not have COPD ,however 18 (9.4%) and 15 (7.8%) had GOLD I and  $\geq$ II COPD, respectively. However there was no significant

difference in the type and number of respiratory symptoms between non-COPD and COPD patients.

#### Conclusion

As all primary health care centers did not have an access to spirometry, so training of family physicians and implementation of spirometry in these centers as a simple gold standard test, that recommended in all guidelines to confirm COPD diagnosis is a mandatory challenge.

Keywords: Chronic Obstructive Pulmonary Diseases, spirometer, GOLD guidelines, family physicians

#### **Difficult-to-treat Cases of Hypertension in Primary Care**

##### **Dr. Bader Almustafa**

*Ministry of Health - SHMS - WHL, Qatif, Saudi Arabia*

Paper num: 103

A clinical workshop for family physicians on Wide-Scope Approach in the management of individuals with difficult-to-control multiple cardiometabolic risks. The workshop is managed in interactive group discussions to explore participant's ideas and needs. It aims to widen and deepen the clinical thinking of participants in chronic care of hypertension and cardiovascular prevention.

It includes slide show, ECG and Lab data, seminar discussion, and individual & group brainstorming on the following stems:

1. When to have urgent work-up and intervention?
2. Identifying problems.
3. Estimating cardiovascular risk
4. Early detection and assessment of target organ defects?
5. What choice of help, plan and medications I need to use?
6. How to achieve a successful consultation?

Time Needed: 120 mins. Content of the workshop might be minimized to fewer stems from above, due to limitation of time and variable background of participants.

Attendants: up to 100 Clinicians.

#### **Understanding Obesity as a Chronic Disease for Primary Care**

##### **Dr Nadia Ahmad, Dr Sabina Aidarous**

*Obesity Medicine Institute, Armada Medical Centre, United Arab Emirates*

Paper num: 140

There is currently a global obesity epidemic, affecting over 1 billion people worldwide. The condition is of particular concern within the Gulf which has some of the highest rates of obesity in the world. The increasing prevalence of the condition across all population ages and its associated co-morbidities make obesity the most significant medical condition of modern times.

A multitude of research over the last few decades has helped to elucidate the complex multifactorial aetiology of obesity such that is now understood as a chronic metabolic disease in much of the developed world. Despite these advances, the condition remains underdiagnosed and undertreated in primary care. Most physicians in the field have cited lack of training and knowledge and concerns over discussing the sensitive issue of weight as barriers to provision of effective obesity treatment.

This workshop has been designed by a fellowship-trained American Board certified Obesity Medicine Specialist and a Family Medicine doctor with a Special Interest in Obesity Medicine with the specific aim of introducing those working in Family Medicine to the latest advances in the understanding of obesity and the management options.

# Workshop Abstracts

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## Day 1 – 17 March 2016, Thursday

Time: 14:00 - 16:00

### **Workshop 1: Modalities to Face Burnout in Family Practice**

*Workshop Faculty: Dr. Nagwa Nashat, Dr Anwar Burahma and Dr Souzi Ismael*

#### Background

Work-related stress has the potential to negatively affect the individual's psychological and physical health, as well as an organization's effectiveness. Therefore, it is recognized worldwide as a major challenge to workers' health and the functioning of their organizations. Burnout spreads gradually and continuously over time, sending people into a downward spiral from which it is hard to recover.

#### Objectives

The general objectives to be addressed through the workshop are:

- Exploring the trainees knowledge about burnout
- Providing participants with introductory about burnout diagnosis
- Practicing the diagnostic tools.
- Supporting the knowledge base of the trainees about burnout impact on the patient, physician m organizational & economic level.
- Exploring ways for its early detection.

#### Structure:

The workshop will start with a presentation explaining the concept of burnout & how to diagnose it. Workshop participants will then be asked to practice the tools, discuss the issues raised, strategies and solutions to maintain a healthy wellbeing of the family physician.

Time: 16:30 - 18:00

### **Workshop 2: Research Methodology**

*Workshop Faculty: Dr. Taghreed Farahat and Dr. Shirene Shawky*

#### Objectives

The training course aims to achieve positive changes in knowledge and skills in research methods applied in family medicine. These in turn will enhance trainees' capabilities in conducting research either for completing their graduate education or advancing their professional practice. The ultimate goal of the training is to contribute to the production and use of

quality research in decision making through enabling trainees to have good command of the various components of the research, as well as ensuring that research is better tuned to guarantee good practice and guiding policies for health.

#### 1.1 General Objectives

The general objectives to be addressed through the workshop are:

- Providing participants with introductory knowledge and tools to be able to conduct quality research
- Providing an update on the need to address the social determinants of health and apply an equity lens in family medicine research
- Supporting the knowledge base of the trainees through articulating how research is anchored in rigorous methodology and respect of the ethics

#### 1.2 Learning Objectives

After completing the workshop, trainees will be aware of and understand:

- The main types of research
- The various research designs, the selection of study population and the data collection instruments and methods
- The data analysis with the distinction between the risk factors' measurements and the health inequality measurements
- The linkages between the research and the ethics of conducting research

#### 1.3 Performance Objectives

After completing the course, trainees will acquire introductory skills to:

- Conduct quantitative research
- Conduct qualitative research
- Prepare a consent form

#### Potential Audience

The training course is catering for a multidisciplinary group with different backgrounds and from various institutions (example researchers, academics, policy makers and practitioners who are engaged in production and/or use of evidence) It is also suitable for those with programmatic interests in serving their communities.

#### Structure

The presentation is divided into three blocks. The three blocks are organically connected; they build on and complement each other as follows:

#### Block I. Introduction and Problem Statement

This block will go in details on problem identification, background, rational, justification and significance of the research in adding to knowledge, as the initial step. This block will end by setting research question, objectives and presenting an overview of the types of research.

#### Block II. Achieving Objectives through Research Designs

Drawing on the objectives introduced in Block I, the type of research and study designs will be discussed. This block is divided into two sections. The first one will focus on quantitative research methodology while the second will focus on qualitative research methodology.

##### Section 1: Quantitative Research Methodology

Quantitative research methods relevant to research question and objectives will be introduced. This module will point to how the research will be conducted and who will be targeted to respond to the research question and achieve the objectives. Thus, the module will go briefly on the quantitative research designs, sampling techniques and sample size. Then it will introduce the data collection methods and tools used in quantitative research. It will end by skimming the data analysis methods needed in quantitative research and introducing health inequality measurements.

##### Section 2: Qualitative Research Methodology

This section will focus on qualitative research methods relevant to research question and objectives. This section will answer the same questions on how the research will be conducted and who will be targeted to respond to the research question and achieve the objectives. Thus, it will go briefly on the qualitative research designs, data collection methods and instruments. It will end by an overview of the analysis needed in qualitative research.

#### Block III. Ethics of Research

This block will stress on applying an ethical lens in all steps of conducting research. It will start with a review of the principles of research ethics, as well as the ethical conduct of research. The module will end by introducing trainees to the main principles of writing an informed consent.

### Day 2 – 18 March 2016, Friday

Time: 09:00 – 09:45

#### **Workshop 3: Scaling Up Family Medicine Training in EMR: The UNRWA Experience**

*Workshop Faculty: Dr. Ali Khader, Prof. Salman Rawaf and Dr. Ram Dhillon*

Studies have shown consistently and over a long period of time that health systems which are primary care led, through family medicine, are by far much more effective in meeting population health needs and improving health. Most, if not all EMR countries are short of family physicians. UNRWA, in collaboration with Rila Institute of Health Sciences, London, Imperial College, London and Middlesex University, London, have implemented a project that is a cost effective and scalable model for enhancing the knowledge and skills of primary care physicians. The physicians participate in a 12-month programme of on-the-job training and learning, following a “Resource based Learning framework”, that combines eLearning and face-to-face activity. A formal University Postgraduate Diploma in Family Medicine is awarded to successful candidates.

The delivery mechanism enables training to be completed in 12 months and meet all the defined competencies for family medicine. The participants do not have to be absent from their mainstream medical duties apart from some few days. They do not have to disrupt their family life, and the programme is delivered locally in the region. The programmes fees are a fraction of the cost of other similar programmes.

This model is based on an 18 years delivery pedigree in the UK, Middle East and Indian, initiated by Rila Institute of Health Sciences. Perhaps most importantly, this is a scalable model able to train 100s/1000s of physicians every year, in a viable and sustainable financial envelope. The UNWRA experience will enable the numbers in the medical workforce in Primary Care to scale up within a few years rather than decades or never!

The Workshop will address the practicalities of scaling up training and how UNRWA model could be considered by other EMR countries who are struggling, with restricted budgets, to improve care in the community.

Time: 11:00 – 11:45

#### **Workshop 4: Chronic Pain and Addiction in Primary Care**

*Workshop Faculty: **Dr. Farah Alzaabi***

*<sup>1</sup>Zayed Military Hospital, Abudhabi, United Arab Emirates*

## Background

Data from a WHO survey showed a world-wide prevalence of chronic pain in the range of 20% to 30%. While Opioids prescribing has increased dramatically in recent years, there is evidence that chronic pain remains undertreated and Chronic Opioids therapy for chronic pain conditions continues to be surrounded by considerable controversy. Surveys have found that physicians are uncertain about the indications for Opioids use and concerned about the risk of addiction, and that their charting of Opioids management is inadequate. Physicians' concerns about patients' becoming dependent on Opioids, however, are legitimate. The prevalence of Opioids misuse is increasing, and untreated dependence can result in loss of productivity, family disruption, depression, overdose, and suicide. Yet Opioids are important for managing chronic pain, and physicians should be knowledgeable about their use and at the same time must identify and manage Opioids misuse and dependence in their practices.

## Objective

- To help physicians prescribing opioids safely and effectively.
- To identify and manage misuse and dependence on Opioids among chronic pain patient.

## Main message

Pain specialist has reported that addiction is a rare occurrence among chronic pain patients. Published rates of addiction in chronic pain Populations is 3% to 18%. On the other hand, Physicians should ask all patients receiving Opioidstherapy about current, past, and family history of addiction. Physicians should take "universal precautions" that include careful prescribing and ongoing vigilance for signs of misuse. Patients suspected of Opioids misuse can be treated with a time limited trial of structured opioid therapy.

## Conclusion

Opioids remain our most effective means to control pain, and their appropriate use is an essential cornerstone to the practice of medicine. However, careful and considered prescribing of opioid medications must be adopted by all physicians to prevent inappropriate misuse and diversion.

Time: 15:00 – 15:45

## Workshop 5: Cognitive Behavioral Therapy Application in Primary Care Setting: Can We Make it Simple?

Workshop Faculty: **Dr. Haifa Algahtani**

Arabian Gulf University, Manama, Bahrain

### Introduction

Cognitive Behaviorla therapy(CBT) is an evidence based and cost effective modality of treatment for a wide range of emotional and psychological disorders, in addition it can be useful to increase compliance to medications.

In its standard format it requires specific number of sessions lasting for 45-60 minutes each which makes it impractical for family physicians in the current practice system.

Low intensity CBT is a solution that family physicians and the care providing team can implement in their daily practice to help their clients health and personal issues.

### The workshop objective

- Define low intensity CBT in comparison to standard CBT
- Utilize actual case examples where CBT can be useful
- Practice useful techniques
- Learn how to design simple achievable homework
- Provide a common language for health care providers to facilitate communication

Time: 16:00 – 16:45

## Workshop 6: Child Abuse Prevention in Family Practice

Dr. Hind Almazeedi<sup>1</sup>

<sup>1</sup>Ministry of Health - Kuwait, Kuwait, <sup>2</sup>Kuwait Child's Rights Society, Kuwait

Considering the impact child abuse has on a country's health burden and economy, it is important to learn about effective strategies to prevent this problem. Family physicians have first-line contact with members of the community and are at an excellent position to employ these strategies in their work. This workshop aims to clarify what child maltreatment is, its impact on health and the economy, the risk factors that lead to its occurrence in families, the role of family physicians in preventing it, and which prevention strategies are considered most effective. It will also focus on how to assess potential cases of child abuse in real-life practice and highlight the aspects of

healthcare that need to be improved to ameliorate this public health issue.

Time: 17:00 – 17:45

### **Workshop 8: Cardiac Screening in Young Athletes**

**Dr. Mona Osman**

*American University of Beirut, Beirut, Lebanon*

#### Background

Sudden Cardiac Death is the number one killer in young athletes aged 12 to 35 years. Undetected heart conditions are the main underlying causes for sudden cardiac death, with around 80% of these conditions being asymptomatic. This raises the importance of screening for early detection of cardiac abnormalities. In fact, the European Society of Cardiology recommends periodic cardiac screening for young athletes, which include medical evaluation and performing an electrocardiogram. This recommendation was based on the experience of Italy where mandatory cardiac screening succeeded in decreasing sudden cardiac death by 89%. Family doctors play a crucial role in prevention through their contribution to the school health exam as well as their participation in community health promotion. The Department of Family Medicine at the American University of Beirut established in 2014 the CHAMPS Fund that aims at preventing sudden cardiac death in young athletes through raising awareness, conducting cardiac screening and ensuring the preparedness of sports facilities. During the last 2 years, the Fund provided cardiac screening to more than 1000 young athletes and hold several awareness activities.

#### Objectives of the Workshop

- To describe the burden of sudden cardiac arrest among young athletes.
- To list the main cardiac conditions causing sudden cardiac arrest in young athletes.
- To recognize the importance of prevention of sudden cardiac death through cardiac screening.
- To discuss the components of the pre-participation cardiac screening.
- To highlight the role of family doctor in cardiac screening and indications for referral to cardiologists and other levels of care.
- To discuss the experience of Champs Fund at AUBMC in the provision of cardiac screening to young athletes.

**Day 3 – 19 March 2016, Saturday**

Time: 09:00 – 09:45

### **Workshop 9: Exercise Prescription for Primary Care Physician**

**Dr. Husam Rezeg, Dr. Ahmed Al Hamdani**

*ASPETAR, Doha, Qatar*

The World Health Organization (WHO) has reported that physical inactivity is one of the 10 leading causes of death in developed countries. The benefits of physical activity on various health issues including atherosclerotic vascular disease, hypertension, diabetes mellitus, osteoporosis, dyslipidaemia, obesity, mental health, and a reduction in mortality, are now undisputed. In addition, a sedentary lifestyle is shown to be a more significant risk factor for coronary artery disease than other 'established' risk factors such as smoking, hypertension, and hyperlipidaemia. There are also positive economic benefits of physical activity programmes to communities, corporations and public health, shown by cost–benefit ratios.

Available evidence suggests that, despite positive attitudes toward regular exercise in promoting healthy lifestyle, few physicians actually prescribe exercise for their patients. Barriers include lack of skills and time. Because primary care physicians have regular contact with a large proportion of the population, the impact of preventive health interventions may be great.

In one study, only 47% of physicians prescribed exercises to their patients but only 13% of patients reported that their physicians give them advice regarding benefits of exercise. HCPs that have received minimal training in exercise prescription or are unfamiliar in exercise standards are less likely to recommend exercise programs to their patients. This workshop is designed to improve counseling skills, define the current exercise guidelines and provide a template of the exercise prescription. The objective is to encourage HCPs to confidently write appropriate exercise programs for their patient population. Aspetar has developed a unique model of patient care, namely Exercise is Medicine – Qatar center to provide physicians with a simple, fast, and effective tool for using physical activity, in the right "dosage", as a highly effective prescription for the prevention, treatment, and management of many of the most common chronic health conditions encountered in primary practice.

Time: 10:00 – 10:45

### **Workshop 10: Smoking Cessation**

**Dr. Abdul-Razzak Al Kaddour**

Time: 11:00 – 11:45

**Workshop 11: Office X-Ray Interpretation in Family Practice**

**Dr. Mohammad Alkot**<sup>1</sup>, Dr. Reda Goweda

<sup>1</sup>*Umm Al-Qura University, Makah, KSA, Makkah Al-Mukaramah, Saudi Arabia*

OVERVIEW

WONCA's award of Excellence in Health Care called the Five Star Doctor Award is judged on the following five criteria: (a CARE PROVIDER, a DECISION MAKER, a COMMUNICATOR, a COMMUNITY LEADER and a TEAM MEMBER)

Interpretation of office x-rays is a basic skill of the family physician that residents should be trained to interpret 90% or more of their office x-rays and that radiologists should be used as consultants on the basis of identified need similar to the way other consultants are used.

Workshop Aims

After completing this workshop, the trainee should be able to:

- Understand basics of radiology
- Interpret x-ray changes in chest diseases
- Interpret x-ray changes in abdominal diseases
- Interpret x-ray changes in bone fractures
- 

Teaching and Learning Methods

- Videos
- Group teaching
- Interactive Lectures
- Practical Sessions

References

1. Wonca; Global Family Doctor (<http://www.globalfamilydoctor.com/member/awards/WONCA-five-stardoctors.aspx>)
2. Halvorsen JG1, Kunian A. Radiology in family practice: experience in community practice. *Fam Med.* 1988 Mar-Apr;20(2):112-7.

Time: 12:00 – 12:45

**Workshop 12: Electrocardiography Workbook for Primary Care**

**Dr. Maisa Al-Kiyumi**

*Ministry of Health, Muscat, Oman*

This workshop is designed for interpreting 12 lead ECG with the objective of meeting the needs of primary care physicians.

This workshop has 5 S's in mind:

- Simplicity in explanations.
- Stepwise and systematic approach.
- Short time to master basics of ECGs.
- Safe diagnosis.
- Serious conditions should not be missed.

It has 2 parts. Part one contains basic information about the anatomy of the heart, the conduction system, steps of reading the ECG, lead positioning and malpositioning.

Part two will be an interactive session. It will include real ECG cases seen in primary health care centres and its interpretations.

The source of the workshop:

(Electrocardiography workbook for primary care), published in Canada by MOR Technomedia Publishing Division, 2014.

Authors: Dr. Maisa Al-Kiyumi and Dr. Kamlesh Bhargava

Time: 14:00 – 15:30

**Workshop 13: ECG Made Easy for Primary Care Physicians**

**Dr. Aml Salama**

*Faculty of Medicine, Menoufia University, Shebeen El Koom, Egypt*

The ECG contributes significantly to the diagnosis and management of cardiac arrhythmias and the acute myocardial ischemic syndromes, the two conditions that account for the majority of cardiac catastrophes. Electrocardiography is the procedure of choice for patients who present with chest pain, dizziness or syncope, or for those with symptoms that may indicate risk of sudden death or myocardial infarction. The procedure itself is safe, easy to administer and available at a minimal cost.

Although computerized interpretation of ECG data is improving and is widely available, it is not reliable enough to obviate the need for physician over-reading and confirmation. Family physicians thus cannot rely on computer-based diagnostics and must maintain competence in the task.

The workshop will include training in the interpretation of ECGs in easy understood manner which will constitute a basic of knowledge and practice for young family physicians about that field.

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**Theme: Health Policies and Management**

**CPOE: The Way to Effect Paperless Implementation. King Faisal Specialist Hospital's Experience of Using Physician Champions**

**Dr. Muntazar Bashir**

*King Faisal Specialist Hospital and Research Centre, Jeddah, Saudi Arabia*

Paper Num: 113

**Background & Purpose**

The benefits of CPOE have been well established. Moving away from illegible hand written prescriptions and the knock on effect for errors from nurses and pharmacists alike is recognised and accepted. Furthermore, software facilitating drug-drug interactions and check of dosing for example in paediatrics and in renal impairment are also potential benefits. The Institute of Medicine (IOM) report that shows one hundred thousand lives could be saved every year by reducing medication errors makes alarming reading.

**Methods**

It is quite amazing that medicine seems to be the only "industry" that has not taken to Information Technology, especially in the recent era of evidence based medicine, health care prides itself in being "up-to-date" and seeks to reach new horizons in terms of finding new modalities of treatment, the question is even more pertinent. This paper attempts to unfold the reasons for, on the surface, such an unexpected phenomenon. To answer the question one needs to have a two pronged approach. Firstly, we have to analyse the mentality of Physicians themselves and understand their resistance to change. Secondly, we have to look at the problems associated with the acceptance of IT.

**Results & Conclusion**

Physicians by their nature and training are not easy to deal with when introducing new technology. The fears of seeming to be incompetent and the new "thing" causing delays to already time strapped professionals go beyond irrational resistance. Focusing on patient safety rather than the bottom line is a useful strategy. Effective communication and introduction of Physician Champions can improve buy-in. You also have to make sure that the system is built with the physicians in mind.

In most cases, successful CPOE implementations with proven benefits would help remove resistance barriers.

**Building up "A Manual of Referral to Surgical Subspecialties in Family Practice"; The Experience of Family Medicine Administration, NWAFFH, Tabuk, Saudi Arabia.**

**Prof. Tariq Shaqran**

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Paper Num: 149

**Background & Purpose**

The hallmark in the referral process is the appropriateness of referrals and not the referral rate. For this process to succeed; both parties (the referring physician and the consultant) should have a mutual understanding of their respective roles.

This manual is designed to find out the answer of 3 questions: 1. When to initiate referral? 2. What is the appropriate subspecialty for each referral request? 3. What type of referral should be?

**Methods**

A brainstorming session was done for all Family Physicians in the department to enlist from their own point of view the cases supposed to be eligible for referral to surgical subspecialties. The preliminary list was sent to surgery department to be reviewed by the heads and teams of each surgical subspecialty. A feedback (reviewed lists) was received from surgical side for piloting in family practice clinics to assess applicability. The feedback list with comments on each subspecialty from Family Medicine side was resent again to Surgery Department for final corrections. A panel discussion meeting was arranged including all doctors from Family Medicine and Surgery Departments to put the fine touches before printing the final list. Now, the printed manual is available on the desktop of each clinic.

**Results**

10 surgical subspecialties are covered in this manual. The highest number of cases came under Ophthalmology (20.1%) and ENT (18.7%) clinics and the lowest number of cases came under Maxillofacial (2.0%) and Vascular (2.6%) surgery

respectively. The types of referral came under 3 categories: Urgent, (ASAP) and Routine.

#### Conclusions

This manual is tailored for application in NWAFFH, TABUK to make the process of referral to surgical subspecialties more organized with minimal variation in family physicians' performance. We recommend local adaptation if it is used in any other institute according to the available resources.

#### **Changing Thoughts or Changing Behaviors, How to Achieve Well Being?**

**Dr. Haifa Algahtani**

*Arabian Gulf University, Manama, Bahrain*

*Paper Num: 41*

Health professionals are facing many challenges every day and reaching a balance between work and personal life is a major one.

Inability to cope with challenges can stress physical and psychological well being.

This workshop will provide health professionals with skills adapted from the cognitive behavioral therapy model to deal with stressful situations.

By the end of the workshop participants will

- Understand the link between thoughts, feelings and behaviors according to CBT model
- Recognize how thinking activates the fight& flight response
- Learn how to apply some CBT technique in daily life
- Outline problem solving skills

#### **Theme: Continuous Medical Education**

#### **Reasons of Student Failure: A Survey Conducted on Student of First Professional of Fatima Jinnah Medical College, Lahore**

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*Paper Num: 28*

#### Background

Failure, just like abandoning one's studies, is never due to a single cause but due to accumulation of

reasons. Singling out one can be deceptive and dangerous.

#### Material and Methods

400 students of first and second year of Fatima Jinnah Medical College Lahore were included in the study. Duration of Observational study was 1-2 months. Students were asked to fill the questionnaire proforma.

#### Results

Among 400 student, 251 (63%) were hostilities and only 47% were day scholar. Almost all students have an interest in medicine. 70% student gave 4-5 hours for their study and their sleeping duration was 6-8 hours. It was noted that 80-90% student were not revised their lecture and they have no proper time table for study. They spend their weekend to visit home, enjoyment, sleep, prepare practical journals and if a test than prepare the test.

Mode of preparation of test is based on books plus journals in 55% students. Their good advisors were mostly their seniors. 75-76% student thought that assignment and way of answering play an important role in understanding the subject and get a success in tests. 80% students have a problem to understand the biochemistry.

#### Conclusion

Failure usually does not result directly from a single factor, but rather from a combination of multiple risk factors. Students also need to realize they have to take responsibility for their learning. Supplemental instructional programs can significantly improve student's performance particularly among at risk students. Earlier assessments and college readiness promotion could help to prevent college failure.

Key Words: medical students, reason of student failure

#### **Assessment of Learning Needs of General Practitioners in the Eastern Mediterranean Region**

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*Paper Num: 150*

#### Background & Purpose

The World Health Organization identified family practice as an effective way to deliver primary health care services in the Eastern Mediterranean Region (EMR). However, with the limited number of family medicine (FM) residency programs and the limited number of family physicians in the region, building the capacity of general practitioners (GP) is considered the best short term solution. Education programs that are based on needs assessments are more effective in changing physicians' behavior. This study assesses the learning needs of EMR GPs in managing common medical problems.

#### Methods

A cross-sectional study was conducted during December 2015 targeting a convenient sample of GPs whose contacts were collected from scientific societies, ministries of health and other stakeholders in the 22 EMR countries. A self-administered anonymous questionnaire was sent via Lime online survey to GPs. The questionnaire included information on demographic background, learning needs, interest in pursuing additional training in FM and preferred training methodologies. Data was analyzed using descriptive statistics.

#### Results

Responses were received from 122 GPs in 14 countries. The highest learning needs were in the area of chronic disease management with main focus on diabetes, hypertension, cardiovascular risk assessment and asthma. Learning needs were considerable for primary care procedures such as joint injections and reading electrocardiograms. Blended learning was selected by more than half of the GPs as the training methodology, with case discussions preferred over didactic lectures. Furthermore, more than 70% of GPs were interested in pursuing additional studies in FM.

#### Conclusions

This study helps identify the learning needs of GPs in the region, hence allowing the development of a training curriculum that is tailored to their needs. The high interest of GPs in pursuing additional studies in FM might encourage academic institutions in the region to develop diploma or master programs in family medicine.

#### **Theme - Research in Family Medicine**

### **Necessary Level of Skills and Abilities of Family Physicians From Patients' Viewpoints in Transitional Kosovo**

**Dr. Gazmend Bojai<sup>1,2</sup>, Dr. Fitim Skeraj<sup>2</sup>, Dr. Katarzyna Czabanowska<sup>3,4</sup>, Dr. Genc Burazeri<sup>2,3</sup>**

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Paper Num: 4

#### Aim

Besides the health professionals' perspective, it is equally important to assess the perceptions of the users of health care services with regard to abilities, skills and competencies of their family physicians. Our aim was to assess the level of competencies of family physicians from patients' viewpoint in transitional Kosovo.

#### Methods

A nationwide survey was conducted in Kosovo in 2013, including a representative sample of 1340 primary health care users aged  $\geq 18$  years (49% males aged  $50.7 \pm 18.4$  years and 51% females aged  $50.4 \pm 17.4$  years; response rate: 89%). Participants were asked to assess the level of competencies of their respective family physicians regarding different domains of the medical encounter. The self-administered questionnaire included 37 items structured into six domains. Answers for each item of the instrument ranged from one ("novice" physicians) to five ("expert" physicians). An overall summary score related to family physicians' competencies was calculated for each participant [range: from 37 (minimal competencies) to 185 (maximal competencies)]. Furthermore, demographic and socioeconomic data were collected. General Linear Model was used to assess the demographic and socioeconomic correlates of the overall level of family physicians' competences according to patients' perspective.

#### Results

Mean value of the overall summary score for the 37-item instrument was  $118.0 \pm 19.7$ . It was higher

among the younger and the low-income participants, and in patients who reported frequent health visits and those not satisfied with the quality of the medical encounter. Conversely, no sex, or educational differences were noted.

#### Conclusions

Our findings indicate a relatively high level of competencies of family physicians from patients' perspective in post-war Kosovo. Future studies should comprehensively assess the main determinants of self-perceived competencies of family physicians among primary health care users in Kosovo.

Keywords: competencies, family physicians, primary health care users, quality of care.

#### **Active Teaching and Learning Strategies in Medical Education: Perception and Barriers among Faculty Members**

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Paper Num: 6

#### Objective

To identify the faculty's use of active teaching and learning strategies and to explore the perceived barriers to its use in under graduate teaching in the medical college.

#### Background

Medical education is more effective and long lasting if it is self-initiated and self-directed. Active teaching and learning strategy (ATLS) is the process by which a medical student independently, or in a group, identifies his or her learning objectives and actively seeks information necessary to achieve objectives.

#### Methods

A cross sectional survey based study was carried out on teaching faculty at Oman Medical College. Data was collected on self-administered questionnaire in which core elements were divided, Active teaching and learning strategies, barriers for active teaching and learning strategies and self-perception of the faculty about attributes of students. Statistical analysis was performed using SPSS (IBM SPSS

Statistics 20.0). Data were expressed in frequencies, mean and percentages.

#### Results

Total 60/ 74 faculty participated in the study, response rate is 81%, 38.3% were male and 61.7% were female. Almost half of them are 40-50 year old and 50% faculty having total teaching experience >10 years. Majority of faculty are using ATLS as personal interest besides course requirements. Faculty barriers not using ATLS heterogeneous group of students (34%) and they are not well prepared for that (41%). Too much preparation time (40%), time constrain (46.7%) and lack of learning resources (41.6%).

#### Conclusion

Study results concluded that faculty members' are interested in active teaching and learning to improve their teaching and learn more about the use of active learning in the classroom. The main perceived barriers were a lack of necessary class time, a high comfort level with traditional lectures, and insufficient time to develop materials.

#### **Attitude and Barrier towards Research Amongst Health Care Professionals Working in Primary Care Service of Oman**

**Dr. Firdous Jahan<sup>1</sup>**, Dr Ali Al Maqbali<sup>2</sup>, Dr Muahammad A Siddiqui<sup>3</sup>

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Paper Num: 20

#### Objective

To identify attitude and barrier towards research amongst primary care health workers.

#### Background

Primary care is the first contact with the total health care of the individual. The ultimate purpose of primary care health workers is to provide high-quality patient care. Clinical encounter needs research to practice evidence based medicine. There is a need to appreciate the value of research for the improvements in primary health care practice and make healthcare efficient and cost effective.

#### Methods

A cross sectional study conducted in primary health care set up in North Batinah region Oman. Data was collected with self-filled questionnaire incorporating important barriers and attitudes in research. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 20.

#### Results

A total of 557 participated, 425 were from the Oman and 132 were non Omani, mean age of 33.13±6.16 years , 23.2% (129) were males and 76.8% (428) were females. Nurses (54.9%), physicians (19.3%), pharmacist (6.6%), and lab and radiology technicians (16.7). Only 14.9% were currently involved in the research. Nearly one third of participants feel that research allotted time (31.8%), financial support (32.3%) and financial incentives (30.3%) are the main barriers of research. Participants who had undergraduate ( $p = .007$ ) and postgraduate ( $p = .001$ ) research training did differ significantly in their response about self-experience of research and barrier of research.

#### Conclusion

Majority participants were currently not involved in research and a very small proportion of them received any training. Research allotted time, financial support and financial incentives are the main barriers of research.

#### Keywords

Primary care, research, attitude, barriers

### **The Difference of Risk Factors for Acute Myocardial Infarction Between Aborigines and Nonaborigines**

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Paper Num: 66

#### Background and Purpose

Acute myocardial infarction (AMI) is a major cause of death and disability. The ethnic differences related to AMI have not been well identified. Our hospital is located in the rural area of central Taiwan which

many aborigines resided. The objective of this study is to identify the risk factors of AMI between aboriginals and non-aboriginals.

#### Method

Between 2001 and 2014, the patients with first diagnosis of AMI were included in the study. The patients with incomplete medical record, expired at emergency room, or without admission to our hospital were excluded from this study. The lifestyle, comorbidities (hypertension, diabetes, cardiovascular diseases, chronic kidney diseases, dyslipidemia) and family history of AMI were compared between aborigines and nonaborigines.

#### Result

One hundred and one patients (13 aborigines and 88 nonaborigines) were enrolled in the final study. The average age of the aborigines and nonaborigines were 66.5 and 64.8 years old. The aborigines had a higher percentage of overweight. The aborigines also had higher percentage of hypertension, diabetes and cardiovascular diseases. However, diabetes was the only significant factor between aborigines and nonaborigines (odds ratio = 5.44,  $p= 0.007$ ).

#### Conclusion

Diabetes is a risk factor of AMI among aborigines, overweight may play an important role. The education of diet control, exercise and weight control should be provided in tribal society.

### **Ethnic Differences in Risk Factors of Acute Pancreatitis**

Dr Ue-Cheung Ho<sup>1</sup>, Ms Chia-Fen Mu<sup>2</sup>, **Dr. Chao-Yu Hsu**<sup>3,4</sup>

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Paper Num: 76

#### Background and Purpose

The ethnic difference in the risk factors of acute pancreatitis remains unknown. The objective of this study is to investigate the differences in the risk factors of acute pancreatitis between Taiwanese aborigines and nonaborigines.

#### Method

A retrospective study of 622 patients with acute pancreatitis admitted to our hospital (Puli Christian Hospital) from 2006 to 2014. The risk factors and biochemical properties of acute pancreatitis were compared between aborigines and nonaborigines.

#### Results

The first episode of acute pancreatitis amongst the aboriginal group was commonly observed in young age groups (39.3 versus 47.8 years,  $p < 0.05$ ), female patients (0.61 versus 0.27,  $p < 0.05$ ), and patients with a habit of drinking alcohol (84% versus 65%,  $p < 0.05$ ). Analysis of the biochemical properties and risk factors demonstrated significantly high uric acid levels (7.63 versus 6.56 mg/dL,  $p < 0.05$ ), and an increased prevalence of alcohol-related pancreatitis (60% versus 49.6%,  $p < 0.05$ ) in the aboriginal group.

#### Conclusions

Taiwanese aborigines were reported to be more susceptible to alcohol-related pancreatitis than nonaborigines. The decreasing levels of excessive alcohol consumption may reduce the disease burden of acute pancreatitis.

#### Is the Subsequent Development of A-Thalassemia in the Newborn Babies with Lower MCV Influenced by Ethnicity?

Dr Sheng-Ting Wu<sup>1</sup>, Ms Chia-Fen Mu<sup>2</sup>, **Dr. Chao-Yu Hsu**<sup>3,4</sup>

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Paper Num: 78

#### Background and Purpose

The prevalence of  $\alpha$ -thalassemia is higher in southeastern area of Asia such as Taiwan. The ethnic difference of developing  $\alpha$ -thalassemia is unknown. Our hospital is located in the central area of Taiwan which surrounding by mountains and aboriginal tribes. The objective of this study is to investigate whether the subsequent development of  $\alpha$ -thalassemia in the newborn babies with lower (mean corpuscular volume) MCV is influenced by ethnicity?

#### Method

Between 2004 and 2013, the newborn babies with  $MCV < 92.7$  fl were included in this study. The babies with stillbirth and incomplete medical records were excluded from this study. The following time was between 6 months and 8 years old. If the participants with more than once data of MCV after 6 months, the latest data was recorded. Excluding iron deficiency anemia, the  $\alpha$ -thalassemia was identify with  $MCV < 71$  fl. The percentage of developing  $\alpha$ -thalassemia was compared between aborigines and nonaborigines.

#### Result

Two hundred and nine (25 aborigines, 184 nonaborigines) newborn babies were enrolled in the final study. The  $\alpha$ -thalassemia was found in 16 (64.0%) aborigines and 129 (70.1%) nonaborigines. The nonaboriginal babies had higher percentage of developing  $\alpha$ -thalassemia. However, there was no statistical difference ( $p = 0.696$ ).

#### Conclusion

The aboriginal babies did not have higher percentage of developing  $\alpha$ -thalassemia. The result can be provided for ethnic study in the future.

#### Ethnic Disparities in the Patients with Psoriasis

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Paper Num: 87

#### Background and Purpose

Psoriasis is an inflammatory immune-mediated disease that affects the skin with systemic impact. It increases the risks of cardiometabolic and psychological comorbidities as well as major adverse cardiovascular events. However, the ethnic difference in the patients with psoriasis remains unknown. The objective of this study is to compare the ethnic disparities of cardiometabolic and psychological comorbidities between aboriginal and non-aboriginal psoriatic patients.

#### Method

Between 2004 and 2014, the patients with first diagnosis of psoriasis were included in this study. The patients with incomplete medical record were excluded. The ethnic disparities of cardiometabolic and psychological comorbidities between aborigines and non-aborigines were compared.

#### Result

Three hundred and thirty-eight patients (22 aborigines and 316 non-aborigines) were enrolled in the final study. There were statistically significant difference in hypertension ( $p= 0.0030$ ), gout ( $p= 0.0002$ ), alcoholism ( $p< 0.0001$ ) and alcoholic liver disease ( $p< 0.0001$ ) between aboriginal and non-aboriginal patients. However, stroke, myocardial infarction and major depression disorder were no difference.

#### Conclusion

The aboriginal psoriatic patients exhibited higher percentage of hypertension, gout, alcoholism and alcoholic liver disease. Alcohol-related diseases should be focused on aboriginal villages. Furthermore, health education such as alcohol control should be emphasized in tribal society.

#### **Performance Evaluation of the Metered-dose Inhaler Technique by Healthcare Provider**

**Dr. Mohammed Alzamil<sup>1</sup>**

<sup>1</sup>Prince Sultan Military Medical City, Riyadh, Saudi Arabia

Paper Num: 88

#### Background and Purpose

Asthma is considered as one of the most common chronic disease worldwide. The WHO in 2011, estimated that asthma affected more than 235 million people all over the world. Comparison of the available data reveals that the prevalence of asthma in KSA increased significantly from 8% in 1986 to 23% in 1995. Pressurized metered dose (pMDI) inhalers are the most cost effective first line of treatment. Formal training and demonstration of the correct use of inhalers have been shown to improve the skills of inhaler use with better outcomes.

The objective of this study was to evaluate the physicians' methods of explaining the MDI techniques to asthmatic patients at Al Wazzarat health center, Riyadh, Saudi Arabia.

#### Methods

A total of 165 participants (71 physicians and 94 residency training program members) participated in the study. All the participants were asked to breathe into a placebo MDI device and their techniques were evaluated through a nine step checklist based on the MDI manufacturer's instructions and international guidelines.

#### Results

The data were analyzed using SPSS version 20. Differences in mean age in relation to gender were tested using student's t test. Differences in observation between categories represented in number and percentage were tested using chi square ( $X^2$ ). No significance difference was found between the performance of male and female participants ( $p= 0.686$ ). Consultants showed a statistically significant difference on performance of steps 1, 4, 7 and 9 when compared to junior, senior and registrar residents ( $p=0.027$ ,  $p=0.006$ ,  $p=0.030$ ,  $p=0.002$  respectively). For steps 2, 3, 5, 6 and 8, no significant difference was found between the groups.

#### Conclusion

Age and gender has no bearing on the scores but there is a clear trend with the level of professionalism on successful performance of the MDI techniques.

#### **Depressive Symptoms among Obese Patients Attending Al-Wazarat Primary Health Care Centre**

**Dr. Mohammad Aleissa, Dr Almujiil Mohammed**

Prince Sultan Military Medical City (PSMMC), Riyadh, Saudi Arabia

Paper Num: 130

#### Background

Worldwide, obesity and depression are major problems and lead to an increased risk of susceptibility to a variety of serious diseases that have a huge negative impact on the physical wellbeing and mental health of the population.

#### Objective

To determine the relation between obesity and depressive symptoms among patients and attendees who are visiting Al-Wazarat primary health centre

(Prince Sultan Military Medical City, Riyadh, Saudi Arabia) for different reasons.

#### Method

A comparative analytic cross-sectional study was carried out at Al-Wazarat primary health centre; a non-probability convenience sample was taken during the period between January and February 2014. 175 obese participants and 175 comparison participants, who met the inclusion criteria and agreed to take part in this study, were included. Participants' weight, height and body mass index (BMI) were recorded by staff nurses. Both groups completed a self-reported questionnaire assessing socio-demographic information and patient health questionnaire -9 (PHQ-9). Data were analysed using SPSS 20.0 through chi square test and regression analysis.

#### Results

Of the 175 obese participants, 55 (31.4%) were experiencing depressive symptoms while the figure was 15 (8.6%) from the group of 175 comparison participants. Obese participants are more prone to developing depressive symptoms and these symptoms are directly related to the BMI of the participants.

#### Conclusion

This study found that depressive symptoms are related to obesity in patients attending Al-Wazarat primary health care clinics. This relationship is consistent across socio-demographic groups and is not explained by confounding effects of age, marital status and tobacco use.

#### Recommendation

Further research must be conducted to ascertain the factors affecting the association of obesity and depression. Moreover, to establish the mediators and underlying mechanisms that relates obesity to the onset of depressive symptoms.

Keywords: Depression, obesity, BMI, Saudi Arabia, Primary Health Centre

**Physicians' Appearance, Does it Affect Patients' Confidence? A View through Patients' Preferences towards Physicians' Apparel at King Abdul-Aziz University Hospital 2015**

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Paper Num: 144

#### Introduction

Physician appearance and its influence on patient care were highlighted since Hippocrates's time, when he stated that the physician must be clean in person, well dressed, and anointed with sweet-smelling.

This study is aimed to determine patients' preferences for physician attire and study its impact on their trust at King AbdulAziz university hospital, Jeddah, western of Saudi Arabia.

#### Methods

Cross sectional study conducted at the hospital outpatient department. Participants were face to face interviewed to fulfill a questionnaire, which included their preference regarding the attire of male and female physicians using 5 point Likert scale. Additionally, patients were asked questions related to the influence of physician's appearance on their ability to disclose information.

#### Results

A total of 347 participants were interviewed, 243 (70%) of them were female. The mean age was 36±13.4 years. The majority of the sample 228 (66.1%) had high school degree and above.

Participants had most confidence in male doctors wearing surgical scrub suit 131 (42%), and in female doctors wearing formal attire with an Islamic veil (Negab) 127 (40.3%). Casual attire was the least confidence and preferable attire for both male and female physician, 10 (3.2%) and 10 (3.2%), respectively. Participants' educational level, gender and marital status affect their trust relationship with a p value = (0.00), (0.03), (0.01), respectively.

Most of the patients stated that the doctor should always wear a name badge. The entire sample judged it inappropriate for clinicians to be an overweight.

Respondents reported that they are more willing to share their sexual problems and concerns with a male physician wearing a traditional custom (Thoub) 114(35.5%). While surgical scrub suit was the

preferred outfit in the emergency setting for both male and female physician.

#### Conclusion

This study strongly suggests that wearing casual attire may unfavorably influence trust and confidence-building in the medical encounter.

### **Theme - Quality and Accreditation**

#### **Practice Management Role in Monitoring Family Medicine Residents Adherence to ACGME-I Standards in Qatar**

**Prof. Mohamed Salem**<sup>1</sup>, Amal Alali<sup>2</sup>, Zeliakha Bashwar<sup>2</sup>, Muna Taher<sup>2</sup>, Ahmed Mostafa<sup>2</sup>  
<sup>1</sup>Suez Canal University, Ismailia, Egypt, <sup>2</sup>Primary Health Care Corporation, Doha, Qatar

Paper Num: 36

#### Background

Practice Management Report is a tool used to describe the practice activity and productivity for each resident.

#### Purpose

To monitor resident adherence to ACGME-I performance standards.

#### Methods

Data was extracted and analyzed from practice management reports of all family medicine residents for the period from July 2014 to June 2015. Total number of residents was 31 residents.

#### Results

Residents reached the target of total number of patient visits by 43% while reached the target of male/female ratio by 62 %. Residents reached the target of hospital admission visits by 27%. Residents reached the target of seeing patients less than 19 years by 87% while reached the target of seeing patients more than 60 years by 22%. Residents reached the target of patients visit distribution by 21%. Residents completed their chart audit by 97% and achieved patient satisfaction by 99%. The most deficient cases seen by residents were high risk pregnancy by 43%, well baby cases by 20%, eye problems by 16% and Asthma by 11%.

#### Conclusion

Practice management report is of considerable importance to monitor and assess resident performance according to ACGME-I standards . Despite some difficulties in its application and analysis process, it will guide improving deficiencies in areas as antenatal and well-baby care and physician alert system.

#### **The Importance of Physician's Attire on Patients at the Family Medicine-Outpatient Department of a Tertiary Government Hospital**

**Dr. Julieber Malabag**<sup>1</sup>

<sup>1</sup>Ospital ng Maynila Medical Center, Pasay City, Philippines

Paper Num: 110

#### Background and Purpose

How a doctor dresses is important in determining the success of the patient-doctor relationship. Physician-patient relationship is the foundation for all patient care. The research aim was to determine the importance of Physician's Attire on Patients at the Family Medicine Outpatient Department of a Tertiary Government Hospital which is Ospital ng Maynila Medical Center.

#### Methods

The research design is a cross-sectional descriptive study. The study was carried out after obtaining approval from the Ethics Committee of the Hospital. Informed Consent was sought from the patients through writing. Validated questionnaire was distributed to patients of family medicine outpatient clinic of Ospital ng Maynila Medical Center from March 2015 to July 2015. Socio-demographic profile, contributing factors to patient's trust and confidence, importance of physician's attire were determined. Data were encoded in Microsoft Excel 2010 and were presented in graphs and tables.

#### Results

A total of 314 respondents completed the questionnaire and their mean age was 41± 15.4 years. Speech was the most important contributing factor with a mean score (4.23), second was Reputation (4.09), third was Title (3.89), fourth was Attire (3.7), fifth was Age (3.03) and the least was Gender (2.47). The appearance and dress of physicians appeared to be extremely important in female patients (33.12%) than in male patients

(24.2%). Respondents preferred the professional attire (77.56%), followed by surgical scrubs (12.87%), casual attire (6.91%) and semiformal attire (4.61%).

#### Conclusion

Physician's Attire was an important contributing factor to patient's trust and confidence. Majority of the respondents preferred doctors wearing the professional attire.

### **Theme - Non-Communicable Diseases**

#### **Blood Pressure Control Among Hypertensive Patients Who Attend The Primary Health Care Centers in Taif City (2013)**

**Dr. Hani Aloufi**<sup>1</sup>

<sup>1</sup>Ministry of HEALTH, KSA, Taif, Saudi Arabia

Paper Num: 38

#### Background

The prevalence of hypertension in (GCC) countries is relatively high. There are multiple reasons for the poor blood pressure control rates, ranging from physiologic to societal.

#### Objectives

To assess the rate of blood pressure control and its demographic and clinical determinants among registered hypertensive patients who are followed up by General Practitioner.

#### Methods

A cross-sectional study included a representative sample of registered hypertensive patients in (PHC) Taif city. Data were gathered from medical records by using a data collection checklist.

#### Results

The study included 359 patients. Their age ranged between 22 and 102 years with a mean of 63.8 and standard deviation±12.4 years. Females represent 56% of them. controlled blood pressure was observed among almost only a quarter of patients (24.8%). the most common reported drug used for management of hypertension was (ACEI) (61%), followed by beta blockers (50.7%), diuretics (22%) and (CCBs) (16.2%). Life style modifications were reported by 18.4% of patients. Results of logistic regression analysis revealed that having a history of DM was significantly associated with almost triple risk for uncontrolled blood pressure (Adjusted OR:

2.78, 95%CI: 1.62-4.81). Lifestyle modifications in the management of HTN were less likely to have uncontrolled blood pressure (Adjusted OR: 0.39, 95%CI: 0.22-0.71). Patients who treated with ACEIs showed lower risk for uncontrolled BP opposed to those who did not treated with ACEIs (Adjusted OR:0.23, 95%CI: 0.17-0.69). Patient's educational level, occupation and treatment with beta blockers were not significantly associated with uncontrolled BP.

#### Conclusions

The results show that, the blood pressure control in (PHC in Taif) is still far from the target aimed in most of the guidelines. However, it is comparable to results obtained from many countries including some developed countries.

#### **Vitamin D Deficiency Among Patients With Type 2 Diabetes Mellitus in Al-Wazarat Primary Health Care Clinics**

**Dr. Mohammed Almujiil**

PSMMC, Riyadh, Saudi Arabia

Paper Num: 93

#### Background and purpose

Vitamin D deficiency is a common problem internationally and locally. A review of studies, indicate that Vit D deficiency among diabetic patients is more comparing to non-diabetic and association between Vit D and glycemic control of diabetic patients. This study aims to further investigate the link between Vit D and diabetes at local population.

#### Methods

It was an analytical cross-sectional study done on 100 patients who attended chronic diseases clinic (CDC) at Al-Wazarat primary health center diagnosed with type 2 DM or in treatment for type 2 DM and selected through systemic random sampling. Patients with renal failure, severe liver disease, and history of intake of vitamin D in the last 4 months were excluded from the study. Age, gender, level of education, Vit D level, HbA1c, FBS, calcium level, DM medication were recorded. Data was entered and analysed with the help of SPSS 20.0 using appropriate statistical tests.

#### Results

This analytical cross sectional study has found mild and moderate-severe vitamin D deficiency in 41%

and 44% of the study subjects respectively. So, 85 % of the study subjects were suffering from vitamin D deficiency. Females are more deficient than males (55% and 45%). In the current study it was found that vitamin D levels are inversely correlated with fasting blood sugar ( $r = -0.623$ ,  $p = 0.001$ ) and HBA1c levels ( $r = -0.721$ ,  $p = 0.001$ ).

#### Conclusions

Majority of the local diabetic population is deficient in vitamin D. Vitamin D level is inversely correlated with fasting blood sugar and HBA1c in the local population, indicating that there might be a link of vit D in the regulation of glucose in the body, although the exact mechanism by which it does this is unclear.

#### Periodontal Diseases in Saudi Diabetic Patients

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<sup>1</sup>Ministry of Health, Qatif, Saudi Arabia

Paper Num: 126

#### Background

Chronic inflammation caused by periodontal diseases has been associated with various systemic conditions including diabetes mellitus, which shows high prevalence in different areas of the world. However, this was not studied in Saudi primary care. The aim of this study is to determine the prevalence of periodontal diseases in patient with type 2 diabetes mellitus and assess their severity in primary care setting in Saudi Arabia.

#### Method

Systematic random sampling of diabetic patients attending 4 PHC center in Qatif in April 2012 for 1 month duration. A total of 100 patients were included; out of which 56% were female while 29% were current smokers.

#### Results

Mean age, length of DM, last A1c level and fasting blood sugar were 51 +/- 10 years, 96 +/- 89 months, 8 +/- 1.9% and 159 +/- 57 mg/dl, respectively. Prevalence of moderate and severe periodontitis were 32% and 33%, respectively, specifically, swollen gingiva, red gingiva, bleeding gum, mobile teeth, plaque accumulation, gingival recession, exposed root and halitosis were noted in 48%, 43%, 31%,

47%, 88%, 72%, 72% and 30%, respectively. Severe periodontitis was significantly noted in current smokers ( $p = 0.03$ ), having higher A1c level (mean 8.4 +/- 4%) and longer period since DM diagnosed (mean 112 +/- 14 months). However, no statistically significant difference was noted among gender and PHC centers.

#### Conclusion

Periodontal diseases are highly common among DM patients and must be looked for in regular diabetic care, to prevent complications and optimize blood sugar control.

#### Cardiovascular Risk Assessment For Primary Care Physicians

##### Dr. Aml Salama

Faculty of Medicine, Menoufia University, Shebeen El Koom, Egypt

Paper Num: 132

Shared treatment decisions should form the basis of managing cardiovascular risk, taking into account an individual's estimated five year combined cardiovascular risk.

It is recognized that people will interpret these risks differently and each will have their own risk thresholds and preferences.

By knowing the combined risk, the clinician and patient can make decisions on more effective prevention and treatment of cardiovascular disease (CVD).

These decisions include making choices about appropriate lifestyle change (principally diet, exercise and smoking), lipid-lowering and blood pressure (BP) lowering medication, diabetes care, and medication after myocardial infarction (MI), stroke and other cardiovascular events.

What to measure and record for cardiovascular risk assessment:

#### History

- Age
- Gender
- Ethnicity
- Smoking status (if stopped smoking for <12 months, assess as a smoker)

Family history

- Premature coronary heart disease or ischemic stroke in a first-degree relative (father or brother <55 years, mother or sister <65 years)
- Type 2 diabetes
- Genetic lipid disorder

As well as medical and past history assessment, lab investigations, some modalities use this data to obtain the individual cardiovascular risk. This help to identify risk factors and try to modify it to delay the occurrence of cardiovascular complication which is better conducted at the primary car level, in which the prevention is important role of the family physicians.

One of modalities to calculate cardiovascular risk is Calculate five-year risk using the New Zealand Cardiovascular Risk Charts or a validated electronic decision-support tool which is so easy applicable tool to calculate that.

Online calculators also will be discussed, and how to apply will be also discussed.

### **Theme - Communicable Diseases**

#### **Household Contacts of HCV Patients at Beltag Village, Egypt; Seropositivity and Habits**

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Paper Num: 68

#### **Background**

Hepatitis C virus (HCV) is a major cause of chronic hepatitis and is considered as a worldwide problem. Egypt has the highest HCV prevalence in the world. The Centers for Disease Control and Prevention (CDC) recommend HCV screening for all adults at high risk of infection.

#### **Aim of the study**

To determine the prevalence of HCV seropositivity among household contacts of HCV positive patients and study their habits.

#### **Methods**

A cross sectional study was conducted in Beltag; an urban village affiliated to Nile Delta. Interviewed questionnaire was used including sociodemographic data and HCV risk factors information. All household contacts were assessed for HCV infection by testing for anti-HCV antibody using a commercial ELISA.

#### **Results**

360 of household contacts were included in the study. The prevalence of HCV seropositivity among household contacts was 35%. 78 (61.9%) of seropositive contacts were over forty years old, 42 (33.3%) received parenteral anti-schistosomal therapy, 72 (57.1%) helped family HCV patients during bleeding episodes. Logistical regression showed that the most significant variable associated independently to HCV seropositivity in patients' contacts was helping HCV patients during bleeding episodes (OR = 7.262; 95% CI: 3.588– 14.698 p 0.000).

#### **Conclusion**

This study approximates the findings of other studies which reported a high prevalence seropositivity among HCV patient's contacts. Help HCV patients during bleeding episodes is the most significant risk factor for intrafamilial HCV transmission.

Keywords: HCV patients, Seropositivity, Household contacts.

### **Theme - Mother and Child Care**

#### **Knowledge, Attitude and Practice of Parents Attending National Guard Primary Health Care in Riyadh Regarding Children's Car Safety Seat**

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Paper Num: 46

#### **Background**

Motor vehicle accidents can cause life threatening injuries to children. Use of car safety seats (CSS) is the most reliable way to keep children safe during transportation.

#### **Objectives**

To evaluate parents' knowledge and attitude regarding car safety seats (CSS), to detect the rate of use and reasons of non-use.

## Methodology

A cross-sectional survey was carried out on parents of 400 children from February 2013 to May 2013 in Pediatric and Family Medicine clinics of National Guard primary healthcare. Descriptive analysis of all variables in the questionnaire was done, along with exploration of relationships using chi-square, and logistic regression.

## Results

It was found that 85.3% parents were aware of car seat safety while only 30% used it. Their main source of knowledge was TV and media. The main reason for not using CSS was considering it unnecessary. The knowledge and use of CSS correlated significantly with the level of education and the income of parents.

## Conclusion

The awareness among parents is reasonable; however the use of car safety seats is quite low. Parental knowledge of correct use of car safety seats is less than optimum. Physicians have a significant role to play in education parents. Parents value the need of educational programs about CSS. It is necessary to establish laws to mandate using of CSS.

## Lack of Family Planning Is an Avoidable Cause of Maternal and Child Deaths in Uganda

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Paper Num: 50

## Introduction

Although there is resistance to promotion of family planning in Uganda, reduction of maternal and child mortality are universally accepted as desirable goals. This paper examines whether family planning would be accepted as an intervention to prevent maternal and child deaths.

## Methods

The UK “confidential enquiry” methodology was adapted to the context in Uganda. Verbal autopsy interviews of family members and of health workers were used to investigate all maternal and under-5 deaths in selected sub-counties of Uganda. The cases were reviewed by multidisciplinary panels to assign cause of death, to identify avoidable factors, and to make recommendations for avoiding future similar deaths. Results were fed back to communities.

## Results

Over 50 maternal and over 300 child deaths have so far been investigated. This interim report covers 219 child deaths and 51 maternal deaths.

In most communities family planning was recognized as an important intervention for preventing maternal and child deaths and barriers to its use were discussed. Almost all deaths had at least 1 avoidable factor.

How many deaths could have been prevented by FP? There are challenges in answering this; Designing questionnaire: unacceptable to ask “was this pregnancy desired?”, father and mother may have differing answers, and difficult to know whether family planning was being used adequately.

Lack of use of family planning was an avoidable factor at a minimum estimate in 19.6 % and 21.6% for under five and maternal deaths respectively. The maximum estimate was 30.6% and 23.5% for under five and maternal deaths respectively.

## Conclusion

The “confidential enquiry” process has been associated with a reduction in under-5 mortality. Improved understanding of the benefits of family planning, and how to overcome barriers, may significantly contribute to a much needed reduction in mortality in this age group.

## Does Ethnicity Influence the Age of First Diagnosis of Myopia?

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*Paper Num: 73*

#### Background and Purpose

It has been reported that the higher prevalence of myopia was found in Asia. Our hospital is located in the rural area of central Taiwan which lived with aborigines and non-aborigines. The objective of this study is to investigate the ethnic difference for the age of first diagnosis of myopia.

#### Methods

Between 2012 and 2014, the patients (age 6-15) with first diagnosis of myopia were enrolled in this study. The patients with present glasses, visual acuity with correction or orthokeratology (ortho-K) were excluded from this study. The age of first diagnosis of myopia and severity of refractive error were compared between aborigines and non-aborigines.

#### Results

Thirty aborigines (59 myopic eyes) and 170 (327 myopic eyes) non-aborigines were enrolled in this study. The mean age is 9.6 years old. The mean age of first diagnosis of myopia was later in aborigines than in non-aborigines (10.1 vs 9.5 years old). However, there was no statistic difference ( $p=0.09$ ). The mean spherical equivalence was also no difference between aborigines and non-aborigines (-1.70 vs -1.56).

#### Conclusion

There was no significant difference between aborigines and non-aborigines in the age of first diagnosis of myopia. However, the age of first diagnosis of myopia was later in aboriginal children. The health education should be provided in tribal society.

#### **Risk Factors of Gastroenteritis among Preschool Children in Kafer Al-Sheikh Governorate, Egypt**

**Dr. Aml Salama**<sup>1</sup>, Professor Mahmoud Abu-Salem<sup>1,2</sup>, Assistant Professor Mohammed ElKot<sup>1</sup>, Shimaa Fawzy Fawzy<sup>2</sup>

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*Paper Num: 135*

#### Background

Worldwide, children younger than 5 years have an estimated 1.7 billion episodes of diarrhea each year,

leading to 124 million clinic visits, 9 million hospitalizations, and 1.34 million deaths. Gastroenteritis( GE) is a common disease associated with significant morbidity, mortality and costs in Egypt.

#### Purpose

The study was conducted assess the risk factors of gastroenteritis among preschool children in Kafer Al-Sheikh Governorate, Egypt.

#### Methods

The study is a case control nested in cross sectional design. Sedi-Salim District was randomly selected from districts of Kafer Elshek Governorate , from which two unites and one family health care center were randomly selected. Informed consent was signed by all participants after simple and clear explanation of the research objectives

Inclusion Criteria: 2-5 years children

Exclusion criteria: Food intolerance, and medication reaction.

Patients and controls interviewing: For full history taking:Personal history as age, sex, age of father and mother...etc. Socioeconomic level was determined. Any other infectious disease or previous GE was recorded. Nutritional and developmental history in details, medical history and previous hospital admission and vaccination.

Complete physical examination: Level of consciousness and activity. Weight and height assessment were done according to Egyptian growth charts.

#### Results

The study reported statistical significant difference ( $p<0.001$ ) between cases and controls as regarding level of mother's, father's education, fathers' occupation and family size, repeated GE, repeated otitis media, repeated URTI, low weight, height , types of latrines used, latrine cleaning, washing vegetable, mother's hand wash after going to bathroom and before preparing food, buying food for the child from street vendors, storing food for later use, flies at house and type of water used.

#### Conclusion

This study identifies some risk factors for GE which if probably handled, this will decreases morbidity and mortality of this condition.

#### **Nutritional Knowledge, Attitude, and Practice of Parents and Its Impact on Growth of their Children**

**Dr. Aml Salama**<sup>1</sup>, Assistant Professor of pediatric Fathea Elnamer<sup>1</sup>, Dalia Elhawary<sup>2</sup>

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Paper Num: 136

#### Background

Good nutrition is cornerstone for growing children during early childhood and school-age years; children begin to establish habits for eating and exercise that stick with them for their entire lives. If children establish healthy habits, their risk for developing many chronic diseases will be greatly decreased.

#### Objective

The aim of the study was to assess the effect of parental nutritional knowledge, attitude, and practice (KAP) on their children nutritional behavior and growth.

#### Methods

This was a cross-sectional study through multistage stratified random sampling technique. Bialla district of Kafr-Elsheikh governorate was selected randomly from 10 district of Kafr-Elsheikh Governorate. Predesigned questionnaires that assess parents and children (KAP) were then given to parents and children and 120 pairs of completed questionnaires were returned.

#### Results

There was no significant correlation between nutritional knowledge (KAP) of parents and nutritional practice of their children ( $P > 0.05$ ), whereas there was a significant correlation between parent's knowledge score and healthy food intake in general by children ( $r = 0.222$ ;  $P < 0.05$ ). There was no significant correlation between nutritional practice of children and their BMI and height, whereas there was significant correlation between nutritional practice of children and their weight. There was a highly significant correlation between social class of parents and their children nutritional behavior; in addition, there is significant correlation between father's education and mother's education and their children nutritional practice ( $\chi^2 = 15.3$  and  $14.6$ ;  $P = 0.018$  and  $0.023$ , respectively).

#### Conclusion

There is no relationship between parents knowledge, attitude, and healthy food intake by their children. Parents education and socioeconomic status constituted important determinants of healthy food intake by their children.

#### Study of Knowledge and Practice of Healthy Nutrition among Pregnant Women Attending Benha Family Health Center

**Amr Mstafa Madani**<sup>1</sup>, Safaa Othman<sup>2</sup>, Amara Elshaer, Shieren Abdulazeem<sup>2</sup>

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Paper Num: 145

#### Background

Adequate nutrition is essential to promote the health of the mother during and after pregnancy; and to have a full term healthy baby as well. Nutrition in pregnancy may affect the future lactation performance.

#### Objectives

To demonstrate knowledge and practice of healthy nutrition among pregnant women. To detect the possible causes beyond insufficient knowledge and unsatisfactory practices of nutrition during pregnancy.

#### Methods

Across sectional descriptive study, conducted on (194) pregnant women. A structured interview questionnaire sheet was designated to collect data; including socio-demographic data, knowledge, socio-behavioral data about nutrition during pregnancy.

#### Results

The mean age of the studied women was ( $26 \pm 4.9$ ) years, the majority (63.9 %) living in rural areas. Most of them (46.9 %) had basic and secondary education, and (12.4%) were illiterate. (55.7%) came for antenatal care at their second trimester. Regarding the pre-pregnancy BMI; (95.5%) were above the normal ranges ( $BMI > 25$ ).

(83%) didn't follow a special diet for pregnancy, (65.6%) consumed  $< 2$  snacks per day, (71.1%) consumed  $< 2$  fish meals per week, and (66.5%) consumed  $< 2$  cups of milk per day. (Unsatisfactory practices).

(73.7%) consumed 3 basic meals per day, (84%) consumed >2 pieces of fresh vegetables per day, (60.9%) consumed >2 servings of cooked vegetables per day and (67.5%) consumed >7 cups of water per day. (Good practices).

Urban women, highly educated women, working women had more satisfactory practices than other pregnant women ( $p < 0.05$ ).

No statistically significant difference ( $p > 0.05$ ) between parity and satisfactory practices whereas a statistically difference ( $p > 0.05$ ) between adequate knowledge and satisfactory practices was found, so more knowledge leads to better practices.

#### Conclusion & Recommendation

Most of the studied pregnant women had poor knowledge and unsatisfactory practices. Nutrition education during pregnancy should have a public health focus. We recommended the application of nutrition education programs for pregnant ladies.

#### **Theme - Geriatric Care**

##### **Sleeping Disorders in Elderly: Correlations with Somatic and Psychiatric Pathology**

**Ms. Agne Sumilaite<sup>1</sup>, Ms. Ruta Jaceviciute<sup>1</sup>, Ms. Gabriele Kulikauskaite<sup>1</sup>**

<sup>1</sup>VULSK Family Clinic, Vilnius, Lithuania

Paper Num: 102

#### Background and Purpose

Sleeping disorders are very common among elderly adults. The purpose of this survey was to evaluate connection between various medical and psychiatric conditions and sleep disturbances amid senior primary care patients.

#### Methods

In this cross-sectional study The Pittsburgh Sleep Quality Index and Hospital Anxiety and Depression Scale were used to evaluate 300 patients' psychiatric symptoms and Charlson comorbidity index was calculated for estimating the burden of comorbidity. Statistical Packet for Social Sciences 20.0 for Windows and Microsoft Office Excel 2007 were used for the calculations of Student's t-test and Chi-square test with the significance level of 0.05 assumed.

#### Results

From the patient sample 40% were male, 60% - female with age median 66,20+/-4.442 years. In this group 40,67% were suffering from sleeping disorders and 59,33% were not.

The correlation between sleep disorders and clinically significant depression and anxiety symptoms was statistically significant,  $P < 0.00$ .

Older patients had statistically significantly worse sleep quality,  $P < 0.00$ , but older age was also associated with more depression and anxiety symptoms,  $P < 0.00$ .

In the patient group with sleeping disorders the mean Charlson Comorbidity Index was statistically significantly higher,  $P < 0.00$ , but this group of patients significantly more often suffered from anxiety and depression,  $P < 0.00$ .

Of all the participants 35% of the patients were using medication to improve their sleep quality.

#### Conclusions

Sleep disorders in elderly individuals have strong correlation with depression, anxiety and somatic comorbidity, but to find out the causality of sleeping disorders and comorbid conditions prospective research with a bigger sample is needed.

#### **Theme - Preventative Care and Health Promotion**

##### **Awareness of Children's Physical Activity Among Saudi Mothers in Wazarat Health Center of Prince Sultan Military Medical City**

**Dr. Maysah Amer, Dr. Ghada Al Arfaj**

Prince Sultan Military Medical City, Riyadh, Saudi Arabia

Paper Num: 12

#### Introduction

Physical inactivity during the early years of life is currently indicated as a major contributor to the increasing levels of obesity, and other serious medical conditions, being seen in children and adolescents across the globe including Saudi Arabia. One of the major factors for this increase is the lack of mother's awareness about their children physical activity. This study was performed to assess

awareness of children physical activity among Saudi mothers.

#### Methods

It was a cross sectional study to determine the level of awareness of children's physical activity among mothers attending the vaccination clinic, the well-baby clinic or the woman health clinic in Wazarat Health Clinic, Riyadh Saudi Arabia who have at least one child age more than 2 years. Questionnaires about awareness of physical activity were given to 342 mothers after informed consent and their responses were analyzed.

#### Results

The study showed that 73.7% mothers agreed for their crucial role in motivating their children's physical activity. Majority (85.1%) reported that they did not know about current recommendations regarding physical exercise for children and 92.4% of mothers agreed that children should participate in regular exercise whereas 28.9% mothers reported that 30-60 minutes television watching per day is fine for young children. Only 2% of mothers were aware about the children physical activity.

#### Conclusion

The awareness of children physical activity among Saudi mothers in Wazarat Health Clinics is very low and there is a definite lack of published researches on mothers' awareness of children physical activity.

#### **Rota-Virus Induced Intussusception; A Case Report**

**Dr. Mohammad Alkot**, Dr. Hossam Abdelbaki, Dr. Mohammad Al-Fageah, Dr. Ebtessam Al-Sulami  
*Menoufia University, Makkah Al-Mukaramah, Saudi Arabia*

*Paper Num: 58*

#### Introduction

Intussusception is a rare potential adverse effect of oral rotavirus vaccination, estimated to occur in approximately 1 in 20,000 to 1 in 100,000 vaccine recipients. A history of intussusception is a contraindication to rotavirus vaccination.

#### Case presentation

Six-months old boy presented with vomiting for 3 days, colicky abdominal pain, and did not pass stool for one day prior the admission. Passage of reddish soft galley like motion was reported by the mother.

No seizure, no cough, no jaundice, no skin/joint/ bone complications. History of similar condition 2 months ago at age of 4 months (one week following his scheduled vaccination which contains Rota vaccine). Physical examination; lethargic, afebrile with stable vital signs, abdomen soft lax not distended and no palpable mass. Per rectal (PR) examination is blood stained. He was diagnosed with intussusception. Hydrostatic reduction was failed. Laparotomy resection of 6 CM of terminal ileum 15CM away from ileocaecal valve with appendectomy. Patient underwent uneventful postoperative course and discharged in good condition.

#### Conclusion

Although the reported vaccine-induced intussusception every now and then, the overall risk benefit balance of vaccines remains positive So World Health Organization (WHO) and the Australian Technical Advisory Group on Immunization (ATAGI) have recommended the continued use of rotavirus vaccine for infants as it reduce annual hospital admissions in children under 5 years due to rotavirus gastroenteritis.

Keywords: Intussusception, Rota virus , Vaccination

#### **Psychological Stress**

**Dr. Imad Abukhalaf**<sup>1</sup>

<sup>1</sup>*Ministry of Health, Amman, Jordan*

*Paper Num: 64*

Definition: Is a feeling of strain and pressure. Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays a factor in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to bodily harm. Stress can increase the risk of strokes, heart attacks, ulcers, and mental disorders such as depression.

#### Types of Stressors:

- Catastrophe
- Daily Hassles
- Values Contradiction
- Ambient Stressors

Mechanism of Response:

Coping:

- Affiliation
- Sublimation
- Humour
- Positive reappraisal

Attitude:

- Acting out
- Passive aggressive

Inhibition:

- Repression
- Displacement
- Reaction formation
- Denial

**Optimum Sun Exposure Times for Vitamin D Status Correction in Saudi Arabia**

**Dr. Abdullah Alzahrani**

*Consultant Family Medicine, King Abdul Aziz Medical City, Jeddah, Saudi Arabia*

Paper Num: 84

Vitamin deficiency is considered to be a major public health problem in Saudi Arabia, especially during summer. The major source of vitamin D is sun exposure. In this study, we aimed to determine the optimum time for sun exposure in four different cities (North, South, West and East regions) in the Kingdom of Saudi Arabia.

In the current study ampules containing 7-dehydrocholesterol in ethanol were exposed to sunlight every hour starting from sunrise until sunset in June 2013.

Results indicated that the geographical location and the time of the day have a major influence in vitamin D production. In summer, conversion of pre-vitamin D3 was observed to be elevated between 8.00-9.00 AM to 3:30-4:30 PM, with peak hours between 11:30 AM to 12:30 PM. Moreover in the east region (Dammam), conversion of pre-vitamin D3 showed significant reduction by around 50%. In conclusion, the optimum sun exposure time for vitamin D3 production in the north, south and west regions of Saudi Arabia during summer is from 8:30 AM to 10:30 AM, as well as 2:00 PM to 4:00 PM. Air pollution might be the cause for the decreased conversion of 7-dehydrocholesterol to pre-vitamin D3 in the east region. Conservatively, the optimum

time for sun exposure therefore in Dammam city is from 8:30 AM to 10:00 AM, as well as 1:00 PM to 2:30 PM. Knowledge of the optimum sun exposure times during summer can be highly effective in preventing vitamin D deficiency in Saudi Arabia.

**Knowledge, Attitude and Practice towards MERS-CoV among HealthCare Workers in Makkah, Saudi Arabia (An Intervention Study)**

**Dr. Mohammad Alkot,** Mahmoud Shakuri, Mohammed Albouq, Mohannad Subahi  
*Umm Al-Qura University, Makkah Al-Mukaramah, Saudi Arabia*

Paper Num: 85

Background

Saudi Arabia (KSA) had a higher number of MERS-CoV (CORONA) in Eastern Mediterranean Region. Satisfactory knowledge, positive attitude and healthful practice of health care workers regarding MERS-CoV are a cornerstone in prevention of virus spread and disease outbreak.

Objectives

To assess and improve knowledge, attitude and practice (KAP) of health care workers towards MERS-CoV.

Subjects and Methods

The study was an interventional prospective study that was conducted during the year 2015 on a randomly selected 398 health care workers in primary health care centers of Makkah Al-Mukaramh, KSA. The participants were invited after their consent to fill a pre-designed closed-ended Arabic questionnaire before and 3 months after exposure to a health education program.

Results

The level of satisfactory knowledge, positive attitude and good practice of studied health care workers were significantly improved after exposure to the program as it increased from 43.3%, 45% and 57.4% before intervention to 67.9%, 63.8% and 64.8% after intervention respectively (P< 0.001). Older age, previous training and experience were positively correlated with higher scores of knowledge.

Conclusion and recommendations

The results reflected the importance of health education as a cornerstone element in improving

KAP towards MERS-CoV infection preventing the virus spread and disease outbreak.

Key words: MERS-CoV, prevalence, outbreak, knowledge, attitude and practice, health care workers.

### **Risk factors for Physiological Gynecomastia in Adolescent School Boys in Shebin Elkom District, Egypt**

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<sup>1</sup>Family medicine Department ,Menofia University, Shebin Elkom, Egypt, <sup>2</sup>Dermatology Department, Menofia University, Shebin Elkom, Egypt

Paper Num: 94

#### Background

Gynecomastia is defined as benign proliferation of glandular breast tissue of the male breast. It occurs during a critical period in the formation of self-image and gender identity, this gender-incongruent process may disrupt normal psychological development and can be a source of significant embarrassment .

#### Goal of the study

Health promotion of the adolescent boys.

#### Objectives of the study

Were to assess the prevalence of gynecomastia among adolescent school boys, gynecomastia risk factors and the impact of gynecomastia on the self-esteem.

#### Methods

Crosses sectional study was conducted after calculation of the sample size. After multistage stratified random sampling for the students in the preparatory schools, A 605 adolescent School boys were recruited for the quantitative data collection. All the participants were interviewed using a predesigned questionnaire to assess the risk factors and the self-esteem followed by examination of the height, weight and chest examination.

#### Results

The prevalence of gynecomastia was 14% among the studied group. Logistic regressions for prediction of gynecomastia were overweight, business or trade working father and presence of the Secondary symptoms of puberty respectively ( $P < 0.05$ ). There

was a negative correlation between the presence of gynecomastia and the self-esteem self-esteem.

#### Conclusion

Physiological gynecomastia is a prevalent condition among adolescent boys. It has a significant negative impact on the psychosocial well-being of affected adolescents regarding the self-esteem.

### **Knowledge Related to Diabetes Mellitus among Non-Health Science Students of King Abdulaziz University, Saudi Arabia**

**Dr. Alaa Binsalman**

King AbdulAziz University, Jeddah, Saudi Arabia

Paper Num: 105

#### Introduction

Diabetes mellitus is becoming national epidemic. According to international diabetes federation in 2014, it was estimated that around 36.8 million person is known to have diabetes in the middle east and north Africa region. Furthermore, this number will rise if no action was taken. In Saudi Arabia, the prevalence of diabetes is 30%. Diabetes mellitus type 2 was considered a disease of older age group until recently when children, adolescents and younger adults started to develop diabetes mellitus.

#### Objective

To assess the knowledge and perspective about diabetes mellitus, its symptoms, risk factors and complications among King Abudlaziz university students in Jeddah city.

#### Methods

A cross-sectional study was conducted in April 2015, in king Abdulaziz university, Al-sulimaniah branch, Jeddah- Saudi Arabia. Study subjects were studying bachelor degree, and attending regularly, not known to have diabetes. Ethical approval was obtained. The needed sample size was calculated. The participants were recruited randomly, and filled a validated self-administered questionnaire.

#### Results

Among the 400 students: 200 males,200 females, the sample's knowledge of the risk factors and the general knowledge was sufficient - above 60%. However, when using our cut point to the total questions 62.5 % of the participants' knowledge

decreased to less than 60%. To conclude, the majority of the sample's knowledge was insufficient. The general behaviour of the participants was unexpectedly inclined toward healthier lifestyle. 93.8 % of the participants were exercising, 72% were trying to reduce weight.

#### Conclusion

On educational level, we recommend that all non-health majors to have a required course that addresses the common diseases caused by unhealthy life style and how to prevent them. When conducting further studies that target various age groups from different educational and social levels, researchers will be able to figure out the most convenient approach to provide the awareness to each group.

#### **Healthy Diet and Disease Prevention: A Knowledge Survey among Primary Care Physicians at Prince Sultan Military Medical City**

**Dr. Abdulrahman Alkhalifah, Dr. Ghada Al Arfai**  
*Prince Sultan Military Medical City, Riyadh, Saudi Arabia, <sup>2</sup>Prince Sultan Military Medical City, Riyadh, Saudi Arabia*

*Paper Num: 124*

#### Background and Purpose

Diet effect on health is well recognized. Physicians are considered an important source of nutrition related information to their patients. Several studies reported lack of knowledge among primary care physicians on nutrition related subjects. Therefore, this study aims to determine the level of knowledge about healthy diet and its role in diseases' prevention among primary care physicians working at Prince Sultan Military Medical City.

#### Methods

A cross sectional survey was conducted at Wazarat Health Center. A self-administered questionnaire containing 20 multiple choice questions was distributed to 87 primary care physicians using a convenience sampling technique. Data was collected at April-May 2015 by the researcher and analyzed using SPSS.

#### Results

Seventy two out of eighty seven participants responded (82.8%). The average total score of correct answers was 58% ( $\pm 11.5\%$ ). The physicians

had an excellent knowledge about the association between fruits /vegetables and cancer, folate & neural tube defects and potassium & hypertension while they had poor knowledge about the association between milk & uric acid level and milk & diabetes mellitus. The physicians were also aware about fiber rich diet and the recommended amount of fish intake. However, they were not aware about the recommended sodium intake, fruits and vegetables intake and how to calculate the total caloric need. Saudis were found to have significantly lower scores than non-Saudis.

#### Conclusions

Primary care physicians need more training in nutrition. We recommend implementing effective nutrition training at the undergraduate, postgraduate studies and continuing medical education at primary care centers.

#### **Effectiveness of Tobacco Smoking Cessation Clinics in Improving the Smoking Quit Rates in Bahrain**

Sharifa Bucheeri<sup>2</sup>, Maha AlKawari<sup>2</sup>, Randah Hamadeha<sup>1</sup>, **Dr. Jamil Ahmed**<sup>1</sup>  
*<sup>1</sup>Arabian Gulf University, , Bahrain, <sup>2</sup>Ministry of Health, Bahrain*

*Paper Num: 154*

#### Background and Purpose

One third of Bahraini adult males and 7.0 % of females were smokers of all types of tobacco in 2007. The corresponding rates are 11% and 6.0% for cigarette and shisha, respectively. Tobacco cessation programs are essential to help smokers quit tobacco. We aimed to determine the effectiveness of two of the four quit tobacco clinics (QTC) in Bahrain in helping tobacco smokers quit tobacco.

#### Methods

A cross sectional study design was used with a sample of 194 male tobacco smokers who had received care from two QTCs. Patients who consulted these clinics within the year preceding the study were eligible. They were interviewed by using pre-structured containing questions on tobacco smoking behavior and their quitting experience.

#### Results

The mean age of starting smoking any form of tobacco, cigarettes and shisha were  $16.4 \pm 7.8$ ,  $15.9 \pm 4.4$  and  $19.6 \pm 7.4$ , respectively. Majority (97.0%) smoked a mean number of 27 cigarettes

smoked per day for an average of 20 years. We found that 56.5% had quit all forms of tobacco after attending the QTC. Shisha smokers were more successful in quitting than the cigarette smokers. About 93.0% received nicotine replacement with counseling sessions. A higher number of counseling sessions and visits increased the probability of quitting cigarette smoking. Most participants were satisfied with the clinics; however the majority said that the opening hours and working days need to be increased. Further, only 18% were referred by the physicians.

#### Conclusions

A high tobacco-quit rate among smokers seeking treatment at QTC is encouraging and indicates that the QTCs contributed to successful tobacco cessation in Bahrain. Clinics working hours and open days need to increase and expanded to other areas of the country for improving people's access. Lastly, awareness raising efforts of the QTC should be expanded to include educational establishments, transport and media.

### **Theme - Women and Men's Health**

#### **Ethnic Differences in the Risk Factors of Polycystic Ovary Syndrome**

Dr Ih-Jane Yang<sup>1</sup>, Ms Chia-Fen Mu<sup>2</sup>, **Dr. Chao-Yu Hsu**<sup>3,4</sup>

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Paper Num: 67

#### Background and Purpose

To investigate the differences in the risk factors of polycystic ovary syndrome (PCOS) between aborigines and non-aborigines.

#### Methods

This was a retrospective study of 120 patients with PCOS admitted to our hospital (Puli Christian Hospital), a teaching hospital located in a rural mountainous area in central Taiwan, between 2004

and 2014. The ethnic difference and risk factors of PCOS were compared.

#### Results

Twenty-three aboriginal and 97 non-aboriginal women with PCOS were enrolled in the final study. The average body mass index was higher in aborigines. Acne was significantly less prevalent in aborigines. However, dyslipidemia was significantly more prevalent in aboriginal women. Aborigines more commonly sought medical advice for infertility than did non-aborigines.

#### Conclusions

Overweight and dyslipidemia among aborigines with PCOS were substantial. Aborigines with PCOS more commonly sought medical advice for infertility than did non-aborigines. Chronic metabolic problems and reproductive concerns should be emphasized in the care of aborigines with PCOS.

### **The Prevalence and Risk Factors of Urinary Incontinence of Women**

**Mrs. Inga Evaltaite-Budvytiene**<sup>1</sup>, Ms. Agne Sumilaite<sup>1</sup>, Mr. Kazys Simanaukas<sup>1</sup>, Mrs. Sonata Bariliene<sup>2</sup>

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Paper Num: 91

#### Background and purpose

Urinary incontinence as most significant problem with influence on more than 250 million. People are embarrassed and keeping this as secret from their General Practitioners (GP). This problem has one of the highest rates among women diseases.

The aim was to find out what is the prevalence of urinary incontinence between women followed up by GP and what the most common risk factors are.

#### Method

A prospective, limited time, cohort type study. Women older than 18 years were asked to fill a questionnaire. 217 forms were collected and analyzed: "King's Health Questionnaire – KHQ" (est. by C. J. Kelleher and others in 1997) and the adapted form, composed by a medical doctor S. Bariliene in 2008. Finally, the results were analyzed with SPSS, MS Excel.

## Results

Average age was 41.58 years. 23,96 % (52) having urinary incontinence problem, although one of them actually had not. 34,10 % (74) denied having this but as it showed later they had. Overall, the study demonstrated 58,06% (126) need coping with this problem. The results exposed a stress incontinence was the most common, 71,42 % (90). An urge and mixed type incontinence was less frequent, 11.11 % (14) and 17.47 % (22) respectively. The 3 most popular risk factors: age, inheritance, labor. According to the results, age was the leading cause (overactive bladder P- 0.01; mixed type P- 0.001, stress P- 0.003). Meanwhile, data showed labor was a risk factor just for developing stress incontinence and was statistically reliable (P- 0.06).

## Conclusions

The results revealed the majority of participants suffered from urinary incontinence, especially the older ones. Another interesting factor was a neglect and ignorance. GP role has to change, women need seek for help, doctors should communicate and educate, inform the most frequent risk factors.

## Association between Sleep Duration and Bone Mineral Density Density in Korean Adults over 18 years Old

### Prof. Hee-Cheol Kang

*Yonsei University College of Medicine, Seoul, South Korea*

*Paper Num: 117*

## Background

A Sleep duration is associated with variable diseases, yet studies on association between sleep duration and osteoporosis is rare in Korea. In this study, we tried to seek the association between sleep duration and bone mineral density in adults age over 18yrs old.

## Methods

The Study subjects were adults over age 18years old who answered the questionnaire of sleep duration and underwent BMD measurement with dual X-ray absorptionmetry. Comprehensive data on the study sample was obtained from Korean National Health and Nutrition Examination Survey (KHANES) conducted on 2010. Age-, sex-stratified multiple

regression analysis were conducted with adjustment for possible confounding factors.

## Results

There was inverse dose-dependent association between sleep duration and BMD measured at total femur, femur neck, lumbar spine and total bone in both elderly women and middle aged men, Sex-stratified multiple regression analyses adjusted for age and body mass index revealed negative correlation between sleep duration and BMD at total femur and femur neck in both gender over 50yrs old, and so was middle aged women. Initial significance disappeared after adjustment for additional covariates including smoking, alcohol, and exercise.

## Conclusion

Significant variations in regional BMD with sleep duration were observed among middle aged women and men. And prolonged sleep duration appears to be a risk factor for low bone mineral density. So adequate sleep duration is important for preventing osteoporosis

Keyword: sleep duration, bone mineral density, Osteoporosis

## Theme - Palliative Care

### **A Survey of Active and Involuntary Euthanasia among Medical Staffs**

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*Paper Num: 70*

## Background and purpose

Although Hospice Palliative Care Act was legislated in 2000, euthanasia is still illegal in Taiwan. The studies of attitudes of medical staff towards euthanasia were few. The objective of this study is to investigate the attitudes of medical staffs towards active and involuntary euthanasia.

## Method

Between April and May 2015, a questionnaire was performed among medical staffs in our hospital for the survey of euthanasia. Euthanasia was defined as an active behalf of doctors, such as lethal drug injection, which causes direct death of the object; active euthanasia as euthanasia asked by terminal-ill patient himself or by documentation under full judgment and independent will; involuntary euthanasia as euthanasia under agreement of families and doctors, while the patient is unconscious or unable to express himself. The approval rate of hospice care, active and involuntary euthanasia was analyzed.

## Result

One hundred and fifty medical staffs agreed to answer the questionnaire. Forty-two participants did not complete the questionnaire, 108 staffs (29 males, 79 females) were enrolled in the final study. There was significant difference of approval rates between hospice palliative care, active euthanasia and involuntary euthanasia. The approval rates of hospice care, active and involuntary euthanasia were 79.6%, 57.6% and 46.3%. Religion was found as an important factor for decision making of euthanasia.

## Conclusion

Euthanasia is still illegal in Taiwan, however more than half of medical staff agreed active euthanasia, especially for themselves. Religion plays an important role for medical staffs to make decision of euthanasia.

## A Survey of Medical Satisfaction for the Patients with Chemotherapy

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Paper Num: 100

## Background and Purpose

Chemotherapy is one of the treatments for cancer diseases. The objective of this study is to investigate

the satisfaction of medical service for the patients with chemotherapy.

## Method

Between Feb and June 2015, the patients with chemotherapy were ask to fill out the questionnaire for the satisfaction of medical survey in our hospital. The patients were selected regardless the race, age, gender, occupation, location and education. There were 5 parts of medical service in this questionnaire: cancer screen service, medical equipment, waiting times, service of physicians and service of nursing managers. The survey was recorded by 5-points Likert scale, the scaling response was analyzed.

## Result

Fifty-three patients (33 men, 20 women) agreed to answer the questionnaire. Overall, the higher level of education had significant higher satisfaction of medical service. Comparing the location (downtown and rural area), the patients from downtown had higher satisfaction of waiting time ( $p= 0.020$ ) and service of physicians ( $p= 0.040$ ). The lowest scoring of individual items was found in "environment of chemotherapy room".

## Conclusion

Most of patients with chemotherapy want a comfortable and private place to receive infusion. We should do the best for them to provide a tranquil and nice place.

## **Theme - Abuse and Violence**

### **Awareness of Child Sexual Abuse among Mothers Attending Wazarat Health Center, Riyadh, Saudi Arabia**

**Dr. Mashaal Albargawi**<sup>1</sup>, **Dr. Ghada Alarfai**<sup>1</sup>, Ms Moudi Albargawi<sup>2</sup>

<sup>1</sup>Prince Sultan Military Medical City, Riyadh, Saudi Arabia, <sup>2</sup>King Abdulaziz Medical City, Riyadh, Saudi Arabia

Paper Num: 37

## Background

Child Sexual Abuse (CSA) is a common problem worldwide. Saudi mothers' level of awareness about this problem is still not clearly known, which emphasized the need of conducting this study.

**Purpose:** To offer information contributing to the improvement of the awareness among mothers about CSA.

#### Methods

A cross sectional study using a systematic random sample to recruit mothers from Wazarat health center (N=340). Data were collected by self-administered questionnaires.

#### Results

59.4% of mothers had a high level of awareness about CSA and 40.6% had a low level of awareness. A significant difference was found between the two groups in working hours, marital status, education, income, and awareness about centers to protect children from sexual abuse. The two groups were statistically different in level of awareness about type, signs, and methods of protecting against the CSA. Mothers perceived that men were responsible for most cases and boys are less likely to be sexually abused; they perceived that rape was the only type of sexual abuse. No significant difference was found between the two groups in age, having housemaid/s, work status, and number of children in the family.

#### Conclusions

Policy makers and investigators should collaborate together to implement intervention programs to enhance mothers' awareness about CSA.

**Keywords:** child sexual abuse, mothers' awareness, Saudi Arabia

### **A survey of victims of local market of Lahore, Pakistan effected by bomb containing "White Phosphorus: Health Effects**

#### **Dr. Rukhshan Khurshid<sup>1</sup>**

<sup>1</sup>*Fatima Jinnah Medical University, Lahore, Pakistan*

*Paper Num: 81*

#### Background:

White phosphorus bomb presents a significant fire hazard due to its extreme reactivity with atmospheric oxygen. It can cause injuries and death by burning deep into tissue, by being inhaled as a smoke.

#### Aims and Objectives

Present study was tried to find out the effect on the health of people either present at the time of blast

or living nearby blast site of Moon Market, Allamah Iqbal Town, Lahore-Pakistan.

#### Methodology

In 7 December 2009 Lahore, Pakistan there were a series of two bomb blasts and a shooting occurred in a crowded market late in Lahore. Most of the victims were women. At least 54 people were killed & about 150 others were wounded. Victims of bomb blast have wide range of injuries including burns, blunt injuries from falling debris, lung injuries from pressure of blast wave and damage to eye and ears. The detail of health effects was recorded in a Proforma.

#### Results

It was observed that 100% victims have complaints of generalized weakness and susceptibility to fatigue. 90% have psychological trauma. 80% have insomnia initially while 10% complain insomnia after 2-3 weeks. 70% victims were scared to noise and darkness while 10% feels afraid to close doors with bang. 10-20% has impenitence of mental work.

About 50-60% victims have ear drum rupture. 10-15% victims have respiratory distress which may be recovered after 2-3 weeks. Burn injuries were noted in 10% cases. About 2% head injuries causes' blindness.

#### Conclusion

The use of explosive weapons in populated areas, shows a high risk of causing severe emotional and health harm to number of people. There is a need to make the plans like 'Global Shield' an agreement between custom agencies by all countries intended to prevent the spread of chemical used in blast.

#### **Theme - Clinical Audit**

### **Consultation Time in Ahad Rufaidah Family Medicine Clinics**

#### **Dr. Ali Alshahrani<sup>1</sup>**

<sup>1</sup>*Armed Forces Hospital Southern Region , Abha, Saudi Arabia*

*Paper Num: 7*

#### Aim of study

To explore duration and determinants of consultation time at a family medicine center.

### Methodology

This study was conducted at the Family Medicine Center in Ahad Rafidah City, at the southwestern part of Saudi Arabia. It was conducted on the working days of March 2013. Trained nurses helped in filling in the checklist. A total of 459 patients were included. A checklist was designed and used in this study. It included: patient's age, sex, diagnosis, type of visit, referral and its type, psychological problems and additional work-up. In addition, number of daily bookings, physician's experience and consultation time.

### Results

More than half of patients (58.39%) had less than 10 minutes' consultation (Mean±SD: 12.73±9.22 minutes). Patients treated by physicians with shortest experience (i.e., ≤5 years) had the longest consultation time while those who were treated with physicians with the longest experience (i.e., > 10 years) had the shortest consultation time (13.94±10.99 versus 10.79±7.28, p=0.011). Regarding patients' diagnosis, those with chronic diseases had the longest consultation time (p<0.001). Patients who did not need referral had significantly shorter consultation time compared with those who had routine or urgent referral (11.91±8.42, 14.60±9.03 and 22.42±14.81 minutes, respectively, p<0.001). Patients with associated psychological problems needed significantly longer consultation time than those without associated psychological problems (20.06±13.32 versus 12.45±8.93, p<0.001).

### Conclusions

The average length of consultation time at Ahad Rafidah Family Medicine Center is approximately 13 minutes. Less-experienced physicians tend to spend longer consultation times with patients. Referred patients, those with psychological problems, those with chronic diseases tend to have longer consultation time.

### Recommendations

Family physicians should be encouraged to keep their optimal consultation time. Booking an adequate number of patients per shift would allow the family physician to provide enough consultation time for each patient.

### And What if it wasn't an Absence Seizure

#### Dr. Abdelaziz Hamdene

### *Private Practice, Hammamet, Tunisia*

#### *Paper Num: 10*

Syncope is a symptom which is a transient loss of consciousness and very common in society and is one of the most important referral causes to emergency services. Micturition syncope (MS) appears as a rare cause of neurally-mediated syncope. MS is caused by reflex which results with vasodilatation and bradycardia, like defecation syncope. In the clinical setting, the MS is presented with transient loss of consciousness during or post micturition after a sleep period mostly in otherwise healthy men. It is a reflex state in which standing triggers vasodilatation and bradycardia. MS covers 2-8% of all syncopes. There is still no consensus about treatment and outcome of MS. In this oral presentation a 12years old child with MS is presented. With this case, we aimed to give detailed information about micturition syncope which is a rare type of syncope.

In literature, micturition syncope at the pediatric age has rarely been reported.

### **An Audit of the Quality of Care Indicators for the Management of Diabetes in Family Medicine Clinics in King Abdulaziz National Guard Hospital, KSA**

#### **Dr. Yasser El-Medany**

*National Guard Health Affairs, KSA, Al Ahsa, Saudi Arabia*

#### *Paper Num: 60*

### Introduction

Epidemiological data shows the current disease rate of Type 2 diabetes pose an on-going menace to global health security. In spite of advances in clinical advancements to manage several types of type 2 diabetic patients, still huge segment of the patients have suboptimal glycaemic control.

### Aim

To assess the quality of diabetes care provided by family medicine clinics at King Abdulaziz Hospital, NGHA, Al Ahsa, KSA through a medical audit, addressing the extent to which clinical practice complied with pre-determined explicit criteria of long-term management according to international guidelines

### Methods

A clinical audit was conducted at family medicine clinics, between January and December of 2014. The indicators and criteria of quality care were based on the international clinical practice guidelines for type 2 DM.

#### Results

A total Sample of 3372 patients were selected and 2100 were excluded. Based on the inclusion criteria of the audit only 1272 patients with type 2 diabetes mellitus were selected and analysed. According to the results, 93% of the patients had glycosylated haemoglobin (HbA1c) done every 3 months, 49.8% had HbA1c values less than 7.5%, 67.8% had blood pressure controlled at 140/80mm Hg and below and 76.3% had total cholesterol values of 5.0mmol/L or less. Additionally 53.8% of patients have had microalbumin test in the preceding 12 months and only 50.6% with microalbuminuria treated by ACE-I or ARB.

#### Conclusion

The outcome of result generated found suboptimal diabetic care. This audit identified a gap between guidelines and clinical diabetic management and emphasized the feasibility of improving the current clinical practice. In addition, majority of the patients found to have poor glycaemic control. To improve quality of diabetic care certain measures should be implemented as: further audits and research, formulating and using protocols for diabetes management, continuing education and better training of health-care providers.

### **An Audit of Referrals to Surgical Subspecialty Clinics, From Alrazi Family Medicine Center, Military City, Tabuk, A Step Towards Better Quality of Referral System**

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*Paper Num: 148*

#### Background & Purpose

Good quality of referrals from family physicians is essential for good quality of feedback. This study is intended to analyze the data of the referral forms from Alrazy PHCC to different surgical sub-specialties in order to improve the performance and build up decisions on solid database.

#### Methodology

It is a one month period study started at 17/1/2015 for 4 consecutive weeks. Starting from the 1st day of the study, All patients referred from FMD to surgery clinics are given their appointments at the reception of surgery BUT the referral forms are kept there to be collected on daily basis. Every day at the end of the duty time, one assigned male nurse from FMD brought the collected forms to the author for analysis of fulfillment of registered data. Data are tabulated in special forms including: all fields of referral forms. personal data, history taking, vital signs, doctor's notes etc. A scoring system from 0 to 2 was used to assess fulfillment of data. Interdepartmental meeting with the staff of surgical department has been arranged to discuss the results fairly and openly.

#### Results:

The total number of referrals = 56

Referral by subspecialty came as follows:

General surgery 19 (33.92%), Plastic surgery 8 (14.28%), Urology 10 (17.85%), Orthopedics 11 (19.64%), Neurosurgery 6 (10.71%), Pediatric surgery 2 (3.57%)

Type of referrals mentioned in more than 80% of cases.

More than 80% of referrals have been fulfilling chief complaint

Less than 60% fulfilling clinical findings?

More than 80% of referrals have been justified.

#### Conclusions

Referral forms in need of some modification in data base.

To augment justification of referrals to surgical subspecialties, guidelines for this purpose have been initiated in collaboration with surgery department.

Other audit is planned after one year to monitor improvement of performance.

### **Theme - Evidence Based Medicine**

#### **Ethnic Differences in the Risk Factors of Post-Operative Nausea and Vomiting**

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*Paper Num: 69*

#### Background and Purpose

Postoperative nausea and vomiting (PONV) is an unpleasant experience that happened in 10–30% of surgical patients after anesthesia. Nevertheless, the ethnic disparity and the Caesarean section (C/S) related to PONV had not been identified yet. The objective of this study was to compare the ethnic disparities for PONV between aboriginal and non-aboriginal women after C/S.

#### Methods

Between 2010 and 2014, the patients receiving C/S in our hospital (Puli Christian Hospital) were included in this study. According to the guideline for the management of PONV, published by McCracken et al, PONV was defined as nausea and/or vomiting occurring within 24 hours after surgery. The patients' characteristics including age, smoking behavior, alcohol drinking history, using of pain control assistant and duration of surgery were compared between aborigines and non-aborigines.

#### Results

Four hundred and eighty-nine patients (132 aborigines and 357 non-aborigines) were enrolled in this study. There was no difference in PONV between aboriginal and non-aboriginal patients after C/S ( $p=0.322$ ). Non-smoking was associated with increasing PONV in non-aborigines ( $p=0.038$ ). However, the relationship between smoking and lower incidence of PONV was not found in aboriginal group ( $p=0.151$ ).

#### Conclusion

There was no difference in PONV between aboriginal and non-aboriginal women after C/S. However, non-smoking was associated with increasing PONV in non-aboriginal group. The ethnic disparity should be considered when treating the patients with C/S.

#### **The Risk Factors of Progression of Uncomplicated Gallstones to Severe Gallstone-Related Complications**

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*Paper Num: 75*

#### Background and Purpose

Gallstone is a common digestive disease, the prevalence in Asian is about 5-10%, the incidence of gallstone has been increasing in past decades. The objective of this study is to investigate the risk factors of the progression of uncomplicated gallstones to severe complications.

#### Methods

Between July 2007 and December 2011, all the patients with first diagnosis of gallstone in our hospital were enrolled in this study. The patients with severe gallstone-related complications or undergoing cholecystectomy after first diagnosis of gallstone were excluded from this study. The severe gallstone-related complications were defined as the patients admitted to hospital due to acute cholecystitis, cholangitis, pancreatitis, or obstructive jaundice. The progression of uncomplicated gallstones to severe gallstone-related complications was analyzed, the risk factors such as age, gender, comorbidities and lifestyle were compared.

#### Results

Two hundred and thirty-six patients (104 men, 132 women) were enrolled in the final study. The mean time of follow up was 54.8 months. Thirty-eight patients (22 men, 16 women) suffered from severe gallstone-related complications during the follow up period; the mean time of developing severe gallstone-related complications was 24.0 months. The results also found that male ( $p<0.001$ ), cigarette smoking ( $p=0.003$ ) and alcohol drinking ( $p=0.002$ ) were the risk factors to develop severe gallstone-related complications.

#### Conclusion

Men, cigarette smoking and alcohol drinking were the risk factors to develop severe gallstone-related complications. The prophylactic cholecystectomy may be necessary for the patients with risk factors.

#### **Evidence Based Medicine for Family Physicians**

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Paper Num: 131

In my own practice as a lecturer of family medicine, one of the most important methods of continuing medical education and build up own experience is Evidence Based Medicine (EBM). According to Sackett, et al., 2001, Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values". Studies showed that general physicians identified up to sixteen needs for new clinically important information in just half a day at a rate of two questions for every three patients they come across. About half of their questions were related to therapeutics and a quarter to diagnosis. EBM is aiming at: Liberation from tradition. The use of randomized controlled trials, as well as systematic reviews and meta-analysis. There is also an emphasis on collection of information. Practicing EBM consists of five steps: Asking a question, Collection information to answer the question, evaluating the information for the relevance and validity, Applying the information to the patient and evaluating the effect. Converting the patient's problem into clinical question: in specific format (PICO format). P patient problem. I Intervention or exposure. C Comparison intervention or exposure. O Outcome the patient looks. To effectively change your authority based practice we have to Evaluate your own practice, Open your mind to ideas of change. Categories of EBM Questions: four categories of EBM questions Therapy: About which treatment to be given, and the outcome of different treatment options. Diagnosis: solves questions about degree to which a test is reliable and clinically useful. Etiology: Solves problems about the relationship between a disease and a possible cause. Prognosis: Answers questions about a patient's future health, life span and quality of chooses a treatment option.

**Sodium-glucose Co-transporter-2 (SGLT2) Inhibitors: Review of Available Literature on their Use in the Treatment of Diabetes**

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Paper Num: 138

#### Background and Purpose

Diabetes is a chronic and progressive disease currently affecting around 387 million. Unfortunately, due to the current epidemic with obesity this is expected to rise to 590million within the next 25 years, leading to complications in a mainly young working age group. This leads to a greater work load for the primary as well as the secondary care clinicians.

Currently there are many treatments available to treat type 2 diabetes but the majority depend on insulin as well as a functioning pancreas for their action. As diabetes is a progressive disease, drug efficacy starts to reduce due to the decrease in insulin secretion and sensitivity, as there is a progressive b-cell destruction in the pancreas. One of the new available treatments is Sodium-Glucose co-transporters 2 (SGLT2) inhibitors.

#### Methods

Review of available literature exploring the use of SGLT2 as a mono therapy or an adjunct therapy for the treatment of type2 diabetes as per Food and Drug Administration (FDA), European Medicines Agency (EMA) and National institute of clinical excellence (NICE) recommendations.

#### Results

In literature, SGLT2 medications were found to improve glycaemic control as well as biochemical markers such as lipid profile and systolic blood pressure, stabilise insulin dosing and reduce weight when compared with placebo and other oral agents.

There was an increased rates of genital infection and of UTI when compared to placebo.

#### Conclusions

SGLT2 inhibitors are a new and exciting medication which do not depend on endogenous insulin production for their action especially as with the progression of the disease over time this level diminishes.

Through literature it has shown to add a great advantage in controlling diabetes as mentioned above. Unfortunately, UTI and genital infections are commonly reported side effects from the drug, but fortunately it is not that common.